

not be considered as an accomplished fact. During the meeting of the International Medical Congress, held in London last summer, Professor Esmarch had an opportunity of seeing the manner in which a knowledge of the best means of affording first aid to the injured was becoming popularised in England. On his return to Germany, he determined to follow an example which had already produced such excellent results; and, a few weeks since, he opened his first Samaritan School (Samariter Schule). Within three days of the announcement of his intention, the distinguished surgeon was besieged by applications from eight hundred and fifty candidates for instruction, and many hundreds more would have joined had the list not been closed. It was quite impossible for any man to conduct such a class without assistance, and it was equally impossible for the Professor to repeat his lectures, as many times as would be necessary, if the candidates were to be formed into working classes of thirty or forty, as in England. He, therefore, divided the number into two sections; and each of the five lectures has been given twice weekly in the large hall of the Kiel University. At the conclusion of this, the class has been distributed in eleven different rooms (the women being separated from the men); and eleven assistant-surgeons, aided by the same number of dressers and some nursing sisters, have superintended and directed the practice indicated by the Professor. The hand-painted illustrations; the articulated models of limbs, showing the various kinds of fracture; and the mechanical and improvised means of giving immediate assistance to wounded, apparently drowned, or other suffering people, were of the most complete and exhaustive character. Dr. Esmarch invited Mr. J. Furley, member of the executive committee and director of stores of the St. John's Ambulance Association, to be present at his last two lectures; and he availed himself of the occasion to bring together some of the highest naval, military, and civil authorities, when steps were taken to establish such a centre in Holstein as will probably soon develop into a great national institution.

## ASSOCIATION INTELLIGENCE.

### COMMITTEE OF COUNCIL:

#### NOTICE OF MEETING.

A MEETING of the Committee of Council will be held in the Council Room of Exeter Hall on Wednesday, the 12th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*  
161A, Strand, London, March 15th, 1882.

#### NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, April 12th, July 12th, and October 18th. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than 21 days before each meeting, viz., March 22nd, June 22nd, September 27th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

November 4th, 1881. FRANCIS FOWKE, *General Secretary.*

#### BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.—The next meeting of the District will be held at the house of Dr. Grosvenor, 72, Priory Road, Kilburn, on Wednesday, March 22nd, at 8.30 P.M. Dr. Danford Thomas will read a paper on The Registration of Diseases and Deaths. Mr. Ernest Hart will preside.—G. W. POTTER, M.D., Honorary Secretary, 12, Grosvenor Road, N.—March 6, 1882.

WEST SOMERSET BRANCH.—The spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, March 30th, at five o'clock. The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner: "What is your Experience of the Complications and Sequelæ of Scarlet Fever?"—W. M. KELLY, M.D., Honorary Secretary.—Taunton, February 28th, 1882.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.—The next meeting will be held at the Imperial Hotel, Malvern, on Thursday, March 23rd, at 2.45 P.M. Dinner will be provided at 5 P.M. for those members who signify their intention to be present to the Honorary Secretary not later than Monday, the 20th instant. Dinner tickets five shillings each. Business: To ballot for a member of the Association and Branch; To discuss various matters relating to the Jubilee Meeting of the Association. Members wishing to read papers, or to exhibit patients, pathological specimens, etc., are requested to communicate with the Honorary Secretary.—N.B. Members are requested to pay their subscriptions to Dr. Crowe. Association, twenty-one shillings; Branch, four shillings.—GEO. W. CROWE, M.D., Honorary Secretary, Shaw Street, Worcester.—March 8th, 1882.

BATH AND BRISTOL BRANCH.—The fifth ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday afternoon, April 13th, at 4.15 P.M.—R. S. FOWLER, E. MARKHAM SKERRITT, M.D., Honorary Secretaries.—Bath, March 1882.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above Districts will be held at the Grand Hotel, Brighton, on Wednesday, March 29th, at 3.30 P.M. Dr. Ewart of Brighton will preside. Dinner will be provided at 5.30 P.M.; charge, six shillings (exclusive of wine). The following communications have been promised. 1. Dr. Lee: Practical Remarks on the Treatment of Infantile Paralysis; 2. Dr. Mackey: On the Treatment of Whooping-Cough; 3. Mr. Bernard Roth: On the Treatment of Lateral Curvature of the Spine; 4. Mr. Furner will show an adult man presenting symptoms of Pseudo-Hypertrophic Paralysis; 5. Mr. Baber: Adenoid Vegetations of the Naso-Pharynx; 6. Mr. Noble Smith: Caries of the Vertebrae, with cases; 7. Dr. Treutler: Case of Spinal Meningitis.—T. JENNER VERRALL, Honorary Secretary East Sussex District.—95, Western Road, Brighton, March 15th, 1882.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—A meeting of the above District will be held at the Infirmary, Gravesend, on Wednesday, April 12th, at 3 P.M.; J. C. Armstrong, Esq., in the chair. Papers will be read by Dr. W. M. Ord, on Diagnosis of Thoracic Aneurysm; Dr. William H. Day, Remarks on Chorea and its Treatment; etc. Dinner will take place at the Old Falcon at 5.30 P.M.—A. H. B. HALLOWES, Honorary Secretary, 11, King Street, Maidstone.

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

The eighty-second meeting was held at the Cottage Hospital, Ashford, on March 2nd; W. H. COKE, Esq., in the chair.

#### Papers.

Dr. Eastes read a paper on Intussusception. An animated discussion ensued.

Mr. Whitehead Reid read notes of a case of Colotomy, and exhibited morbid specimens.

Dinner.—The members afterwards dined together at the Saracen's Head.

#### METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.

The fourth meeting of the session was held on Friday, February 17th, at the house of Dr. Norman Kerr, 42, Grove Road, N.W.

The *Typhus Epidemic in Marylebone*.—Dr. NORMAN KERR, in opening a discussion on the recent typhus epidemic in Marylebone, said that the fever broke out early in July 1881, and lingered on till January 1882. He had personal knowledge of sixty-three cases, nine of which were fatal. The disease first appeared in the family of a very drunken woman, earning her living at a dust-yard in Paddington, who died, she and her three daughters, who all caught the fever, lived in dirt and filth in a room near Charles Street, Lisson Grove, with 160 cubic feet to each. More than half the cases occurred in three adjoining houses in Charles Street. There were thirty-one cases on one side of this street, and only one on the other side. Most of the cases radiated to the neighbourhood from the three houses in question. The cases were of a genuine typhus type. Probably more than thirty more would have died, had not they been removed to the excellent hygienic and curative influences of Homerton and Stockwell. Overcrowding was a potent factor. In one room of one of the three infected houses in Charles Street lived seven persons, with 113 cubic feet to each. In that street were thirty-three occupied houses, with nearly four hundred and fifty inhabitants. At least eleven houses were overcrowded. The contact in the street was unusually close, and there was a densely crowded open market a few yards off every Sunday morning. One woman infected twelve cases. Nothing could be much worse than the unsanitary condition both of the people and the houses. There was a plentiful presence of drunkenness, squalor, and filth, and an utter absence of ventilation. One room, inhabited by a family, was over a privy, the latter ventilating through the interstices of the flooring among the company above. There was a considerable depth of sewage in the subsoil under some of the houses, and an insufficient fall in the drains from the houses into the common sewer. For a long time little was done, except by outside agencies, to remove non-pauper cases; but, latterly, the sanitary authority had exercised their powers, and removed all cases. Had such energetic measures been adopted at the onset, not more than a dozen cases would probably have occurred. Dr. Kerr had every confidence that future epidemics would be promptly and effectively dealt with.

The other measures recommended were the distribution of information to the residents; thorough and repeated inspection; the organisation of some such supplementary health-agency as the Hastings Association; and, above all, the compulsory notification of infectious diseases. Had there been an efficient compulsory system of notification in operation, several lives would have been spared; and the scandal arising from the recent epidemic altogether avoided.—Mr. WILLIAM SEDGWICK referred to the fact, that thirty-two out of thirty-three cases of typhus, in Charles Street, had been limited to one side of the street;

and he remarked that such limitation was in accordance with what had been occasionally observed during the prevalence of cholera, and to a less extent, of other epidemic diseases. He was of opinion that the late epidemic of typhus in Lisson Grove had been very clearly shown to have been connected with the overcrowded state of some of the houses in Charles Street, which were, moreover, from the state of the subsoil, totally unfit for habitation. It was important to notice that the disease had passed over some of the adjoining and worst parts of Lisson Grove, and had spread to many families who were in a position considerably above that of the pauper class. During the great epidemic of typhus in London, which had only ceased in 1871, after having continued without any decided interruption for a period of ten years, the number of patients admitted with that disease, into the London Fever Hospital, had been very close upon 15,000. For four or five years previous to that epidemic, London had been so far free from typhus, in the epidemic form, that serious thoughts had in consequence been entertained of converting the Fever Hospital into a hospital for general diseases. There was, as regards London, a corresponding absence of typhus in the epidemic form, after the subsidence of the great epidemic, which had lasted ten years; and, although sporadic cases occurred from time to time among the destitute classes in overcrowded districts, yet the disease did not, as a rule, exhibit any decided tendency to become diffused in the epidemic form. It must, he thought, be admitted that we were altogether ignorant of the nature of this epidemic constitution, in virtue of which typhus and other similarly communicable diseases, on some occasions, presented themselves in an almost uncontrollably epidemic form; whilst, on other occasions, they occurred only in the sporadic form. Overcrowding, destitution, and filth had been very commonly and very correctly associated with the diffusion of disease; but its epidemic constitution appeared to be primarily due to something independent of their influence.

At the close of the discussion, the following resolution, proposed by DR. DANFORD THOMAS, and seconded by MR. WILLIAM SEDGWICK, was unanimously agreed to: "That this meeting is strongly of opinion that the notification of infectious diseases should be made compulsory; and that a copy of this resolution be sent to the BRITISH MEDICAL JOURNAL."

## CORRESPONDENCE.

### THE DANGERS OF CHLOROFORM, AND THE SAFETY OF ETHER AS AN ANESTHETIC.

SIR,—I am greatly pleased to think that my former letter has had some effect in directing particular attention to this important subject. Many of the suggestions, as mentioned by your various correspondents, are most valuable in setting forth the real dangers attendant upon the different anesthetics in use.

I am quite agreed that a fatal result may follow, no matter what agent is employed. However, what I did assert, and what I still assert, is, that ether is the least dangerous of them all. I am aware that if etherisation be pushed too far (which it occasionally is, quite beyond the necessity of the case), death may follow, as it does during the administration of other agents; but, as far as I know, there is nothing in ether obnoxious to human life, and, when pushed in anaesthesia to its greatest limits, its action appears to affect the respiratory movements only; for in those very cases recorded, where a fatal result followed its administration, it was found death occurred by the failure of the respiration, the heart's pulsations continuing generally for some time after respiration had entirely ceased.

From this it will be seen that ether has a stimulating, not a depressing, effect on the heart, as is the case in chloroform. Furthermore, ether gives warning, as indicated by a weakness of respiration; and, by removing the ether and immediately setting up artificial respiration, the weak point is promptly acted upon; whereas in chloroform the heart has to be acted upon through the respiration, and therefore, in some cases, time is lost in attempting to avert a fatal issue.

As regards the use of chloroform in obstetric practice, my letter in no way conveyed the idea that I wished to withdraw it entirely from the *Pharmacopœia* as a therapeutic agent; I merely alluded to its being used in producing complete anaesthesia during the performance of serious surgical operations, where ether would suit all purposes quite as well.

With the apparent haphazard way of administering chloroform, regardless of quantity or mode of administration, the absence of a fatal result, is certainly very remarkable, as mentioned by some of your correspondents; but, in my opinion, it is no reason why an endeavour should not be made to still observe the greatest caution in administer-

ing an agent like chloroform, which has proved fatal in so many instances, even when it has been given with the greatest care and by the most experienced hands. As regards the best form of ether-inhaler, I mentioned the one made for me by Coxeter, London, as I considered it the best, combining, as it does, so many advantages—viz., simplicity, portability (can be carried in the pocket), ease of administration, small quantity of ether used, besides being very moderate in price.

However, I am quite ready to admit that other ether-inhalers have advantages as well, and no doubt may be quite as efficient. Notwithstanding what has been said about the irritating effects of the ether-vapour, I never saw a patient yet who could not take ether. With a little coaxing, and heating the inhaler before using, so as to warm the vapour, few patients, with management, will refuse to submit to its influence. When the ether-vapour becomes warm, it seems entirely to lose its irritating effects. Mr. Swain of Plymouth speaks in favour of bichloride of myethene. I regret to state I cannot agree with him in the view he has taken regarding its safety. The statistics on the subject prove to the contrary, as will be seen in the table I append, which is the combined result of statistics collected in America by Dr. Andrews of Chicago and those collected in England by Dr. Richardson, as mentioned by the late Professor Morgan.

In this table will be seen at a glance the absolute and relative mortality caused by the several anaesthetic agents as at present administered.

Agent Employed.	Deaths.	Administrations.	Deaths.	Administrations.
Ether .. ..	4 in	92,815	Or 1 in	23,204
Chloroform .. ..	53 in	152,260	,, 1 in	2,873
Mixture of chloroform and ether .. ..	2 in	11,176	,, 1 in	5,588
Bichloride of methylene. 2 in	10,000	,, 1 in	5,000	

From the foregoing table it will be seen that chloroform appears to be eight times more dangerous than ether, twice as dangerous as a mixture of chloroform and ether, and, as far as we can judge, more dangerous than bichloride of methylene.

With such facts and figures before one, the surgeon must necessarily incur grave responsibility if he permits, without very good reason, a fellow-creature to be suddenly precipitated into the mysterious sleep of insensibility, never to wake again, by means of an agent that has been proved to be eight times more dangerous than ether. He certainly cannot be said to have given his patient the best chance of recovering from unconsciousness by discarding what statistics have proved to be the safest anaesthetic in use.—I am, sir, etc.,

LAMBERT H. ORMSBY, M.D., F.R.C.S.,

Surgeon to the Meath Hospital, Dublin.

Merrion Square, West, March 8th, 1882.

### CHLOROFORM OR ETHER?

SIR,—The main difficulty in the way of our arriving at a satisfactory solution of the question between ether and chloroform, seems to be the impossibility of discovering the relative proportions in which the two anaesthetics are used. One correspondent suggests the proportion as one to two. I should be more inclined to suggest one to fifty. Though it may be regarded as impossible to gain accurate information on the point, some light might be thrown on the subject, if we can ascertain the relative amount of the two drugs sold or manufactured. If, as some assert, ether has largely replaced chloroform, its manufacture and sale must largely have increased during the last few years. Inquiries, directed to one of the largest firms in the kingdom, have elicited the reply that they sell a much larger quantity of chloroform than ether, though they understand several medical men use the latter in preference. This is not very definite. Probably a more satisfactory answer might be got from some large manufacturer. An article, in the *Pharmaceutical Journal* for the 4th instant (page 730), points to a probable cause of some of the deaths lately recorded. It seems that much of the chloroform in the market is impure, or has altered in its composition, owing to some peculiarities in the process of manufacture. This is a subject worthy of grave consideration. Formerly, we always asked for Duncan and Flockhart's chloroform for anaesthetic purposes; but, lately, I fear too many of us have been contented to use anything furnished by the nearest druggist.—I am, sir, yours truly,

Liverpool, March 10th, 1882.

A. II. F. CAMERON.

### ON ACUTE TRAUMATIC MALIGNANCY.

SIR,—In his interesting paper on this subject (page 187 of the JOURNAL), Mr. Barwell has expressed a hope that his cases may be supplemented by other similar cases of acute malignant disease, apparently directly due to injury. Among the cases of sarcoma of the bones, which I have collected from various sources, there are several which appear to have arisen as a direct consequence of injury.

Dr. Gross describes a lympho-sarcoma of the humerus, which occurred

the following month Professor Thomson received the honour of knighthood. In 1877 he was appointed to deliver the Rede lecture at Cambridge. He presided over the Geographical Section of the British Association at the meeting held at Dublin, August, 1878, when the University of Dublin conferred on him the honorary degree of D.C.L. He was the author of *Depths of the Sea*, 1872, containing an account of the cruises in the *Lightning* and the *Porcupine*; and *The Voyage of the Challenger*; *The Atlantic*, giving a preliminary account of the general results of the voyage, during the year 1875, and the early part of the year 1876.

### WILLIAM MILLER COULTATE, F.R.C.S.Eng.

WE have this week to record the death of William Miller Coulgate, F.R.C.S.Eng., aged 68, at Burnley, Lancashire, where he had been in practice since 1836.

The deceased was the son of a surgeon who practised in the same town; he completed his medical studies in Dublin; was possessed of great natural abilities, which he had carefully cultivated; and his information on many subjects outside those relating to his profession was varied and extensive. He was largely endowed with good common sense, was a sound and well informed medical practitioner, and had had extensive experience both in private practice and local consultations; was straightforward in his conduct, trustworthy and uniformly courteous in his intercourse with his professional brethren, who have lost in him an able adviser in difficult cases. He has left them an example in professional conduct calculated to have a lasting and beneficial influence on character. Besides being Vice-President of the Lancashire and Cheshire Branch of the British Medical Association, he was certifying factory surgeon, and, till lately, surgeon of the Fifth Royal Lancashire Militia. He was a borough and county magistrate, and for many years occupied a very prominent position in Burnley and the neighbouring parts of North-East Lancashire; was an alderman, and more than once had the offer of the mayoralty; and was looked up to as the leading spirit in all municipal affairs, to which for many years he devoted his best energies.

About a year ago, his fellow-townsmen presented him with a service of plate, and had two portraits of him painted in oil, one of which was placed in the Council chamber, the other in the Mechanics' Institute, of which he was a trustee. About six months ago, he had an apoplectic seizure, with hemiplegia, from which he in great measure recovered; but, on Saturday, March 4th, after a few days' illness, he had another seizure, which proved suddenly fatal.

His loss to his family, his professional brethren, and to the town of Burnley, is in many ways irreparable; and his memory will be long cherished by those who had the privilege of his acquaintance.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a meeting of the Council of the College on the 9th instant, Mr. William Martin Coates, L.S.A., of Endless Street, Salisbury, surgeon to the Infirmary, and Mr. Alexander Harkin, M.D. King's College, Aberdeen, and J.P., of College Square North, Belfast, were elected Fellows, their diplomas of membership bearing date respectively July 26th, 1833, and June 26th, 1840.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, March 9th, 1882.

Beswick, Robert, Brighton.

Handford, Henry, Atherstone, Warwickshire.

Macaulay, Samuel, Fitzroy Avenue, Belfast.

Salmon, Arthur Gay, Truro, Cornwall.

Webber, Edward Samuel, Abergavenny, Monmouthshire.

UNIVERSITY OF DUBLIN.—At the Hilary Term, or Spring Comencements, held in the Examination Hall of Trinity College, on Shrove Tuesday, February 21st, the following degrees in Medicine and Surgery were conferred by the Senate, under the presidency of the University Caput, the Right Honourable John Thomas Ball, LL.D., Vice-Chancellor of the University; the Rev. the Provost of Trinity College; and the Rev. James W. Barlow, Senior Master Non-Regent.

*Bachelors in Surgery.*—H. St. John Brooks, J. Craig, T. R. Gillespie, Dawson Henry, G. Chadwick Kingsbury, G. A. Marshall, E. F. Pigot, Rev. Sydney C. Turpin, L. Tarleton Young, Bertram C. A. Windle.

*Bachelors in Medicine.*—H. St. J. Brooks, J. Craig, J. Gloster, J. W. Gowland, G. C. Kingsbury, G. A. Marshall, P. Neary, E. F. Pigot, T. R. M. Smith, Rev. S. G. Turpin, L. T. Young, B. C. A. Windle.

*Doctors in Medicine.*—T. A. Baldwin, J. D. Pratt, Rev. S. G. Turpin, J. Waugh.

## MEDICAL VACANCIES.

The following vacancies are announced:—

BODMIN UNION, Cornwall.—District Medical Officer. Salary, £32 2s. per annum. Applications by March 23rd.

BRITISH HONDURAS, COROSAL DISTRICT.—Medical Officer. Salary, £150 per annum. Applications to the Secretary, Colonial Office, London, S.W.

BRITISH LIVING-ON HOSPITAL, Endell Street.—Honorary Physician. Applications by April 1st.

CHELTENHAM GENERAL HOSPITAL AND DISPENSARY.—Resident Surgeon. Salary, £180 per annum. Applications by April 17th.

CORK UNION.—Medical Officer for Ballygarvan Dispensary District. Salary, £120 per annum, with £15 per annum as Medical Officer of Health, registration, and vaccination fees. Election on the 20th instant.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E. — Clinical Assistant. Applications by March 23rd.

EMPEROR LIFE ASSURANCE SOCIETY.—Medical Officer. Applications by March 20th.

EPSOM UNION, DISTRICT OF LEATHERHEAD AND FETCHAM.—Medical Officer and Public Vaccinator. Salary, £50 per annum. Applications by March 21st.

ESSEX AND COLCHESTER GENERAL HOSPITAL.—Member of Surgical Staff. Applications by the 29th March.

ESSEX AND COLCHESTER GENERAL HOSPITAL.—Physician. Applications by the 29th March.

GENERAL HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester.—Resident Medical Officer. Salary, £80 per annum. Applications by March 22nd.

GREAT NORTHERN HOSPITAL, Caledonian Road, N.—Obstetric Physician. Applications to the Secretary by March 31st.

GREAT NORTHERN HOSPITAL, Caledonian Road, N.—Surgeon. Applications to the Secretary by March 31st.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Clinical Assistant. Applications by April 1st.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT, St. John Street, Deansgate, Manchester.—Honorary Physician. Applications by the 31st instant.

HOSPITAL FOR WOMEN, Soho Square, W.—Pathologist and Registrar. Salary, 50 guineas per annum. Applications by April 3rd.

KENT AND CANTERBURY HOSPITAL—House-Surgeon. Salary, £80 per annum. Applications by April 6th.

KENT COUNTY LUNATIC ASYLUM, Charlton Downs, near Canterbury.—Second Assistant Medical Officer. Salary, £120 per annum. Applications by the 21st instant.

KNIGHTON UNION—District Medical Officer. Salary, £40 per annum. Applications by 29th instant.

MANORHAMILTON UNION.—Medical Officer for Workhouse, at a salary of £8 per annum. Election on the 23rd instant.

NORTH WALES COUNTIES LUNATIC ASYLUM, Denbigh.—Medical Superintendent. Salary, £450 per annum. Applications by the 29th instant.

NOTTINGHAM DISPENSARY—Resident Surgeon. Salary, £200 per annum. Applications by March 25th.

PARISH OF GAIRLOCH, Ross-shire.—Medical Officer. Salary, £100 per annum. Applications to the Chairman, Osgood H. Mackenzie, Esq.

QUEEN'S HOSPITAL, Birmingham.—Resident Surgeon. Salary, £50 per annum. Applications by April 10th.

SALFORD UNION.—District Medical Officer. Salary, £100 per annum. Applications by 21st instant.

SEAMEN'S HOSPITAL (late Dreadnought), Greenwich, S.E.—Resident House-Physician. Salary, £75 per annum. Applications by April 6th.

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Junior Assistant House-Surgeon. Salary, £50 per annum. Applications by March 22nd.

ST. LUKE'S HOSPITAL—Clinical Assistant. Applications by March 23rd.

TAUNTON UNION—Medical Officer. Salary, £52 per annum. Applications by March 18th.

TOWCESTER UNION—Medical Officer. Salary, £60 per annum. Applications by March 20th.

WARWICK COUNTY LUNATIC ASYLUM.—Junior Assistant Medical Officer. Salary, £100 per annum. Applications by 24th instant.

## MEDICAL APPOINTMENTS.

DREWITT, F. G. D., M.B., appointed Assistant Physician to the West London Hospital, vice Montagu Lubbock, M.D., resigned.

STEVEN, John Lindsay, M.B. and C.M., appointed Pathological Chemist to the Western Infirmary, Glasgow.

## 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.*

### BIRTHS.

HARVEY.—March 13th, 1882, at Craigmore, Blackrock, Co. Dublin, the wife of the late Reuben J. Harvey, M.D., of 7, Upper Merrion Street, Dublin, of a daughter.

TREVES.—On March 10th, at 18, Gordon Square, the wife of Frederick Treves, F.R.C.S., of a daughter.

### MARRIAGES.

EMRYS-JONES—MEW-FRANKLIN.—On the 9th inst., at Sutton, Surrey, by the Rev. John Booker, M.A., A. Emrys-Jones, M.D., 10, St. John Street, Manchester, to Kitie, the only daughter of the late J. W. Mew, of Hull, and step-daughter of the late Rev. S. Franklin, M.A., Rector of Brierley Hill.

ILLINGWORTH—RICHARDSON.—February 21st, at St. Clement's Church, Leeds, by the Rev. T. S. Fleming, assisted by the Rev. J. MacCarthy, Charles R. Illingworth, M.B., M.R.C.S.E., Clayton-le-Moors, Lancashire, to Jessie, second daughter of the late John Richardson, Esq., of New Leeds, Leeds.

MAITLAND—CHARSLEY.—At Colombo, Ceylon, on 8th February, Surgeon John Maitland, M.B., Madras Army, to Alice Maud, daughter of Edward Charsley, Esq., of Melbourne, Victoria.

#### DEATHS.

COULTATE.—On the 4th inst., at Burnley, Lancashire, William Miller Coulta, F.R.C.S.Eng., aged sixty-eight.

PATERSON.—At Mid Yell, Shetland, on the 7th instant, William Dalrymple Pater- son, L.R.C.S. and I.R.C.P. Edinburgh, eldest son of Dr. Paterson, Bridge of Allan. All friends will kindly accept of this the only intimation.

BELFAST ROYAL HOSPITAL.—This institution has received £50 from Mr. Thomas Fisher, and £50 from the workers at Owen O'Cork Mill, to qualify the manager as a life governor of the hospital.

HOSPITAL FOR PARALYSED AND EPILEPTIC.—A festival in aid of the rebuilding fund of the National Hospital for the Paralysed and Epileptic has been held at the Freemasons' Tavern, the Duke of Albany presiding. The contributions amounted to £1,412, including £25 from the chairman, £50 from the Grocers' Company, and £100 from Mr. Samuel Morley, M.P.

A MEETING has been held in the Vestry Hall by the inhabitants of St. Clement Danes, headed by the Rector, to protest against the proposed erection of a disinfecting chamber in Denzil Street. It was held that, the neighbourhood being a poorly inhabited and much crowded one, infection had the best chance of spreading there. The rector recommended the chamber should be provided in the country or on a barge in the river.

DONATIONS AND BEQUESTS.—Mr. James Yates, of Whiston, York- shire, has bequeathed £500 to the Rotherham Hospital and Dispensary.—Mr. John Gray, formerly of Bolton-le-Moors, has bequeathed £500 to the Bolton Infirmary and Dispensary.

HEALTH OF FOREIGN CITIES.—Trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities are afforded by the following figures, deduced from a table in the Registrar-General's last weekly return. According to the most recently received official weekly returns, the annual death-rate in the three principal Indian cities averaged 33.5 per 1000, and was equal to 28.3 in Calcutta, 29.5 in Bombay, and 46.7 in Madras. Cholera caused 14 deaths in Bombay, 20 in Calcutta, and 60 in Madras; 55 deaths from measles were returned in Bombay, and fever fatality showed the usual large excess in each of these Indian cities. The death-rate in Alexandria was 34.0, showing a slight decline from that in the previous week; 8 more deaths from typhoid fever were reported. In twenty European cities, the death-rate averaged 32.7, and exceeded by no less than 8.7 the mean rate prevailing last week in twenty-eight of the largest English towns. The death-rate in St. Petersburg was equal to 53.8, showing a considerable increase upon the declining rates in recent weeks; 50 deaths resulted from typhus and typhoid fevers, and 23 from scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 25.7; measles caused 14 more deaths in Copenhagen and typhoid fever 2 in Stockholm. In Paris, the death-rate was 31.8, and almost identical with the rates that prevailed in the two preceding weeks; 62 deaths were reported from diphtheria and croup, 38 from typhoid fever, and 15 from small-pox. The 46 deaths in Geneva was equal to a rate of 34.6, and included 3 fatal cases of scarlet fever. The death-rate in Brussels did not exceed 23.4, showing a further decline from the rate in recent weeks. In the three principal Dutch cities, the death-rate averaged 28.8, and was equal to 29.1 in Amsterdam, 30.0 in Rotterdam, and 26.1 in the Hague; "fever" showed fatality in Amsterdam and the Hague, and whooping-cough in Amsterdam and Rotterdam. The Registrar-General's table includes returns from nine German and Austrian cities, in which the death-rate averaged 32.1; it ranged from 23.4 in Berlin and 29.7 in Hamburg, to 41.6 and 44.7 in Munich and Buda-Pesth. Small-pox caused 23 deaths in Vienna, 14 in Buda-Pesth, and 4 in Prague; diphtheria showed fatal prevalence in Berlin, Dresden, and Trieste. The death-rate was equal to 29.9 in Turin, and 34.7 in Venice; 4 deaths from typhoid fever and 5 from diphtheria were returned in Turin. No returns were received either from Rome or Naples. The average death-rate in four of the principal American cities was equal to 30.0; the rates in these cities ranging from 25.4 in Brooklyn to 36.2 in New York. Small-pox caused 21 deaths in New York and 17 in Philadelphia; scarlet fever showed fatal prevalence in New York and Brooklyn, and typhoid fever in Phila- delphia.

#### 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, 1 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, 11 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., 2.30; 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, M. Th., 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. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; 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. The President (Mr. Francis Mason): A Case of Sarcoma of the Septum Nasi eight years after operation (living specimen). Dr. Stephen Mackenzie: On the Treatment of Chronic Dysentery by large Enemas of Nitrate of Silver. Dr. Fletcher Beach: Atrophy of the Brain in Imbeciles.

TUESDAY.—Pathological Society of London, 8.30 P.M. Specimens—Mr. Eve (for Mr. Edwards): Sarcoma of Epididymis. Mr. Dent: Sequestrum in Head of Femur. Dr. Warner: Obstruction of the Bowels in a Marmoset. Dr. N. Moore: 1. Variations in Structure of Alimentary Canal; 2. Ulcer of Duodenum; 3. Calculus in Ureter. Dr. S. West: 1. Sarcoma of Tonsil; 2. Necrosis of Epiglottis. Dr. Turner: Hepatic Abscess. Dr. Ormerod: Haemorrhage from Cerebral Tumour. Dr. Sangster: So-called Ichthyosis of the Tongue. Dr. Creighton: Tubercular Vomica from an Eland. Mr. Sydney Jones: 1. Intestinal Obstruction caused by a Diverticulum; 2. Tumour of Shoulder-Joint (card specimen). Mr. Leech (of Manchester): Dilatation of Heart (card specimen).

WEDNESDAY.—Hunterian Society, 8 P.M. Report of Committee on Dr. Stevens's Case of Cerebral Tumour. Dr. H. Port: A Case of Haemophilia with Joint-Disease. Mr. R. Clement Lucas: 1. Double Popliteal Aneurysm, with Epithelioma of Tongue and Palate in the same subject; 2. A Case of Destructive Lupus of the Face.

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Warington Howard: Case of Removal of the Hypertrophied Spleen. Dr. Goodhart and Mr. Golding-Bird: Case of Nephrectomy for Scrofulous Kidney. Dr. Barlow and Mr. Godlee: Case of Extirpation of the Kidney for Calculus Pyelitis. Mr. Howard Marsh: Case of Pyelitis; Exploration of the Kidney; Partial Removal; Death from Suppression of Urine. Mr. Pearce Gould: Case of Spina Bifida cured by Injection of Iodine.—Quckett-Microscopical Club, 8 P.M. Mr. E. T. Newton: On Fishes' Tails.

**CORRESPONDENTS** are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to the Manager, at the Journal Office, 161A, Strand, London, and not to the Editor.

UNQUALIFIED PRACTICE.

SIR.—Kindly give me your opinion on the following. A firm, whom we will call Messrs. Jumbo and Mumbo, open a dispensary, on the window of which they advertise their charges, etc., and over it their names "Jumbo and Mumbo, Surgeons". Jumbo is a qualified man, but a non-resident, and comes down to see patients. One day, however, a patient, who had been attended solely by Mumbo, dies somewhat abruptly before Jumbo has seen him, whereupon Mumbo writes and signs the certificate, but in Jumbo's name, who had never seen the deceased. The case is laid before the Registrar-General, who declines to take further notice of the matter on Mumbo promising not to do it again.

Meanwhile, a child dies in convulsions while under the care of Mumbo, and Jumbo writes to the registrar, saying that he might safely assign the death to whooping-cough. The registrar, however, not feeling satisfied, refers the matter to the coroner, and the coroner declines to interfere. The inference to be drawn is that Mumbo himself is unable legally to write certificates of cause of death; and, if so, why does he style himself surgeon over his door? Is this fair in the interests of the public or of the medical profession?—I am, sir, yours truly,

PRO BONO PUBLICO.

PATHOLOGY IN THE UNIVERSITY OF GLASGOW.

SIR.—In the BRITISH MEDICAL JOURNAL for March 4th, it is stated, in your notice concerning the proposed Professorship of Pathology in the University of Glasgow, that, "Among the requirements for graduation, at the present time, general pathology is not a compulsory subject." This is a mistake. General pathology is a compulsory subject; and the examinations, oral and written, are thoroughly searching.—Yours, etc.,

GLASGOW GRADUATE.

ARTIFICIAL HUMAN MILK.

SIR.—Professor Frankland's plan—commended by Dr. Playfair—of treating cow's milk so as to render it almost identical with human milk, prescribes the use of "a piece of rennet about an inch square". May I ask some of your readers who are familiar with the process to explain what solid preparation of rennet they employ? Here, in America, the only thing discoverable of the sort is an imported solid pepsin (Merck's), which is of a gummy consistence, and which imparts an abominable smell and taste to the milk. I have for some time past been using, with excellent results, the dried pepsin (in small scales), enclosed in a cambric bag to facilitate its removal; but should like to learn what better form of rennet can be obtained.—I am, sir, faithfully yours,

AMERICUS.  
New York, February 21st, 1882.

SCARLET FEVER.

SIR.—With the opinion held by Mr. Smith—mentioned by him<sup>in</sup> in the JOURNAL of January 28th—as to the rarity of a second attack of scarlet fever, and also as to the sore-throat of the "protected" being communicable to the "unprotected" as a true scarlet fever, my experience leads me entirely to agree. A year ago, this was very plainly shown in my own household—my three eldest girls had each at the same time an attack of scarlet fever. Last December twelve months, the eldest, aged 11 years, awoke on a Friday morning complaining of sore-throat and some fever; this was attributed to romping in the nursery the night before, she at that time appearing to be in perfect health. She was not confined to her room, but was some days before recovering; in fact, convalescence was somewhat protracted. My two youngest, a boy and a girl, both unprotected, remained apparently quite well and in excellent spirits until Sunday night. Three full days afterwards, the girl commencing during the Sunday night, the boy on Monday morning, they both had very grave attacks, the girl at one time being all but moribund. The disease afterwards spread to the grandmother, nurse, and housemaid, all of whom were unprotected, the two girls previously protected escaping.

From the history of this epidemic, I think none can doubt that the sore-throat of my eldest girl was the outcome of her having been exposed to the influence of the poison of scarlet fever, and that it was plainly the means of conveying it to the other children, the two latter having had no communication whatever with any other children than their sisters.—I am, etc.,

J. F. HOWARD, M.D.  
Sandycroft, Shaw, March 1st, 1882.

A CASE OF MEDICO-LEGAL INTEREST.

SIR.—An incident has just occurred in my practice which, I think, presents some features of interest from a medico-legal point of view. Upon paying my ordinary morning visit to a patient, a delicate woman, I entered the room unannounced; and it at first seemed to me untenanted, but some indistinct choking sounds soon reached my ear, and I discovered my patient lying half on and half off the sofa. I rushed forward to lift her up, and found some difficulty in doing so. Upon examination, I found the head, which was much congested, caught by some wraps (a piece of flannel covered by a piece of velvet), which were round the throat, in a projecting piece of the handle of a coal-scuttle. So tightly were the ligatures drawn by the action of this metal bar, that I had some difficulty in introducing two fingers between them and the neck, and dividing them with a bistoury. This being effected, the lady rapidly recovered, and I found that she was suffering from an epileptic attack—the first she ever had, to my knowledge, or of which I could get any account. A very evident mark was left by the bandages round the throat. Now, had not I or some other person entered in time to release the patient before life was extinct, and had she been raised without notice taken of the garrotting action of the scuttle-handle, would not appearances have pointed to foul play, especially as it appears that there had been some trivial misunderstanding between my patient and her maid, who had just left the house before my visit?—I am, sir, yours faithfully,

A. COOPER KEY.

30, Wilton Place, February 23rd, 1882.

TAPEWORM IN THE INFANT.

SIR.—In answer to your correspondent, "A Member", who seeks information as to the most efficacious treatment of tapeworm in children, I would strongly recommend him to adopt the following plan of treatment. The child should not be allowed any food after five or six o'clock in the evening. It should have a dose of castor-oil at bedtime; and, early on the following morning, a draught composed as follows: Extracti filicis liquidi 3ss; mucilag. acaciae 3ss; aquæ menthae piper. ad 3ii, should be administered, followed by another dose of castor-oil in about three hours. This draught may require to be given two or three times; should it not succeed, oil of turpentine may be tried.—Yours truly,

HERBERT WRIGHT, M.R.C.S., L.R.C.P., etc.

128, Cornwall Road, South Kensington, S.W., March 8th, 1882.

SIR.—As my name has appeared for some time in the published circulars of one of the English societies for the abolition of compulsory vaccination, I wish to give notice that I have withdrawn from all societies of the kind, not because I disapprove of their objects, but because I think I will be more useful in a private capacity. I am also unwilling to take part in that portion of the agitation which might seem ungracious towards certain members of my own profession, from whom I differ in opinion upon this question, though I still continue to regard them with esteem as private individuals. After this notice, all such advertisements will be known to be without my concurrence.—I am, sir, your obedient servant,

EDWARD HAUGHTON, M.D.  
Spring Grove, Upper Norwood, S.E., March 11th, 1882.

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

Dr. Brodie, Edinburgh; Mr. C. N. Dobson, Clifton; Mr. F. Scott, Manchester; Dr. F. Simons, London; Our Dublin Correspondent; Mr. A. Farrington, Diss; Mr. W. Adams Frost, London; Dr. F. H. Worswick, Manchester; Mr. H. E. Armstrong, Newcastle-on-Tyne; Mr. D. Bruce, Reigate; Dr. W. Arnold Thompson, Amthill; Our Glasgow Correspondent; Dr. J. W. Moore, Dublin; Dr. W. Smyth, Banbridge; Dr. I. Burney Yeo, London; Dr. Tom Hewitt, Cheltenham; Dr. Sieveking, London; Mr. Walter Whitehead, Manchester; Dr. A. E. Jones, Brighton; Mr. R. Lewes Willcocks, Warminster; Mr. Shirley F. Murphy, London; Mr. W. Whitworth, St. Agnes; Mr. W. J. Beatty, Stockton-on-Tees; Dr. John Gill, Stratford-on-Avon; Dr. H. Allan Jamieson, Edinburgh; J. E. A.; Mr. A. F. Cameron, Liverpool; Mrs. Sydney Vacher, Stepney; Dr. Rustone, Liverpool; Mr. T. P. Teale, Leeds; Dr. Urquhart, Aberdeen; Mr. G. Welland Mackenzie, London; Mr. J. B. Norris-Cane, Waterford; Dr. A. J. H. Crespi, Wimborne; Mr. W. Marsh, London; Mrs. Gladstone, London; Mr. Herbert Collier, London; Dr. Patterson, Bridge of Allan; Dr. Haughton, Upper Norwood; Dr. Dudfield, London; Dr. Potter, London; Mr. Reginald Harrison, Liverpool; Dr. Robert Gray, Armagh; Our Aberdeen Correspondent; Surgeon-Major Hickson, Dublin; Mr. G. E. Jeaffreson, Framlingham; Mrs. Langham, Clifton; Mr. A. Cohen, London; Dr. Herman, London; Mr. J. Hussey Williams, Bootle; Mr. F. J. Thomas, Swaffham; Mr. J. R. Lunn, London; Dr. H. Davy, Exeter; Dr. D. Mann Fraser, Homerton; Mr. T. H. Bagshaw, Salford; Dr. Playfair, London; Mr. J. E. Adams, London; Dr. A. S. Currie, Sydney; Dr. Duffey, Dublin; Dr. Arthur Downes, Chelmsford; Mr. R. J. Gilbert, Hammersmith; Mr. R. Clement Lucas, London; Mr. J. E. Ingpen, London; Mr. H. Coupland Taylor, Tadcaster; Dr. Lennox Browne, London; Mr. F. W. Lowndes, Liverpool; Mr. W. Donovan, Whitwick; Mr. J. Bennett May, Birmingham; Mr. A. Creswell Rich, Liverpool; Our Birmingham Correspondent; Mr. J. Griffiths, Lampeter; Mr. J. Lindsay Steven, Glasgow; Mr. W. Rogers Williams, London; Mr. C. T. Kingzett, London; Mr. W. F. Phillips, St. Mary Bourne, Andover; Mr. E. T. Davis, Cowbridge; Mr. W. Wilson, Carlisle; Mr. C. M. Jessop, Lincoln; Mr. R. W. Greenish, Vienna; Dr. Stephenson, Woolwich; Mr. J. Vesey Fitzgerald, London; Dr. John Brown, Burnley; Dr. G. W. Crowe, Worcester; Mr. J. F. Pink, London; Captain Perratt, Plumstead; Dr. Murrell, London; Mr. A. H. Benson, Dublin; Mr. J. Oliver, Durham; Dr. J. S. Main, Withington, Manchester; Dr. Joseph Rogers, London; etc.

BOOKS, etc., RECEIVED.

Anti-septic Surgery: its Principles, Practice, History, and Results. By W. W. Cheyne. London: Smith, Elder, and Co. 1881.

Science and Culture, and other Essays. By T. H. Huxley, F.R.S. London: Macmillan and Co. 1881.

Transactions of the Pathological Society. London: Smith, Elder, and Co. 1881.

Essentials of Medicine. By Henry Hartshorne, A.M., M.D. London: Smith, Elder, and Co. 1881.

Sympathetic Diseases of the Eye. By L. Mauthner, M.D. New York: William Wood and Co. 1881.

Medical Ophthalmoscopy. By W. R. Cowdry, M.D. London: J. and A. Churchill. 1882.

Diseases of the Heart. By G. W. Balfour, M.D. London: J. and A. Churchill. 1882.

Guy's Hospital Reports. London: J. and A. Churchill. 1882.

The Opium Question. By J. M. Hays. London: J. and A. Churchill. 1882.

Scrofula and its Gland-Diseases. By F. Treves, F.R.C.S. London: Smith, Elder, and Co. 1881.

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