

as indicated by many or few joints being affected. Space is left for other complications and sequelæ, as paralysis, insanity, etc., being recorded. Attention is directed to the occurrence of "subcutaneous nodules", which are sometimes met with in connection with rheumatism and chorea, and concerning which information is needed. These nodules are usually about the size of a split-pea, though they vary from the size of a pin's head to that of an almond. They are strictly subcutaneous; the skin over them is not reddened; they are painless. The back of the elbow, the malleoli, and the margins of the patella, are the most common situations of such nodules, but they have been met with over the vertebral spines, the spine of the scapula, the extensor tendons of the foot and hand, the scalp, etc.

Observers are asked to note the common ailments to which the patient is liable, in order to ascertain the clinical associations of chorea. It is desired, also, to obtain information as to the occurrence of nervous diseases and rheumatism in members of the patient's family. This can be succinctly given. Thus, under the first head, in an ideal case it might have to be recorded: Father, insane; paternal aunt suffered from chorea in childhood. Under the head of "Family History of Rheumatism": Mother had rheumatic fever; one brother, crippled from rheumatism.

A few notes on "Treatment" are desired, when a simple or consistent plan has been employed. Principles, and not details, of treatment should be noted; as, for instance, "arsenic", or "iron", or "sulphate of zinc", or "expectant"; or, "at first arsenic, later quinine."

Lastly, space is left for "Remarks on any special feature of the case". The nature of eruptions, such as various forms of erythema, etc., when occurring, should be recorded, and any other points of interest. The main object of the inquiry will, however, be served by simply answering the questions. When fatal, the mode of death should be noted, and, when a *post mortem* examination has been made, the appearances observed should be recorded.

It may seem that the questions are both numerous and intricate; but it will, it is hoped, be found that the questions run on in a connected manner, and very many require only a stroke of the pen to constitute an answer. When practicable, a positive and negative answer are printed, and all that is required is to strike out the words which do not correctly describe the condition.

Form of Card about to be issued.

Observer's name.	How many previous attacks.
Address.	Present attack—severe, moderate, mild.
Initials of patient. M. or F.	Date of onset. Duration.
Upper, middle, or lower class.	Temperature—normal, subnormal, febrile.
Place of residence.	Result.
Stout, moderate, thin; strong, moderate, weak; dark, fair.	Condition of Heart.
Previous mental condition.	Before attack.
Growth—rapid, moderate, slow.	During attack.
Menstruation—regular, irregular. Pregnant.	After attack.
Food—sufficient, insufficient.	Rheumatism.
Antecedent Illnesses.	During attack. Many joints. Few joints.
Rheumatism. With distinct joint-affection. Date.	After attack. Many joints. Few joints.
With fever. Date.	Subcutaneous nodules—present, absent.
With vague pains. Date.	Other Complications.
Scarlet fever. Date.	Sequelæ.
Anæmia. Duration.	Common ailments to which patient is specially liable.
Other diseases. Date.	Family history of nervous diseases.—In what members.
Supposed Exciting Cause of Present Attack.	Rheumatism.—In what members.
Overwork—mental, bodily.	Remarks on any special feature of case.
Shock; Fright.	Treatment.
Other causes.	
Interval between exciting cause and attack.	

N.B.—Information and assistance given to the Committee in this and all other investigations will be duly acknowledged.

THE METEOROLOGICAL SOCIETY.—The usual monthly meeting of this society was held on Wednesday, March 14th, at the Institution of Civil Engineers, 25, Great George Street; Mr. J. R. Laughton, F.R.A.S., president, in the chair. The President gave a historical sketch of the different classes of anemometers. In conclusion, he said that what was wanted was not so much new and improved apparatus for registering or recording; for, though those now in use were not perfect, they were far superior to the anemometers to which they were applied. What they wanted was rather some radical improvement in the instrument itself, or in the theory which translated its action.—In connection with this meeting there was an exhibition of instruments, consisting of anemometers and new meteorological apparatus, etc. The anemometers exhibited were forty-five in number. There were also photographs and drawings of old forms of anemometers, damage caused by whirlwinds, etc.

THE ROYAL UNIVERSITY OF IRELAND AND QUEEN'S UNIVERSITY.

MUCH interest attaches to the questions which have recently sprung up in connection with the establishment of the new Royal University of Ireland. This university is intended, under the provisions of the Acts which created it, to take the place of the Queen's University in Ireland, and the latter institution has now ceased to exist. There are a large number of medical graduates of the Queen's University whose position is affected by this legislation. The 11th section of the University Education (Ireland) Act constitutes the graduates of the Queen's University graduates of the new Royal University. Under these circumstances, there arises a question which must agitate the minds of the graduates who have obtained their degree in the Queen's University. Many of these gentlemen are proud of this distinction, and will hesitate to accept the position offered them. Fortunately for them, there is no clause of the University Act which deprives them of their original degree, nor would it be consistent with precedent that an Act of Parliament should interfere with an established and vested interest. A question more pressing at the moment arises as to the position of the Royal University under the Medical Act of 1858. By clause 4 of that Act, the institutions entitled to send a representative to the Medical Council, including the several corporations and the universities then existing, are enumerated. This list does not, of course, include the name of the Royal University, and, consequently, no representative from that university can appear at the next meeting of the Medical Council. So far, graduates of this university are deprived of representation. But still another question arises with regard to the medical graduates of the New University. Are they, or are they not, entitled to be registered as legally qualified medical practitioners? Under schedule A of the Medical Act, the several corporations and the diplomas they confer are enumerated, and then follows a paragraph, which says the graduates of any university in Great Britain or Ireland shall be entitled to registration. It is, however, a matter for legal interpretation whether this wording entitles to registration only graduates of the universities then existing and enumerated in clause 4 of the Medical Act (1858), or whether it can be interpreted to apply to any and all universities subsequently chartered in the United Kingdom. If the latter interpretation prevail, then the graduates of the new Royal University will be entitled to register, as it is, of course, intended that they should be; and the graduates of the Queen's University, who are already registered as such, may have the option, if they choose, of changing the form of registration. Of this option, however, they will not be very likely to avail themselves, inasmuch as their existing registration is already a legal one, and no privileges or advantages will be gained by changing their existing registration to meet the new legislation. Universities under this *regime* in Ireland appear to be of such a transitory and changeable nature that it may possibly be considered to be a more unique distinction to remain a graduate, and to retain the prestige of the extinct Queen's University, than to assume the title of that which has just been called into existence, and of whose permanency, judging from recent proceedings in Parliament, there is no very complete guarantee.

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.

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 WALES AND MONMOUTHSHIRE BRANCH.—The next meeting will be held at Tredegar towards the end of April. Members desirous of reading papers, etc., are requested to send titles to either of the undersigned within a week, in order that they may be inserted in the circulars convening the meeting.—ALFRED SHEEN, M.D., D. ARTHUR DAVIES, M.B., Honorary Secretaries.—March 14th, 1882.

NORTH OF ENGLAND BRANCH.—The spring meeting of this Branch will be held at Stockton-on-Tees, on Friday, April 28th. Members having papers or records of cases to communicate are requested to give immediate notice to one of the Honorary Secretaries, T. W. BARRON, M.B., Durham, DAVID DRUMMOND, M.D., Newcastle-on-Tyne.—March 28th, 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.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH:
ORDINARY MEETING.

THE sixth ordinary meeting of the session was held at the Medical Institute on March 9th, under the presidency of Mr. T. H. BARTLEET. There were seventy members present, and two visitors.

Instruction at the Borough Asylum.—In reference to a resolution passed by the Branch on December 8th, and forwarded to the Borough Lunatic Asylums Committee, the following reply was received: "That the Committee are prepared to arrange for medical instruction at the Borough Asylums by the Superintendents, in the event of there being any applications for the same sufficient in number to justify such arrangements being made." It was resolved that the letter be received and entered upon the minutes, and that the thanks of the Branch be given to the Borough Asylums Committee for having so courteously acceded to the application contained in the resolution of the Branch.

New Members.—The following members of the Association were elected members of the Branch: Howard Bendall, M.B., J. J. Boyer, M.D., G. H. Hart, L.R.C.P.Ed., W. F. Haslam, F.R.C.S., Sidney W. Haynes, M.B., A. Lawson Heale, M.R.C.S., Professor J. Berry Haycraft.

Nominations were made for officers, Council, and representatives of the Branch in the General Council of the Association for the ensuing year.

Communications.—The following communications were made.

1. Mr. Jordan Lloyd showed a boy upon whom he had operated for complete Cleft Palate after the method of Mr. Francis Mason. The wound was plugged with sponges, one of which came away in ten days, and one in three weeks. The case had done remarkably well, and had healed throughout the entire length of the fissure.

2. Dr. Rickards showed a specimen of Milky Blood taken from a Diabetic patient after death. He stated the tests to which it had been subjected, and his opinion as to the cause of death in relation to acetonæmia and fatty embolism, considering the former view the correct one.

3. Mr. Lawson Tait showed a Tumour composed of Omentum which he had taken from a patient suffering from Acute Peritonitis; he considered its composition inflammatory, but it had been thought to be due to tubercle.

4. Mr. Lawson Tait also showed two specimens of Uterine Appendages from patients operated upon the second time, the first operation failing to give relief or not being complete.

5. Mr. Lawson Tait showed a Cyst which he thought was formed of the lesser cavity of the peritoneum from the body of a lunatic who had acute peritonitis, and in whose abdomen a common sewing-needle was found.

Vivisection and Surgery.—The PRESIDENT congratulated the Society upon the paper read by Mr. Gamgee at the last meeting of the Branch, on the Benefits conferred by Vivisection upon Human Surgery, and considered the profession highly indebted to him for this admirable defence, and for the valuable contribution afforded to the history of the subject.—Dr. SAUNDBY, in opening the adjourned discussion, combated the opinions and facts which had appeared in letters in the daily papers, under the signature of "Biologist".—Mr. JESSE, the Honorary Secretary to the Society for the Abolition of Vivisection,

read a reply to Mr. Gamgee's paper.—Professor HAYCRAFT explained the position of physiologists in reference to the question of vivisection, combated the opinions expressed by Mr. Jesse, and quoted from the works of John Hunter to show how he was influenced by experiments upon animals in determining the conclusions at which he arrived.—Mr. FURNEAUX JORDAN referred to the experiments made upon the poison of snake-bites in India, and questioned the propriety of imitating Nature in the direction quoted by Mr. Jesse.—Mr. JORDAN LLOYD mentioned the value of artificial respiration as the outcome of experiments on animals.—Mr. GAMGEE replied on the whole question, and the meeting terminated.

SOUTH-EASTERN BRANCH: EAST AND WEST SURREY
DISTRICTS.

A CONJOINT meeting of the East and West Surrey Districts of the South-Eastern Branch was held on Thursday, March 9th, 1882, at the Red Lion Hotel, Dorking; C. W. CHALDECOTT, Esq., in the chair.

Papers.—The following papers, etc., were read:

1. Dr. Hughlings Jackson, F.R.S.: Observations on Migraine.
2. Dr. J. F. Goodhart: Cases of Lunacy from Lead-Poisoning.
3. Mr. H. II. Clutton: Notes of a Case of Removal of Lymphadenomatous Glands from the Neck.
4. Mr. Malcolm Morris: Ringworm.
5. Mr. Thomas Hopcroft: A Case of Complete Inversion of the Uterus after Parturition.
6. Dr. Stowers exhibited some coloured drawings of Rare Skin-Diseases, including Scleroderma, Herpes with extensive ulceration, Syphilis, and an unusual form of Eczema of the Face.

CORRESPONDENCE.

INTRAPROFESSIONAL DUTIES.

SIR,—In response to the courteous request conveyed in your private note, that I would, in the interest of the profession, express my views on the subject which has lately been discussed in the pages of the JOURNAL, viz.: "*The relations of the profession to the families of medical men in practice, as well as to their widows and children*",—I beg to remark that the following revised rule for the guidance of the faculty in the matter in question, and intended for insertion in the next edition of the "*Code of Medical Ethics*", so fully represents my opinion on the debated points, that it may, perhaps, be well to submit it at once to the profession, rather than defer its publication to a future and uncertain date.

I would further observe that the suggested rule has been submitted to, and approved by the several distinguished English, Irish, and Scotch (the late Sir Robert Christison excepted—whose critical acumen has unfortunately been lost to the profession,) revisers of the *Code* herein alluded to, and by other eminent practitioners,—including my revered old "teacher", and "Nestor of the Profession"—the venerable Sir Thomas Watson—whose opinion is thus expressed:—"After fully considering what you have written respecting 'the duties of Practitioners in regard to professional services to each other, to their Families, Widows, and Children'—I am able to express my full and entire accordance with your views";—an accord which I venture to hope will prove as acceptable to the profession at large, as it naturally does individually to yours truly,
THE AUTHOR OF THE CODE.

March 1882.

THE DUTIES OF PRACTITIONERS IN RELATION TO THEIR PROFESSIONAL SERVICES TO EACH OTHER, TO THEIR FAMILIES, WIDOWS, AND CHILDREN.—All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (NOT as a matter of right, but) by professional courtesy, to the reasonable and gratuitous services—railway and like expenses excepted—of the faculty resident in their immediate neighbourhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father,—or the widow and children of a practitioner left in affluent circumstances,—should be charged as ordinary patients—unless feelings of friendship, or other special reasons, render the attendant practitioner averse to professional remuneration: in such case, the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined—for no pecuniary obligation ought to be imposed on the DEBTOR, which the DEBTOR himself would not wish to incur.

OBITUARY.

SIR EDWARD BURROWES SINCLAIR, KNT., M.D.,

WE regret to announce the death, on the 24th instant, in the fifty-eighth year of his age, of the King's Professor of Midwifery in the School of Physic of the University of Dublin. For the last four years, his friends had noticed that Sir Edward Sinclair's health was gradually failing. There were lately evident indications of central nervous lesions; and, although his illness assumed alarming features during the last month, the end was rather sudden.

Sir Edward was the eldest son of the late Rev. Richard Hestly Sinclair, vicar of Cashel, County Longford. He was born in 1824, and educated in Trinity College, Dublin, of which university he graduated M.A. in 1859, and M.D. in 1861. In 1847, he became a member of the English College of Surgeons, and entered the Army Medical Department as assistant-surgeon in the "Royal Scots." He remained in the service only three years, and then returned to Dublin to take the appointment of assistant-physician to the Rotunda Lying-in Hospital. From this time, he devoted himself to the subject of obstetrics, and, with his then colleague, Dr. George Johnston, the present President of the King and Queen's College of Physicians, wrote a "Practical Midwifery, comprising an account of 13,748 deliveries which occurred in the Dublin Lying-in Hospital during seven years." He was elected a Fellow of the King and Queen's College of Physicians in 1856, and, having served as Censor and Vice-President of the College, was, in 1867, chosen successor to the late Dr. Fleetwood Churchill as King's Professor of Midwifery. As *ex officio* Midwifery Physician to Sir Patrick Dun's hospital, he established what is now a large maternity department in connection therewith. His military medical experience, short although it was, was sufficient to show a man like Sinclair the grievous want of trained midwives in regiments at home and abroad. In 1869, with the sanction and co-operation of H.R.H. the Field Marshal Commanding-in-Chief, the then Director-General of the Army Medical Department, and the Board of Sir Patrick Dun's Hospital, he established a school, in connection with his maternity, for the education and training of soldiers' wives to serve as midwives in the army. Her Majesty gave her patronage to this school, which has proved a most successful and useful one, over four hundred well-trained midwives and nurse-tenders having been sent to the army from it since its establishment. It was in consequence of his praiseworthy exertions in what was to him the labour of love, that in 1880 Her Majesty personally conferred the honour of knighthood upon Dr. Sinclair—a honour which no obstetrician in Ireland since the celebrated Sir Fielding Ould had received.

The University of Dublin, on the institution of its degree of *Magister in Arte Obstetricâ* in 1877, conferred the degree *honoris causâ* on Dr. Sinclair and the late Dr. McClintock. The following year Dr. Sinclair was elected President of the Obstetrical Society of Dublin, an office which he worthily filled for two years. Sir Edward was also the Secretary of the Vaccine Department of the Local Government Board, and as such had charge of the distribution of vaccine lymph throughout Ireland. Sir Edward Sinclair did not contribute largely to the literature of his branch of the profession, but he was well read in it; and, besides being an excellent and favourable lecturer, was a good scholar. He had—as who had not?—his imperfections of temper; and he was not chary in speaking out his opinions which, although generally well-founded, often left a sting behind. His more intimate friends, however, knew him as a straightforward and true-hearted gentleman, and as an agreeable companion, whose loss they will regret.

At the Liverpool Police-court, Ethens de Tomanzie, a coloured man, who described himself as a "Licentiate of Medicine of British India," and John Adams, who produced an American diploma, have been summoned under various informations for breaches of the Births and Deaths Registration Act and the Medical Act. The two defendants, it appeared, were connected with a society called the "Liverpool Artisans' Medical Society," and they had attended a man named Heron, who subsequently died, and to whose wife Tomanzie gave a certificate of death signed "J. Adams, M.D." Adams was called, and stated that he was an American physician, but had never been in America. He passed a "postal examination," and paid £20, which gave him the title of M.D., and he supposed he had a right to use it. Other cases against Tomanzie of a similar character having been gone into, he was committed for trial on the charges as to the certificates, but admitted to bail. On the summonses for illegally using a medical title he was fined £5 and costs. The cases against Adams were adjourned.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, March 23rd, 1882.

Adcock, Harold, Middleton, Northamptonshire.
Flaxman, Americ Edwin, Newcourt Temple.
Nicholson, John Williams, Alston, Cheltenham.
Nutt, William Anthony, Plymouth.
Stratton, John Lionel, Kidderminster.
Wilson, Thomas, Maidstone.

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

Corner, Matthew Cursham, London Hospital.

MEDICAL VACANCIES.

The following vacancies are announced:—

- BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon. Salary, £150 per annum. Applications by April 12th.
- BOYLE UNION**—Medical Officer for Gorton Dispensary District. Salary, £120 per annum, with £10 per annum as Medical Officer of Health, with registration and vaccination fees. Election on the 5th instant.
- BRITISH LYING-IN HOSPITAL**, Endell Street.—Honorary Physician. Applications by April 1st.
- CAMBRIDGE COUNTY LUNATIC ASYLUM**—Assistant Medical Officer. Salary, £100 per annum. Applications by the 15th April.
- CHELTEMHAM BRANCH DISPENSARY**—Resident Medical Officer. Salary, £180 per annum. Applications by April 17th.
- CHILDREN'S HOSPITAL**, Birmingham.—Assistant Resident Medical Officer. Salary, £40 per annum. Applications by April 13th.
- DENHOLME AND DISTRICT**—Qualified Practitioner. Applications to G. R. Selby, Denholme, Roxburghshire.
- GENERAL INFIRMARY**, Leeds.—House-Physician. Salary, £100 per annum. Applications by April 4th.
- GLASGOW OPHTHALMIC INSTITUTION**—Ophthalmic Surgeon. Applications by April 8th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**—Clinical Assistant. Applications by April 1st.
- HOSPITAL FOR WOMEN**, Soho Square, W.—Pathologist and Registrar. Salary, 50 guineas per annum. Applications by April 3rd.
- HUDDERSFIELD INFIRMARY**—Second Junior House-Surgeon. Salary, £40 per annum. Applications by April 3rd.
- KENT AND CANTERBURY HOSPITAL**—House-Surgeon. Salary, £80 per annum. Applications by April 6th.
- LONDON HOSPITAL**, Whitechapel, E.—Aural Surgeon. Applications by the 18th April.
- NATIONAL DENTAL HOSPITAL**, 149, Great Portland Street, W.—House-Surgeon. Salary, £50 per annum. Applications by April 26th.
- PARISHES OF MID AND SOUTH YELL AND FETLAR AND NORTH YELL**—Medical Officer. Salary, £70 per annum. Applications to the Inspector of Poor, Mid Yell, Shetland.
- QUEEN'S HOSPITAL**, Birmingham.—Resident Surgeon. Salary, £50 per annum. Applications by April 10th.
- ROYAL FREE HOSPITAL**, Grays Inn Road, W.C.—Junior Resident Medical Officer. Applications by the 12th April.
- SCARBOROUGH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION**—Resident Medical Officer. Salary, £200 per annum. Applications by April 15th.
- SCHOOL OF DENTAL SURGERY**—Teacher of Dental Metallurgy. Applications to the Dean of the Medical School, Dover Street, Liverpool, by April 25th.
- SEAMEN'S HOSPITAL** (late Dreadnought), Greenwich, S.E.—Resident House-Physician. Salary, £75 per annum. Applications by April 6th.
- UNIVERSITY OF GLASGOW**—Examiner in Surgery. Salary, £40 per annum. Applications, by 1st April, to Dr. Anderson Kirkwood, 145, West George Street, Glasgow.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL**—Physician. Honorarium of £100 a year. Applications by April 24th.
- YORK COUNTY HOSPITAL**—Honorary Physician. Applications by the 11th April.

MEDICAL APPOINTMENTS.

- AINSLEY**, T. G., M.R.C.S., appointed Medical Officer and Public Vaccinator to the West Hartlepool District.
- ALLAN**, F. J., M.B., appointed Visiting Physician to the Infirmary for Consumption, Margaret Street.
- BIRD**, J., M.R.C.S., appointed Administrator of Anæsthetics to the Dental Hospital of London, *vice* A. Coleman, L.R.C.P., resigned.
- BURGESS**, D., M.B., appointed House-Physician to the Royal Hospital for Diseases of the Chest, *vice* J. Harper, M.B.
- DICKSON**, T. A., L.R.C.S., appointed House-Surgeon to the Paisley Infirmary, *vice* M. S. Anderson, M.B.
- JACON**, D., M.D., appointed Medical Officer for Maryborough Dispensary District of the Mountmellick Union.
- LANE**, J. O., M.B., appointed Assistant House-Surgeon to the General Infirmary Northampton.
- MORRIS**, J. H., M.R.C.S., appointed District Medical Officer to the Salford Union.
- PARKINSON**, G. W., L.D.S., appointed Assistant Dental Surgeon to the Dental Hospital of London, *vice* S. J. Hutchinson, L.D.S.

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.

BOTHWELL.—March 19th, at the Strand, Topsham, Devonshire, the wife of Dr. G. G. Bothwell, of a daughter.

O'RORKE.—March 24th, at Parkview, Ballinrobe, Co. Mayo, the wife of Charles T. J. O'Rorke, Esq., L.K.Q.C.P., L.R.C.S.I., of a son.

MARRIAGES.

BROWN-CARTER.—On March 29th, at St. Matthew's Church, Chapel Allerton, by the Rev. R. R. Kirby, Vicar, assisted by the Rev. R. K. Snowden, Vicar of Clifford, Walter Henry Brown, M.R.C.S., of Queen Street Leeds, to Gertrude Elizabeth, youngest daughter of J. B. Carter, M.R.C.S., of Elm House, Chapel Allerton, Leeds.

RING-SINCLAIR.—On March 21st, at St. James's Church, Belfast, by the Rev. John Bristow, M.A., assisted by the Rev. T. B. Brookes, M.A., James Ring, M.D., surgeon, Army Medical Department, to Margaret Fitzgerald, daughter of Deputy Surgeon-General James Sinclair, M.D., Principal Medical Officer, Aldershot Division.

WEBSTER-FAULKNER.—On March 23rd, at the Parish Church, Edgbaston, by the Rev. Henry Hardy, Joseph Henry Webster, M.R.C.S.E., L.R.C.P.E., Wareham, Dorset, son of Joseph Webster, Esq., of Sherwood Rise, Nottingham, to Clara, daughter of Charles Faulkner, Esq., of Edgbaston, Birmingham.

PROPOSED PARK FOR BRIGHTON.—A public meeting, which was largely attended, has been held at the Brighton Town-hall to determine as to the purchase of Preston Park from Mr. Benett Stanford for £50,000, the object being to convert it into a public park. The proceedings were of the most uproarious character, and eventually the matter was adjourned for a fortnight.

At the meeting of the Committee of the British Medical Benevolent Fund, held on March 28th, there were twenty-three applications for relief. Grants were voted to nineteen of them, amounting in the aggregate to £213. A sewing-machine is also to be purchased by the chairman for one of the applicants, a widow, who earns her livelihood by needlework. Among the cases were a medical man, aged 92, and two widows, aged 79 and 73 respectively, and there were seven other applicants over the age of 60. The total amount distributed in the first quarter of the current year is £690.

A PARIS temperance society, which dates as far back as 1772, we hear, has been holding its one hundred and tenth annual meeting, under the presidency of M. Hippolyte Passy, Deputy for the Seine, supported by M. Lunier, Inspector General of Lunatic Asylums; M. Beaumetz, of the Paris Hospitals, and several other medical men of influence and position. A report was read showing that the society is in a flourishing and satisfactory condition. There are upwards of a thousand members, and the revenue for the past year was about thirteen thousand francs. A prize of two thousand francs for the best essay on the changes undergone by alcohol in the human organism was awarded to M. Schmidt, of Stockholm.

CONVALESCENT HOME AT FOLKESTONE.—A correspondent, writing to a contemporary, states that no fewer than 2,439 patients have been already admitted into this home—a large proportion from thirty-six hospitals, metropolitan and provincial. Patients are received recovering from severe illness (not contagious), or from surgical operations, and who still require most careful nursing with medical treatment. Invalids of either sex, irrespective of religious opinions, and coming from whatever distance, are admitted. So numerous have applications for admission become, that the present accommodation (independently of being extremely inconvenient and far removed from the sea) is quite unequal to the demand made upon its resources. The council of the home has, therefore, decided to erect a suitable building, on a site obtained with the concurrence and by the kind consideration of Lord Radnor. A sum of £7,000 has already been subscribed, but £9,000 more is still required to complete the building. Her Royal Highness the Duchess of Edinburgh has graciously consented to lay the foundation-stone after Easter. Subscriptions can be paid to the Rev. C. J. Parsons, Priory Lees, Folkestone; or to the Folkestone Branch of the National and Provincial Bank.

IRISH GRADUATES' ASSOCIATION.—A correspondent writes:—The annual metropolitan dinner took place at the Holborn Restaurant on St. Patrick's Day. Fifty-four members and guests were present. The President for the year, Dr. J. T. Banks, Physician to the Queen in Ireland, was unavoidably prevented being present. In his absence the chair was taken by Sir W. Mac Cormac, Vice-President. Amongst the invited guests were the Presidents of the Colleges of Physicians and Surgeons, the President of the Metropolitan Branch of the British Medical Association, Mr. Lister, Drs. Sieveking, Blandford, Ord, Fothergill, Baines, Mitchell Bruce, Lauder Brunton, Mrs.

Garrett Anderson, Miss Pechey, Mrs. Atkins, Mrs. Claud Marshall, and several other ladies. An American physician was also present—Dr. McCormack, of Kentucky. After an excellent dinner, the usual toasts were proposed. From the chair—"Our Rulers" (the Queen and Royal Family) and "Our Guests;" to the latter Drs. Blandford and Sieveking replied, and Mrs. Garrett Anderson returned thanks for the lady guests. The President-elect, Dr. Waters of Chester, proposed "Our Elders," to which Mr. E. Saunders, Mr. Lister, and Dr. Ord replied. Dr. Foster, of Birmingham, proposed "Our Cousins in America," to which Dr. McCormack made a happy reply. Mr. Lister next proposed "Yourselves," coupled with the health of the Chairman, Sir W. Mac Cormac. This toast was drunk in the usual form with musical honours. In his reply he expressed the great regret the absence of the President, Dr. Banks, caused to all present, especially as the cause was illness in his family. Mr. G. Wallace proposed "The Ladies" in a humorous and happy speech, which provoked an equally happy reply. Dr. Donovan proposed "Our Next meeting," coupled with the health of the Honorary Secretaries, who replied, and stated that, at the usual Council meeting held that day, five new members were elected, and that the annual meeting would be held at Worcester on Wednesday, August 9th, under the Presidency of Dr. E. Waters, of Chester, the President-Elect. A special supply of shamrock had been procured from Ireland, and a spray was presented to each guest and member. The dinner was served in the Duke's Saloon and was in all that could be desired in materials, wines, and service.

SANITARY ASSURANCE FROM AN HOUSEHOLDER'S POINT OF VIEW.—Dr. Robert Farquharson, M.P., presided at a public meeting of the Sanitary Assurance Association, at the rooms of the Association, 5, Argyll Place, on Friday, March 10th, where Mr. H. Rutherford, Barrister-at-Law, delivered an address on the above subject. Mr. Rutherford's opening remarks were devoted to the consideration of the subject as it would be viewed by the occupant of a dwelling-house anxious to protect himself and his family from baneful diseases, which were too prevalent on account of the unscientific methods employed in providing for drainage and ventilation. Mr. Rutherford quotes from Dr. De Chaumont's lecture on the same subject some statistics showing the death-rate from diseases liable to be favoured or propagated by neglected house-sanitation, the total result, based upon the Registrar-General's report showing that about one-third of the annual mortality arose from such disease. Although it might not be possible entirely to prevent the propagation of such complaints by even the most perfect system of house-sanitation, yet there was abundant evidence to prove that in very numerous instances disease might be altogether prevented from originating, and in other cases be modified and mitigated. Mr. Rutherford also pointed out what an enormous pecuniary loss was sustained by the prevalence of these diseases, and forcibly illustrated the very poor economy which influenced a large majority of householders in abstaining from setting their houses in sanitary order; and he earnestly pressed upon his audience and the public at large the desirability of having their houses inspected properly, and reported on by a competent authority such as the Sanitary Assurance Association. The services of the specially qualified officers were to be had through the medium of the Association at fees to the Subscribers in accordance with a graduated scale in which for houses rated at £40, the fee was half a guinea. If in other associations or companies less fees might be charged for large houses, it would be well to inquire whether identical services were rendered, and whether a certificate assuring the sanitary condition of the property was given. Mr. Rutherford closed his address with a warm appeal to all to consider the subject closely, and especially those who were large employers of labour. A discussion followed. Dr. Farquharson said that it gave him much pleasure to do what he could to make the work of the Association known. In these days, when it was the fashion to look to Parliament to do everything, it was a good thing to see the people, with the aid of the Sanitary Assurance Association, taking into their own hands the sanitation of their houses, and not waiting for public officials to be appointed for this work. Sir Joseph Fayer referred to his experience in India, where, simply from improved sanitary conditions, the death-rate in the army had been reduced enormously. The object of the Association was, as far as possible, to do away with the causes that gave rise to disease, and then the effects would cease. As far as science, architecture, and medicine combined would prevent disease, he thought they would certainly tend to do so, and the Association merited well the co-operation both of his own profession and of the architectural profession; in fact, of all science. Dr. Danford Thomas spoke of the necessity which existed for better sanitary regulations, particularly among the poorer districts, where the houses were of a class which would be inspected for subscribers to the Association for the trifling

fee of half a guinea. Mr. Barrington Kennett, Mr. Mead, Mr. Crabbe, and Mr. Matthews having spoken, Mr. Mark H. Judge, the surveyor, gave a practical explanation of the methods adopted by the Association. All reports included a specification of such work as might be necessary to put the house into good sanitary condition. It was not necessary in the first instance to open the ground, or to disturb the house in any way. The report pointed out how far this might be necessary, and consisted, practically, of three heads, viz., sanitary arrangements that were satisfactory, those that were defective, and those that it was necessary to open up for inspection. All inspections were made jointly by the officers of the Association; and the certificates given under the seal of the Association, assuring the sanitary condition of the property, were only given on the joint recommendation of the chief sanitary officer and the surveyor. Mr. Rutherford replied to the discussion, and votes of thanks were passed to him for his address, and to Dr. Farquharson for presiding.

HEALTH OF FOREIGN CITIES.—A table in the Registrar-General's last weekly return supplies the means for deducing the following figures, which may be accepted as trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities. According to the most recently received official weekly returns, the annual death-rate in the three principal Indian cities averaged 34.4 per 1000, and was equal to 27.4 in Calcutta, 32.6 in Bombay, and 45.3 in Madras. Cholera caused 57 deaths in Madras, 21 in Calcutta, and 9 in Bombay, differing but slightly from the numbers in the previous week; 52 deaths resulted from measles in Bombay, and 7 from small-pox in Madras, and fever fatality showed the usual excess in each of these three cities. The death-rate in Alexandria was equal to 30.3, and showed an increase; 5 more fatal cases of typhoid fever were reported. In twenty-two European cities, the death-rate averaged no less than 32.4, and exceeded by no less than 10.7 the mean rate prevailing last week in the twenty-eight large English towns. The death-rate in St. Petersburg was so high as 54.7, but showed a slight decline from the excessive rate in the previous week; the 702 deaths included 44 from typhus and typhoid fevers, and 21 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 25.8; 25 more deaths from measles were recorded in Copenhagen, where the death-rate was equal to 27.8. In Paris, the death-rate rose again to 30.1; the deaths included 55 from diphtheria and croup, 49 from typhoid fever, and 13 from small-pox. The death-rate was equal to 27.1 in Geneva, and to 24.4 in Brussels; the 191 deaths in the latter city included 4 from typhoid fever or typhus, and 4 from measles. In the three principal Dutch cities, the death-rate averaged 24.0, the highest rate being 25.4 in Amsterdam, where "fever" and whooping-cough were somewhat fatally prevalent. The Registrar-General's table includes returns from nine German and Austrian cities, in which the death-rate averaged 33.5, and ranged from 25.2 and 25.4 in Dresden and Berlin, to 41.9 and 43.4 in Munich and Buda-Pesth. Small-pox caused 25 deaths in Vienna, 6 in Prague, and 5 in Buda-Pesth; diphtheria showed fatal prevalence in Berlin, Dresden, Munich, and Trieste. In three of the principal Italian cities, the death-rate averaged 29.1, the highest rate being 40.9 in Venice; typhoid fever caused 5 deaths in Turin and 4 in Venice. The returns just received from Rome refer to the middle of November, and are the first that have come to hand for some months. The average death-rate in four of the largest American cities was 27.1, and the rates ranged from 23.1 in Baltimore to 33.0 in New York. Small-pox caused 14 deaths in Philadelphia and 12 in New York; scarlet fever showed fatal prevalence in New York and Brooklyn, and diphtheria in New York, Philadelphia, and Baltimore.

DONATIONS AND BEQUESTS.—Mr. Henry Spence Fairfoot, of Clement's Inn, has bequeathed £100 each to University College Hospital, the Royal Free Hospital, the Hospital for Women, and the Bloomsbury Dispensary.—The Great Northern Hospital and the Royal Westminster Ophthalmic Hospital have each received £100 (less duty) under the will of Mr. Edward Bax.—The Trustees of Prison Charities have given £105, additional, to the National Hospital for Consumption at Ventnor.—Miss Campbell Johnston has given £50 to the Middlesex Hospital.—Mrs. James Packe has given £52 10s. to the British Home for Incurables.—Mr. Osgood Torkington, of Clapham Park, has bequeathed £1,000 in Consols to the Royal Hospital for Diseases of the Chest, City Road, and a similar amount to the Royal Hospital for Women and Children in the Waterloo Road.—Mr. J. Jones of Piccadilly, has bequeathed £2,000 to the Charing Cross Hospital, £2,000 to St. George's Hospital, and £1,000 each to the Westminster Hospital, the Royal Free Hospital, and St. Mark's Hospital.—The Chesterfield and North Derbyshire Hospital has received £100 under the will of Mr. G. A. Turner of Tapton, and £100 under that of Miss Lucy Wright of Chesterfield.

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, 2 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—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) will exhibit a case of Supposed Congenital Absence of Uvula (living specimen). Mr. Richard Davy will give an account of cases illustrating his method of performing the Circular Amputation. Mr. Thomas Bryant will report a case of Gastrotomy. Dr. Hofmeister: The Carlsbad Waters, and the Indications for their Use.—Odontological Society of Great Britain, 8 P.M. Casual communications by Messrs. Hutchinson, Canton, Verrier, and Cox.

TUESDAY.—Pathological Society of London, 8.30 P.M. Specimens to be shown—Mr. Sydney Jones: Intestinal Obstruction by a Diverticulum. Tumour of Shoulder-joint. Fibroid of Uterus. Dr. Hadden: Congenital Cardiac Disease: A New Tract of Spinal Degeneration. Mr. S. Boyd: Microscopic Specimens from Farcy; Colloid Scirrhus of Prostate. Mr. Butlin: Two Cases of Myxoma. Mr. Warrington Haward: Bronchocele, with Secondary Growths. Mr. Leech (of Manchester): Dilatation of Heart. Mr. Eve: Epithelioma of Esophagus; Cancer of Membranes of Brain; Calcareous Tumour in Brain; Filaria from a Camel. Dr. Lees: Chronic Hydrocephalus. Dr. Hobson: Malignant Lymphoma. Mr. Roger Williams: Calculus formed on a Shell. Dr. B. Fenwick: Intrathoracic Tumour. Card Specimens—Defects of Valves of the Heart; Hyperostosis of Lower Jaw; Necrosis of Tibia; Hydronephrosis from Calculus, etc.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be shown by Dr. Oswald, Dr. Galabin, and others. Dr. James Braithwaite: Two Cases of Removal of One Ovary only by the Vaginal Method. Dr. Popow: On the Corpus Luteum. Dr. Champneys: On the Pelvis and Skeleton of a Child showing Left Sacro-iliac Synostosis and Oblique Contraction.—Epidemiological Society of London, 8 P.M. Dr. J. B. Russell: On the Policy and Practice of the City of Glasgow in the Management of Epidemic Diseases, with Results. Mr. M. D. Makuna: Observations on the Pre-Eruptive Stage in Small-pox, with History of Cases.—Hunterian Society, 7.30 P.M., Council Meeting. 8 P.M., Mr. W. Rivington: On Cases of Rupture of the Bladder.

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.

ODONTO-CHIRURGICAL SOCIETY.

THE following is the resolution adopted by this society with reference to the dental curriculum: "That, although the society are of opinion that the three years' mechanical training are and always must be an essential part of the professional education of the dental surgeon, they do not consider it necessary that the dental student should be compelled to pass the preliminary examination in arts until prior to beginning his hospital and surgical studies."

THE Surgical Pocket-case described on page 429 of last week's JOURNAL, was designed by Mr. W. Arnold Thomson of Amptill, and is manufactured by Messrs. Arnold and Sons.

PRACTICE IN THE COLONIES.

SIR.—“M. B. Edin.” must register his qualification in the books of the Council of Medical Education and Registration of the province in Canada in which he proposes to practise. The Council of Ontario attempted to exclude British degrees of later date than 1871 from registration, but the law courts decided against them; and I presume the decision will rule in every province in the Dominion. The registration fee in Ontario is ten dollars. Only one qualification need be registered. There is a good field in the North-West, but a very rough one, unless in Winnipeg. An acquaintance of mine went there from Hamilton, Ontario, lately, and is greatly pleased with it as a field for practice. Fees are good, and all cash; but rent is exceedingly high, and coals twenty dollars (\$4) a ton. I spent fourteen months lately in Ontario; and if “M. B. Edin.” communicates with me, I will give him any further information I can.—Yours, etc., A. W. WALLACE, M.D.
Parsonstown, March 25th, 1882.

ERRATUM.—In the account of the farewell dinner to Professor Cunningham (JOURNAL, March 25th, page 437), the name of Professor Stokes was inserted in error for that of Professor Thornley Stoker.

A. A. KING.—We do not recommend individual practitioners.

A MEMBER.—The publication of recommendations of a corn-eradicator on handbills and posters by medical men is certainly most undignified, and contrary to the fundamental rule that no secret preparations of any kind should be employed or recommended by members of the medical profession.

MORTALITY IN INDIAN PRISONS.

MORTALITY IN INDIAN PRISONS:

SIR,—I was glad to find, by your issue of March 18th, that you had called attention to the excessive mortality in Indian jails, and knowing something of them, I feel certain that you have correctly indicated their hygienic and sanitary defects, placing the dietary at the top of the list. Hitherto, it has been the practice of Indian jail authorities, in reviewing the work of the year, in tabulating results, to bestow praise on those whose prisoners cost least. A medical officer may order what he deems best for a sick prisoner, but if he sees a number of labouring prisoners falling off, he has no power to give any but the regulation food, without obtaining the authority of the Inspector-General of Prisons; and it is well enough known that those who apply for extra diet for the prisoners under them are apt to fall into disfavour. I have seen prisoners brought into hospital with sloughing of the cornea, the result of defective food, but such cases now seldom if ever occur. Yet the diseases most fatal at the present time seem to me equally to point to insufficient diet. I allude to those forms of dysentery and diarrhoea common to all Indian jails, and to phthisis, as well as to the prevalence of ulcers following very trifling injuries to the skin. Great as is the mortality indicated by the official returns, they do not represent the total jail death-rate, as prisoners in the last stages of fatal diseases are sometimes allowed to be removed by their friends only to die at home. Some of the old jails, especially in Bengal, are utterly unfit for human beings, and at times they are overcrowded and are ill-ventilated. I do not doubt that the jail-inspectors are aware of the defects, and would remedy them if they were provided with funds. It is, however, somewhat disheartening to find that, in some of the recently built jails, the mortality is still high. As a rule, the conservancy is good, the dry earth system being fully carried out; all excreta, solid and liquid, being removed and buried in shallow trenches in a field adjoining the prison.

To illustrate the abuses to which the present system may give rise, I shall mention a case that I have heard of, in which a medical officer in charge of a jail used to give milk and other extras to the sick and convalescents freely, and just before the Inspector-General of jails was expected to make his annual inspection; but as soon as the inspection was over, and the Inspector-General had departed, all extras were withdrawn. The officer who did this had been highly commended by the authorities on several occasions for the cheap rate at which he maintained the prisoners under his charge. By the above little manoeuvre, he desired to show the Inspector-General that he gave extra diet without stint to the sick when it was required.

I believe that the present arrangement, by which a medical officer has to perform the magisterial and professional work of a jail, is not a good one; while to me, it seems that the plan of judging the efficiency of a jail medical officer chiefly by the financial results of his management, is worst of all. Of late, too, it would seem that a similar plan has been adopted in judging of results in hospitals, especially in Calcutta.

I do not know whether you are aware that a late Lieutenant-Governor of Bengal gave it as his opinion that a high death-rate in jails had a certain advantage, seeing that it acted as a deterrent, and that jails should have such an effect ! This is on record in an official form.—Yours faithfully,

ARMY SURGEONS.

SIR.—Being anxious to obtain a commission as an army-surgeon, I attended the late examination held in London on February 20th and following days, having previously satisfied myself as to the regulations on the subject, which are as follows: "Revised Army Regulations, vol. 1, June 25th, 1887, para. 302. A public and open competition shall be held twice in the year for the admission of qualified candidates as probationers. The number of appointments so competed for shall be not less than half of the number of vacancies which shall have arisen in the last completed half-year, ending on June 30th or December 31st. Para. 303. Not less than half the number of vacancies shall be filled up by competition; and it shall be competent for Our Secretary of State to fill up the remaining number from such qualified candidates as may be proposed by the governing bodies of public schools of medicine in Our United Kingdom or in Our colonies, as he may think proper."

To me, the above regulations were satisfactory, and appeared quite plain, as it never could be the intention to give nominations as long as a sufficient number offered for competition.

Before going up, I wished to know the number of vacancies. For that purpose, I purchased the *Army List* to June 30th, 1881, also the *Army List* to December 31st, 1881. By comparing the names in the former with those in the latter, I found that forty-two surgeons of various military grades had become non-effective within the six months; and, on the faith of the Royal Warrant, I believed that number would be filled up.

Sixty-five candidates presented themselves at the examination, and attended during the whole time. Judge of my astonishment to find, when the list of successful candidates was published in the morning papers of the 4th instant, that only fifteen were admitted. Many of the sixty-five candidates, including myself, came from Ireland, and had to live in London nearly a fortnight at considerable expense, besides the cost of journey both ways and loss of time. I ask you, is it fair of the authorities to put me and others to the serious expense of attending to compete for appointments not intended to be given, or is it just on their part to withhold twenty-seven places out of forty-two guaranteed by the Royal Warrant? Treatment such as I have tried to describe, when it becomes known, will not have the effect of making the Army Medical Department popular in the medical schools.

The fifteen successful candidates will have to join at Netley about the 1st proximo. It is not yet too late for the authorities to remedy the injustice done the other twenty-seven, who should have been admitted.—Yours truly,

CANDIDATE.

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

Dr. Crichton Browne, London; Dr. C. Stephens, Jedburgh; Mr. W. Whitton, Twotower; Dr. J. Jagoe Welply, Bandon; Dr. F. N. Macnamara, London; Captain Abney, London; Mr. John Lowe, Lichfield; Dr. McCombie, Deptford; Mr. Henry Brown, Northallerton; Dr. W. Sneddon, Beith; Mr. M. C. Hime, Londonderry; Mr. H. Barff, Kilburn; Mr. James Thompson, London; Mr. E. W. Lowndes, Liverpool; Dr. Wallace, Parsonstown; Mr. H. E. Spencer, York; Dr. J. Sinclair Coghill, Ventnor, I.W.; W. T. R.; Mr. A. A. King, London; Dr. J. Sytryp, Shrewsbury; Dr. Paterson, Bridge of Allan; Dr. W. Barrett-Roué, Bristol; Dr. Greenhill, Hastings; Mr. John Marshall, London; C. L. H.; Dr. Collie, Homerton; Mr. Mottershead, Manchester; Mr. G. H. Makins, Blackheath; Dr. Stevenson, London; Mr. J. Hussey Williams, Bootle; Mr. Shirley Deakin, Allahabad; Mr. M. H. Judge, London; Dr. J. Lawson, Hebden Bridge; Mr. Shirley F. Murphy, London; Mr. E. Wood Forster, Darlington; Dr. W. T. Stoker, Dublin; Dr. John Barclay, Leicester; Dr. J. Finlayson, Glasgow; Dr. H. Ashby, Manchester; Our Dublin Correspondent; Mr. R. Clement Lucas, London; Dr. George Gregory, Bolton; Dr. A. D. Walker, London; Dr. Tripe, London; Mr. F. C. Colman, Ventnor; Mr. H. Coupland Taylor, Tadmorden; Mr. F. St. George Mivart, London; Dr. H. Bennet, Mentone; Mr. A. H. Chisholm, London; Mr. George Eastes, London; Mr. Horace Swarder, Luton; Dr. Latham, Cambridge; Mr. Fleming, London; Mr. William Arnold Thomson, Ampthill; Mr. Nelson Hardy, London; Dr. G. W. Thomson, Lanark; Mr. A. E. Harris, Sunderland; Dr. E. Drummond, Rome; Mr. T. Cornish, London; Dr. Broadbent, London; Mrs. A. Clouting, Stamford; Dr. J. M. Hobson, Croydon; Dr. Fairlie Clarke, Southborough; Mr. E. T. Davis, Cowbridge; Mr. William Allard, Tewkesbury; Mr. T. W. Barron, Durham; Dr. A. B. Vesey, Magherafelt, M.B.; Mr. Alfred Haviland, Brighton; Mr. St. Vincent Mercier, London; Dr. W. M. Campbell, Liverpool; Dr. J. B. Sanderson, London; Mr. W. Gowsan, South Shields; Mr. C. H. Furnivall, London.

BOOKS, ETC., RECEIVED.

Applied Anatomy of the Nervous System. By A. L. Ranney, A.M., M.D. London: H. K. Lewis. 1881.

Pharmacy, Materia Medica, and Therapeutics. By W. Whitla, M.D. London: H. Renshaw. 1881.

Retrospect of Medicine. By W. Braithwaite. London: Simpkin, Marshall, and Co. 1882.

Diseases of Infancy and Childhood. By J. Lewis Smith, M.D. London: H. K. Lewis. 1881.

Year-Book of Pharmacy. London: J. and A. Churchill. 1881.

Morality. By M. C. Hime, M.A., LL.D. London: W. R. Guest. 1881.

Religio Medici. By W. A. Greenhill, M.D. London: Macmillan and Co. 1881.

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