

ROYAL COLLEGE OF SURGEONS OF ENGLAND. THE PASS EXAMINATION FOR THE DIPLOMA OF MEMBER.

At a meeting of the Council of the Royal College of Surgeons of England, a committee consisting of Mr. Birkett (Chairman), the President and Vice-Presidents of the College, Mr. Savory, Mr. Holmes, Mr. Wood, Mr. Bryant, Mr. T. Smith, and Mr. Heath, was appointed to consider and report on the following proposal:—

"That on and after the 1st of October 1882, no candidate be admitted to the Final or Pass Examination for the diploma of Member until after the expiration of two years from the date of his passing the Primary or Anatomical and Physiological Examination, unless he shall, before presenting himself for such Primary Examination, have completed the curriculum of professional study for the diploma, or shall possess a degree or diploma in Medicine or Surgery, or shall show reasons for exemption from this rule which shall be satisfactory to the Court of Examiners."

The Report of the Committee was printed on April 13. In this Report the Committee recommended to the Council the adoption of the principle advocated in the foregoing proposal, that two years should elapse between the date of passing the Primary or Anatomical and Physiological Examination and the Pass or Final Examination for the diploma of Member; and with a view to giving effect to that principle, further recommended for approval by the Council the following regulation:

Candidates commencing their professional education on or after the 1st of October 1882, will not be admitted to the Pass or Final Examination for the diploma of Member until after the expiration of two years from the date of their passing the Primary or Anatomical and Physiological Examination for such diploma, except in the following cases:

1. When a candidate, before presenting himself for the Primary Examination, shall possess a recognised degree or diploma in Medicine or Surgery, or shall have completed the curriculum of professional education for the diploma.
2. In the case of a candidate who, being desirous of obtaining the Fellowship, shall fail to present himself for the Primary Examination for the Membership at the end of his second year of professional study, but who shall pass at the end of his third Winter Session the Primary Examination for the Fellowship, it being required in such case that not less than one year of attendance on the surgical practice of a recognised hospital shall intervene between the date of his passing the Primary Examination for the Fellowship and the date of his presenting himself for the Pass or Final Examination for the diploma of Member.
3. In the case of a candidate who, having commenced his professional studies by attendance on the practice of a recognised Provincial or Colonial hospital, and having completed a year of such attendance, shall fail to pass the Primary Examination at the end of his second Winter Session of attendance at a recognised medical school, provided that in his case not less than one year shall elapse between the date of his passing the Primary Examination and the date of his presenting himself for the Pass or Final Examination for the diploma of Member.
4. When a candidate, owing to illness, duly certified by one or more of the teachers of his medical school, shall be prevented from presenting himself for the Primary Examination on the completion of his second year of professional study.
5. And in the case of a candidate who, from some unforeseen circumstances, shall fail to present himself for the Primary Examination on the completion of his second year of professional study, it being left to the Court of Examiners to determine whether in such case the candidate shall or shall not be required to comply with the regulation.

ASSOCIATION INTELLIGENCE.

BRANCH MEETINGS TO BE HELD.

THAMES VALLEY BRANCH.—The next meeting of this Branch will be held on Thursday, May 4th, at the Griffin Hotel, Kingston-on-Thames, at 6 P.M. Members desirous of bringing any communication forward are requested to give due notice to the Honorary Secretary.—EDWARD L. FENN, M.D., Honorary Secretary, Richmond.—April 10th, 1882.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—The next meeting will be held, by permission of the Lords Commissioners of the Admiralty, at the Royal Naval School, Greenwich Hospital, on Friday, April 28th, at 8 P.M.; Dr. Alfred Carpenter in the chair, when the following papers will be read: 1. On the Treatment of Angular Curvature of the Spine. By W. Johnson Smith, F.R.C.S. 2. On Two Unusual Cases of Midwifery. By Robert J. W. Oswald, L.R.C.P.—H. NELSON HARDY, Honorary Secretary, The Grove, Dulwich, S.E.—April 19th, 1882.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.—The next meeting of the District will be held at the house of Dr. T. Morton, 1, Greville Road, Kilburn Priory, N.W., on Thursday, April 27th, at 8.30 P.M. Dr. Stretch Dowse will read a paper on the Inhalation-Treatment of Bronchial and Lung Affections. Dr. Morton will preside.—G. W. POTTER, M.D., Honorary Secretary, 12, Grosvenor Road, N.—April 5th, 1882.

NORTH OF ENGLAND BRANCH.—The spring meeting will be held at the Hospital, Stockton-on-Tees, on Friday, April 28th, at 3 P.M. The first business will be the election of a President-elect, in the place of the late Dr. Robert Wilson of Alnwick. The following papers and cases have been promised: 1. Dr. Philipson: On Fixed Abdominal Pain. 2. Dr. Foss: Case of Fractured Patella treated by Aspiration of the Knee-Joint. 3. Dr. Foss: Case of Double Amputation. 4. Dr. Drummond: On some Points in the Diagnosis of Chronic Pulmonary Phthisis. The following subjects will be brought forward for discussion: a. Communication from Dr. J. M. Fothergill regarding the Editorship of the BRITISH MEDICAL JOURNAL. b. Communication from the South-Western Branch regarding Homoeopathic Practitioners. Members and their friends will dine together at the Stockton Club at 5.30 P.M.; charge (exclusive of wine), 6s. 6d.—T. W. BARRON, M.B., Durham, DAVID DRUMMOND, M.D., Newcastle, Honorary Secretaries.—April 12th, 1882.

LANCASHIRE AND CHESHIRE BRANCH.—The Honorary Secretary invites members to give early notice of papers to be read at the intermediate meeting, which will be held at Blackpool early in May, and at the annual meeting, which will take place at Chester in June.—A. DAVIDSON, M.D., Honorary Secretary, 2, Gambier Terrace, Liverpool.—April 19th, 1882.

SOUTHAMPTON DISTRICT: SOUTHERN BRANCH.—The next meeting of the District will be held at 6, Anglesea Place, Southampton, on Monday, April 24th, at 8 P.M. Paper by Surgeon-Major Blair-Brown on Resection of the Elbow. Paper by R. Caesar, Esq., on Four Cases of Cerebral Tumour.—THEOPH. W. TREND, M.D., Honorary Secretary.—April 17th, 1882.

SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.—The annual meeting will be held at the Royal Pier Hotel, Sandown, on Thursday, April 27th, at 4 P.M.; J. G. Sinclair Coghill, M.D., President, in the chair. Agenda: Election of Officers for the ensuing year. Statement of Accounts for the past year. Report of the Proceedings of the District for the past year. An Address by the President-elect, A. G. Davey, M.D. A Case of Puerperal Fever: by Mr. J. Jones. The Duties of Medical Officers of Health: by Mr. A. Woodward. Gentlemen who are desirous of introducing patients, exhibiting pathological specimens, or making communications, are requested to signify their intention at once to the Honorary Secretary. Dinner will be provided at 6 P.M.; charge 6s. (exclusive of wine).—W. E. GREEN, Honorary Secretary, Sandown, Isle of Wight.

NORTH WALES BRANCH.—The next intermediate meeting will be held on Thursday, the 27th instant, at the Sportsman Hotel, Portmadoc, under the presidency of Dr. Samuel Griffith, immediately on the arrival of the morning or midday trains. After the meeting, the members will dine together, at an hour suitable to the times of the departure trains. Notices of the following communications have been given: 1. On Adenoma of the Breast. 2. On Naso-pharyngeal Polypus. By Mr. T. E. Jones.—J. LLOYD-ROBERTS, Honorary Secretary, Denbigh.—April 19th, 1882.

PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

At a meeting of the Committee of Council, held at the Council Room of Exeter Hall, Strand, London, on Wednesday, April 12th, 1882: Present, Mr. C. G. WHEELHOUSE, President of the Council, in the Chair; Dr. W. Strange, President-elect; Dr. W. F. Wade, Treasurer; Dr. Clifford Allbutt, Mr. Alfred Baker, Mr. T. H. Bartleet, Dr. M. de Bartolomé, Surgeon-Major Boileau, Dr. L. Borchardt, Dr. Alfred Carpenter, Dr. C. Chadwick, Dr. Ward Cousins, Dr. A. Davidson, Dr. Charles Drage, Dr. E. Long Fox, Dr. B. Foster, Dr. J. H. Gibson, Dr. W. C. Grigg, Mr. A. J. Harrison, Dr. C. Holman, Mr. W. D. Husband, Mr. Vincent Jackson, Dr. Leslie H. Jones, Dr. D. J. Leech, Mr. C. Macnamara, Mr. F. E. Manby, Mr. F. Mason, Mr. R. H. B. Nicholson, Dr. C. Parsons, Dr. S. Rees-Phillipps, Dr. Alfred Sheen, Mr. Septimus W. Sibley, Dr. A. P. Stewart, Mr. Henry Stear, Dr. E. Markham Skerritt, Dr. Edward Waters.

The minutes of the last meeting were read and found correct.

Read letters of apology for non-attendance from Mr. Barrow, President of the Association, Dr. Duffey, Dr. Eytton Jones, and Dr. R. Shettle.

The President of Council reported that, having received an invitation to attend a preliminary meeting of an Association for the Advancement of Medicine by Research, he had attended on behalf of the British Medical Association.

Resolved: That the best thanks of the Committee of Council be given to the President of Council for attending the meeting at the Royal College of Physicians on behalf of the British Medical Association, for the purpose of forming an Association for the Advancement of Medicine by Research.

Read Report of the Committee on the Study of Aural Surgery, of which the following is a copy.

Report of the Committee on the Study of Aural Surgery to the Committee of the British Medical Association.

Your Committee, appointed to consider the best means for promoting the study of Aural Surgery, especially in regard to compulsory examination in this subject by the various examining bodies, has held three meetings, and has been much gratified by the universal interest evinced in this matter by the teachers and practitioners of otology throughout the United Kingdom.

The Committee is deeply impressed with the importance of the subject, and considers that the evident want of knowledge among practitioners in matters concerning ear-diseases stands greatly in the way of their being able to deal promptly and effectually with cases of an acute character, and accounts for the very large number of neglected chronic cases which are met with in daily practice.

After carefully considering all the suggestions received, and discussing the various means for promoting the study of Aural Surgery, your Committee has arrived at the conclusion that all candidates for admission into the profession should have a practical knowledge of at least the essentials of otology, and that as compulsory attendance on lectures and hospital practice might be deemed undesirable, the object in view can be best attained by the licensing bodies including otology among the subjects for examination.

The Committee, therefore, earnestly recommends that you will request all the examining bodies to include Aural Surgery in their examinations, placing it on the same footing as *ophthalmic surgery*, and that you will further draw their attention to the especial importance of a practical examination in this subject.

(Signed) URBAN PRITCHARD, Chairman.

E. CRESSWELL BABER, Honorary Secretary.

Other Members of the Committee:—Messrs. George Abbott (London), John Appleyard (Bradford), T. Gelston Atkins (Cork), Thomas Barr (Glasgow), Arthur H. Benson (Dublin), A. Gardiner Brown (London, since deceased), Edgar A. Browne (Liverpool), John Walton Browne (Belfast), Lennox Browne (London), James Patterson Cassells (Glasgow), John Chiene (Edinburgh), Andrew Clark (London), Henry Hugh Clutton (London), Alphonso Elkin Cumberbatch (London), William Bartlett Dalby (London), T. Curtis Denby (Bradford), John Henry Drew (London), J. J. Kirk Duncanson (Edinburgh), Richard Ellis (Newcastle), H. L. Ferguson (Dublin), George P. Field (London), Charles Edward Fitzgerald (Dublin), Thomas C. Floyd (Birkenhead), Francis George Hamilton (London), Arthur Hensman (London), George Frederick Hodgson (Brighton), Lucius Holland (Newcastle), W. Gordon Holmes (London), Archibald Hamilton Jacob (Dublin), William Powell Keall (Bristol), Charles George Lee (Liverpool), Samuel Macauley (Newcastle), Peter McBride (Edinburgh), Johnstone Macfie (Glasgow), Angus Macmillan (Hull), Farquhar Matheson (London), Joseph Seymour Metford (Bristol), Dawson Nesbitt (London), John A. Nunneley (Leeds), Arthur Wigelsworth Orwin (London), Jacob Pickett (London), Frederick Morrish Pierce (Manchester), William Laidlaw Purves (London), J. M. Elborough Scatliff (Brighton), Robert Sinclair (Dundee), John B. Story (Dublin), Henry Rosborough Swanzy (Dublin), Llewelyn Thomas (London), William James Tivy (Clifton), Robert Torrance (Newcastle), George Edward Walker (Liverpool), Charles Warden (Birmingham), William Cairns Wicks (Newcastle), John St. Swithin Wilders (Birmingham), William Wright Wilson (Birmingham), Edward Woakes (London).

It was moved and seconded,

That a copy of the Report of the Committee on Aural Surgery be sent to the various examining bodies for their information.

Whereupon an amendment was moved and seconded,

That the Committee on Medical Education be reappointed, and the Report of the Committee on Otology be referred to it.

The amendment having been put from the chair, the same was declared to be carried.

The amendment was then put from the chair as a substantive motion, and was declared to be lost.

The original motion was then put from the chair, and the same was declared to be carried.

The Committee then considered resolutions on Homœopathy forwarded from three Branches—viz., the South-Western, the Staffordshire, and the East York and North Lincoln—of which the following are copies.

1. Resolution of South-Western Branch:

"That this meeting desires to direct the attention of the Committee of Council of the Association to the resolutions, in regard to homœopathic practitioners, passed at the annual meeting of the Association in 1852, and reaffirmed at the annual meetings of 1858 and 1861; and now calls upon the Committee of Council to put in force, as speedily as possible, By-law 3, against homœopaths and all members of the profession who assume designations implying the adoption of special modes of treatment."

2. Resolutions of East York and North Lincolnshire Branch:

1. "That this meeting desires to express its entire disapproval of the views in relation to consultation with homœopathic practitioners expressed by the readers of addresses in medicine and surgery at the annual meeting of the Association at Ryde in 1881."

2. "That this meeting desires to direct the attention of the Committee of Council of the Association to the resolutions in regard to homœopathic practitioners, passed at the annual meeting of the Association in 1852, and reaffirmed at the annual meetings of 1858 and 1861; and now calls upon the Committee of Council to put in force, as speedily as possible, By-law 3, against homœopaths and all members of the profession who assume designations implying the adoption of special modes of treatment."

3. Resolution of Staffordshire Branch:

"That it is the opinion of the Staffordshire Branch of the Association that By-law 3 of the Association be enforced with regard to those who practice homœopathy, whether such persons have been admitted members of the Association prior to or subsequent to their profession and practice of homœopathy."

Dr. Rees Philipps then placed before the Committee of Council the views of the South-Western Branch on homœopathy.

It was moved and seconded:

"That, as it has been resolved by the Annual Meeting of 1852, and reaffirmed by the annual meetings of 1858 and 1861, that there are three classes of practitioners who ought not to be members of the Association, viz: (1) real homœopathic practitioners; (2) those who practise homœopathy in combination with other systems of treatment; (3) those who, under various pretences, meet in consultation or hold

professional intercourse with those who practise homœopathy; it be an instruction to the Committee of Council to request [a member stated to be practising homœopathy at Plymouth] to withdraw his name from the list of members of the Association."

Whereupon an amendment was moved and seconded:

"That the South-Western, East York and North Lincoln, and Staffordshire Branches, be informed, that the Committee of Council does not see sufficient reason for reversing the opinion expressed by it on October 12th, 1881."

"That the President of Council be requested to convey this intimation to the Branches."

The amendment having been put from the chair, the same was declared to be carried.

The amendment was then put as a substantive motion, and declared to be carried.

Read letter from Dr. Milner Fothergill, respecting his proposed motion of alteration of By-law 12 at the annual meeting in August next.

Resolved: That the motion of Dr. Fothergill be placed on the Agenda of the first general meeting of members, to be held on Tuesday, August 8th, at 8 o'clock in the evening.

The proposals of 152 candidates for membership were then considered.

Read letter, stating that one of the nominees was a homœopath, that his proposers proposed him knowing this.

Resolved: That 151 of the candidates, omitting the candidate practising homœopathy, be and they are hereby elected members of the Association.

Resolved: That the minutes of the JOURNAL and Finance Committee of to-day's date be approved and adopted, and the recommendations carried into effect.

The minutes of the Journal and Finance Committee contain the examination of the quarter's accounts ending on the 31st March, amounting to £3,007 19s. 4d.; the auditors' report for the quarter, certifying office payments £834 11s. 4d., and receipts for quarter £4,343 1s. 8d.; also recommendation to invest a further sum of £1,000.

The Treasurer then placed before the meeting the financial statement for the year ending 31st December 1881.

Resolved: That the financial statement for the year ending 31st December 1881, be received, approved, and, in accordance with By-law 33, published in the JOURNAL.

Resolved: That the minutes of the Habitual Drunkards Committee of to-day's date, together with the report on the Dalrymple Home Association, be approved, and the recommendation carried into effect. See report, page 594.

Resolved: That the minutes of the Collective Investigation Committee of the 31st January last, be approved.

The minutes of the Collective Investigation Committee contain the appointment of Dr. Mahomed as honorary secretary.

Moved by Dr. Ward Cousins, seconded by Dr. Grigg, of which notice had been given,

That the following alterations in By-law 35 are desirable:

1. The President of the Association to be an *ex officio* member of the JOURNAL and Finance Committee.

2. The annual retirement of four of the elected members, who shall remain ineligible for re-election for two years.

The motion having been put from the Chair, the same was declared to be lost.

Dr. Ward Cousins then handed in notice of motion of alteration of By-laws at the Annual Meeting in August next, of which the following is a copy:

Dr. Ward Cousins gives notice that he will move, and that Dr. Grigg will second,

That the following alterations in By-law 35 are desirable:

1. The President of the Association to be an *ex officio* member of the Journal and Finance Committee.

2. The annual retirement of four of the elected members, who shall remain ineligible for re-election for two years.

Resolved: That the President of Council, the Treasurer, Dr. Chadwick, and Mr. Husband, be appointed a subcommittee to draw up the annual report.

Resolved: That the minutes of the Scientific Grants Committee of to-day's date be approved, and the recommendations carried into effect.

The minutes of the Scientific Grants Committee contain the particulars of the examination of three applications for grants, one of which, for £25, was granted; the other two were deferred.

GUY'S HOSPITAL.—The biennial dinner of past and present students of Guy's Hospital will take place at Willis's Rooms on Thursday, May 18th. Mr. Edward Cock, Consulting Surgeon to the Hospital, has consented to preside. Mr. H. G. Howse is the honorary secretary.

FINANCIAL STATEMENT FOR THE YEAR ENDING DECEMBER 31ST, 1881.

Balance Sheet, 31st December, 1881.

Revenue Account, or Profit and Loss for the Year ending December 31st, 1881.

DR.]	£ s. d.	£ s. d.
Editor	500 0 0	
Sub-Editor	200 0 0	
Assistant Sub-Editor	150 0 0	
Contributors	1,458 10 7	
JOURNAL:—		
Printing	2,805 19 6	
Paper	3,100 14 4	
Postage	1,173 17 5	
Address Bands	131 10 6	
Wood Engraving	58 17 4	
Reporting	92 0 6	
Journal Expenses:—		
Editor's Postage	24 10 6	
Postage of Journal Slips	16 19 6	
Boy's Wages	33 3 0	
Newspapers	11 16 3	
Parliamentary Papers	2 10 0	
Telegrams, etc.	3 13 0	
Sub-Editor's Expenses	3 3 7	
Editor's Clerk	100 0 0	
Scientific Grants, 1881-82	300 0 0	
Committees:—		
Printing Report on Medical Education and postage	131 0 0	
Printing Address on Vivisection and postage	50 10 8	
Parliamentary Bills Committee—fees for Reports	28 7 0	
Auditors' Fee	209 17 8	
General Secretary	63 0 0	
Rent	575 0 0	
Taxes, Parochial, Gas, and Water Rates	312 10 0	
Fire Insurance	126 2 6	
Miscellaneous Printing:—		
Printing in connection with Committees, Advertisements, Association Printing, Journal and Editor's Printing, and Reprints	238 18 11	
Printing at Annual Meeting, Ryde, Daily Journal, and Members' Cards, 1881	46 5 6	
Reprints	285 4 5	
Salaries and Wages	92 14 10	
Postage	642 18 4	
Sundry Office Expenses:—		
Travelling Expenses	21 15 2	
Commission and Advertising	3 11 11	
Journals bought in	3 6 9	
Travelling Expenses of Clerks	5 17 1	
Expenses of Sections	9 18 11	
Copying and Assistance	244 8 0	
Cleaning Offices	48 10 0	
Sundries and Petty Cash	85 18 0	
Stationery:—		
Account Books, Ledgers, Pens, Ink, Paper, etc.	201 18 3	
Coals	6 8 0	
Repairs and Alterations	25 6 2	
Bank and Branch Charges	13 5 5	
Legal Charges:—		
Cork Libel Case	1,085 0 5	
General Charges, 1880-81	50 16 4	
Plant Redemption Fund	1,135 16 9	
Premises Redemption Fund	250 0 0	
Furniture and Fittings	100 0 0	
	89 18 6	
	15,006 8 10	
Subscriptions, losses from death, etc.	301 2 5	
Advertisements, Discounts, Allowances, etc.	896 18 3	
Profit for the year carried to Balance Sheet	2,139 16 11	
	£18,344 6 5	
CR.]	£ s. d.	£ s. d.
Subscriptions	9,516 0 6	
Ditto former years	105 2 9	
Advertisements	7,094 3 3	
Sundry sales of Journal	875 15 7	
Ditto Reprints	118 12 6	
Sundries	38 0 3	
One year's Dividends on £5,132 os. 6d. Consols	150 15 2	
Ditto on London and North-Western Railway 4 per cent.	78 6 1	
Ditto Midland Railway, £1,780	69 14 4	
Balance of Scientific Grants unused and returned	298 15 7	
Discount on Printing and Paper Account	43 11 9	
Sale of Waste	248 2 3	
	6 2 0	
	£18,344 6 5	

LIABILITIES.

DR.]	£ s. d.	£ s. d.
General Secretary	18 2 11	
Subscriptions paid in advance	473 0 11	
Advertisements ditto	106 12 10	
Wood Fund	25 0 0	
Hastings Fund	27 18 0	
Scientific Grants	155 0 0	
Contributions	494 16 3	
Reporting	7 7 0	
Engraving	3 5 10	
Printing Journal	143 16 0	
Paper for Journal	365 10 7	
Postage for Journal	3 18 8	
Miscellaneous Printing	26 17 3	
Stationery	41 8 5	
Copying and Assistance	3 15 0	
Repairs	10 8 0	
Legal Charges	50 16 4	
Coals and Gas	5 8 0	
Plant Depreciation Fund	400 0 0	
Added for 1881	250 0 0	
Premises Redemption Fund	225 0 0	
Added for 1881	100 0 0	
	650 0 0	
Balance on 1st January, 1881	11,748 0 8	
Profit carried from Revenue Account	2,139 16 11	
	13,887 17 7	
Balance, being total of excess of Assets over Liabilities	£16,825 19 7	

ASSETS.

CR.]	£ s. d.	£ s. d.
Subscriptions: amount due	693 16 9	
Advertisements: amount due	1,843 2 4	
Sundry Sales: amount due	118 1 2	
Amount due from Branches	0 7 6	
Reserve Fund:—		
Interest due on £1,280 4 per cent. Midland Railway	34 17 2	
Ditto ditto on £5,132 os. 6d. Consols	75 7 7	
Ditto ditto on £2,000 London and North-Western Railway	48 10 1	
Alteration of Premises, at cost	158 14 10	
Furniture and Fittings	1,157 11 11	
Plant and Type, at cost	401 16 4	
Consols (£5,132 os. 6d.), at cost	1,114 1 10	
London and North-Western Railway £2,000 4 per cent. at cost	4,967 10 0	
Midland Railway £1,780 4 per cent. Debenture Stock at cost	2,231 7 0	
	2,013 1 6	
	9,211 18 6	
Cash in hand:—		
At London and Westminster Bank	14,699 11 2	
	2,126 8 5	
	£16,825 19 7	

STEWART FUND.

£400 invested in 4 per Cent. Caledonian Railway Debenture Stock, in the name of the British Medical Association.

DR.]—1881.	£ s. d.
To Balance brought forward, viz.:—	
At Bank	£43 10 8
Less due to the Association for Legal Charges	9 0 0
	34 10 8
Interest, one year, on £400	15 12 8
	£50 3 4
CR.]—1881.	£ s. d.
By Balance carried forward	50 3 4
	£50 3 4

MIDDLEMORE FUND.

£500 invested in 4 per Cent. North British Railway Debenture Stock, in the name of the British Medical Association.

DR.]—1881.	£ s. d.
To Balance brought forward, viz.:—	
At Bank	£42 15 11
Less due to Association for Legal Charges	8 18 6
	33 17 5
Interest, one year, on £500	19 10 10
	£53 8 3
CR.]—1881.	£ s. d.
By Balance carried down	53 8 3
	£53 8 3

HASTINGS FUND.

*£477 invested in 4 per Cent. London and North-Western Railway
Debenture Stock, in the name of the British Medical Association.*

Dr.]—1881.	£ s. d.
To Balance brought forward	9 6 0
Interest, one year, on £477	13 12 0
	£27 18 0
Cr.]—1881.	£ s. d.
By Balance due from Balance-Sheet	27 18 0
	£27 18 0

We have examined the foregoing accounts with the books and vouchers of the Association, and find the same to be correct.
April 6th, 1882. PRICE, WATERHOUSE, & CO.

CORRESPONDENCE.

THE ASSOCIATION FOR THE ADVANCEMENT OF
MEDICINE BY RESEARCH.

SIR,—Your correspondents are perhaps premature in criticising the constitution of the above Association; and certainly are in error, if they suppose that there is any exclusive feeling on the part of those who are endeavouring to form a society of such far-seeking aim, and of such paramount importance to the profession, as this is. When Dr. Ferrier's prosecution was exciting attention, it was obvious that the question at issue was not a personal one, but one in which every man of science was interested. It was competent for any one, or for the whole body of the profession, to take action at once; but those who did so considered that the best method was, not only to obtain the co-operation of the bulk of the profession, but of its great leaders and representatives; and they, therefore, framed the present scheme as best constituted for the purpose. It was obviously necessary to gain the co-operation of the universities, colleges, and learned societies, as having not only weight with the profession, but with the public. Their assistance was at once obtained; and it was then thought most desirable to place the movement in the hands of the Presidents of the two London Colleges, who should head and inaugurate it. The Presidents at once and most heartily promised their aid; and the first meeting was held, as reported in your columns. Every one has hitherto expressed his great satisfaction at the results. It was quite impossible, at this preliminary meeting, that even all the Fellows of the College could have been invited; they would at once have choked the library.

It is true that the first council will be composed of the presidents of the learned societies, and of others who will be nominated by the two presidents. They must necessarily select men who will do the work of the council in committee; and they will seek further throughout the country—at least I have been informed that, at the next meeting, the names proposed will be some of the most distinguished men of the provinces. I am sure that it has been the aim of all engaged in promoting the Association to gain the co-operation of all in the profession. The question which has given the impetus to it is one between the profession and the public; and it only requires a perusal of some recent writings to discern the animus of our opponents, and to secure the sympathy of the entire profession. Any disagreement among us will be readily seized on by them. The Association is scarcely yet formed, and no doubt changes will be introduced when experience has proved them to be useful.—I am, your obedient servant,

SAMUEL WILKS, *Treasurer (pro. tem.).*

Grosvenor Street, April 1882.

SIR,—The criticisms of Dr. Barnes upon the constitution of the Council of this Association are conceived in so friendly a spirit, that we cannot doubt the improvements he suggests would be cordially accepted if they would make its working more efficient. But would this be the case?

Dr. Barnes agrees as to the wisdom of making the Council consist of representatives of the Colleges of Physicians and Surgeons, of the medical faculties, and of the medical societies; but he prefers direct election to representation by the several presidents and their nominees. It appeared, however, to those who drew up the regulations, that election would involve waste of time and energy, without really securing more efficient representation, while no one can doubt that a body composed of those who have been chosen to fill the highest offices in their

several societies on account of their general eminence, will speak with greater authority to the Government and to the public than one composed of delegates selected for a special purpose. That the presidents of the two colleges should have considerable influence on the council is nothing more than fair, seeing that they are responsible for its action.

To have secured the co-operation of the Universities of the British Medical Association, the Royal Society, and the other scientific and professional bodies enumerated, is surely a great point gained. If Dr. Barnes fear that in the Council discretion will be more apparent than zeal, he must remember that the object of the Association is not popular agitation; it is not primarily controversial. The working physiologists of the three kingdoms have expressly stated that they do not desire (at least, for the present) to attempt to abolish the Act, of which we are all ashamed, but to secure its being harmlessly administered. To speak with authority to public opinion, and to bring effectual pressure upon officials, needs other means than those which are suited to the arena of controversy: controversy with opponents who will correct Sir William Jenner upon points of medicine, Professor Huxley on science, and Dr. Barnes on gynaecology. Another object of the Association is to educate public opinion; and the series of articles lately published by Paget and Wilks, Gull and Carpenter, Brunton and Yeo, prove that this has not been neglected.

With regard to the valuable letters of Dr. Thin and Mr. Hallows, on the importance of interesting the profession in local centres on behalf of the cultivation of medical science by way of research; one of the rules of the new Association provides that corresponding Members of Council shall be appointed throughout the country, who will form centres of intelligence and help to those who have so well defended "the workers in medical science against the attacks of ignorant, but persistent, opponents."

Although the eminent men of Scotland, Ireland, and the provinces, will be well represented on the Council, the main burden of business will almost of necessity fall upon the members resident in London. But there will be room for all, and welcome.

Only experience can show what future modifications may be desirable. At present a good beginning has been made, and with united action, and a wise mixture of zeal with discretion, we are certain of a good continuance.—I am, etc.,

A MEMBER OF THE PROVISIONAL COMMITTEE.

April 12th, 1882.

THE RAISON D'ETRE OF LYING-IN HOSPITALS.

SIR,—In your comment on my letter in the BRITISH MEDICAL JOURNAL of to-day, you say that I do "not know the real question at issue." The letter was not meant to do so, but was merely intended as a reply to certain strictures on page 400 of your JOURNAL. There you say "the new committee will set energetically to work to bring the hospital up to the level of the obstetric knowledge of the day." This sentence, as I read it, means that the hospital has hitherto been below this level, in the opinion of the writer of the article, and is an assumption of superiority that is charming to contemplate. If you will take the trouble to read my letter again in this light, you will see that I merely endeavoured to show that, up to that date, our staff had shown as good results as those of any hospital, and that, consequently, they were not behind the time, and did not deserve censure. From this point of view, the lying-in wards of the workhouse were mentioned, and it was shown that a comparison between the results obtained in these, with those of intern maternity charities, was unfair to the latter.

The saying that "any woman, at the time of labour, may be in danger," leaving out the word "special," and arguing that all women may, therefore, fitly go into hospital to be confined, and that the manifesto alluded to concedes all this, I shall leave, and pass on to another part of your comment. You say "nothing is now more clearly demonstrated than that, by the strict application of improved hygienic and antiseptic measures, the mortality of lying-in hospitals may be kept down to a point that will bear comparison with domiciliary midwifery." Now, sir, I deny that this has been proved; at any rate before accepting the statement, you must show your proof. You surely do not expect this to be believed on your mere assertion. Moreover, the statistics of one, or even two years, will not be satisfactory proof. I ask for at least five years' statistics. In the year 1880, in the British Lying-in Hospital, there were 139 cases, and three deaths; in 1879, 169 cases, and one death; in 1877, 158 cases, and eight deaths; total, 466 cases, and twelve deaths, or one death in about thirty-nine cases. In 1881, I see there were 160 cases, and one death. This brings the total figures up to 626 cases, and thirteen deaths, or one in forty-eight. This is the kind of proof that is forthcoming from all sides, and I sub-

vious year. Diphtheria was an important factor in the zymotic group, causing 5 deaths, against 1 in 1880. Of these 5 deaths, 2 were due to impure water, and the remaining cases were associated with sanitary defects. Five cases of small-pox occurred during the year, but happily none were fatal—a result which must be attributed to the energetic action of the health-officer in securing immediate isolation of the person attacked, together with the speedy disinfection of the premises where the disease first appeared. In this connection, Mr. Winter Clarke draws attention to the advantage which Bury possesses, in having a building set apart for the reception and isolation of infectious cases. In view of certain emergencies which may at any time arise, he suggests that a separate building should be constructed for small-pox patients alone, since the present hospital has no adequate means for completely separating such cases from those of an infectious but less objectionable character. As regards the sanitary condition of his district, Mr. Clarke reports that the water-supply has been recently extended, and that the town is now abundantly supplied with this great necessity of life and health. The drainage-arrangements, however, seem capable of improvement; for, while the streets are well paved, well drained, and clean, there are many courts and yards which lack these important conditions. There are, moreover, many objectionable cesspools in the older parts of the town, though progress is being made in this respect. Middens, etc., are gradually being abolished; and more houses are becoming connected with the sewers, 114 such connections having been made during the past year.

RICHMOND (SURREY) RURAL DISTRICT.—Many portions of this important district seem in a very unsatisfactory condition. A large part, Dr. Adams states, "is dependent on cesspools, which, in the crowded condition of portions of the district, are an abomination: the small back yards of the cottages being completely honeycombed, and the soil reeking with foul vapours. The water-supply also is far from satisfactory, since it is intermittent, and inspection has shown that many of the cisterns are in a very foul condition. Notwithstanding that there is much likely to be prejudicial to health in the district, a remarkably low death-rate is reported, the rate for the past year being equal to 13.59 per 1,000. Of the total deaths, 13 were attributed to measles, 10 to diarrhoea, 5 to scarlatina, and 3 to whooping cough; the total zymotic mortality (31) being equal to a rate of 2.12 per 1,000. During 1880 the total deaths from these causes were only 22, the increase being due to the fatality of measles which, while entirely absent in that year, were generally prevalent during 1881. Thirteen cases of small-pox came under the notice of the health-officer, three of which were unvaccinated, two were doubtful, and one had only one mark. Seven of the cases were treated in public institutions, and the remainder at their own homes. None of these latter cases terminated fatally, but Dr. Adams does not, unfortunately, state the result of those treated at the hospital at Highgate. In alluding to the prevalence of this disease, attention is properly drawn to the want of hospital accommodation for the treatment of cases of infectious disease. The nearest accommodation of this kind is either at Highgate or the Liverpool Road, the journey to either of which is far too great for people prostrate with dangerous illness.

• **CARMARTHEN URBAN DISTRICT.**—The death-rate of this district for 1881 was only 18.9 per 1,000, against 21.16 for 1880, and an average rate for the preceding nine years of 22.7. From zymotic complaints, three deaths only happened, against thirty-seven in the previous year. Bronchitis and pneumonia were also less fatal than usual, but there were thirty deaths from scrofula. The infantile mortality was somewhat high, forty deaths being those of children who had not completed their first year. Infantile convulsions accounted for twelve of these deaths, chest-diseases for nine, scrofula for four, and croup for two. The condition of the district under Mr. Hughes' charge seems to have been thoroughly and systematically inspected, and little seems needed but the improvement of some of the foot-paths. Neither the infectious hospital or the disinfecting oven was used during the year.

TYNE PORT.—This important port has now come under the sanitary supervision of Mr. Armstrong, the energetic health-officer for Newcastle. Mr. Armstrong finds that the most common defects in the vessels which he inspected were insufficient ventilation, darkness or dirtiness of forecables, and insufficient ventilation or filthiness of closets. During the year there were 3,309 vessels inspected by the inspector, 1,164 of which were found in a good condition, 1,887 were passable, and 258 were in a bad state. With the exception of six vessels, which had left before they could be revisited, the defects appear to have been remedied in accordance with the inspector's requirements. Thirteen cases of infectious disease were admitted into the floating hospital from vessels arriving in the port, as compared with a total of eleven in the previous year. The admissions for 1881 included five

of small-pox (two hæmorrhagic), four of enteric fever, one of febricula, one of German measles, one of diphtheria, and one of tonsillitis. Mr. Armstrong explains that these admissions, although few in number, were widely distributed over the year, and caused the wards to be kept in frequent use. The hæmorrhagic cases of small-pox bore no traces of vaccination, and both died. Of the remaining eleven cases, ten recovered and were discharged, while the last patient was, at the date of the report, convalescent, and would be able to leave the hospital in a few days.

MEDICAL NEWS.

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

Messrs. Arthur F. Stace, James S. Robertson, and Charles L. Hudson, students of the Middlesex Hospital; Hugh Armstrong, William A. B. McCabe, and Niell MacGillycuddy, of University College; Albert R. Jolliffe, Edward Felix, and Arthur D. Jolly, of the Charing Cross Hospital; Ernest W. Phillips, Alfred H. Tubby, and Reginald M. H. Randall, of Guy's Hospital; Herbert W. A. Branson and Cornelius C. Caleb, of King's College; H. Grattan Guinness, of the London Hospital; William J. Maurice, of St. Thomas's Hospital; Richard Pincheon, of St. George's Hospital; and William A. Wills, of the Westminster Hospital.

Four candidates were rejected, including one for six instead of three months.

The following gentlemen passed on the 14th instant.

Messrs. J. D. Johnstone Harris, John C. Smith, and John McK. Ackland, of the Charing Cross Hospital; Charles Chabers, Franke C. H. Smith, and Lawrence Barnett, of University College; Percy D. Bray and Ernest H. Freeland, of the Middlesex Hospital; Robert N. A. Wallinger and John P. W. Gray, of King's College; George E. C. Anderson and William H. Bowes, of Guy's Hospital; Ralph T. Cann, of St. Thomas's Hospital; George C. Macdonald, of the Westminster Hospital; George W. H. French, of St. Mary's Hospital; Robert Trevor, of St. George's Hospital; and Thomas W. Heywood, of the Manchester School.

Eleven candidates were rejected, making a total of 45 out of the 232 candidates examined, who, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for three months, including two who had an additional three months.

The following gentlemen, having undergone the necessary examinations, were admitted Members of the College at a meeting of the Court of Examiners on the 18th instant.

Messrs. Clare A. Everest, L.R.C.P.Ed., Gipsy Hill; R. Broughton Knowles, L.R.C.P.Ed., Sussex Street, S.W.; R. Bissell Mole, L.R.C.P.Ed., Redditch; Michael H. Feeny, L.R.C.P.Ed., Castlebar; Robert Beswick, L.S.A., Cheshunt; Francis J. Lea, L.S.A., Downside, Bath; Robert W. Jalland, L.S.A., Horncastle, Lincolnshire; W. Carrington Hearnden, Sutton, Surrey; Thomas W. L. Beales, Holland Road, Kensington; George H. Vos, B.A. Cantab., West Dulwich; Arthur F. G. Codd, Clarendon Road, W.; William H. Evans, Seaton, Devon; Arthur Bowe, Shipley, Yorkshire; John J. Y. Baber, Thurlow Square, S.W.; Bertram H. L. Stevens, Chester; Alfred H. Willoughby, Aberdeen Place, W.; Frederick W. Hewitt, B.A. Cantab., Grove Place, S.W.; Hinton E. Bateman, Canterbury; Thomas Sinclair, M.D. Queen's Univ. Irel., Belfast; and Simpson Powell, L.S.A., Southborough, Kent.

Nine candidates were rejected.

The following gentlemen passed on the 19th instant.

Messrs. George H. How, M.D. Phil., Hayling Island; Bassett C. E. F. Gunn, L.R.C.P.Ed., Rochester; Cecil J. Muriel, L.R.C.P.Lond., Norwich; William C. Bull, B.A. Cantab., Bromborough, Cheshire; William B. Paterson, Fleet Street; Herbert E. Rowell, Lewisham; William H. Linney, Haverstock Hill; Harry Swift, B.A. Cantab., Ely, Cambs.; Gilbert E. Butler, Hobart Town; George H. Phillips, Newcastle, New South Wales; John C. Jackson, Wellington Road, N.W.; Thomas Horsfall, L.S.A., Masham, Yorkshire; William A. Payne, Oswestry; Horace H. C. Murray, Wray Crescent, Tollington Park; Arthur Orton, L.S.A., Foleshill; Frank L. Phillips, L.S.A., Moseley, Warwickshire; Arthur C. N. Goldney, L.S.A., Hammersmith; Adolphus J. Richardson, M.A. Cantab., L.S.A., Sidney Square, E.; Robert Black, L.S.A., Brighton; and J. Best Trapp, L.S.A., Bedford.

Five candidates were rejected.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, April 6th, 1882.

Berry, John Bourne, Eagle Lodge, near Galway.
Bush, James Paul, Bristol Royal Infirmary.
Benison, William Bedell, Holly Bank, King's Heath.
Horsfall, Thomas, Marsham, Yorkshire.
Jalland, Robert Wallace, Horncastle, Lincolnshire.

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

Bernard, Alfred George F., St. Barthomew's Hospital.
Dean, Francis, St. Bartholomew's Hospital.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly examinations for the Licences of the College, held

on Monday, Tuesday, Wednesday, and Thursday, April 10th, 11th, 12th, and 13th, the following candidates were successful.

For the Licences to practise Medicine and Midwifery.—James Henry Daly, Thomas Daly, Charles Ernest Denning, Michael Leo Hearn, John Oldershaw, Thomas Joseph Stafford.

For the Licence to practise Medicine alone.—Ephraim MacDowel Cosgrave, Robert Charles Garde Durdin, John McIlroy.

For the Licence to practise Midwifery alone.—John Edward Snow Barnes, Wahab McMurray, William Christopher Thompson.

The following Licentiates in Medicine of the College, having complied with the by-laws relating to Membership, have been duly admitted Members of the College under the provisions of the Supplemental Charter of 1878.

John Tyndall, 1868, Surgeon R.N.; William Josiah Smyly, 1872, Dublin; Henry Grier, 1873, Surgeon A.M.D.; William Michael MacGrath, 1875, London; Leslie Maturin, 1875, Kilmainham; Standish Thomas O'Grady, 1876, Surgeon R.N.; Michael Francis Cox, 1877, Dublin; Robert Leonard Rutherford, 1878, Exminster.

(The numerals indicate the year in which the Licence in Medicine of the College was obtained.)

MEDICAL VACANCIES.

The following vacancies are announced :—

- ALNWICK INFIRMARY**—House-Surgeon. Salary, £100 per annum. Applications by May 6th.
- BRISTOL GENERAL HOSPITAL**—Assistant House-Surgeon. Salary, £50 per annum. Applications by May 4th.
- BRITISH HOSPITAL, Buenos Ayres, South America.**—Resident Medical Officer. Salary, £200 per annum. Applications by May 1st.
- CHESTER GENERAL INFIRMARY**—Visiting Surgeon. Salary, £80 per annum. Applications by 22nd instant.
- CITY DISPENSARY, 46, Watling Street.**—Surgeon. Applications by May 5th.
- CLINICAL HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Park Place, Manchester.**—House-Surgeon. Salary, £80 per annum. Applications to Mr. Edwin Marshall, Secretary, 38, Barton Arcade, Manchester, by 29th instant.
- CORK DISTRICT LUNATIC ASYLUM**—Assistant Resident Medical Superintendent. Applications by May 1st.
- COTTAGE HOSPITAL, Scotland.**—House-Surgeon. Salary, £30 per annum. Applications to No. 161A, BRITISH MEDICAL JOURNAL Office, 161A, Strand.
- ENNIS UNION**—Second Medical Officer and Apothecary to the Workhouse, at a salary of £75 per annum.
- GUEST HOSPITAL, Dudley.**—Member for the Honorary Medical Staff. Applications by the 24th instant.
- HARTLEPOOL UNION**—Medical Officer for the District. Salary, £50 per annum. Applications to the Clerk by May 17th.
- HARTLEPOOL UNION**—Medical Officer for the Workhouse. Salary, £65 per annum. Applications to the Clerk by May 17th.
- MEDICAL MISSION TO CENTRAL AFRICA**—Fully qualified Practitioner. Salary, £200 per annum. Applications to M. Smale, Esq., Secretary, G. S. L., 89, Seymour Street, Connaught Square, W.
- METROPOLITAN ASYLUMS BOARD**—A Second Assistant Medical Officer. Salary, £120 per annum. Applications, by 27th instant, to 37, Norfolk Street, Strand.
- NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.**—House-Surgeon. Salary, £50 per annum. Applications by April 26th.
- ROYAL HANTS COUNTY HOSPITAL**—House-Surgeon. Salary, £100 per annum. Applications by May 6th.
- ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.**—Clinical Assistant. Applications by 28th instant.
- ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.**—Assistant House-Surgeon. Applications by 28th instant.
- SCHOOL OF DENTAL SURGERY**—Teacher of Dental Metallurgy. Applications to the Dean of the Medical School, Dover Street, Liverpool, by April 25th.
- SUNDERLAND INFIRMARY**—Junior House-Surgeon. Salary, £60 per annum. Applications to Chairman of the Medical Board by the 27th instant.
- SURREY COUNTY LUNATIC ASYLUM, Brookwood.**—Junior Assistant Medical Officer. Applications by May 1st.
- TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay.**—Junior House-Surgeon and Dispenser. Salary, £90 per annum. Applications by May 22nd.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—House-Surgeon. Salary, £80 per annum. Applications by May 6th.
- WEST RIDING LUNATIC ASYLUM, Wakefield.**—Resident Clinical Assistant. Applications to Dr. Herbert Major, Medical Superintendent.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—Physician. Honorarium of £100 a year. Applications by April 24th.

MEDICAL APPOINTMENTS.

- BROWN, M. L., M.B.**, appointed Assistant Medical Officer to the Middlesex County Lunatic Asylum, *vice* W. J. Seward, M.B., promoted.
- CRANE, C., M.R.C.S.**, appointed House-Surgeon to the Kent and Canterbury Hospital, *vice* G. C. Bull, L.R.C.P., resigned.
- HOLDSWORTH, Arthur T., M.R.C.S.**, appointed Assistant Medical Officer to the Leicestershire and Rutland Asylum.
- LOVERIDGE, A. W., M.R.C.S.E.**, appointed Second Junior House-Surgeon to the Huddersfield Infirmary, *vice* Z. Prentice, M.R.C.S., promoted.
- MACLEWEN, F. A., M.B.**, appointed Medical Officer to the Parish of Gairloch, Ross-shire, *vice* D. Black, L.F.P.S., resigned.
- MACLEAN, A., L.R.C.S.**, appointed Medical Officer and Public Vaccinator to the Epsom Union *vice* L. Potts, M.R.C.S., resigned.

PENNY, E., M.B., appointed Resident House-Physician to the Seamen's Hospital, Greenwich, *vice* H. Le Cronier, L.R.C.P., resigned.

SANDERS, C., M.B., appointed Resident Surgeon to the Queen's Hospital, Birmingham.

STANGER, C. E., L.R.C.P., appointed Resident Surgeon to the Nottingham Dispensary, *vice* E. Hey, L.R.C.P., deceased.

TWEED, J. M., L.R.C.P., appointed Assistant Resident Surgeon to the Nottingham Dispensary, *vice* C. E. Stanger, L.R.C.P., promoted.

WARREN, Thomas, M.R.C.S., appointed Medical Officer of Health to the Aylesbury Union, *vice* F. Keene, L.R.C.P., resigned.

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.

MARRIAGES.

CULLINGWORTH—FREEMAN.—On Saturday, April 15th, at Christ Church, Moss Side, by the Ven. Archdeacon Anson, assisted by the Rev. John G. Stowell, B.A., rector of St. Peter's, Oldham Road, Manchester, Charles James Cullingworth, M.D., M.R.C.P., to Emily Mary Freeman, of Southsea, Hants.

FIRTH—MARRIOTT.—On the 13th instant, at the parish church, Swaffham, Norfolk, by the Rev. G. R. Winter, Vicar, Eustace Firth, M.B., C.M., of Debenham, Suffolk, youngest son of the late G. W. W. Firth of Norwich, to Ellen Maria, eldest daughter of Robert Buchanan Marriott, surgeon, Swaffham.

MOWLL—STEDMAN.—At Great Bookham, April 13th, by the Rev. E. Malleon, assisted by the Rev. W. R. Mowll, brother of the bridegroom, C. Havelock Mowll, Esq., third son of W. R. Mowll, Esq., J.P., of Chalderscott, Dover, to Theodosia Mary Savignac (Vigny) Stedman, only daughter of Arthur Stedman, M.R.C.S., of Great Bookham.

WHITBY—ALLDRIDGE.—On the 19th instant, at the Parish Church, Edgbaston Edward Vickers Whitby, M.R.C.S., Summerfield, Birmingham, to Mary Lane, daughter of the late Edwin Alldridge, Edgbaston.

YOUNG—CLAMPETT.—On April 12th, at the Cathedral, Waterford, by the Very Revd. the Dean, John Morgan, D.D., assisted by the Revd. F. W. Clampett, brother of the bride, Alex. Geo. Young, A.B., M.B., Bch.T.C.D., of Mountnorris, Co. Armagh, to Louisa Anna (Louie), third daughter of Robert Clampett, Esq., Waterford.

EAST LONDON HOSPITAL FOR CHILDREN.—Dr. Andrew Clark has consented to preside at the next anniversary dinner of this hospital, which is to be held at Willis's Rooms in June.

WESTERN INFIRMARY, GLASGOW.—The following have been appointed resident assistants to this hospital for the six months beginning, 1st May :—*Medicine* : J. Macpherson Laurie, M.B., J. W. Grange, M.B., Robert Beith, and R. S. Thompson, B.Sc. *Surgical* : Edgar Haydon, M.B., N. Macleod Clarke, William Pattullo, and John N. Marshall.

M. LECORCHE, well-known by his works on Diabetes, asserts, in a communication made to the Academy of Sciences, that to the hitherto observed complications of that disease must be added endocarditis. The immediate cause of the cardiac affection is the constant passing of blood containing sugar through the right auriculo-ventricular orifice.

BEQUESTS.—Mr. Charles Lord, of Russell Square, has bequeathed £1,000 to the Royal Medical Benevolent College, Epsom; £500 each to the Middlesex Hospital, the Hospital for Consumption and Diseases of the Chest, West Brompton, the Cancer Hospital, King's College Hospital, University College Hospital, Queen Charlotte's Lying-in Hospital, and the Royal Free Hospital.

FUNGI IN EGGS.—M. Dareste has recently made a communication to the Academy of Sciences on the development of cryptogamic vegetation on the exterior and interior of fowl's eggs. He made a series of researches on the evolution of the embryo of fowls in confined air. On the sixth day the egg was covered with green spots of germinating fungus. White filaments or mycelium quickly appeared on the shell, and these also developed fungi.

PUBLIC HEALTH.—An exceptionally low death-rate is reported at Ipswich during the past year, the total deaths (808) representing a rate of 17.6 per 1,000 of population, being the lowest recorded in any of the ten years 1871 to 1880. The lowness of the rate is apparent chiefly in the number of infantile deaths registered, the deaths of children amounting to 317, or 132 less than in the previous year. Of these total deaths 35.8 per cent. were those of children under five years of age.

INTEMPERANCE AND DISEASE.—In the course of a recent lecture at Exeter Hall, Dr. Norman Kerr stated that probably there were 34,000,000 cases of disease every year in the United Kingdom, and of these a large proportion arose from indulgence in intoxicants. He described some seventy diseases as arising directly from alcohol, besides a large number indirectly, and some of these came from drinking only. Dr. Kerr estimated the annual mortality caused directly and indirectly from drinking at 120,000.

A WOMAN and her four children, at Ketley, near Wellington, in Shropshire, have narrowly escaped death through partaking of some jam purchased at a shop in the district. They were taken ill, with all the symptoms of irritant poisoning. Some of the jam was sent to the county analyst, who found the stuff to consist of "gooseberry tops", apple, rhubarb, etc., the mixture of which produced an injurious ferment.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The usual Quarterly Court of Directors of the above Society was held on Wednesday, April 12th, at 5 P.M.; Mr. Charles Hawkins, V.P., in the chair. A letter was read from the President, Sir George Burrows, Bart., expressing his regret at not being able to attend the meeting. Dr. Pitman, V.P., proposed a resolution expressing the sympathy of the Court with their President on his recent severe domestic affliction, which was carried unanimously. Four new members were elected; the deaths of three were reported, as well as the resignation of another. Applications for grants were read from fifty-six widows, seven orphans, and three recipients of relief from the Copeland Fund; and it was resolved that a sum of £1,126 should be distributed among them. Three fresh applications for relief from widows were read, and grants to them were made amounting to £55. The death of one widow was announced, and the marriage of another. The directors recommended that Dr. Bissett Hawkins should be elected, at the annual general meeting, a Vice-President, in the place of Dr. Billing, deceased; and that Dr. F. Weber, Dr. Burdon Sanderson, John Sebastian Wilkinson, Esq., Walter Rivington, Esq., G. Carrick Steet, Esq., and Arthur Evershed, M.R.C.P., should be elected in the place of the six senior directors who retire. The annual general meeting was fixed to take place on May 17th, at 5 P.M.

THE PARKES MUSEUM.—A general meeting of the subscribers to the Parkes Museum of Hygiene was held on Tuesday, April 18th, in the Museum of University College. In the absence of Sir William Jenner, Mr. Berkeley Hill (treasurer) was voted to the chair. The meeting was held to consider the advisability of making application to the Board of Trade for a licence to incorporate the museum. The treasurer presented a statement of accounts from the commencement of the undertaking, in 1876, to the end of March this year, from which it appeared that the income, including the profits of the International Medical and Sanitary Exhibition, had in round figures amounted to £2,506, while the total expenditure for the six years had been £962, leaving a balance of £1,544. Dr. Poore read the report of the Executive Committee, which, after giving an account of the work the committee had been able to accomplish since its formation, stated that the committee had unanimously resolved to recommend to the subscribers that the museum be formed into an association, under a licence of the Board of Trade. Under such a licence the museum would enjoy all the advantages of being a corporate body. Among other reasons which made the incorporation of the museum a matter of necessity, was the fact that it was about to enter on a new place of existence. The room at present used as a museum was full; and intimation had been received from the Council of University College that the room would be required for other purposes at the end of the present session. Since the opening of the museum it had been visited by over 5,000 persons interested in sanitary progress, exclusive of those who attended the lectures and demonstrations which were given gratuitously during the winters of 1880 and 1881 by members of the Executive Committee, and those who attended the inaugural meeting of 1879, and the first annual meeting at the Mansion House in 1880. During the past winter, owing to the crowded state of the museum, the lectures and demonstrations had had to be discontinued. Dr. Russell Reynolds proposed, and Dr. Steele seconded, the adoption of the report, which was agreed to unanimously. The draft memorandum and articles of association, under which it was proposed that the museum should be incorporated, were unanimously approved, on the motion of Professor Corfield, seconded by Mr. Rogers Field. On the proposal of Dr. Sieveking, seconded by Dr. Gowers, it was agreed that the Executive Committee should be dissolved as soon as the incorporation of the museum was completed. A vote of thanks to the chairman concluded the meeting.

HEALTH OF FOREIGN CITIES.—The following facts and figures, derived from a table in the Registrar-General's last weekly return, afford 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 was equal to 24.0 in Calcutta, and to 32.8 in Bombay; cholera caused 18 deaths in Calcutta, and measles 69 in Bombay, while "fever" fatality showed the general excess in both these cities. The annual return from Alexandria does not appear in the table. In twenty-one European cities, the death-rate averaged no less than 31.0, and exceeded by 6.6 the average rate prevailing last week in the twenty-eight large English towns. The death-rate in St. Petersburg was so high as 57.7, and

corresponded with the rate in the previous week; the 740 deaths included 48 fatal cases of typhus and typhoid fevers, and 35 of scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate, however, averaged only 24.6; measles caused 15 more deaths in Copenhagen, and 3 fatal cases of diphtheria were reported in Stockholm. In Paris the death-rate declined to 28.2, although the 1208 deaths included 53 fatal cases of diphtheria, 51 of diphtheria and croup, and 25 of small-pox. In Brussels the rate was equal to 24.9, and the deaths included 4 from "fevers" and 7 from whooping-cough. The rate in Geneva declined to 27.1 from still higher rates in previous weeks. In the three principal Dutch cities the death-rate averaged 28.8; the highest rates being 28.9 in Amsterdam and 30.1 in Rotterdam. The Registrar-General's table includes returns from nine German and Austrian cities, in which the death-rate averaged 30.1, and ranged from 20.8 in Dresden and 22.6 in Berlin, to 38.8 in Buda-Pesth and 40.8 in Munich. Small-pox caused 25 more deaths in Vienna and 11 in Buda-Pesth; diphtheria again showed fatal prevalence in Berlin, Dresden, Munich, and Trieste. In two of the principal Italian cities, the death-rate was equal to 28.9 in Venice and 28.8 in Turin; typhoid fever caused 6 deaths in Turin and 2 in Venice, and 7 fatal cases of measles occurred in Turin. The annual death-rate in four of the largest American cities averaged 26.8, and ranged from 22.3 in Philadelphia to 32.4 in New York. Small-pox caused 12 deaths in New York and 11 in Philadelphia. Scarlet fever showed fatal prevalence in New York and Brooklyn; and 13 fatal cases of typhoid fever were recorded in Philadelphia.

A SANITARY convention was held at Greenville, Michigan, on the 11th and 12th of April, under the auspices of the State Board of Health. Addresses on subjects relating to public health were delivered at the session of the convention, followed by general discussion on the subjects treated. Among the subjects discussed were the following:—The prevention and restriction of small-pox, diphtheria, and scarlet fever, the disposal of decomposing organic matter, a school of hygiene, the relation of the newspaper press to sanitary reform, and the importance and means of securing pure air. An exhibition of sanitary apparatus was also provided for.

MEASUREMENT IN THE MEDICAL APPLICATION OF ELECTRICITY.—A paper on Measurement in the Medical Application of Electricity, the joint production of Dr. W. H. Stone and Mr. W. J. Kilner, was read by Dr. Stone at a recent meeting of the members of the Society of Telegraph Engineers and Electricians. Dr. Stone first spoke of the erroneous ideas existing with regard to the power of electricity as a healing agent. That electricity was, however, an excellent aid in curing disease he had conclusively proved, but what he desired to speak of was the power of measurement of electricity in medical application. He described the three chief forms of electric current, and the resisting power of the body in different forms of disease. In health the resistance was naturally the greatest, but even in juvenile patients it was very great. Such resistance was, however, very much reduced when the part to which the electricity was applied was wetted with salt-water. To be able to accurately measure the current was highly necessary, and although the current could be passed through the body with impunity, yet the shock could be great enough to cause death. That this was so they had proof in the two deaths that had occurred of late (one at a Music Hall, and the other at Hatfield), of men through taking hold of the conductor to the electric light. In the first case, the man lived for sixty minutes after the occurrence, but in the second, death was almost instantaneous. In the discussion which ensued, Mr. Priest spoke of the rapid advance made in electricity, and said that, while it was a matter for congratulation that it was found to be beneficial in curing disease, it was much to be regretted that persons should endeavour to make the public believe that it could be applied to hair and tooth brushes, and other similar things, and used to cure all manner of disorders. At the conclusion, a vote of thanks was accorded to the authors of the paper.

WELLINGTON (SOMERSET) URBAN DISTRICT.—Dr. Meredith draws the attention of the sanitary authority to the imperative need of improvement in the ventilation of sewers, and of care in the construction of house-drains. The old privy system is being gradually abolished, all new houses communicating with the sewer. Of fifty-four samples of well-water analysed, only four were found fairly good, and nine good, while of the remaining samples the bulk were very bad. Measles were prevalent in the district during short intervals, but the disease was of a mild type, except in the work-house, where it proved very severe. Five of the children of the master and matron caught the disease, together with forty-eight of the pauper children—in all fifty-three cases, of which seven terminated fatally. With the exception of some cases of scarlet fever, typhoid fever, and whooping-cough, the district experienced no other form of epidemic disease. The death-rate for the year was equal to 18.23 per 1,000.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 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., 1; 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. 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, 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. Mr. B. Squire will show a Patient whom he has treated for Lupus. Mr. Henry Morris: Ichthyosis and Cancer of the Tongue. Dr. Richard Schmitz (of Neuenahr) will give experiences of Six Hundred Cases of Diabetes Mellitus.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. T. Holmes: On Wounds of the Theca Vertebralis with Discharge of Cerebrospinal Fluid. Mr. R. W. Parker: Suggestions for the Treatment of Special Cases of Erysipela by Thoracentesis, and the simultaneous Injection of Purified Air.

THURSDAY.—Harveian Society of London, 8 P.M. Mr. Malcolm Morris: The Treatment of severe Acne Rosacea by Scarification. Mr. Cripps Lawrence: On Rùtheln.

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Pearce Gould: 1. Case of Spina Bifida cured by Injection with Iodine; 2. Case of Congenital Intestinal Obstruction. Dr. de Havilland Hall: Case of Primary Perichondritis of Larynx. Dr. Hector Cameron (Glasgow): Cases of Antiseptic Ligature of Arterial Trunks in their Continuity. Dr. Stowers will exhibit a case of Acne Varioliformis.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CONVALESCENT HOMES FOR SCARLET FEVER.

SIR,—In reference to the establishment of convalescent homes for scarlet fever patients, may I be allowed to suggest some practical considerations, which, if these institutions are to be what their name implies, are likely to limit, if not to destroy their utility. Their application is, I presume, intended to be mainly to the wants of the poorer classes, but I think that the most important of those wants will not find their remedy in the provision of convalescent homes.

An instance taken from my recent experience will serve to illustrate the nature of the want, and the inadequate character of the suggested remedy. A child of a working-man is seized with scarlet fever; the parents refuse to allow the patient to be removed from home, although there are four other children in the house, and although the mother—on whom the nursing, for which she is wholly unfitted, principally devolves—is actually suckling an infant of a few weeks old. Complete isolation of the patient is impossible; the disease spreads, and three out of the five children are attacked; they remain in one room until desquamation has ceased, and then, being declared no longer infectious, return to their ordinary habits. The fact that they have had scarlet fever at home, and have recovered, encourages various other parents in the neighbourhood to adopt a similar course when their own children are attacked; and thus the constant presence of scarlet fever amongst us is insured.

The important want here is obviously a means of checking the spread of the disease, and of supplying to the patient such nursing as may give him a fair chance of recovery. How far will the convalescent home meet either of these requirements? If it be proposed to transfer the patient to the home at a point in his case between the subsidence of the acute stage of the disease and the commencement of desquamation, I would answer that such an interval does not generally exist; that removal of the patient at such a time would be dangerous or impossible; and that the fact of the infection of the locality whence he is taken, and possibly of its inhabitants, would by that time have been already accomplished. The same objections—the latter, of course, still more strongly—apply to the removal of the patient during the period of desquamation; and if the proposal be to remove him after that period has terminated, it may be argued that there is then no need of a special hospital at all; while it may be taken for granted that, in a very large number of cases, the parents would decline to allow their children to then any further prolong their absence from school or from work. But, at whichever of these stages of possibly so-called convalescence the patient is removed from his home, neither of the objects for which the highest importance is to be claimed will be attained. The spread of disease can only be checked by the prompt isolation of the person attacked; the patient's recovery must be assisted by the employment, during the acute stage of his illness, at least as much as during any other, of appropriate curative measures. A convalescent home concerns itself neither with the isolation of infectious cases, nor with the treatment of acute disease. From this the inference evidently flows, that some means other than those now suggested must be devised if the prevalence and the fatality of scarlet fever are to be controlled; and this control might, I think, be effected, if the energy and the benevolence which have been enlisted in favour of the institution of convalescent homes could be directed to the promotion of a scheme for the establishment of hospitals for the reception of scarlet fever patients in the earliest stage of their disease. It is true that the working-classes may generally object to sending their infectiously diseased children away from home, and are little inclined to avail themselves of the fever hospitals that already exist; but I imagine that, if hospitals for scarlet fever were established in the various districts of this and possibly other large towns, the comparative ease with which these hospitals could be reached, the familiarity even with their appearance and position, and very soon the evidence of their usefulness, would destroy the objection now rooted in the minds of the poor to the removal from home of their children when attacked by infectious disease.

Were there in existence a system of prompt isolation and disinfection, we might very reasonably hope that, in the interval that must elapse before the discovery of a protection against scarlet fever analogous to that which we already possess against small-pox, both the frequency of occurrence and the extent of the fatality, even of a disease so highly infectious and so dangerous as scarlet fever, would be enormously reduced. But this, I would urge, can be attained, not by a system whose highest success must be limited to the amelioration of certain conditions of disease, but only by one which has for its aim the extirpation of the disease itself.—I remain, sir, yours faithfully,

F. N. HUME.

Kensington, March 27th, 1882.

DR. TUTE (Richmond) and DR. EAMES.—These communications should have been addressed to the Manager, to whom, and not to the Editor all communications respecting advertisements, changes of address, and other business matters, should be sent.

SPHYGMOGRAPHY.

SIR,—Can you recommend me a small inexpensive book (in your Answers to Correspondents) on the use of the sphygmograph, suitable for a busy practitioner.—I am, etc.,

H. L. S.

* Dr. Dudgeon has just published a book on the subject, and there is a very useful pamphlet by Dr. Byrom Bramwell.

MEDICAL ETIQUETTE.

SIR,—You would oblige by giving your opinion on the following case. For two or three years I have been medical attendant to Mr. M. and family. On March 10th, I was asked to see a child of his; I did so, and prescribed for him. At six o'clock next morning, Mr. M. called, and wanted to know if I would go and see the child again, and added that Dr. B. was in his house (Mr. M.'s) at that moment, and would wait for me. As I had not had previous intimation of this movement, and as the case was not one which required a second opinion, I declined to go. Dr. B. continued in attendance since, but did not communicate with me. As I never wish to treat a brother practitioner with discourtesy or unfairness, would you kindly give your opinion on the following points?

1. As I was not informed either by Mr. M. or by Dr. B. that the latter would be called in, until after he had seen the patient, and as the case did not require a second opinion, was I right in refusing to go? I had no objection to meet Dr. B., but I had every objection to see Mr. M.'s child after his discourteous treatment of me.

2. Did Dr. B. treat me fairly in going to see the child under the circumstances, and in continuing in attendance when he knew the manner in which I was treated? Were I called to see a case of his under similar circumstances, I would not go if I knew that he was in attendance; or, if I did not know of his attendance until after I reached the patient's house, I certainly would leave immediately, and would not call again without his sanction. I may add that the houses of Dr. B., Mr. M., and myself, are within five minutes' walk of each other.

3. Should not Dr. B. have given me some explanation of his conduct ere this? I ask your opinion merely for the object of guiding my future conduct correctly under similar circumstances, and for the reasons given immediately before my questions.—I am, etc.,
CO. CORK.

* Without a knowledge of all the attendant circumstances, it is ever a matter of difficulty to arrive at a just conclusion in cases of presumed ethical delinquency; and, in the present instance, much necessarily depends on Dr. B.'s cognisance or ignorance of the fact that C. C. was in attendance upon the child. Assuming, however, that Dr. B. was not informed of it until after he had seen the patient, it would, on the fact transpiring, then be his duty to decline all interference in the case, unless a pressing emergency had arisen; having provided for which, he should, either in person or by note, have at once communicated the circumstances to C. C., and requested a consultation. The early hour (6 a.m.) at which C. C.'s advice was again sought, would seem to indicate that some presumed unfavourable symptoms had excited the parents' anxiety. In such case, Mr. M. should have waited upon, or written to, C. C., and expressed his wish for a "second opinion," before calling in Dr. B. That Mr. M. has treated C. C. with great discourtesy, there cannot, we think, be a doubt; and, in regard to Dr. B., it is to be regretted that, contrary to the courteous and recognised duty of the profession, he should have failed to offer an explanation, personally or by letter. C. C. will find rules laid down for the guidance of practitioners in such cases, in chapter ii, section 5, of the *Code of Medical Ethics*, published by Messrs. Churchill.

L.K.Q.C.P.I.—Neale's *Medical Digest* is published by Ledger, Smith, and Co., St. Mary Axe.

IRRITABLE BLADDER.

SIR,—In reply to "Member British Med. Assoc.," in your JOURNAL of April 8th, I beg to say that, in some cases of irritable bladder in women, perchloride of iron seems to cure. I have only used it in cases in which it could not be traced to excessively acid urine, nor local disease, nor disease of adjacent viscera. In one case, the addition of minute doses of tincture of cantharides appeared beneficial. Marked anæmia does not appear to be a necessary indication for its use.—Yours faithfully,
L.K.Q.C.P.I.

SIR,—In response to your correspondent in Iowa, let me say that his interesting case of irritable bladder might perhaps indicate oxaluria, with, possibly, an undetected calculus in the bladder. I need not dwell on the latter as a cause of irritable bladder. Oxaluria we know to be irritating to the whole genito-urinary system, and, I apprehend, conducive to barrenness. If our brother in the West should succeed in curing the irritable bladder, his patient ("several years married, but never pregnant") may yet become the happy mother of children. Meantime, it can, at least, do no harm if he satisfy himself as to the possibility of the existence in the bladder of a calculus, and lay down a wholesome regimen for his patient. If she live, for the most part, on corn-cakes, dough-nuts, pies—all undue supply of these, and of all foods consisting mainly of hydro-carbons, should be cut off. If she live an inactive life indoors, she should be made to take active exercise, so as to throw off, through lungs and skin, as carbonic acid, the hydro-carbons, some of which, imperfectly oxygenated, must else remain to be eliminated painfully through the kidneys, causing oxaluria. If the drinking-water she uses be hard, from salts of lime, that may be remedied best by putting her on a milk-diet. If she do not use the daily sponge-bath, she should be induced to begin; taking care that the temperature of the bath-room, as well as of the water, is equable throughout the year, as far as possible, so as to give a good reaction. Occasionally, where exposure and sponging of the entire body at one time is found not to be followed by this good reaction, the patient might sponge from the waist upwards in the morning, and from the waist downwards at night; or, should the latter interfere with the night's rest, the next morning.

Irritable bladder is commonly relieved by the use of the decoctions of linseed and pearl-barley, acting mechanically as a gelatinous coating of the bladder against the irritating urine. In such a case as this, flavour and perhaps superior efficacy may be added to these rather insipid demulcents by means of a little nitro-chloric ether, the formula for which is, one part of chloroform to nineteen parts of spirit of nitrous ether; and the dose the same as the old chloric ether or spirit of chloroform. The bladder relieved, I should try the good effects of nitro-hydrochloric acid in infusion of chiretta or other agreeable bitter tonic.—I am, sir, yours faithfully,
E. O. R.

TRICYCLES.

SIR,—Two or three years ago, some correspondence took place in these columns respecting the utility of tricycles in country practice. No doubt many members were induced thereby to try them. Sufficient time has now elapsed to test their value, and many like myself, who grumble at having to keep two horses, would like to learn what their verdict is.—Believe me, sir, your obedient servant,
COUNTRY DOCTOR.

SIR,—I shall be much obliged if some of your subscribers will, either privately or through your columns, help me to find a suitable place (not an asylum) for a lady patient, who, though not insane, is not quite of sound mind. Terms must be moderate. I shall be glad to give further particulars to anyone wishing them.—I am, sir, yours truly,
GEORGE W. MALINS.

Drake Street, Rochdale, April 12th, 1882.

ENDOMETRITIS.

SIR,—I should advise your correspondent, "A Young Member," to give a fair trial to the local application of iodised phenol for the cure of this troublesome complaint. I have just succeeded in curing by its means two very obstinate cases. I make the iodised phenol by melting together three drachms of crystallised carbolic acid with two of resublimed iodine, and adding one drachm of glycerine. I take a Playfair's probe, wrapped with cotton-wool, and well dipped in the phenol, and apply it to the internal surface of the uterus once a week or ten days; and I have certainly found it by far the most efficacious thing I have used. I have had success with the zinc points, propelled into the uterus by an ingenious little instrument sold by Maw, but I do not think this treatment nearly equal to the phenol, especially where the endometritis has had a gonorrhœal origin. Of course, tonic treatment, and the daily use of the uterine douche, should be persisted with.—Yours faithfully,
EDWARD BERDOE, M.R.C.S., L.R.C.P.ED.
Tynemouth House, Victoria Park Gate, London, E.

The *Medical Student's Register*, as well as other publications of the Medical Council, may be obtained from Messrs. Spottiswoode and Co., 30, Parliament Street, S.W.

HOME FOR AN EPILEPTIC PATIENT.

SIR,—Will any member of the British Medical Association kindly inform me if there is an institution where a patient who suffers from epilepsy, and whose attacks at times are so aggravated that he becomes insane and beyond control, could be taken care of while this condition lasts? The patient is twenty-seven years of age, and has never been able to follow any employment. He is dependent upon his father, who is only in moderate circumstances, and unable to pay much for such convenience.—Yours faithfully,
H. B. NOBLE, M.B., M.A.
62, Tasman Road, Clapham, S.W., April 12th, 1882.

DENTIST.—Tomes's *Dental Surgery* (Churchill); Coleman's *Dental Surgery* (Smith, Elder, and Co.); Coles's *Dental Mechanics* (Churchill).

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

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