ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, 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., June 22nd, and 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.

STAFFORDSHIRE BRANCH.—The third general meeting of the present session will be held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, May 26th, at 3 P.M.—VINCENT JACKSON, General Secretary, Wolverhampton.—April 24th, 1882.

South Midland Branch.—Preliminary Notice.—The annual meeting of this Branch will be held in the Committee Room of the Northampton General Infirmary, on Thursday, June 1st, at 2.30 P.M. Gentlemen who are desirous of reading papers, or of exhibiting pathological specimens, are requested to communicate at once with the Honorary Secretary.—G. F. Kirby Smith, Honorary Secretary, Northampton.—April 24th, 1882.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of the above District will take place at the Castle Hotel, Wellington Square, Hastings, on Wednesday, May 24th, at 3.30 F.M.; Dr. Trollope, of St. Leonard's, in the chair. Dinner at 5.30 F.M.; charge six shillings, exclusive of wine. The following comunications have been promised. Dr. Humphreys: On the Treatment of the Febrile Condition. Mr. Baber: Adenoid Vegetations of the Naso-Pharynx. Mr. Campbell: Two cases of Hip-Joint Disease. Mr. Mansell (for Mr. Duke): Notes of a case of Empyema. The Honorary Secretary will be glad to receive notice of any other papers. Visitors, whether members of the Association or not, will be glady welcomed. It is particularly requested that gentlemen intending to dine will give two days' notice to the Chairman or to the Honorary Secretary.—T. Jenner Verrall, Honorary Secretary, 95, Western Road, Brighton.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.—The next meeting of this District will take place at the Infirmary, Worthing, on Wednesday, May 31st; Mr. W. J. Harris in the chair. Members intending to read papers, or bring forward subjects for discussion, are requested to send notice to G. B. COLLET, Honorary Secretary, 5, Steyne, Worthing.

BORDER COUNTIES BRANCH.—The spring meeting of this Branch will be held at Mossat, on Friday, June 2nd. Gentlemen intending to read papers are requested to communicate at once with one of the Honorary Secretaries.—J. Kendal Burt, Kendal; J. Smith, Dumsries, Honorary Secretaries.

EAST YORK AND NORTH LINCOLN BRANCH.—The annual meeting will be held at the Infirmary, Hull, on Wednesday, May 24th. Gentlemen who intend to make any communication, or to propose any resolution, are requested to inform the Secretary not later than the 14th instant.—E. P. HARDEY, Honorary Secretary, 17, Brunswick Terrace.—May 3rd, 1882.

LANCASHIRE AND CHESHIRE BRANCH.—An intermediate meeting will be held at Bailey's Hotel, Blackpool, on Wednesday, May 17th, at 3 P.M. Mr. Rushton Parker (with Mr. Barron's assistance') will give a microscopic demonstration of Koch's recent discoveries of septic and tubercular organisms. Other communications—Dr. Walter: Cure of Hystero-Epilepsy by Excision of both Ovaries. Dr. Rich: Crayfish poisoning. Mr. Farrar: Mussel poisoning. Mr. W. Whitehead: Surgical Treatment of Elephantiasis; etc. A light lunch will be provided at the place of meeting. Dinner at Bailey's Hotel, at 5.30 P.M.; tickets 7s. 6d.—Dr. Davidson, Honorary Secretary, 2, Gambier Terrace, Liverpool.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting of the above District will be held at the Hackney Town Hall, on Thursday evening, May 18th, at 8.30 P.M.; Dr. Herbert Davies in the chair. Sir William Mac Cormac will read a paper On the Newer Operative Procedures in Abdominal Surgery.—Frederick Wallace, Honorary Secretary, 96, Cazenove Road, E.—May 8th, 1882.

BATH AND BRISTOL BRANCH .- The sixth ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday afternoon, May 24th, at 4.15 P.M.; David Davies, Esq., President. The afternoon will be devoted to a discussion on Bone-setting, which will be opened by F. Richardson Cross, M. B.—E. MARKHAM SKERRITT, R. S. FOWLER, Honorary Secretaries.—Clifton, May 1882.

EAST ANGLIAN BRANCH.—The annual meeting of this Branch will be held at the Rectory Room, Beccles, on Thursday, May 25th, at noon, under the presidency of W. M. Crowfoot, M.B. The President will deliver an address upon the Germ-Theory of Disease. Mr. W. Cadge, F.R.C.S., will read a paper upon Nerve-Section in the Treatment of Neuralgia. There will be a discussion upon a paper read at the Southwold meeting by H. J. Benham, M.D., upon the Treatment of Intestinal Obstruction, in which several members have promised to take part. Dijeuner at 4 P.M., at the King's Head Hotel; tickets, exclusive of wine, 5s.—W. A. ELLISTOM, M.D., Ipswich; M. Beuerley, M.D., Norwich, Honorary Secretaries.—May 8th, 1882.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.

THE fifth meeting of the session was held on Wednesday, March 22nd, at the house of Dr. A. O. Grosvenor, 72, Priory Road, Kilburn; Mr.

ERNEST HART presiding.

The Registration of Diseases and Deaths.—Dr. DANFORD THOMAS read a paper on this subject. After recapitulating the chief sections in the Registration Acts of 1836 and 1874, as far as they related to the registration of deaths, Dr. Thomas drew attention to the actual practical working of these. For thirty-eight years, the registration of all deaths that occurred was secured, with such information as to the cause of death as might be obtainable. For the last eight years, more accurate information of the cause of death has been obtained from the certificates which medical practitioners, without fee or reward, had been by the 1876 Act compelled to give, under a penalty for refusing to do so. As the law now stood, all deaths were registered as either certified or uncertified-certified, if a medical certificate were forthcoming; and uncertified, if no such certificate were handed in. In both instances, the cause of death was recorded: in the one case from the medical certificate, in the other from the verbal statement of the informant-both appearing to possess an equal value in the Registrar-General's returns of the causes of deaths. The number of uncertified deaths per cent. of all deaths varied considerably in different parts. In London, where the coroners were active, the number did not probably exceed one per cent.; but, in Durham, the uncertified deaths had been as high as 19.7 per cent.—a fact which, in the words of the Registrar-General, "appears therefore to call for investigation." In nearly all cases of uncertified deaths, some cause of death was assigned by the informant, and entered by the registrar, the result of which must be to depreciate the value of the national death-register as the basis of trustworthy morvalue of the handware death was exceedingly difficult to prevent in the present state of the law. With regard to certified deaths, Dr. Thomas drew attention to the fact, that the present legal demand upon the practitioner had a tendency, in many cases, to prohibit him from stating the whole truth, as to the cause of death, in the certificate which he was compelled by law to give to the informant of a death, usually a relation of the deceased person; and, from the hands into which the certificate might fall, restrictions and inconveniences surround the practitioner, in many instances compelling him to sign his name to a document which was filled in, with a view rather to avoid giving offence or causing distress to the relations, than with the object of affording the most correct and accurate information of the true cause of death. As examples of this, attention was drawn to the large number of deaths caused by alcoholic poisoning, masked, under such certificates of the cause of death, as cirrhosis, hepatitis, jaundice, hæmatemesis, dyspepsia, and pyrosis; stomach-disease, Bright's disease, phthisis, insanity, paralysis, apoplexy, cephalitis, dropsy, etc. The Registrar-General's returns showed that only 1,120 persons died from the excessive use of alcohol in 1876. Dr. Morton, from private inquiries, estimated that about 14,000 died annually from the direct effects of alcohol; and that about 23,000 deaths were partially due to the same cause. Would not medical practitioners certify correctly, if the system of registration were improved? Syphilis, and the various forms in which it appeared, were seldom certified as such, for the same reasons as stated above. After commenting on those deaths in which symptoms were certified to instead of causes, to the inaccurate way in which many certificates were filled in, and to the various "unclassified" and "undistinguished" deaths, as mentioned by the Registrar-General, Dr. Thomas moved the following suggestions and amendments to the present system of registration, as calculated to secure more accurate testimony as to the actual cause of death. Every registered medical practitioner should be, as it were, a primary registrar of deaths; and his returns should be made to a superintendent registrar, who might be the medical officer of health of the district, or the clerk to the sanitary authority. The duty of the practitioner would be to record any death that might come under his notice on a prescribed form, which should be transmitted by post, within twenty-four hours of the death, to the superintendent registrar of the district. The practitioner should furnish all particulars now required for registration; and, besides this, add a confidential report as to the cause or causes of the death, for the private information of the Registrar-General, and he might mention any other circumstances which may have led up to or induced the fatal disease. The practitioner should be paid a reasonable fee for his trouble, the postage of the document being prepaid by the State, similarly to the vaccination certificates. The medical officer of health, as superintendent registrar, should carefully classify all the deaths weekly, forwarding copies of the same to the Registrar-General's office. He would also be a fit and proper person

to make special inquiries into all deaths of persons dying without medical attendance, otherwise uncertified deaths, and communicate with the coroner if necessary. The various duties of practitioners, medical officers of health, and coroner, together with the form of certificate, and many minor details in connection with the suggested amendments for registration of deaths, were then dealt with; Dr. Thomas concluding his paper by remarking that we should then cease to see, in the Registrar-General's returns, such headings as "deaths from violence, kind not stated," "manner not stated," "how or what kind not stated," not otherwise described; or that, in fourteen out of so many persons poisoned, the "kind of poison was not in any way stated;" and the term "uncertified death" would be a thing of the past. Some of the suggestions made might be effected by orders from the Local Government Board; but amendment in the law would be required for others.—Dr. J. MORTON said that the results of registration, originally intended for civil, and not for scientific purposes, afforded a mass of immensely valuable information, which was only now beginning to be properly utilised, and required improved methods, such as Dr. Thomas proposed. Whether the information afforded—as it must be, in the first instance, by the individual practitioner-reached the Registrar-General direct or through the medical officer of health, as Dr. Thomas proposed, was a matter of detail, so long as it was treated as confidential. He did not apprehend much difficulty, except in manufacturing towns, where there were masses of poor and much unqualified practice. Dr. Morton was of opinion that the classification of diseases adopted by the Registrar was faulty, in that it gave too much weight to local manifestations, and too little to constitutional states.—Dr. W. G. WALFORD said that he could corroborate Dr. Thomas's remarks as to the unsatisfactory character of many death-certificates, filled up and signed by medical men. He had for many years been medical officer of health in a country town of about 20,000 inhabitants, and had experienced much difficulty in making out his mortality bills from the registrar's returns, which were, of course, copied from the death certificates. Some of the reputed causes of death were so very peculiar, not to say amusing, that he soon learnt to recognise different practitioners by the style of their certificates. Some, for example, assigned "fever" as the cause of a large number of deaths, both of very young infants and very old people. One case, certified as "typhoid", in a woman of 75, proved to be "alcoholism". Pneumonia was frequently given as the cause of death in infants six months old. "Dropsy" or "ascites" were sometimes the only causes given. Not unfrequently he had noticed that the real cause of death was withheld, in order to spare the feelings of the friends of the deceased.—Dr. Dowse concurred in the value of Dr. Thomas's paper, although he thought that too great blame should not be laid at the door of the general practitioner, in reference to the registration of deaths: for, in many cases, in country and general practice, it was not always an easy matter to state correctly the absolute cause of death; and he gave, as instances, deaths from scarlatina and diphtheria, where the patients, in some cases, die in twenty-four hours, from rapid failure of nerve-power, without any objective or characteristic signs being present by which the disease may, in the ordinary way, become recognised. He considered Dr. Thomas's plan for registration of great value.—Dr. POTTER proposed, and Dr. WILLOUGHBY seconded, the following resolution: "That Dr. Danford Thomas be requested to bring his views before the Parliamentary Bills Committee of the Association; and that the Committee be asked to endeavour to ascertain the opinion of the Government on the subjects submitted.'

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

A MEETING of the above District was held, at Gravesend, on April 12th; J. C. Armstrong, Esq., in the chair.

Conjoint Meeting .- A letter was read from the Secretary of the East Kent District, suggesting that a conjoint meeting of the two Districts should be held early in next session. This was cordially and unanimously adopted by the meeting.

The next District Meeting was appointed to be held at Rochester; and Mr. Nankivell was requested to act as chairman.

Papers.—The following were read.

Dr. William M. Ord read a paper on the Diagnosis of Thoracic Aneurysm; and showed a specimen of Aneurysm of the Innominate Artery, carefully prepared by Dr. C. E. Hoar.

Dr. Monckton gave a short address on Chorea, and its treatment. Collective Investigation Committee. — Dr. STEPHEN MACKENZIE explained the views and objects of the Collective Investigation Committee.

Dinner. -- Seventeen members and visitors dined together at the new Falcon Hotel.

CORRESPONDENCE.

THE TAX UPON CARRIAGES.

SIR,—Having seen a suggestion in the JOURNAL of Saturday last about increased tax on carriages (page 674), I took a copy of the petition and got it signed by upwards of thirty medical men in this town and neighbourhood. Will you kindly mention this in your next issue. as it may stimulate other towns to go and do likewise?-I am, sir, yours faithfully, DE VERE HUNT.

Bolton, May 10th, 1882.

* * This example has been followed by many other medical men: and it will greatly assist the Parliamentary Bills Committee if it be extensively adopted.

THE ETIOLOGY OF INDIAN ENTERIC FEVER.

SIR,-In the last of Sir Joseph Fayrer's Croonian Lectures on the Climate and Fevers of India, published in your issue of the 6th inst., the author deals with the vexed question of the etiology of enteric fever. In the course of his lecture, Sir Joseph Fayrer quotes a passage from a paper on this subject read by me at the London International Congress, intended to show, from my own experience, that fevers with the intestinal ulceration characteristic of enteric fever existed both in India and in China previous to the year 1857. To this quotation, the author appended a note to guard himself against the inference of complicity with my heterodox doctrine on the etiology of enteric fever; but as the author does not state what my doctrine is, I ask you to grant me space to do so for myself. As a teacher of tropical medicine in a public institution, I think it due to the position I hold that there should be no misapprehension as to my views on a point so important, although I wish it to be understood that I have no merely controversial object in view.

I do not hold that a specific poison from the intestines of an infected person is a sine qua non to the propagation of enteric fever in India, although I do not doubt that it is often so propagated, and it is quite certain that the facilities for such propagation abound in that country. I do distinctly hold that, as in Europe so in India, enteric fever is a fæcal disease, modified, like almost every disease in that country, in its symptoms, progress, and morbid anatomy, by the all-pervading poison of malaria, whatever that may be. I cannot here repeat the evidence brought forward by myself and others of the extent to which pythogenic influences prevail in India, nor is this necessary, for the matter is beyond dispute; but I must confess I find it difficult to understand how those who acknowledge fæcal impurities in air, water, and food, to be powerful factors in the genesis of enteric fever in temperate climates, almost ignore their influence in the country where they most abound.

Sir Joseph Fayrer, in the lecture under notice, quotes a passage from an official report of Dr. Marston on enteric fever in India, which has been carefully read by me. Any opinion put forward by a physician so competent, and so accurate a thinker as Dr. Marston, is worthy of respectful consideration from me, and this the report to which I refer had long before I read the quotation in Sir Joseph Fayrer's lecture. confess, however, I cannot see the force of my friend Dr. Marston's arguments against the propagation of enteric fever by fæcal contamina-tion. For example, the proclivity of "new arrivals" to suffer from the disease; surely this is sufficiently explained by the fact that the "new arrivals" about whom Dr. Marston is thinking are young soldiers at the age most prone to suffer from the disease all the world over. Again, why should the fact that enteric fever extends over "vast areas India be taken to be an argument against its pythogenic origin, if it be a fact, as I contend it is, that pythogenic influences in the fæcal sodden soil of India also extend over "vast areas"—to say nothing of the indisputable fact that the disease extends over "vast areas" in Europe also? Then again, in support of his argument, Dr. Marston says that "isolated cases" prevail in India. Is that fact peculiar to India? Is there a medical practitioner in Great Britain who does not see "isolated" cases every month in the year? I repeat I find it hard to find any valid reasons against the fæcal origin of enteric fever in India based on such facts as those just given.

With regard to those "climatic causes" so much dwelt on by Sir Joseph Fayrer and those who agree with him, I venture to draw attention to enteric fever as seen in Italy, in a climate widely different from that of England. I have never heard it said that the disease owns a different parent in the two countries; but I have seen-and I insist on the significance of the fact-enteric sever originating in Rome as much modified in its symptoms and progress by the malaria for which that

The Hospital Committee of the Town Council have requested the Medical Officer of Health (Dr. Hime) and myself to make a thorough investigation, and report as to the sanitary condition of the hospital; and, if any defects should be found to exist, they will be at once set right. I may add that, before the present year, there has been in Sheffield no hospital available for the reception of non-pauper infectious cases; and it is very satisfactory to find that already a considerable number have availed themselves of the advantages offered by this B. A. WHITELEGGE, M.D.Lond., hospital .- I am, etc.,

Medical Officer, Sheffield Borough Hospital.

R,—I should feel obliged if you could inform me whether a parish medical officer could claim any fee on behalf of a medical practitioner who assisted him in a difficult instrumental midwifery case.—Yours, etc.,

QUERY.

** Boards of guardians may, subject to the approval of the Local Governmen Board, grant to a gentleman called to the assistance of a Poor-law medical officer, who has had a difficult case of instrumental midwifery, a fee. In some instances, the fees thus given have been fairly liberal-to wit, in each of two cases that tne tees thus given have been fairly liberal—to wit, in each of two cases that occurred in the Strand Union and the Westminster Union Workhouses respectively. Dr. Hall Davis was awarded £5, the medical officer £2, his deputy £1, and the midwife an extra grant of rcs. These amounts were sanctioned by the Local Government Board. In order to secure payment, a letter should be addressed to the guardians, giving the details of the case; and these instances may be vited. Unless full particulars be given, showing the difficulties and dangers of the case, the central department may overrule any decision come to by the local board. the local board.

OBITUARY.

HENRY ALFRED HAMILTON LIGHTON, M.R.C.S.

WE regret to record the premature death of this promising member of our profession. He was the third son of the late Rev. Sir Christopher Robert Lighton, Bart., of Brockhampton, Herefordshire. he joined Mr. Read, of South Kensington; in July 1880, he had a slight attack of hæmoptysis, and was advised to winter abroad. He accordingly went with Mr. Potter, of Queen's Gate Gardens, in his yacht to the Mediterranean, returning in May 1881, much improved. In October, however, his health began to fail, and he accompanied Lord Hemsley and his brother to Madeira, where they awaited his yacht, intending to cruise about. In November, he had another attack of hæmoptysis, and gradually grew worse until Tuesday, the 2nd instant, when he died. He was an M.R.C.S.Eng. and L.S.A., also B.A. of Cambridge, and had passed his examination for second M.B.; but, owing to ill health, had not been able to write a thesis, and take his degree. He was beloved by all who had the pleasure of knowing him.

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 4th instant, and

logy, at a meeting of the Board of Examiners, on the 4th instant, and when eligible will be admitted to the pass examination.

Messrs. Thomas J. Fletcher, Alexander G. Paterson, Edward H. Warner, Hugh R. Bramwell, William T. Prout, Theodore S. Wilson, Charles L. Lightfoot, Joseph Priestley, and Frank W. A. Godfrey, students of the Edinburgh School; William Washbourn, William E. Coleman, Arthur F. Voelcker, and Charles J. Arkle, of University College; George F. Collins, James P. Fenoulhet, John Girvin, and Casper R. Laurie, of St. Bartholomew's Hospital; Gerald Cree and William E. Newry, of the Middlesex Hospital; Richard H. Castor, and Charles K. Ackland, of King's College; James D. Staple, of the Westmister Hospital; Frank C. Clarkson, of St. Thomas's Hospital; and Walter H. Dodd, of Guy's Hospital.

Four candidates, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for three months, making a total of 53 rejections out of the 220 candidates examined, including six who had an

additional three months.

dditional three months.

The following gentlemen passed on the 6th instant.

Messrs. William L. Braddon, Edward P. Mourilyan, Richard M. Ward, Melville McP. Hailey, and Thomas John, of Guy's Hospital; Thomas Clifford, William G. Richardson, Cuthbert U. Laws, and Frank Winter, of the Newcastle School; Charles E. Adams, George L. Wells, Sydney C. H. Moberly, and Walter E. Foster, of St. Bartholomew's Hospital; Robert W. Leeming, B. A.Canttab., Sidney Partridge, and Matthew W. Gutteridge, of the Edinburgh School; Alfred N. Darlington, Joseph H. Partrick, and Charles Greene, of the Birmingham School; Frederick B. Hulke, John S. Reed, and George McShane, of University College; Walter Basset and Edwin D. Duffett, of the Bristol School; Hormasjee E. Banatvala, of the Bombay School; Adward J. Lewis, B. A.Cantab., of the Cambridge School; Sidney J. Armstrong, of the Charing Cross Hospital; Percy Priestley, of the Sheffield School; Arthur M. Watkins, of the Liverpool School; John W. Parry, of the Glasgow School; Wilberforce Thompson, of the Leeds School; and Jenkyn Lewis, of the London Hospital.

Sixteen candidates, 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 three who had an additional three months.

The following gentlemen passed on the 9th instant.

Messrs. George Stevenson, Charles Averill, Frederick A. Pring, Otto Wunderlich, Septimus M. Hebblethwaite, Ninian W. Woods, and Lovell Drage, of St. Bartholomew's Hospital; William R. Edwards, John A. Gillett, Thomas Wingrave, William G. Hall, and Edwin C. Thomas, of the London Hospital; William J. Lee, Frederick W. Welstead, and Arthur R. Carver, of Guy's Hospital; James M. France and Howard D. Buss, of University College; Alfred H. Sturdee, of King's College; George D. Symes, of St. George's Hospital; and Thomas D. White, of the Middlesex Hospital.

Eight candidates were rejected.

Eight candidates were rejected.

The following gentlemen passed on the 11th instant.

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Messrs. Francis S. White, Edmund B. Holland, James H. Walker, and Herbert
Davison, of University College; Watkin L. Rhys, Thomas N. Swindlehurst,
and George T. Cattell, of Guy's Hospital; Bernard Castle and William Spry,
of St. Bartholomew's Hospital; George A. E. Roberts and Alfred Kirley, of
the Middlesex Hospital; Arthur B. Blacker and Edward S. Sugden, of St.
Thomas's Hospital; James E. Crisp and Richard Cordiner, of the London Hospital.

Thirteen candidates were rejected, including two who had an ad-

ditional three months.

The name of Thomas Kenedy Dalziel, of the Edinburgh School. who passed on the 26th ultimo, was accidentally omitted in the list then published.

APOTHECARIES' HALL .- The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, May 4th, 1882.

Browne, William, Beith, Ayrshire.
Dawson, William Edward, London Hospital.
Priestley, John, Greenhays, Manchester.
Williams, John Worthy, 58, Acre Lane, Brixton.

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

Hadley, Wilfred James, London Hospital. House, Percy William McW., London Hospital. Scanlan, Arthur de Courcy, Westminster Hospital. Stephens, Samuel, St. Bartholomew's Hospital.

UNIVERSITY OF DURHAM. — At the first examination for the degree of Bachelor in Medicine, held during the last week of March, 1882, the following candidates satisfied the Examiners.

882, the following candidates satisfied the Examiners.
Second-Class Honours.—Cornelius C. Caleb.
Pass-List.—F. M. Blackwood; Percy Brown, M.R.C.S., L.S.A.; Fred. Bryan;
W. R. Edwards; F. W. Giles, M.R.C.S., L.S.A.; Thomas E. Gordon; F. Greenwood, M.R.C.S.; J. C. Grinling, M.R.C.S.; George Rome Hall; Alexander Harper; H. J. Hillstead; H. M. Hughes; A. G. Laidler; A. E. Larking; T. H. Openshaw, M.R.C.S., L.S.A.; J. S. Revely; G. W. Richards; E. W. Simmons; M. T. Wakefield; James Watson; S. Welch, M.R.C.S.; W. H. Wigham; G. G. D. Willett, M.R.C.S.

UNIVERSITY OF EDINBURGH. - The following candidates have passed the first professional examination for degrees in Medicine and

A. M. Adams, A. Alexander, N. E. Aldridge, J. A. Ashcroft, James Anderson, John S. Archibald, Samuel Arnold, H. T. Barton, John B. Bawden, Robert N. Bell, David Berry, Robert Beveridge, Richard Bland, Walter C. Bluck, Frederick M. Blumer, Louis Z. H. Bouchet, W. F. Boycott, Alex. Brewster, Edward Bryden, C. G. Cassidy, Edward Chamberlayne, James A. Ctlark, James F. Cownie, Arthur L. Curtis, James H. Dawe, Herbert J. Dring, George G. Eyre, Alexander S. Ferguson, Thomas L. Ferrier, Arthur M. Fraser, David Fraser, Thomas Fraser, Robert Fullerton, Thomas A. Fulton, J. W. Gainer, J. E. Gemmell, Walter M. Gossip, Walter D. Grieve, Felix O. Guerin, William P. Harries, James Hindle, Herbert Hirst, William A. Holmes, Robert S. Hubbersty, Hugh C. Hughes, Job Hughes, James Hunter, James Hutcheson, Theophilus B. Hyslop, George A. John, Aubrey Johnston, George F. Johnston (with distinction), James P. Johnston, John Dnes, Arwid L. Kellgren, James Kerr, William Laing, Charles N. Lee, Edwin L. Lees, James A. Leishman, Louis H. Le Merle, William Little, Gerhardus S. Loubser, Reginald Lucy, William M'Culloch, Alex. G. Macdonald, Henry C. M'Ewan, William B. Mackay, John C. Mackenzie, William R. M'Kinnell, Murray Maclaren, Alex. R. Macmillan, Thomas Monies, Upondra N. Mukerji, Neil G. Munno, Alex. R. Macmillan, Thomas Monies, Upondra N. Mukerji, Neil G. Munno, William L. Ross, George T. Sinclair, Horace Smith, William Spettigue, William H. G. Stephen, Benjamin D. Stewart, John R. Talbot, Mowbray Taylor, John T. Thompson, James B. Tierney, George J. E. Trotter, George A. Tullis, Edward Walker (with distinction), Thomas A. Watson, Frederick E. Welby, Stephen F. Wernich, Alfred B. Whitton, Arthur Wood. Surgery

The following have passed the second professional examination. The following have passed the second professional examination.

George F. Alexander (with distinction), John Anderson, T. L. Bancroft, Theodore H. Barker (with distinction), W. H. Barrett, II. J. Barron, Minas M. Basil (with distinction), Basanta K. Basu, James A. Blarr, John H. Brown, John N. Burns, George S. Cardew, James M. Caw, Edwin A. Chill, Ronald Clark, J. A. Clayton, Horace Cocks (with distinction), Francis G. Connor, William Cotton (with distinction), James Craig, William Cumming (with distinction), James Dalgleish, Thomas K. Dalziel, Archibald Donald, Alexander P. Drummond, William Duff (with distinction), H. A. Dumat, Thomas E. Dyson (with distinction), Thomas J. Fletcher, Alex. Forbes, Arthur Fuller, M. H. Gardiner, J. E. Godfrey, R. Gordon, James Graham, L. R. Gray, T. D. Greenlees, H. M. Hardcastle, R. D. Helm, James Heath, John Henderson, Robert S. F. Henderson, George Hewlett (with distinction), John Hutson, Robert Inch, R. W. Jamie, Charles H. Jones, David K. Keith, James Kerr (with distinction), Ernest Kingscote, J. A. Loudon, D. R. M'Arthur, B. F. P. Macdonald, John Macdonald, William F. Macdonald, George Mackay, Robert Mackenzie, Frank I. Mackinnon, John M'Lachlan (with distinction), Charles M'Leod, William M. M'Pherson, Augustus A. Matheson, Farquhar W. Matheson, T. C. Meggison, A. W. T. F. Mickle, W. H. Miller, Robert P. Mitchell, Upondra N. Mukerji, J. A. J. Murray, J. A. Myrtle, Gustave P. Nicolet, Gerrit Nieuwoudt (with distinction), Owen R. P. Owen, Alexander G. Paterson, Donald Paterson (with distinction), Walter Petter, William L. Price, Joseph Priestly, G. M. Reid, James B. Roberts, T. M. Robertson (with distinction), Arthur Robinson (with distinction), J. R. Stevenson, James Stewart, Arthur J. Stiles, H. A. Tuxford, Richard Vassie, John Walther, Allan O. Ward, Edward H. Warner, G. de B. Watson, W. H. Weston, R. A. Williams, H. A. Wilson, H. G. Wilson, Theodore S. Wilson, Arthur C. Younan (with distinction).

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH, DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examination during the recent sittings of the examiners.

examiners.
Charles E. Solomon, Cornwall; Robert M. Fleming, Suffolk; Joseph Dunlop, Conagher; Douglas L. Thomson, Hampshire; Charles S. Murray, London; William M. Storrar, Aberdeenshire; John H. McAuley, Dublin; Michael Hawe, Cork; Robert Spring, Cork; Edward Morse, Crewkerne; Robert B. Graham, Berwickshire; Frank Laird, Aberdeenshire; Herbert D. Harthan, Sandbach; William Ferriday, Manchester; Cyril S. Earle, Manchester; Charles T. U. Babot, Newcastle; Percy H. Day, York; Robert McCall, Edinburgh; Thomas G. Williamson, Leith; Stuart Herriot, Alderley; Joseph Fitzgerald, County Limerick; Ernest F. Taylor, Riponden; Neil Stewart, Caithness; Benjamin Marshall, County Tyrone; William A. Dickson, Dublin; Michael D. Hart, Jamaica; Charles W. Dean, Lancaster; James H. Curtis, Cork; Arthur Neville, Cheltenham; James Mungle, West Calder; Clement Rowsell, Kennington; John E. Hutchings Stephens, Cornwall; John G. Brown, County Cork; Wellington Dowman, Cork; Major H. C. Irving, Allahabad; William P. B. Goodridge, Stourpain; James Malcomson, County Down; James Alister, County Down; Sewell S. McFarlane, Australia.

The following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh.

dmitted L. R. C. P. Edinburgh and L. R. C. S. Edinburgh.

Joseph S. Dunlop, Liverpool; James P. Johnstone, Demerara; Robert W. Jephcott, Warwickshire; Cyril J. Williams, Yorkshire; Symers D. Macvicar, Moffat; Henry B. S. Curll, Norfolk Island; Alexander Meighan, Glasgow; Albert P. Wells, Chelmsford; Hartley Dixon, Cheshire; James T. Carter, Manchester; William M. V. Williams, Denbighshire; James W. Jeram, Southsea; Francis E. Mulliner, Northampton; Campbell T. Dewar, Jamaica; William Johnson, County Durham; William Turner, Ratho; James Gunning, Castlerea; Matthew R. Draper, Cheltenham; James A. Mather, Fifeshire; Francis B. Norris, Cork; Charles C. Brodrick, Jersey; Wesley F. McLean, Canada; Charles S. Brewer, Liverpool; Charles S. Leach, Rangoon; Caleb St. J. Lawrence, Madras; Charles H. Eyles, Madras; Robert W. Mackinstry, County Monaghan; George T. Girdler, Penge; Thomas M. Dawson, Liverpool; Moffat Young, Londonderry; James H. Mawson, Humbleton; Samuel McC. Cowe, Whitehaven; Richard Crofts, Cork; Scarle M. Haward, London; Charles H. F. Underwood, Poona, Bombay; James Fairbairn, Australia; Edward Knight, London; John W. Levis, Skibbereen; Frank S. Boreham, Lynn Regis; Joseph C. Blyth, Montgomeryshire; William Gunn, Sutherlandshire; George W. Daunt, County Cork; Hugh O. Hughes, Denbigh; Charles Maxwell, Lockerbie; Samuel W. Brierley, Victoria, Australia; Harry A. Murphy, Bolton; Henry J. Edwards, Bowness; Henry J. Thomson, Margate; Robert Dickie, Bradford.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following gentlemen have passed the examination for the single qualification of the Royal College of Physicians.

he Royal College of Physicians.

Hubert S. Reynolds, Warwickshire; William Brown, Beith, Ayrshire; William A. Martin, Ormskirk, Lancashire; James M. Ferguson, Bolton, Lancashire; Francis W. S. Allison, Hobart Town; Edward Corner, Williton, Somersetshire; Arthur R. Broom, Ottery St. Mary, Devon; Gerald Nicholson, Clapham Park; George R. Green, Everdon, Northamptonshire; John C. Saunders, Sheffield; Henry A. Layton, London; Herbert A. H. M'Dougall, Sarawak, Borneo; William D. J. Morris, Fishguard, Pembrokeshire; Henry M. Sloggett, India; and Charles Penruddocke, Bath.

The following gentlemen have been elected Members of the College. The following gentlemen have been elected Members of the College.

George F. Grosvenor, M.D., London; Thomas Sutton, Manchester; Francis
Vacher, Birkenhead; William Harris, Norwich; William D. Lovell, Bradfordon-Avon, Wiltshire; Thomas A. Elias, Southport; James Ritchie, M.B.,
Edinburgh; William W. Dunkley, Coventry; Philip Addis, Iver, Bucks;
Walter S. Simpson, Worthing, Sussex; George D. Smith, M.B., Leith;
Frederick E. Fenton, Ealing; Frederick W. D. Fraser, M.B., Edinburgh;
Warwick C. Steele, London; William C. E. Taylor, Scarborough; Arthur
Storrs, Bury St. Edmund's; Henry C. Williams, Manchester; John T. Duncan, Stamford, Lincolnshire; Hibbert S. Parker, Putney; Alexander S. S.
Fernandes, Edinburgh; John A. Lycett, M.D., Wolverhampton; Arthur C.
Dixie, Burton-on-the-Water, Gloucestershire; Richard T. Parkinson, Manchester.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—The following gentlemen passed their first professional examination during the recent sittings of the examiners.

Archibald J. A. Campbell, Perthshire; Ernest J. Jerome, Sunderland; Edmund J. Nuttall, Rochdale.

The following gentlemen passed their final examination, and were admitted Licentiates of the College.

James W. Davidson, County Antrim; John Griffiths, Carnarvonshire; Harold A.

V. Batter, Uxbridge; Arthur Storrs, Nova Scotia; Harry P. Hallows, Liverpool; Ernest J. J. Sunderland.

George J. Lucas, Blackheath, passed his first professional examination for the Licence in Dental Surgery; and James Lindsay, Edinburgh, passed his final examination, and was admitted L.D.S.

MEDICAL VACANCIES.

The following vacancies are announced:-

BRISTOL FORESTERS' DISPENSARY. — Qualified Medical Practitioner. Salary, £120 per annum. Applications to E. L. Burgess, 34, Horfield Road, Kingsdown, Bristol, by the 29th instant.

CHARING CROSS HOSPITAL, West Strand, W.C.-Assistant Surgeon. Applications by 15th May.

CITY OF LONDON LUNATIC ASYLUM, Stone, near Dartford, Kent.-Assistant Medical Officer. Salary, £120 per annum. Applications by the 17th instant.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E. —Registrar and Chloroformist. Salary, £30 per annum. Applications by the 15th May.

GORT UNION-Medical Officer for Ardrahan Dispensary District. Salary, £140 per annum, with £10 per annum as Medical Officer of Health, registration and vaccination fees. Election on the 12th instant.

GOVERNMENT RAILWAY SERVICE, at the Cape of Good Hope.—Medical Officer. Salary, £25 a month. Applications by May 17th.

HACKNEY UNION.—Resident Medical Officer. Salary, £200 per annum. Ap-

plications by the May 29th.

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.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—
Resident Clinical Assistant. Applications by June 3rd.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Junior
Resident Medical Officer. Salary, £50 per annum. Applications by May 24th.

LANCASTER INFIRMARY.—Dispenser and General Assistant. Salary, £80
per annum. Applications by May 15th.

PARISHES OF GLENLIVET AND KIRKMICHAEL.—Medical Officer.
Salary, £700 per annum. Applications to Mr. J. Hay, Inspector of Poor, Inveraven, Ballindulloch, by the 15th instant.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Four Examiners in Medicine and Two Examiners in Midwifery. Applications by the 25th instant. ROYAL FREE HOSPITAL, Gray's Inn Road.— Junior Resident Medical Officer.
Applications by the 24th isntant.

ROYAL HANTS COUNTY HOSPITAL, Winchester.—House-Surgeon. Salary £100 per annum. Applications by June 10th. ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL .- House-

Surgeon. Salary, £1co per annum. Applications by May 25th.

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

May 22nd.

WARNEFORD, LEAMINGTON, AND SOUTH WARWICKSHIRE HOS-PITAL. - Honorary Physician. Applications by May 22nd.

WEST DERBY UNION.—Two Resident Medical Officers for the Workhouse, Walton-on-the-Hill. Salary, £100 per annum. Applications by May 16th. WEST DERBY UNION.—Two Resident Medical Officers for the Workhouse for Sick Poor at Mill Road, Everton. Salary, £100 per annum. Applications

by the 16th instant.

WILTS COUNTY ASYLUM-Assistant Medical Officer. Salary, £120 per annum. Applications by 17th May.

MEDICAL APPOINTMENTS.

Ansted, H. L. P., L.R.C.P., appointed Assistant House-Surgeon to the Bristol General Hospital, vice E. M. Knapp, M.R.C.S., resigned.

CLAREMONT, Claude C., M.B., B.S., appointed Medical Officer for Out-Patients to the Royal Portsmouth, Portsea, and Gosport Hospital; also Medical Officer to the Royal Portsmouth Provident Dispensary.

DOUIE, W., M.B., appointed House-Surgeon to the Clinical Hospital and Dispensary for Women and Children, Park Place, Manchester.

Greaves, Charles A., M.B., appointed Medical Officer of Her Majesty's Prison, Derby, vice J. Wright Baker, M.R.C.S.Eng., resigned.

HAMMOND, Thomas, L.R.C.P., appointed Resident Clinical Assistant to the West Riding Lunatic Asylum, Wakefield.

Heelis, Robert, M.R.C.S., L.R.C.P.Lond, L.S.A., appointed House-Surgeon to the North Lonsdale Hospital, Barrow-in-Furness, vice P. L. Booth, M.R.C.S., resigned.

HUXTABLE, L. R., M.B., appointed Junior Resident Medical Officer to the Royal Free Hospital, vice J. Pollard, M.R.C.S., resigned.

IRWIN, T. W., L.R.C.P. & S.Ed., appointed Medical Officer to the Rosscarbery Dispensary District, County Cork, vice M. Callanan, L.K.Q.C.P., resigned. King, W. H., M.D., appointed House-Surgeon to the Chester General Infirmary, vice F. E. Woodward, L.R.C.P., resigned.

SCONGAL, E. Fowler, M.A., M.B., L.R.C.S.Ed., appointed Medical Officer and Public Vaccinator for the Fulstone District, Huddersfield Union.

Symond, M. J., M.D., appointed Assistant House-Surgeon to the Royal London Ophthalmic Hospital.

TOWNSEND, H. R., M.D., appointed Medical Officer to the Cork Dispensary, vice W. Holmes, L.R.C.P.Ed., deceased.

VAISEY, T. F., M.R.C.S., appointed Medical Officer to the Winslow Union, vice H. Collins, L.R.C.P., resigned.

VOICE, C. B., M.R.C.S., appointed Resident Assistant Medical Officer to the Township of Manchester.

WICKHAM, W., M. R.C.S., appointed Parochial and Sanitary Medical Officer to the Parish of Polmont, N.B., vice D. A. MacCarthy, M.D., resigned.
WINDLE, Bertram C. A., M.B., M.Ch.Univ.Dub., appointed Medical Officer to the Throat and Ear Hospital, Dublin, vice Wallace Beatty, M.B., 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.

LITHGOW- CURZON.—On the 29th ult., at the Parish Church, Aldershot, by the Rev. F. Malim, T. G. Lithgow, L.R.C.P.Lond., of Farnborough, to Harriet Augusta, eldest daughter of Col. the Hon. E. G. Curzon, Assistant Adjutant-General,

LIGHTON.—On May 2nd, at Madeira, Henry Alfred Hamilton Lighton, B.A.Camb., M.R.C.S., L.S.A., of 138, Cromwell Road, South Kensington, third son of the late Rev. Sir Christopher Robert Lighton, Bart., of Ellastone, Staffordshire, and Brockhampton, Herefordshire, in his thirty-first year.

A CURIOUS occurrence is reported from Hynron, Dumfriesshire, which, according to the recent census, possesses a population of 416 souls. At one of the schools situated in the parish, no fewer than four sets of twins sat upon the forms. Arranged according to sex, two are boys, two girls, and the remaining four are "mixed". According to age, they are all above the average height and weight. All have blue eyes and light hair.

A SINGULAR LEGACY.—A patient, who had benefited by M. Olher's subperiosteal method, bequeathed to him his elbow-joint as a token of gratitude. The legacy proved a valuable one for pathological science, since the physiological process of renewal of the tissues could be followed almost step by step.

ROYAL INFIRMARY, GLASGOW.—The following gentlemen have been elected house-physicians and surgeons from 1st May 1882. House-physicians: Mr. H. W. White, L.F.P.S.G., and L.R.C.P.E., Mr. Wm. Gibbs, Mr. Robert Rentoul, Mr. J. W. White, Mr. Charles S. Young. House-surgeons: Mr. A. J. Engels, Mr. Hugh Sinclair, Mr. John Keay, M.B., C.M., Mr. Henry Oakes, Mr. John T. Davies.

THE DEVONSHIRE HOSPITAL AT BUXTON.—The additions made to this hospital by the governors of the Cotton District's Convalescent Fund are completed, and 100 beds have been allotted to the affiliated hospitals in the same proportions as those at the Barnes Convalescent Home, whilst 50 beds are kept for nominations by the governors under regulations to be adopted. The patients are to be maintained in the hospital at the expense of the Cotton District's Fund, subject to revision at the end of twelve months. Our infirmary has three beds placed at its disposal, and for the next year the cost of the patients whilst there will be borne by the fund. There is also at the disposal of the charity a bed in the child's sanatorium at Southport, free of charge, supported by the same fund, and one at the Barnes Convalescent Home at Cheadle.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The quarterly meeting of this association was held on the 28th April at Bethlem Hospital, Dr. D. Hack Tuke presiding. At the opening of the meeting the president referred to the attempted assassination on the 16th ult of Dr. Gray, the Superintendent of the Utica Asylum, and a resolution of sympathy was The association then resumed discussion upon unanimously adopted. the subject of "Insanity as a Plea for Divorce," which had been introduced by Dr. Savage at the previous meeting. The interest of the debate centred round the recent case of Hunter v. Edney, in which the insanity prevented the consummation of the marriage, one or two other special cases being cited by Dr. Savage. As regards insanity before marriage it seemed to be generally allowed that the question was met by the common law, while with respect to insanity supervening after marriage it was felt that in the present condition of things it would be inexpedient to adopt in England a similar system to that existing in Saxony and elsewhere, under which insanity and certain other diseases were admitted as pleas for divorce. Dr. Weatherly then brought forward the subject of the "Supervision of single cases of Lunacy in Private Dwellings," which he maintained was insufficient and unsatisfactory, quoting in support of his views the statements advanced by him in his treatise on "The Care and Treatment of the Insane in Private Dwellings, and an interesting discussion followed. Papers were also submitted by Dr. Bower on "Employment" in the treatment of mental disease in the upper classes, and by Dr. Boyd on the "Laws relating to the admission of Pauper Lunatics to Asylums."

COMPARATIVE LONGEVITY OF THE JEWS .- M. Gustave Lagneau, in a memoir, "Sur les Différences Demographiques Presentées par les Juis les Protestants et les Catholiques, "presented to the Paris Academy of Moral and Political Sciences, states that in Prussia, in the Duchy of Baden in Vienna, and many other countries, the highest rate of mortality exists among the Catholic population. Among the Protestant it is less. The lowest rate is observed among the Jewish race, and in all countries this inferiority persists. The same proportion, in an inverse sense, exists with regard to births.

HEALTH OF FOREIGN CITIES.—A table in the Registrar-General's last weekly return supplies the following facts and figures, which 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 33.4 in Calcutta and 28.4 in Bombay; cholera caused 82 deaths in Calcutta (showing a marked increase upon recent weekly numbers), and 46 fatal cases of measles were reported in Bombay. have been received from Alexandria since the end of March. twenty-two European cities, the death-rate averaged 31.3, and exceeded by no less than 9.4 per 1000 the average rate prevailing last week in the twenty-eight large English towns. The death-rate in St. Petersburg was equal to 60.0, and showed but a slight decline from the still higher rate in the previous week; the 770 deaths included 45 from typhus and typhoid fevers, and 35 from scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the deathrate averaged 27.0; measles caused 8 deaths in Copenhagen, and 7 fatal cases of diphtheria occurred in Stockholm. The death-rate in Paris, although lower than in recent weeks, was equal to 27.3; the 1177 deaths included 52 from diphtheria and croup, 37 from typhoid fever, and 25 from small-pox. The death-rate in Brussels did not exceed 22.3, although 5 deaths were referred to whooping cough. The death-rate in Geneva, however, was equal to 29.3. In the three principal Dutch cities, the death-rate averaged 24.7; it was equal to 26.2 in Amsterdam, where the 170 deaths included 11 fatal cases of measles. The Registrar-General's table includes returns from eight German and Austrian cities, in which the death-rate averaged 31.4, and ranged from 24.6 and 27.5 in Berlin and Dresden, to 38.5 and 42.8 in Vienna and Prague. Small-pox caused 42 deaths in Vienna, showing a considerable increase upon recent weekly numbers; diphtheria was fatally prevalent in Berlin and Dresden. The death-rate was equal to 33.7 in Rome. 32.1 in Naples, 27.5 in Turin, and 24.7 in Venice. The prevalent in Berlin and Dresden. The death-rate was equal to 33.7 in Rome, 32.1 in Naples, 27.5 in Turin, and 24.7 in Venice. The returns from Rome and Naples related to weeks ending in December and January. Ten fatal cases of measles were reported in Turin. annual death-rate in four of the largest American cities averaged 28.9, and ranged from 22.5 in Baltimore to 36.5 in New York; the high death-rate in New York was mainly due to the fatal prevalence of scarlet fever, measles, and diphtheria. Scarlet fever also caused 31 deaths in Brooklyn, and 25 deaths were referred to typhoid fever in Philadelphia.

BEQUESTS AND DONATIONS .- Mr. Christopher Russell Brown, of Tredegar Square, has bequeathed £1,000 to the London Hospital; £1,000 to the Newcastle-upon-Tyne Infirmary; £500 to the Royal London Ophthalmic Hospital; and £200 to the City of London Truss Society.—'H. M." has given a third £500 to the Hospital for Women.—Mr. Alfred Kitching of Darlington, has bequeathed £100 each to the Darlington Hospital and Dispensary.—"O. Z. Z." has given £100 to the North Eastern Hospital for Children.—The Clothworkers' Company have given £100, additional, to the London Hospital; £25 to the East London Hospital for Children; £21, additional, to the London Hospital; £25 to the East London Hospital for Children; £21, additional, to the London Lock Hospital and Asylama and Control to the London Hospital for Children; £21, additional, to the London Lock Hospital and Asylum; and £21, each, to the Great Northern Hospital; the New Hospital for Women; and the North Eastern Hospital for Children.—Mr. A. C. Scrimgeour and Mr. J. A. Scrimgeour have each given £31 10s. to the Surgical Aid Society.—The Belfast Royal Hospital has received a donation of £50 from Mr. Henry Spence.—Mr. J. F. Symes of Axminster, has given Library Spence.—Mr. J. F. Synes of Aministr, has given $\mathcal{L}_{1,000}$ to the Devon and Exeter Hospital,—Mr. William Slocombe of Upper Holloway has bequeathed \mathcal{L}_{900} to the Earlswood Asylum for Idiots; \mathcal{L}_{800} to the Hospital for Incurables; \mathcal{L}_{400} each to the City of London Hospital for Diseases of the Chest; the Royal Hospital for Diseases of the Chest; and the Brompton Hospital for Consumption; £300 to the London Fever Hospital; and the "residue" to the Hospital for Sick Children.—Mr. W. H. Ryder of Streatham, has bequeathed £500 each to the London Hospital; Charing Cross Hospital; the Royal Free Hospital; the Middlesex Hospital; and St. George's Hospital; £250 each to the Westminster Hospital, and the Brompton Hospital for Consumption; and £100 to the Evelina Hospital for Sick Children.—The Goldsmiths' Company have given £100 to the Middlesex Hospital; and £50 to the Great Northern Hospital.

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.—

Optinamic, 11 A.M.—Royal Westminster Optinamic, 11.30 F.M.—Royal Orthopædic, 2 F.M.—Guys, 1.30 F.M.—Westminster, 2 F.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 11.30 F.M.—West London, 3 F.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, TUESDAY.....

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 Orthopædic, 10 A.M.

THURSDAY... St. George's, 1 P.M.—Central London Ophthalmic, 11 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.—Northwest London, 2, 30 P.M.—London, 2, 30 P.M.—Charing

1.30 F.M.—Hospital for Women, 2 F.M.—London, 2 F.M.—Notum-west London, 2.50 F.M.

FRIDAY..... King's College, 2 F.M.—Royal Westminster Ophthalmic, 1.30 F.M.—Royal London Ophthalmic, 1.1 A.M.—Central London Ophthalmic, 2 F.M.—Guy's, 1.30 F.M.—St. Thomas's (Ophthalmic Department), 2 F.M.—East London Hospital for Children, 2 F.M.—East London Hospital for Children, 2 F.M.—King's College, 1 F.M.—Royal London Ophthalmic, 1.1 A.M.—Royal Westminster Ophthalmic, 1.30 F.M.—St. Thomas's, 1.30 F.M.—Royal Free, 9 A.M. and 2 F.M.—London. 2 F.M.

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.
Gur'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.

M. 11., 1.30; 14. F., 12.30, 24., 25. Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; 0.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; 0.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental

LONDON.—Medical, daily exc. S., 2; Surgical, daily, 1:30 and 2; Obstetric, Th., 1:30; O.D., 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.D., W. S., 1:30; Eye, W. S., 8:30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

St. Bartholomew.—Medical and Surgical, daily, 1:30; Obstetric, Tu. Th. S., 2; O.D., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2:30; Skin, F., 1:30; Laryex, W., 11:30; Orthopædic, F., 12:30; Dental, Tu. F., 9.

St. George's.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; O.D. Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopædic, W., 2; Dental, Tu. S., 9; Th., 1.

St. Mark's.—Medical and Surgical, daily, 1:45; Obstetric, Tu. F., 9:30; O.D., Tu. F., 2; Eye, Tu. F., 9:15; Ear, M. Th., 2; Skin, Tu. Th., 1:30; Throat, M. Th., 1:45; Dental, W. S., 9:30.

St. Thomas's.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; O.D., W. F., 12:30; Eye, M. Th., 2; O.D., daily, except Sat., 1:30; Ear, Tu., 12:30; Skin, Th., 12:30; Throat, Tu., 12:30; Children, S., 12:30; Dental, Tu. F., 1:30; Skin, Tu. T.

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.

TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Norman Moore:
Hæmorrhage into Stomach; Stomachs from Poisoning by Cyanide of Potassium and Oxalic Acid; Ulceration of Epiglottis in Typhoid Fever. Mr.
Bowlby: Chondrosarcoma of Female Breast. Dr. Ralfe: Renal Calculus undergoing Disintegration. Dr. Stephen Mackenzie; Conclusion of a Case of Filarial Hæmato-chyluria. Dr. Shattock: Congenital Abscess of Radius.
Mr. R. W. Parker: Congenital Absence of Radius (living patient). Mr. J. H.
Morgan: Congenital Absence of Radius (living patient). Mr. J. Hutchinson, junior: Psammoma of Spinal Cord. Dr. M. Ord: Acetonæmia. Dr. Sharkey: Cancer of Kidney. Mr. Treves: Congenital Sacral Tumour. Dr. Turner:
Cerebral Aneurysm. Mr. Hobson: Congenital Obstruction of Bile-Ducts.
Card specimens—Dr. Tyson (of Folkestone): Fibroid of Uterus; Stricture of Pylorus; and others. Pylorus; and others.

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, JOURNAL, e..., 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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

THE TAX ON CARRIAGES.

SIR,—I enclose you copy of a letter that I have forwarded to a member of Parliament. If you think it of sufficient importance, will you publish it in the JOURNAL, with the view of some united effort being made in the matter?—Yours truly, F. A. CAMPION FLETCHER.

Bank House, Cross Hills, via Leeds, April 25th, 1882.

Bank House, Cross Hills, viā Leeds, April 25th, 1852.

"Sir,—I venture to address a letter to you regarding the new tax to be imposed on carriages. I am a young, hard-worked general medical practitioner in the country, having long journeys to make for small fees, long hours to work, much work to do that I never get paid anything for, and part work to do under a union appointment, for which I am inadequately paid. I am obliged to keep groom and gig, two horses nine months out of the twelve, and, unless I wish to depart this life within a few years, a covered carriage for use at nights, and in severe weather, when my journeys will permit. I have taxes to pay for groom and carriages—both of these necessary to carry on my work—amounting to £3 12s., to be increased next year to £4 19s. Of course, I do not mention any other tax, which every householder has to pay. When I have stated these facts concerning myself, I have given you the position of many (in fact, of the majority) of medical men in the country. We are without doubt as hard worked as (if not harder than) any other business or profession, and often, at the end of life (shortened by our irregular habits), find ourselves unable to provide for our families.

"I venture to ask, Does not this carriage-licence without the increase press unduly upon us? We have no choice, but are compelled to keep them to carry on our work. Many of us would only be too glad if we could do without them. Ought we not to be allowed to use one carriage (say two-wheeled) without licence, and pay for any other? At any rate, is not the present tax high enough for us to have to pay? As a class of men, we give much to the public; are we not entitled to some consideration in return?

"I shall feel deeply thankful if you can bring this under the notice of the Premier, or act upon it as you may think best. Apologising for troubling you,— I am, sir, yours very truly,

"F. A. Campion Fletcher, L.R.C.P., L.R.C.S.E.D." "Bank House, Cross Hills, via Leeds, April 25th, 1882.

I am, sir, yours very truly,
"F. A. CAMPION FLETCHER, L.R.C.P., L.R.C.S.ED."

F. A. CAMPION FLETCHER, L.R.C.P., L.R.C.S.ED.

irr,—Whilst quite sympathising with the object of the petition whi. h you advocate
in the above matter, and although intending to take part in a petition from my own
town, I yet foresee that the rejoinder will very probably be that, if the carriages
of medical men are "implements of their calling as much as are the carriages of
farmers, brewers, and others", it is open to them to escape the tax altogether by
submitting to the same regulation as the above-named classes do, viz., by having
painted in legible letters on their vehicles their names and addresses. Well, is
there any valid reason why medical men should not have recourse to this method
of saving three or six guiness a year?

there any valid reason why medical men should not have recourse to this method of saving three or six guineas a year?

A contemporary of yours has lately alluded to the case of a poor parson with about £250 a year, and who drove a pony shandydan, which he had partly made himself, and which had only cost him £9; and yet this poor parson had been regularly paying two guineas licence duty every year, and now he felt that he must "put down his carriage" altogether, as he could not find another guinea. It is surprising that the remedy was not as obvious to him as I trust it will be to many a poor doctor.—I am, sir, yours,

M. R.

W. H. C.—We do not quite see what advice we can usefully tender. If our correspondent have a grievance against a local newspaper (and we think, by the wording of the paragraph, he may justly have one), it is clear that our columns cannot be conveniently made the channel of his reply to aspersions which are local. It does not occur to us that our correspondent acted unreasonably in refusing to serve as an unpaid policeman.

POISONOUS CRAYONS AND ARSENICAL PIGMENTS.

POISONOUS CRAYONS AND ARSENICAL PIGMENTS.

SIR,—The case of poisoning by sucking crayons commented upon in the number of the BRITISH MEDICAL JOURNAL for May 6th, demands more than a passing notice. As you say, there are points about it of medical interest, and which we may hope Dr. Kavanagh, who was in charge of the case, will feel inclined to clear up. He will, no doubt, after reading your remarks furnish particulars of the post mortem appearances presented by the intestinal organs, especially of the stomach; and give a more complete history of the symptoms during life. He is evidently of opinion that poison of some sort had a large share in producing the death of his little patient; nevertheless, he merely mentions having found fifty grains of lead in one of the crayons, but omits to say how much was supposed to have been eaten or sucked by the child; and furthermore, no mention is made of having submitted the contents of the stomach to analysis, with the view of discovering either lead or other poison. May I ask if other of the crayons from the same box were tested for arsenic; as I have a suspicion that arsenic may have been found had it been looked for; and my reason for offering this opinion is that, two or three years ago, while prosecuting inquiries into wall-paper poisoning, I examined a number of other out-of-the-way articles, and, amongst them, the cheaper kinds of artists colours and crayons. I found the greens and occasionally the blues gave me a metallic ring of arsenical crystals.

Notwithstanding the outcry made by the profession about the employment of opinion is not all the employment of the profession is positive profession about the employment of the profession about the employment of the profession and crayons in contrast membranes.

colours and crayons. I found the greens and occasionally the blues gave me a metallic ring of arsenical crystals.

Notwithstanding the outcry made by the profession about the employment of arsenical pigments in various manufactures, a far too general disregard of the public health is manifested on the part of manufacturers. The sale of arsenical wall-papers still goes on, as the following case, which quite recently came under my observation, will show. Mr. E. M. F. consulted me for a smart attack of conjunctivitis, associated with tonsillitis. The history he gave me of the attack was, that he had been employing his leisure hours in cutting out pictures for an ornamental screen. Having arranged a number of larger coloured pictures, he was filling up all vacant spaces with leaves and twigs cut from a decorative green wall-paper, a remnant of which he had purchased for the purpose. On the first day, he experienced a feeling of languor, headache, and irritation of the eyes and throat; but, as he believed he was suffering from a cold or a bilious attack, he contented himself by resorting to household remedies. The next day, feeling much better, he resumed his occupation; but, before many hours had passed over, these symptoms returned with greater violence. A sense of constriction of the throat, extreme pain over the epigastrium, great irritation of the eyes, lachrymation, etc., obliged him to call in medical aid. He got better and worse alternately, and ultimately consulted me. The invariable increase in the symptoms after even a short time occupied in cutting out the leaves and flowers, gave me the clue to a diagnosis. I came to the conclusion that he was suffering from arsenical poisoning. The wall-paper was submitted to chemical analysis, and found loaded with arsenic. On the removal of every particle of the paper from my patient's house, all the distressing symptoms at once disappeared, and, as if by magic, he quickly recovered his former health.—Yours faithfully,

Bedford Square, May 9th, 1882.

Bedford Square, May 9th, 1882.

We have refrained from alluding to the subject of the Napper testimonial fund, pending a correspondence that has taken place in the Surrey Advertiser, which was provoked by a most unjustifiable attack, from a quarter in which it should have been least expected, upon Mr. Napper's title to being considered the originator of the cottage hospital system. The evidence brought forward in support of Mr. Napper's claim, we think, must convince all reasonable persons that his position is unassailable; and further controversy seems to us out of place.

BORACIC GLYCERINE.

BORACIC GLYCERINE.

SIR,—It will be interesting to learn, from those whose practice and experience enables them to speak authoritatively on the subject, whether—as Mr. Balmanno Squire suggests—boracic glycerine can be made to take the place of carbolic acid in all the operations of antiseptic surgery. That it can be so used in certain cases, and with advantage, I feel sure; e.g., when a wound, treated antiseptically with carbolic acid dressings in any one of the usual methods, has become almost superficial, and begins to respond too vigorously to the irritation of even weak carbol oil, it will heal more readily and kindly under lint moistened with ordinary "glycerine of borax", than if treated with simple water-dressing, or with dry lint. This may be proved by simultaneously treating two similar wounds on the same limb, or two different portions of a large superficial wound, by the two methods, and noting the rate of progress and the result in each case. Ulcerated superficial wounds, once they have been cleaned and stimulated into healthy action, usually heal very readily under this treatment. But, in deep, or lacerated, or contused wounds—those from which we should expect, under ordinary circumstances, usually heal very readily under this treatment. But, in deep, or lacerated, or contused wounds—those from which we should expect, under ordinary circumstances, a good deal of suppuration—the boracic glycerine has disappointed me, and has seemed much inferior in usefulness to carbolic acid; and I think that the powerfully hygroscopic qualities of glycerine which come usefully into play when the main business in hand is the formation and protection of young epithelium, are, at best, of doubtful value in lesions involving greater depths of tissue. On the other hand, in dealing with weak, pale, and flabby granulations, boracic acid lacks that quality of sufficient irritating power which, when responded to, we term stimulation. I apprehend that the chief value of glycerine as a vehicle of the germicide boracic acid lies in the fact of its being in itself aseptic, protective, and hygroscopic, and not subject to evaporation at ordinary temperatures. I have often found boracic glycerine a pleasant and successful application in cases of tinea circinata

and not subject to evaporation at ordinary temperatures. I have often found boracic glycerine a pleasant and successful application in cases of tinea circinata and of pityriasis versicolor.

In the summer of 1874, I first showed that the action of glycerine upon borax was a chemical one—boracic acid being set free; since then, I have, in the case of infants who have to be brought up by hand, often ordered the addition of a few grains of borax to the milk, which is at the same time sweetened with glycerine instead of with sugar; milk thus treated is less apt to become sour in hot weather (borax is often added to milk, especially in the summer months, in many large dairies); and children thus fed would seem to suffer less frequently from "thrush" than do those fed in the ordinary way on cows milk and with equal attention to cleanliness. A similar treatment of the milk-food of infants and young children has served to prevent or mitigate the simpler forms of summer diarrbeca. A little borax, boracic acid, or—if the milk be liked sweetened—a little glycerine of borax, is probably, also, an useful addition to the milk ordered for enteric fever patients.

I have only lately learnt that, in 1878, Messrs. Senier and Lowe published papers in the journals of the Chemical and the Pharmaceutical Societies, showing that when ordinary sodic biborate, or borax, is dissolved in glycerine, boracic acid is set free,

ordinary sodic biborate, or borax, is dissolved in glycerine, boracic acid is set free, while more basic borates, having a constitution between mono- and bi-borates, remain behind; and proposing to utilise this fact as a test for glycerine, Glycerine, however, although peculiar, does not stand alone in this respect; the salts of ammonia also have the power of decomposing borax and setting free boracic acid (Woodcock, Jour. Chem. Soc., xxiv, p. 785)—a power which should not be overlooked in medical practice or prescribing.

May I take this opportunity of again calling attention to the fact that the common glycerine of borax, B. P., is not "an alkaline combination", as it is often stated and considered to be; in proof whereof, anyone who will add a strong solution of bicarbonate of soda to an equal quantity of "glycerine of borax" in a lightly corked phial, will voluntarily make the experiment which is sometimes unwittingly and disastrously performed by the dispenser who trustfully mingles these ingredients in accordance with the unguarded directions of an apparently innocent prescription. accordance with the unguarded directions of an apparently innocent prescription.

—I am, sir, your obedient servant,

—Hertford, May 3rd, 1882.

G. M. S. asks: Where could I obtain a copy of the Girton Review, as mentioned in the British Medical Journal of April 15th, page 548; and who are the manufacturers of the "corsets" you mention in the same article?

** The Girton Review is only printed for private circulation, but subscribers' names are received by Miss E. Sillers, Girton College. The address of the corset-maker is S. Harper, 11, St. Andrew's Street, Cambridge.

PRURITUS VULVÆ.

PRURITUS VULVE.

SIR,—Will any of your readers be kind enough to give me a few hints as to treatment of an obstinate case of the above distressing malady, which is most probably due to a diabetic condition of the urine? My patient is sixty years old, strong and robust in appearance. Menstruation ceased only four or five years since. None of the usual signs of diabetes are apparent. The urine is of low specific gravity, and contains a small quantity of sugar. Ordinary measures have been perseveringly used for some time without any good results, and I shall be greatly obliged for some additional suggestions from any kind member.—Yours very truly,

H. H. O.

GALL-STONES.

SIR,—In the JOURNAL of April 22nd, 1882, Dr. Dunbar Walker describes three gallstones passed by an infant of three months old after the administration of a dose of castor-oil. They were found to be "hard as wax, ovoid in shape, and dark grass-green in colour". He adds that those substances seemed to consist of cholesterine. It would be interesting to me, and doubtless to many of your readers, if Dr. Walker will kindly state what tests he applied to ascertain the presence of cholesterine, for the following reasons. 1. Masses of crystallised cholesterine are usually much harder than wax, and are generally almost colourless. 2. The masses described usually resemble those I have myself observed, which have been passed from the bowel after the administration of olive-oil, and which have been incorrectly described as gall-stones (vide Lancet, 1881, vol. ii). 3. The improbability of the formation of gall-stones at so early an age suggests the possibility that the masses observed were intestinal, and not biliary, concretions, and that they consisted of saponaceous matter rather than of cholesterine. 4. The smallness of the number of concretions observed is probably accounted for by the smallness of the dose of castor-oil.—I am, sir, your obedient servant,

Clifton, April 29th, 1582.

R. Shingleton Smith, M.D., B.Sc.

-Can anyone give a receipt for preventing the bite of fleas-some substance dissolved in oil would be most convenient for anointing the body with, but I cannot discover any? I suffer so fearfully from these pests that they prevent my doing my duty to the poor, being afflicted if I go near them with a kind of perpetual itch.-Yours obediently, TORMENTED.

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

Mr. W. S. Simpson, Worthing; Mr. Schofield, Manchester; Mr. H. Turner, Norwich; Dr. Wilks, London; Mr. Simeon Snell, Sheffield; Dr. Waters, Chester; Mr. John D. Power, Swansea; Dr. B. A. Whitelegge, Sheffield; Dr. Collie, Homerton; Dr. Bassett, Birmingham; Mr. C. E. Shelly, Hertford; Dr. Morley Rooke, Cheltenham; Mr. H. Roe, Droitwich; Dr. Styrap, Shrewsbury; Mr. R. Heelis, Barrow-in-Furness; Our Aberdeen Correspondent; Dr. G. W. Potter, London; M. O. H.; Mr. Lawson Tait, Birmingham; Mr. A. D. Macdonald. Liverpool; Mr. T. Laurence Read, London; Dr. J. F. Knott, Dublin; Mr. W. H. Lamb, London; Dr. W. R. Gowers, London; Mr. P. Gordon Bell, Etwall; Mr. E. P. Hardey, Hull; Mr. D. H. Cullimore, London; Dr. T. Maccall, Matlock Bridge; Mr. Dawson W. Turner, London; Our Dublin Correspondent; Mr. Shirley F. Murphy, London; Dr. A. Rabagliati, Bradford; Mr. T. L. Walford, Reading; Mr. R. Ellis, Newcastle-upon-Tyne; Mr. A. T. Bacon, Leeds; Mr. Thomas Laurie, London; Dr. Brailey, London; Messrs. Fletcher, Fletcher, and Stevenson, London; Dr. Mac Cormac, Belfast; Mr. F. J. Falvey, Tralee; Dr. John Ringwood, Kelso; Dr. H. A. Cottell, Louisville; Dr. Crichton Browne, London; Dr. J. W. Moore, Dublin; Mr. John Keay, Glasgow; Dr. C. R. Illingworth, Accrington; Dr. Parsons, Dover; Dr. Woodward, Worcester: Mr. John Furley, London; Dr. Saundby, Birmingham; Dr. Dougal, Strathavon; Mr. Hugh Linton, Crouch Hill; Dr. C. A. Cameron, Dublin; Mr. Jabez Hogg, London; A Scotch Doctor; Dr. J. B. Emmerson, Biggleswade; Mr. G. E. Williamson, Newcastle-on-Tyne; Dr. F. B. Hallowes, Redhill; Dr. G. de Courcy Morris, London; Dr. M. Beverley, Norwich; Dr. R. John Garden, Aberdeen; Veto; Dr. J. Hamilton Scott, Camberley; Dr. Holman, Reigate; Mr. William Marriott, London; Mr. A. E. Jerwood, London; Dr. A. Patterson, Glasgow; Dr. Sidney Coupland, London; Dr. Henderson, London; Mr. F. Wallace, London; Mr. A. Graham, London; Mr. W. M. Vores, Great Yarmouth; Dr. Kerr, London; Dr. C. A. Greaves, Derby; Dr. Heneage Gibbes, London; Mr. C. H. Golding-Bird, London; Mr. J. Davis, Steeple Aston: Dr. Thomas Draper, Enniscorthy; Mr. C. C. Claremont, Portsmouth; Dr. Jacob, Dublin; Mr. H. Farbstein, Hull; Mr. T. Whitehead Reid, Canterbury; Dr. Erskine, Bournemouth; Mr. J. P. Oates, Malvern Wells; Mr. Nelson Hardy, London; Dr. Thin, London; Mr. F. Hawthorn, Uttoxeter; Dr. Creighton, London; Dr. Markham Skerritt, Clifton; Dr. A. Hughes Bennett, London; Mr. J. A. Byerley, Portsea; Mr. Bernard Roth, London; Mr. T. D. Thomas, Chester; Dr. Ireland, Prestonpans; Mr. Watson Cheyne, London; Dr. Fairlie Clarke, Southborough; Mr. B. G. Morison, London; etc. ----

BOOKS, ETC., RECEIVED.

Catalogue of the Pathological Museum, Medical College, Calcutta. By J. F. P. McConnell, M.B. Calcutta: Bengal Secretariat Press. 1881.

Nitro-Glycerine in Angina Pectoris. By William Murrell, M.D. London: H. K-Lewis. 1882.

On Concussion of the Spine. By J. E. Erichsen, F.R.S. London: Longmans, Green, and Co. 1882.

Spirillum Fever. By Dr. H. Vandyke Carter. London: J. and A. Churchill. 1882. Examination Questions on the Medical Sciences. By J. G. Leask, M.B. London: Baillière, Tindall, and Cox. 1882.

Muscles, Mind, and Morals. By E. T. Tibbits, M.D. London: Simpkin, Marshall, and Co. 1882.

On Failure of Brain Power. By J. Althaus, M.D. London: Longmans and Co.

John Howard's Winter's Journey. By W. A. Guy, M.B., F.R.C.P., F.R.S. London: Thos. De la Rue and Co. 1882.

The Sphygmograph. By Dr. Dudgeon. London: Baillière, Tindall, and Cox.

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