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ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL.

NOTICE OF QUARTERLY MEETINGS FOR 1883:
ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, January 17th, April 11th, July 11th, and October 17th. Gentlemen desirous of becoming members must send in their forms of application for election to the General Secretary not later than 21 days before each meeting, viz., December 26th, March 21st, May 21st, September 26th, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

FRANCIS FOWKE, General Secretary.

November 9th, 1882.

COMMITTEE OF COUNCIL. NOTICE OF MEETING.

A MEETING of the Committee of Council will be held in the Council Room of Exeter Hall, Strand, London, on Wednesday, the 17th day of January next, at two o'clock in the afternoon.

FRANCIS FOWKE, General Secretary.

161A, Strand, December 21st, 1882.

COLLECTIVE INVESTIGATION OF DISEASE.

CARDS and explanatory memoranda for the inquiries concerning Acute Pneumonia, Chorea, and Acute Rheumatism, can be had by application to the Honorary Secretaries of the Local Committees appointed by the Branches, or to the Secretary of the Collective Investigation Committee. Of these diseases, each member of the Association is earnestly requested to record at least one ordinary case coming under observation during the year.

Inquiries concerning Diphtheria and Syphilis have been prepared, and can be had on application by those willing to contribute information on these subjects. There are two cards on Diphtheria, one containing clinical, the other ctiological inquiries, together with an explanatory memorandum. One of these cards is intended to serve as a guide to the systematic examination of a house or district for sanitary purposes. There are also two sets of inquiries concerning Syphilis, one for acquired, the other for inherited, disease. These are accompanied by an explanatory memorandum giving information concerning the most recently observed symptoms of the inherited disease.

All of these inquiries will be continued during the present year, 1883.

The list of the returns already received is unavoidably postponed till next week, on account of pressure on the space of the Journal for this week. F. A. Mahomed, Secretary to the Committee. 12, St. Thomas's Street, S.E.

BRANCH MEETINGS TO BE HELD.

SOUTH-WESTERN BRANCH.—The next quarterly meeting will be held, at 2.30 P.M., on Thursday, January 11th, 1883, in the Board-room of the Devon and Exeter Hospital, Exeter. Members intending to make communications or show specimens are requested to give notice to S. REES PHILIPPS, M.D., Honorary Secretary, Wonford House, Exeter.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.—The fourth ordinary meeting of the session will be held in the Medical Institute, Edmund Street, on Thursday, January 11th. The chair will be taken by the President, Dr. Dewes, at 3 P.M. Business: Election of members. To consider the circular and questions from Committee of Council, and to pass such resolutions on the subject as the meeting may determine. Notices of Motions: Mr. Hugh Ker will move, and Dr. Fowler Bodington will second, the following resolution: "That, in the opinion of this Branch, no change in the laws which regulate the election of Members of the Council will be satisfactory, which does not provide for the election, by the Branches, of one or more representatives from each Branch, in proportion to the numbers of its nembers." Mr. Gangee will move, and Mr. Sawyer will second, the following resolution: "That this Branch is not satisfied with its present method of representation in the Committee of Council, and is of opinion that the principle of direct representation, which the British Medical Association insists upon in the constitution of the General Medical Council under a reformed Medical Act, should be applied to the government of the British Medical Association."—E. RICKARDS, M.B., 14, Newhall Street; A. H. CARTER, M.D., 51, Newhall Street, Honorary Secretaries.—January 4th, 1883.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.—The first meeting of the session will be held in the Board-room, Worcester Infirmary, on Monday, January 8th, at 4.30 r.M. Bussiness: Ballot. To discuss the question of the representation of Branches on the Committee of Council. Discussion on Collective Investigation of Disease. Dr. Strange will give details of some interesting cases—Grorge W. Crowe, M.D., Honorary Secretary

METROPOLITAN COUNTIES BRANCH.—A general meeting of this Branch will be held in the Theatre of the Royal School of Mines, Jermyn Street, W., on Wednesday, January 17th, at 8 P.M. Sir James Paget and Sir William Gull will address the meeting on the Collective Investigation of Disease; and resolutions in connection with the subject will be proposed.—Alexander Henry, M.D., W. Chapman Grigg, M.D., Honorary Secretaries.—132, Highbury Hill, N., January 3rd, 1833.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE third meeting of the session was held on December 14th; Dr. BALTHAZAR FOSTER in the chair. The members and visitors present numbered seventy-five. Among those present were: Mr. Macnamara and Dr. Mahomed (London); Dr. Strange, Dr. Crowe, and Dr. Stallard (Worcester); Dr. Totherick, Dr. Malet, and Mr. Manby (Wolverhampton); Mr. Baker (Derby); Dr. Thursfield (Leamington); Dr. Nason (Nuneaton); Dr. Pike (Malvern); Dr. Lynes (Coventry); Dr. E. Underhill (Dudley); Mr. H. L. Browne (West Bromwich); Dr. Heale (Warwick); Dr. Ker (Halesowen); Dr. Smith (Redditch); Dr. Atkinson (Kenilworth); Dr. Phillips (Walsall); Dr. Hart (Har-borne).

Communications.—The following communications were read:

1. Dr. Malins, Dr. Hickinbotham, and Dr. Edgington showed specimens of Ovarian Cysts which they had removed.

2. Dr. Thursfield showed a specimen of a Round-celled Sarcoma.

3. Mr. Bartleet showed a case of Periarticular Inflammation of the Ankle-joint in a child. The disorder was the result of manipulation by a bone-setter after a sprain, and much simulated arthritis of the ankle-joint, from the fact that the entire capsule of the joint and the sheaths of the tendons all round were affected.

4. Mr. Webb (Coleshill) showed a modification of Sir James Simp-

son's Axis-traction Forceps.

5. Mr. Bennett May showed a man on whom he had performed the operation of Nephrolithotomy.

6. Mr. Lloyd Owen showed a patient with Sarcoma of the Iris.

COLLECTIVE INVESTIGATION OF DISEASE.

Dr. Foster said that he had, with extreme regret, to announce that Professor Humphry was unable to be present, as he had intended, being detained at Cambridge, in consequence of indisposition. It was a great disappointment to the meeting to miss an address from Professor Humphry on Collective Investigation; and he (Dr. Foster) felt that it was an attempt to play Hamlet with the part of Hamlet left out. He trusted, however, that by the kindly help of Mr. C. Macnamara and Dr. Mahomed, the subject would be fully laid before the Branch. After referring to previous efforts made by the Association to create a spirit of co-operation among the members in carrying out therapeutical and pathological inquiries, he pointed out that the presidential address at the Cambridge meeting in 1880 was the origin of the present movement for the collective investigation of disease. The previous attempts had failed from defective organisa-tion, and from the inability of the Association formerly to make any considerable grant of money. This was now all changed; a very complete organisation, with Dr. Mahomed as Secretary, had been created, and the Association had voted ample funds. Under these favourable circumstances, much might be expected from the present scheme, if individual members would do their part. Certain subjects had been selected for investigation; and, on these, any experience, however slight it might seem to the observer, was valuable. The Collective Investigation of Disease Committee aimed at gathering together the fleeting experience of individual members, and, by analysing it and comparing it with that of many other observers, to give it a scientific value. A more fruitful or a more important work could hardly be imagined. It aimed at gathering together a multitude of facts from many sources for the elucidation of certain obscure problems. Every member could help; and he hoped the Birmingham and Midland Counties Branch would do a good share in thus advancing our knowledge of the causes, relations, and treatment of disease.

Mr. C. MACNAMARA addressed the meeting, and said: It is about four years now since I commenced to take an active part in the work of the British Medical Association, in connection with the subject of medical education. That was my object in first joining the Committee of Council; but, as I have come to learn something of the work of the Association, I feel more convinced that it is capable of effecting areal improvement in the status and position of our profession. Doctors proverbially disagree. Anything, therefore, which brings us together, which leads us to know one another and work for the common good, must be useful. Consequently, when I received a kind invitation from

Dr. Foster yesterday, asking me to come here to-day, I felt it not only a pleasure, but a duty, to accept his hospitality. I remarked just now that I joined the Committee of Council mainly to advance, if possible, the cause of medical education; and what is the movement we have met here to consider to-day, but a matter of education? It is largely to enable us to educate ourselves that the Investigation Committee is established. It is in the hopes of making each one of us contribute our individual efforts to advance the knowledge of the whole body, that the movement has been set on foot by Professor Humphry and others. It is not, in fact, until we are engaged on work of this kind, that we discover how much we have to learn, or that we set about acquiring the knowledge necessary to enable us to keep up to the standard of the day. It is for this reason, I say, this is an educational work. We were told by our President at Worcester that men write far too much now-a-days; but this is an old cry. Juvenal said the same thing; he thought the world was being deluged with books; nevertheless, we none of us seem to feel the burden. The truth is, a vast amount of what is published is misdirected energy; it is the outcome of men's ideas frequently based on a certain substrata of facts, but mixed with a vast deal of fancy. And so these ideas are no sooner propounded than they are attacked by some one holding different views, and the battle of words then goes on, and the world is full of folios containing little more than arguments for and against, which often all are very far from being near the truth. The medical literature of this country is full of this kind of work, and what we now honestly desire is to turn from the subjective to the inductive method of research; to attempt to collect a vast number of well ascertained facts, and from these facts to endeavour to build up cautiously, step by step, knowledge which, because it is the truth, will bear to stand the assults of those who may attempt to oppose its teaching. for facts, and not for opinions.

We propose, for instance, to gain sound information as to the effects of syphilis in the civil population of the kingdom. If we can acquire that knowledge, depend upon it the time will not be far distant before we shall see our way to apply remedial measures to its alleviation. A work of this kind can only be carried out by means of the combined efforts of the general practitioners scattered throughout the kingdom. You can trace the life-history of the disease in a manner which no one else can possibly do. For instance, a young man comes to consult you suffering from a primary sore. You probably know something of the man's family, very likely have attended one or both of his parents. You order your patient mercury, and he seems to be cured, perhaps leaves his home, and you hear nothing more of him for several years; then he returns, suffering from a complication of disease, and dies. Or this patient may have married, and has a Do his wife and children suffer from the effects of the disease for which you have treated him? If not, how long did he take mercury, and what form of it? And here a most interesting series of questions arises, which you alone can solve by means of your united efforts. How far does a rheumatic, scrofulous, or gouty diathesis influence the course of syphilis, especially in the children of those who suffer from these affections? The diseases we have to treat are very largely due to a combination of hereditary and other causes; and it is only possible to trace out these causes, and the relation they bear to one another, by means of a large number of facts such as we urge you to give us. I need hardly dwell on the subject of the great importance of an investigation of this kind upon the welfare of our fellow-creatures. I refer especially to the subject of syphilis, because I happen to be the chairman of the subcommitte appointed to preside over this branch of our investigations. I will not dwell upon the memorandum we have drawn up, explaining the series of questions bearing upon this subject; whatever merits it possesses is due to my valued friend and colleague, Dr. T. Barlow. But I think you may rest assured that, if you will only supply us with facts, that they will be turned to the best advantage; and, when I mention that our committee consists of Messrs. Jonathan Hutchinson, H. Lee, Berkeley Hill, H. Butlin, and J. W. Palmer, together with Drs. I. Barlow and Stephen Mackenzie, I think you may be assured that any efforts you may make to help us will not be thrown away. let me repeat that, in making these returns, you will be called upon to think over subjects which many of you may have allowed to slip from your notice for years. Depend upon it, if you take part in these investigations into disease, while giving invaluable information, you will do much to brush up your own knowledge; so that, in proportion to the help you afford in carrying on this great work to a successful termination, you will receive back quite as much as you give; and, at the same time, aid in what, to my mind, is one of the most eminently useful movements yet initiated by the profession, and for which we are so largely indebted to Professor Humphry.

Dr. MAHOMED read a paper on Medical Life-Histories, which was published in last week's JOURNAL.

Dr. SAUNDBY said, that there was every reason to believe that this Branch, at any rate, would not fail to co-operate in the work. He had met with a very hearty response from the members of the local committee, and had already received a satisfactory number of cards duly These had been forwarded to Dr. Mahomed, and he complained that they had not been acknowledged, as promised, in the Journal. He would suggest that it was very desirable to do this without delay; because, I, it announced the fact that work was actually being done, and the knowledge of this was a great incentive to others to work; and, 2, it afforded proper encouragement to members who had shown zeal in the work, and promoted a healthy spirit of emulation. He thought the present cards erred by asking information on too many points, and he was glad to notice that the committee had selected for investigation the single question of the contagiousness of phthisis; but as the profession generally was not very well posted up in the nature of the rather rare evidence that supported this view, he thought it would be well to supply some information on the matter. A member of the local committee had asked him to say that the cards became soiled when carried in the pocket, and, therefore, should have no printing on the outsides.

Mr. KER (Halesowen), speaking as a representative of general practitioners in this district, had very little doubt that the filling up of the cards issued by the local investigation committee would be actively carried out by the members, though at first the results would probably be small. Alluding to the remarks made by Mr. Macnamara, he said that there could be little doubt that they would themselves learn a great deal by the steady recording of facts observed at the bedside; and that, at the same time, their patients would benefit by the increased attention paid to their cases. They would thus be amply rewarded for the time spent by the increased knowledge they would gain, and the gratitude their poorer patients would show for the extra attention paid to them. Much good had occurred from the constant reporting of cases admitted into some of the large hospitals This being so, might we not look for splendid results from so largely. extended a field of observation, and from such an increased number of workers as one might hope to obtain among the members of the British Medical Association? He believed that much enthusiasm might be excited in this matter by each member of the Committee considering himself a sort of centre in his particular district, and urging his fellow-practitioners to help in the movement. He intended, with this object in view, to institute occasional meetings at his own house; he should do all he could to help on the movement, and also to induce his professional brethren around him to do

Professor HAYCRAFT urged the necessity of medical co-operation. In his own case, he had often to ask the help of medical friends in investigations which he was at present carrying on, and which would fall through but for their kind assistance. Were enough public spirit evinced, and sufficient facts collected, he felt sure that these would produce their full value in the hands of those whose duty it was to sift then. He was very rejoiced that the secretaryship was in the hands of his friend Dr. Mahomed, whose acquaintance with exact scientific methods, and the means of applying them, no one who was acquainted with the sphygmograph, and with Dr. Mahomed's work on urea and Bright's disease, would doubt.

Dr. Carter explained the details of the organisation for collective investigation, with a view of showing the completeness of the arrangements which had been made. He went on to say that too much must not be expected at first. These matters always took time to develop fully; but if every member present would at least interest himself in the subject, and occasionally contribute information, ultimate success was certain.

Dr. RICKARDS thought that the cards already issued went too much into detail, especially those on diphtheria; they were so elaborate, that busy men, feeling that they could not fill them up satisfactorily, would hesitate to fill them up incompletely. To answer some of the questions, inquiries, which would be inconvenient, would have to be made. He hoped the Committee would consider whether better results would not be obtained if future cards were not quite so exhaustive.

Dr. Mahomed, in his reply, stated that there were no fewer than fity-three committees at work all over the United Kingdom, and that if each committee gave only ten returns on each subject, a minimum below which they could scarcely fall, no fewer than 530 replies would be given to the questions for which answers were sought. He thanked Dr. Saundby for his suggestion that the returns obtained should be announced at frequent intervals in the JOURNAL. He explained that at pre-

sent these returns were in the hands of the local secretaries, and that it was proposed to call them all in by the end of the year; after this, more frequent announcements should be made. In reply to Dr. Rickards, he explained that the diphtheria cards were necessarily long on account of the complexity of the subject. Several epidemics of diphtheria had been traced to milk, and in some cases other articles of diet were suspected; it was, therefore, necessary to take note of the source of articles of food, that any community of supply of any article among infected persons might be recognised. These cards were not for general distribution, and the sanitary cards would be placed chiefly in the hands of medical officers of health. Thanking Professor Haycraft and Dr. Carter for their suggestions for combined observations between those in charge of patients, and those more skilled in scientific methods both chemical and instrumental, Dr. Mahomed stated that a most important suggestion had been made by Dr. Thompson of Croydon, that skilled pathologists should be appointed in the various great centres of the country whose services should be at the disposal of practitioners who wished to obtain post mortem examinations of their patients; that in each case a certain fee and travelling expenses might be paid for the services rendered. This proposition awaited further consideration, it would no doubt greatly facilitate such examinations and prove of very great service in our collective inquiries. In conclusion, Dr. Mahomed impressed upon the members present that incompletely filled cards were often as valuable as others; that they should not omit to send cards because they were unable to furnish all the details asked for. Thus it mattered little about the symptoms present during an attack of rheumatism or chorea, or the condition of the heart at the time of observation, if the observer could give details of the preceding illnesses and minor ailments of the patient, for these were the points on which information was most wanted.

A vote of thanks to Mr. Macnamara and Dr. Mahomed for their addresses was proposed by Dr. STRANGE, and seconded by Mr. GAMGEE, and carried unanimously.

CORRESPONDENCE.

THE NURSING AT KING'S COLLEGE HOSPITAL.

SIR -It is barely eight years ago since more than half the Committee, with probably the most competent secretary a hospital ever had, were sacrificed, and very many of the most influential of the governors of King's College Hospital were offended. At this cost, the sisters of St. John's House were enabled to control the nursing and the management of this excellent charity. At that time, there was a balance at the sankers of £2,440, and the invested property amounted to nearly £40,000. Many cautious friends of the hospital urged in vain that the price paid for the doubtful blessing of an imperium in imperio was beyond the possible value received. To-day, there is a deficiency in the current account of £9,500, whilst the invested funds of King's College Hospital are almost entirely exhausted. This state of affairs is bad enough; but it must further be recorded that the rule of the sisters has proved so intolerable, that, at a recent meeting of the Committee, it was decided to give the authorities at St. John's House notice that, unless a definite change were made, the Committee would be compelled to cancel the agreement, and undertake the nursing themselves. Much as we may regret it, we need hardly be surprised at such a result, and can only wonder the staff have so long submitted to so undesirable a system .-- I am, &c.,

ADMINISTRATOR EXPERS.

BATH AND THE BATH MINERAL WATERS.

SIR,-Puffing is not my forte; and even if it were, I should not attempt to puff that which, upon careful and personal observation, speaks so regally for itself. A circular has been, I know, only recently sent to numbers of the medical profession both at home and abroad, setting forth the value of the mineral springs of Bath; statistics prove their value. I need not, therefore touch on that point, my only object being to testify from personal inspection to the many improvements and additions made to the various baths. and the good accommodation provided at the Mineral Water Hospital for those poor suffering people, so many almost motionless from rheumatism. Any thing more perfect, or calculated to relieve and give comfort to suffering humanity it is difficult to conceive. are baths in various localities adapted to the means of all classes, but all possessing the same properties. One thing is, I think, still

wanting, and to which I would venture to draw the attention of the profession of Bath, as well as the public at large. I allude to the necessity of a self-supporting hospital, a system which would give a certain class above the poor the means of availing themselves of the baths and waters. How often have we all met with numbers of that class, and to whom we have advised a trial of these springs, how often, alas! met by the reply, "How can I afford it?" Why should not Bath have its self-supporting Mineral Water Hospital, as Vent-nor, Bournemouth, etc., have their self-supporting Consumptive and Sanitarian Institutions? At the annual meeting of our Association held in Bath, under the presidency of our ever to be regretted friend, Dr. Wilbraham Falconer, a full description of the springs, etc., was given in his address, and must have impressed all his hearers; but since that period many valuable improvements in the accommodation have been made. I can only say that seeing is believing, and if any doubt my observations, let them go and see for themselves. Independently of the medical aspect, there is, for those fond of antiquarian and archæological pursuits, now going on a most interesting excavation of a large Roman bath, and which was evidently used by a large population. No doubt, I think, can exist but that there was a considerable Roman settlement, probably a large village or town, of which the bath alluded to formed a part; the discovery of Roman pavements in different directions, and some distance from the bath, tends to this conclusion. The bath must have been most luxurious, being supplied by the same warm springs as those now existing, which have so beneficial and desirable an influence upon certain classes of disease.

Trusting that I have not trespassed too much upon your space,

B. BARROW. I am, sir, yours faithfully,

Southlands, Ryde, December 18th, 1882.

THE MEDICAL PROFESSION IN NICE.

SIR, I have recently seen in print, both in medical and nonmedical journals, the statement that:

"The French doctors in Nice are, it appears, up in arms against their English and other foreign brethren established in that favourite health resort, etc."

Now, as this gives a very incorrect notion of what has actually occurred, I beg leave, with your permission, to explain the real state of the case.

There exists in France a Mutual Provident Medical Society, or, to give it its proper name, "Association Générale de prévoyance de protection et de secours mutuels pour tous les médecins de France," which has branches through the whole country, and at Nice, as elsewhere. In addition to its functions as a provident society, giving help to distressed members of the medical profession and their families, it occupies itself with all questions concerning the interests of the profession in its relations with the public.

Accordingly, at the last general meeting, four important papers were read, which were published in the annual report, or "An-

nuaire" :-

1. How best to reconcile the duty of the accoucheur, which obliges him to give notice of the birth of a child, with shielding the reputation of the mother when that child is illegitimate.

2. On the duty of the doctor with reference to testamentary dis

positions in his favour.

3. On the degree in which the State should have the right to compel a doctor to take part in a medico-legal investigation.

4. On the regulations with reference to the interment of prematurely born children.

A question certainly of no less importance than these was that which occupied the attention of the Nice branch of the Society,

namely:

"How best to deal, in the interests alike of the public and the profession, not with their English and other foreign brethren, but with a set of men, many of them having no qualification to practise in any country, a sort of Bedouins, a kind of medical pirates, who, in defiance of the law, come to a place during the season, advertise themselves as doctors, and, after a stay of a few months, go to exercise their trade elsewhere."

Against these people the law provides a remedy as it does in England, but it has been laxly administered. The Medical Provident Society considered how best to insure its more effectual exercise.

The law requires that every medical practitioner shall, on settling in a place, take or send his diploma, or other qualification recognised by the French law, to the office of the Prefect for verification, and to have it there registered.

The best means of enforcing the law, was the question before the

meeting; and in the resolutions they adopted, I, who was present, and am a member of the Society, most cordially concur.

I will just add that there are three ways open to anyone who

desires to practice medicine in France:-

1.—To undergo all the required examinations, and to take the degree of Doctor of Medicine, for which anyone holding a bond fide

English qualification is eligible.

2.-To pass the minor examinations as Officier de Santé, which grade qualifies only for practice in one department of the country, but which authorisation, on complying with some formalities and passing a very simple additional examination, would be transferred to another department in the event of change of residence. A large number of foreign practitioners in France hold only the qualification of Officier de Santé, but are not on that account in the least looked down upon by their French colleagues. The reputation which a man brings with him from his own country, is the standard by which he is judged.

3.—To have the direct authorisation of the Minister of Public Instruction, which is now very rarely given, and which I owed to the fact of my having some years ago received the exceptional honour of being nominated a foreign correspondent of the National Academy

of Medicine of Paris.

Compelled to pass my winters at Nice, I should make but a poor return for the kindness with which I have been received by my French colleagues, if I did not give a true version of the incorrect statement which has been widely circulated, and which certainly could not have originated with any real member of the medical profession.

I will merely add that in what passed at the meeting there was no question of any English practitioner—I am, sir, yours faithfully, Nice, December 27th, 1882. CHARLES WEST, M.D.

MILITARY AND NAVAL MEDICAL SERVICES.

DEPUTY Surgeon-General J. Irvine, M.D., A.M.D., head of the sanitary and statistical branch on the headquarters' staff, will, we understand, succeed Surgeon-General Sir J. A. Hanbury, K.C.B., as principal medical officer to the army of occupation in Egypt, with the local and temporary rank of Surgeon-General. Deputy Surgeon-General Irvine will be succeeded at the War Office by Deputy Surgeon-General J. A. Marston, who has been recently promoted for his services during the late campaign, and who for some years held the junior appointment on the staff at head-quarters.

THE form of the report of the medical survey held on naval officers invalided from foreign stations, has been revised, and all surveys are to be reported in an amended form. In future, the surveying officers are not to express an opinion as to the disability being attributable to the service, but are to state in full the causes of the disability. Should their lordships consider that the disability is not attributable to the service, or should the reasons for sending the officer home be in other respects unsatisfactory, the officer will be required to defray one-third of the expense of the passage.

THE Greenwich Hospital pension of £50 a year, vacant by the death of Retired Deputy Inspector-General of Hospitals and Fleets, Alexander Cross, on December 3rd, has been awarded to Retired Deputy Inspector-General of Hospitals and Fleets, Andrew Murray,

from that date.

$\textcolor{blue}{\textbf{PUBLIC}} \underset{\mathtt{and}}{\textbf{HEALTH}}$

POOR-LAW MEDICAL SERVICES.

SCHOOL-CERTIFICATES.

SCHOOL-CERTIFICATES.

31R.—In my letter, which you kindly replied to in the JOURNAL of November 18th, I am afraid I have not made myself quite clear. I do not refer to pauper children only, but to all classes.

When any child, under a certain age, does not attend school, the School Attendance Committee (composed of guardians), as a School Board authority, demand a certificate from the parent, under threat of proceedings at law. In many cases, the parent cannot pay for this certificate; and, in any case, does the law compel them to obtain one? and are the School Board authoritiselegally entitled to pay for it if they do? I give at least twenty each week, and I do not get pay for more than one or two, and that not always.

I will be glad to have your valuable opinion on the matter.—I am, sir, yours faithfully,

DISTRICT MEDICAL OFFICER.

_ We have made inquiries into this matter, but cannot find that there is any general rule on the subject. Undoubtedly, such a certificate is required by law, but whether the School Board could defray the cost, is a question which, according to the dictum of the Local Government Board, "must depend upon the actual facts of each case."

OVERCROWDING OF WORKHOUSES.

OVERCROWDING OF WORKHOUSES.

In urban districts, the need for extension of workhouse accommodation usually keeps pace with increase of population. When guardians resist, and prevent such necessary extension, their course is extravagant rather than economical, for overcrowding is inevitable, especially in the winter months,; and overfilled wards bring difficulties and dangers, and often diseases, which can only be overcome by increased expenditure.

We are glad that at last something is to be done to remove the overcrowding which has so long existed in the union workhouse at Dudley. After being repeatedly discussed by the guardians, the subject has been brought before Parliament, and it has been taken up by the Local Government Board. The Report of Mr. Longe, the Government inspector, which was made public last week, puts the question so urgently, that further delay in finding an adequate remedy is impossible. The inspector records that the beds in the wards for imbeciles are so closely placed, that they actually touch each other. He properly asserts that such a state of things is neither creditable nor even decent, and he very justly tells the guardians that the condition of their workhouse has "become a public scandal".

It appears that, when the present Dudley Workhouse was built, the population of the union was thirty thousand less than it is now. In the face of an immediate necessity for a considerable outlay, possibly the Dudley guardians might profitably follow the example of their neighbours in Birmingham, by sending their pauper infants to cottage homes in the country, and so gaining room for more adults in their workhouse wards. Some years ago, the Birmingham guardians had to deal with a difficulty similar to that which now exists in Dudley. They relieved the pressure upon their workhouse by establishing an extensive series of cottage homes at Marston Green, in a rural district some miles from their town. This experiment has proved an unqualified success. It has effectually remedied the pressure it was

Pauper children, removed from a workhouse in town to cottages in the country, benefit physically and morally from their improved surroundings, and they acquire occupations and habits which tend, in no small degree, to raise them above pauperism.

MEDICAL NEWS,

UNIVERSITY OF LONDON. - B.S. Examination, 1882. Examination for Honours. Surgery.

First Class.

Walters, Frederick Rufenacht (Scholarship and Gold Medal), St. Thomas's Hospital. Sutton, Samuel Walter (Gold Medal), St. Thomas's Hospital.

Second Class.

Scharlieb, Mary Ann Dacomb, Madras Medical College, London School of Medicine, and Royal Free Hospital. Buxton, Dudley Wilmot, University College.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December 28th, 1882.

Baber, John James Yarrow, 122, Brompton Road, S.W. Beaumont, Albert William, 2, Delamere Crescent. Cock, Frederick William, 1, Westbourne Park Terrace. David, Evan Thomas, Upton Road, Downham Road. Hitchocok, Alfred John, Bt. Helen's, Jersey. Hunter, Mitchell, Marghera, County Derry. Sarzana, Ettore, High Street, Kensington. Smith, Henry Strode, Axbridge, Somerset. Tilly, Alfred, Gilbert Terrace, West Hampstead.

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

Foot, Ernest George, Middlesex Hospital.
Gittings, Alfred, Middlesex Hospital.
Robertson, James Sprent, Middlesex Hospital.
Wingrave, Thomas, London Hospital.
Walter, Ernest Walter, Charing Cross Hospital.

University of Dublin. - Winter Commencements.-At a meeting of the Senate, held on Wednesday, December 20th, in the Examination Hall of Trinity College, under the Presidency of the University Caput, the following Degrees and Licences in Medicine and Surgery were conferred.

Bachelors in Surgery.—William Hallaran Bennett, Joseph Bulfin, William Alexander Carte, Francis Richard Cassidi, Arthur Wellington Fenton, John W. Gowland, George L. M. Lloyd-Apjohn, Francis A. de T. Mouillot, Henry W. Peard, Augustus Mayberry Whitestone.

Bachelors in Medicine.—John Armstrong, Francis R. Cassidi, Eugene Cormack, Richard G. Hanley, Arthur W. Fenton, John FitzGerald, Denis W. Freeman, Augustus M. Whitestone.

Master in Surgery.—Charles Gorman, Edward Gordon Hull.

Licentiate in Medicine, and in Surgery.—Joseph P. Finegan.

ROYAL COLLEGE OF SURGEONS IN IRELAND .- At a meeting of the Court of Examiners, held on December 11th and following days, the under-mentioned gentlemen passed their final examination for the Letters Testimonial, and having taken the declaration and signed

the roll, were admitted Licentiates of the College.

roll, were admitted Licentiates of the College.
sthur Cettew, Michael Cleary, Thomas B. Chine, Walter W. S. Corry, John
Craig, Francis J. Cruise, Cornelius Daly, Michael O'P. Dolphia, Percy J.
Drought, Jas. E. Fitzgibben, John W. Gormley, Francis B. Hawee, George
B. Heffernan, David W. Kennedy, Richard T. King, Thomas Lane, Edward
E. Lennon, John J. Lyons, Hercules L. Miles, Henry J. O'Brien, Denis M.
O'Callaghan, John J. O'Ragan, Peter J. O'Reilly, Francis F. Peet, Francis
E. Pinz, Alfred E. W. Esmabottom, George P. Eidley, James D. Byan,
George P. Torney, George A. Walpole, William H. Waterfield, and Robert
Wright.

MEDICAL VACANCIES.

CHORLTON UNION.-Assistant Resident Medical Officer. Salary, 2120 per annum. Applications by January 24th.
CITY OF DUBLIN HOSPITAL.—House-Surgeon. Salary, 2100 per annum.

Applications by January 6th.

DENTAL HOSPITAL OF LONDON, Leicester Square. Dental Surgeon. Ap-

DENTAL HOSPITAL OF LONDON, Leicester Square. Dental Surgeon. Applications by January Sth.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Shadwell, E.—Out-patient Clinical Assistant.

ECCLESALL BIERLOW UNION, Rural Sanitary Authority.—Medical Officer of Health. Salary, 230 per annum. Applications by January 16th.

ECCLESALL BIERLOW UNION.—Medical Officer and Public Vaccinator. Salary, 240 per annum. Applications by January 16th.

GENERAL INFIRMARY, Northampton.—House-Surgeon. Salary, 2125 per annum. Applications by January 18th.

GENERAL INFIRMARY, Northampton.— House-Surgeon. Salary, 2125 per annum. Applications by January 8th.
GENERAL INFIRMARY, Northampton.— Assistant House-Surgeon. Salary, 230 per annum. Applications by January 8th.
GOREY UNION.—Medical Officer. Salary, 2100 per annum, and 220 as Consulting Sanitary Officer. Applications by January 8th.
KILKEEL UNION.—Medical Officer for Workhouse and Fever Hospital. Salary, 250 per annum. Applications by January 8th.
KILKEEL UNION, KILKEEL DISPENSARY.—Medical Officer. Salary, 2100 per annum. Applications by January 8th.
LEIOSSTER INFIRMARY AND FEVER HOUSE.—House-Surgeon. Salary, 2120 per annum. Applications by January 15th.
LONDON LOCK HOSPITAL, Male Hospital and Out-patient Department, 01, Dean Street, Soho, W.—House-Surgeon. Salary, 250 per annum. Applications by January 23rd.

Dean Street, Sono, W.—House-Surgeon. Salary, 250 per annum. Applications by January 23rd.

OWENS COLLEGE, Manchester.—Demonstrator and Assistant Lecturer in Zoology. Salary, 2150 per annum. Applications by January 6th.

PAROCHIAL BOARD OF AUCHTERGAVEN.—Medical Officer, Officer of Health, and Vaccinator for the Western District of the Parish. Salary, 240 per annum. Applications to Mr. Donald Cumming, Inspector of Poor, Auchtergaven, Bankfoot, Perth, by January 30th.

PAROCHIAL BOARD OF NEW ABBEY.—Medical Officer. Salary, 240 per annum. Applications to Captain Stewart, Shambellic, New Abbey, Dumfries.

ROYAL EDINBURGH ASYLUM.—Junior Assistant-Physician. Applications

SEAMEN'S HOSPITAL (late Dreadnought), Greenwich, S.B.—Resident House-Surgeon. Salary, 250 per annum. Applications by January 19th. ST. ASAPH UNION. Medical Officer. Salary, 283 per annum. Applications

by January 10th.

BARTHOLOMBW'S HOSPITAL.—Casualty Physician. Applications by

ST. BARTHOLOMEW'S HOSFITAL CASE...,
January 9th.
UNIVERSITY COLLEGE, London.—Jodrell Professor of Physiology. Salary,
£264 per annum. Applications by January 24th.
UNIVERSITY OF EDINBURGH.—Examiner in Medicine in each of the Departments of Chemistry, Anatomy, Midwifery, and Practice of Physic.
Applications by January 15th.
VICTORIA HOSFITAL FOR OHILDREN, Queen's Road, Chelsea, S.W.—
Medical and Surgical Registrar. Salary, 60 guineas per annum. Applications by January 9th.

MEDICAL APPOINTMENTS.

BEEVOR, Hugh, M.R.C.S., L.S.A., appointed Assistant House-Physician to King's College Hospital.

Heron, G. A., M.D., M.R.C.P., promoted to the Senior Assistant-Physiciancy at the City of London Hospital for Diseases of the Chest, vice S. West, M.D., M.R.C.P., promoted to a Physiciancy in the same Hospital.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. vd., which should be forwarded in stamps with the announcements.

MARRIAGES.

EFFERTS—DILLON.—On the 3rd of January, at St. George's Bloomsbury, by the Rev. J. Montagu Cadman, Richard Jeffreys, M.R.C.S., of Eastwood House, Chesterfield, to Elizabeth Catherine Dillon, 6rd, M.D., F.R.C.S.I., and J.P. for co. Mayo, and Poor-law Medical Inspector. No cards.

MACHOWALD—TRUMAN.—January 3rd, at All Saints, Nottingham, by the Rev. M. J. Truman, view of Arnold, brother of the bride, assisted by the Rev. A. Pearson, and by the Rev. R. C. Macdonald, brother of the bridegroom, Henry Murray Wylde Macdonald, surgeon, son of the late Major-General William Pitt Macdonald, Madras Staff Corps, to Mary Matilda, youngest daughter of the late Becket Truman, surgeon, Nottingham.

ELLIOT. - December 31st, at Carlisle, Robert Elliot, M.D., F.R.C.P., in his 72nd

HILL.—On the 19th ultimo, at Lambton, New South Wales, John James Hill, S.P., L.R.O.P.Edin., L.F.P.S.Glas., Mayor of Lambton, and Honorary Surgeon to the Newcastle Hospital, eldest son of the Rev. R. Hill, vicar of Rayton, Lameshire, aged 39. (By telegram.)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Boyal London
Ophthalmic, 11 A.M.—Boyal Westminster Ophthalmic, 1.30 P.M.
—Royal Orthopædic, 2 P.M.—Hospital for Women, 2 F.M.
TUESDAY......Guy's, 1.30 P.M.—Westminster 2 P.M.—Royal London Ophthalmic, 11 A.M.—Boyal Westminster 2 P.M.—Royal London, 2 P.M.—West
London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton,

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.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Samaritan Free Hospital for Women and Children, 2.30 p.m.—Sayal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.—St. Thomas's, 1.30 p.m.—Thomas's, 1.30 p.m.—Thomas's, 1.30 p.m.—Hospital for Diseases of the Throat, 2 p.m.—Royal Westminster Ophthalmic, 1 p.m.—Hospital for Women, 2 p.m.—London, 2 p.m.—North-west London, 2.30 p.m.—Koryal London Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 2 p.m.—Royal Westminster Ophthalmic, 2 p.m.—Royal South London Ophthalmic, 2 p.m.—Gugi's, 1.30 p.m.—St. Thomas's (Ophthalmic Department), 2 p.m.—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.—Royal Free, 9 a.m. and

2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

-Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skiu, 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. W., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental,
Tu. Th. F., 12.

Tu. 1n. F., 12.

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

LOYDON.—Medical, dally, 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, Th.

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; Orthopadic, F., 12.30; Dental, Tu. F., 9.

St. Gronge'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; Orthopædic, W., 2; Dental, Tu. S., 9; Th., 1.

St. Marr's.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., 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.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.

UNIVERITY COLLIGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 130; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.
WRSTMINSTER.—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.—Odontological Society of Great Britain, 8 P.M. Annual General Meeting. Valedictory Address by the President. Casual communications by Mr. Sewill (Discussion on the Theory of Caries), Messrs. Stevenson, Storer Bennett, and Van Der Pant, etc.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Colcott Fox: On two cases of so-called Erythema Gangrenosum. Dr. Percy Kidd: Con-tribution to the Pathology of Diphtheritic Paralysis.

tribution to the Fathology of Diphtheritic Paralysis.

WEDNESDAY.—Obstetrical Society of London, 8 p.m. Specimens will be shown.

Mr. Knowsley Thornton: Case of Extirpation of Uterus and Appendages
for Epithelioma of the Cavity. Mr. W. S. A. Griffith: Notes of a Specimen of Antefiscion of the Uterus. Mr. C. E. Jennings: Transfusion. Dr.
Galabin: Notes of two cases of Transfusion of Blood.—Hunterian Society,
7.30 p.m., Council Meeting. 8 p.m., Dr. Charlwood Turner will show a
Heart of Two Cavities. Mr. J. McCarthy: Cases of Fracture of the Skull.

—Royal Microscopical Society, 8 p.m. Mr. A. D. Michael: Notes on the
Anatomy of the Oribatidae.

Anatomy of the Urioands.

THURSDAY.—Ophthalmological Society of the United Kingdom, 8.30 P.M. Mr. Priestley Smith: On the Growth of the Crystalline Lens. Dr. David Lees: Case of Paralysis of Third Nerve in a Child. Dr. Abercromble: Case of Paralysis of Sixth Nerve in a Child. Dr. Hughlings Jackson: On the Movements of the Eyes in a Case of Rar-Disease. Dr. E. Maddox (communicated by Dr. Greenfield): A New Method of Determining the Relation between Convergence and Accommodation. Mr. Rockliffe; Case of Epithelial Tumour growing from a Hair in the Anterior Chamber. Living streetmens at 8 P.M. specimens at 8 P.M.

FRIDAY.—Clinical Society of London, 8.30 P.X. Annual General Meeting. Report of Council. Election of Officers and Council for 1883. Dr. Coxwell: On the Case of a Child with Symptoms resembling those of Myxxodema. Mr. Davies-Colley: On a Case of Enormous Enlargement of the Lower Lipcured by Operation. Dr. Southey: On Tachetee and Symmetrical Gan-

A QUESTION OF DIAGNOSES AND TREATMENT.

Siz.—I should be greatly obliged if some of your numerous readers would inform me if they have ever had a similar case to the following; and, if so, what was

the line of treatment adopted, and what was the result.

A lady, aged 35, weighing about 7½ st., indifferently nourished, has a nearly complete loss of motive power in the lower extremities, partial loss of motion in the arms, particularly the right. There is no loss of sensation, no pain anywhere, no tenderness along the spine; the appetite is very poor, with a tendency to take stimulants in lieu of food. The mental powers, as noticed in house more resultant and the contractions are not provided. renoency to take stimulants in lieu of food. The mental powers, as noticed in house-management, memory, and sharpness or quickness, are unimpaired; but the articulation is slightly slow and wanting in strength. The father and mother both died of apoplexy, aged respectively 70 and 54; one sister died at 33 years of age, having had six children rather rapidly, and having been paralyzed in the lower limbs for six years; the last child being born three years previously to her death; one brother died at 33 years of age, from pneumonia and general dissipation.

My patient married in April 1874. She had proviously a Market Married in April 1874.

My patient married in April 1874. She had previously a slight dimness in the left eye; the medical attendant said it was want of tone. In May 1876, she first noticed a loss of power in the right leg, which passed away in two days. In January 1876, she was confined of a female child. In June 1876, she days. In January 1876, she was confined of a female child. In June 1876, she had a miscarriage. In January 1878, she was confined of a male child. In April 1878, she went on a tour in Ireland, seemed weak, and gave evidence of loss of power on the right side. In May 1878, she consulted a London physician, and stayed in London six weeks. A building-up treatment was prescribed, with bromide of potassium, tonics, and vin de Boudoux. The loss of power gradually increased. In October 1879, she was confined of a male child. In Marrh 1881, the stay of the March 1881 and the stay of the first three months undergoing a lecticity and increased. In October 1879, she was confined of a male child. In March 1881, she stayed at the Matlock Baths for three months, undergoing electricity, and dieting with an absence of alcohol. In July 1881, she consulted another London physician, and was recommended the continuance of the hypophosphites. He suggested that the disease was a functional one, which it has proved not to be. In September 1891, she was confined of a female child. The eldest child died of pneumonia, aged 13 months. All the confinements have been easy and straightforward, particularly the last; all the children are healthy, the last being a very strong and healthy girl, now aged 15 months. Three years ago, she displayed great nervousness about her state of health, but this has entirely passed away. She takes exercise in an open carriage whenever the weather is fine.

She has at different times taken Easton's Syrup, Fellowes's Syrup of the Hypophosphites, Parrish's Syrup of the Phosphate of Iron and Quinine. One of the London medical men suggested that there might be a deterioration of a portion of the spinal cord.

tion of a portion of the spinal cord.

In conclusion, I may say that my patient would be sonly too glad to know from any medical man, that he has so treated such a case as I have described, as to justify her in seeking further advice.—I am, etc.,

A PHYSICIAN.

DAVOS PLATZ.

Sir.—Allow me space for a few words d propos of the favourable notice of Mr. Maddock's "Davos Platz", that appeared in your issue of December 2nd. It is clear to me, on reading the notice, that your reviewer, quoting Mr. Maddock remarks on the inefficient state of the drainage of Davos, has given his attention to the first edition of the book, now twelve months old, instead of to the

last.

In the "J. E. M." guide to Davos Platz., 1882, on pages 10 and 11, the editor, speaking of the drainage and water-supply, now says: "We are glad to be able to state that, by next year, there will no longer be any cause for complaint, as, during the present year, some definite steps have been taken to establish an efficient state of drainage. We have been favoured with a plan of the scheme......There will be a main sewer commencing at the Hotel d'Angleterre, and from this sewer various branch-pipes will run, having a common outlet in the river far below Davos. The plan also comprises an claborate arrangement of traps to prevent the escape of sewer-gas......In addition to the drainage improvements, the slaughter of cattle in scattered slaughter-houses is to be prohibited, and a general abattoir erected outside the village, at an estimated cost of 35,000 france; and, in order to keep the air of the village, at an estimated cost of 35,000 france; and, in order to keep the air of the village, and on this point the utmost vigilance will be exercised."

The water-supply, copious as it is, will shortly be further supplemented from a source in the Flücia Valley, whence the water will be brought to Davos by a conduit."

I may remark that the authorities have been stimulated to this energetic action, in some measure, by the severe strictures Mr. Maddock passed when writing on the sanitary state of the valley twelve months ago; and, in justice to the Davosians, as well as for the information of intending visitors, it is desirable that these facts should be known.—I am, yours faithfully,

PHILIP HOLLAND.

Analytical Laboratory, 18, Exchange Street, Manchester.

R. A. O. CALLAGHAN will find full information on the subject in Mr. H. C. Burdett's book on Cottage Hospitals, published by Churchill.

Burdett's book on Cottage Hospitals, published by Churchili.

MEDICINE AND PHARMACY.

SIR.—I would suggest that clauses should be inserted in the proposed new Medical Act, to the following effect:

1. That no re gistered medical practitioner residing within, say, half a mile or a mile of a p h maceutical chemist, should, between 8 A.M. and 9 P.M., except in a case of emergency, supply or dispense medicines.

2. That a prescription, unless ordered to the contrary, should not be dispensed by a chemist on more than one occasion, unless redated and signed by a registered medical practitioner, with full name and address.

3. That stringent regulations should be inserted to prevent counter-prescribing by chemists: that they should not be allowed to recommend any medical preparation of their own, or patent medicines of any kind; and that all patent medicines should merely state on their wrappers and labels the ingredients and quantities of which they are composed, without any reference to their medical uses or effects.

Unless non-dispensing by medical men be made, as on the continent, contary to law, it will be difficult to abolish it. Many patients, when a prescription is proposed, decline, probably to save the druggist's account, but say they have no faith in medicines supplied by the druggist, and wish to have it from the surgery of the medical attendant; while those medical men who perpetuate the public opinion of the trading association of the profession by charging for their medicines, will object to the non-supplying of medicines as a reduction to their profits. duction to their profits.

In consideration of the increased business which non-dispensing by medical men would give to the druggists, they would probably be induced to charge less for dispensing prescriptions, and be satisfied with 25 to 50 per cent. profit on the retail price of the drugs used.—Yours faithfully, A NON-TRADER.

THE Editor will be obliged to correspondents if they will address communica-tious relating to corrections in the list of members, advertisements, addressing of the JOURNAL, and other business matters, to the General Secretary and Manager, Mr. Francis Fowke, 161A, Strand, and not to the Editor.

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

Mr. R. J. W. Oswald, London; Mr. A. J. Scott, St. Leonard's-on-Sea; Mr. J. Dudley Phillips, Hoxne; Dr. H. Prescott Roberts, Ealing; Mr. Vincent Jackson, Wolverhampton; Mr R. H. Firth, London; Mr. R. O'Connor, Limerick; Dr. Harkin, Belfast; Dr. Norman Kerr, London; Senex; Mr. R. Pennell, Ryde; Mr. D. Bradley, Dudley; Dr. C. H. Carter, London; Dr. Sutherland, London; The Secretary-General to the International Medical Congress; Dr. Gairdner, Glasgow; Mr. Simeon Snell, Sheffield; Dr. G. W. Crowe, Worcester; Dr. Mace, Nice; Dr. T. C. Railton, Old Trafford, Manchester; Dr. A. W. Sanford, Cork; Mr. G. Jackson, Plymouth; Mr. J. P. Russell, Sheffield; Mr. H. Sankey, Littlemore, Oxford; Dr. J. Hamilton, Aberdeen; Dr. Haig, London; Mr. William Coates, London; Mr. M. Balding, Royston, Cambridge; Mr. Ancell Ball, Spalding; Messrs. J. R. Osgood and Co., Boston; Dr. W. Carter, Liverpool; Dum Spiro Spero; Mr. Geo. Eastes, London; Mr. K. W. Millican, Kineton; Mr. Thomas Blair, Leeds; Dr. Joseph Rogers, London; Dr. Neale, London; Dr. Casey, Windsor; Dr. J. Sawyer, Birmingham; Mr. G. D. Brown, Ealing; Mr. C. F. Coxwell, London; Dr. H. G. Piffard, New York; An Irish Member; Our Aberdeen Correspondent; Spes; Dr. E. Rickards, Birmingham; Mr. W. Cox, Winchcomb; Mr. R. A. O'Callaghan, Bagnalstown; Dr. Bevan, Swansea; Mr. W. W. Reeves, London; Mr. R. Clement Lucas, London; Dr. J. S. Main, Withington, Manchester; Mr. R. Wade Savage, London; Mr. M. D. Makuna, London; The Winder Type Composing Machine Company; Mr. Pietro Michelli, London; F.R.C.S.; Mr. G. Pearce Baldwin, Rugeley; Dr. R. Connel, London; Dr. Huggard, London; Dr. E. Macdowell Cosgrave, Dublin; Mr. J. H. Ashton, Richmond; Mr. T. R. Bailey, Ealing: Mr. G. W. Wigner, London; Mr. W. W. Morris, Nottingham; Mr. Jas. Thin, Edinburgh; Dr. C. West, Nice; Mr. Jas. Dawson, Blackburn; Dr. R. Black, Greenock; Dr. P. Edwards, Pwilheli; The Secretaries of the Medical Society of London: Our Edinburgh Correspondent; Mr. T. F. Fernandez, Ross; Our Dublin Correspondent; Dr. Band, Perth; Mr. Herbert Sieveking. Cairo; Dr. A. Sheen, Cardiff; Our Glasgow Correspondent; Dr. F. Barnes, London; Dr. R. S. Archer, Liverpool; Dr. Ogilvie Leslie, London; Mr. J. J. W. Johnson, London; Mr. F. Canton, London; Sr. Don Manuel Sierra, Viscuria, Spain; Dr. Macpherson, London; Mr. W. J. Cleaver, Broomhill, Sheffield; Mr. A. Simpson, Perth; Dr. Tripe, London; Dr. L. W. Ormsby, Dublin; Mr. G. G. Parsons, Frome; Mr. Thomas B. Elliot, Carlisle; Vaccine Lymph; Mr. Nettleship, London; Dr. S. Coupland, London; Mr. F. A. White, London; etc.

BOOKS, ETC., RECEIVED.

Harness as it has been, as it is, and as it should be. By John Philipson. With Remarks on Traction and the Use of the Cape Cart, by Nimshivich; also Appendix by the same Author, containing some very important directions to grooms and coachmen respecting their duties, their dress, hints on driving, etc. Newcastle-upon-Tyne: Andrew Reid, 32, Collingwood Street; Mawson, Swan, and Morgan, Grey Street. London: Edward Stanford, 55, Carting Cart. 31, 222 Charing Cross, S.W. 1882.

Clinical Lectures on Diseases peculiar to Women. By Lombe Atthill, M.D. Seventh Edition, revised and enlarged. Dublin: Fannin and Co. 1863.

Year-Book of Pharmacy; comprising Abstracts of Papers relating to Pharmacy, Materia Medica, and Chemistry, contributed to British and Foreign Journals from July 1st, 1881, to June 30th, 1882: with the Transactions of the British Pharmaceutical Conference at the Nineteenth Annual Meeting, held at Southampton, August 1882. London: J. and A. Churchill. 1882.

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