

COMMUNICABILITY OF PHTHISIS.

A BRIEF abstract of some interesting observations made by Dr. E. G. Janeway, of New York, on the possible contagion of phthisis, and published in the *Archives of Medicine*, will be read with interest at the present time.

His first observation is to the effect that dogs, coming into constant contact with anyone suffering from phthisis, not unfrequently acquire a fatal pulmonary affection. A young man, 23 years of age, who was suffering from phthisis, and who had lost his mother of the same disease, on one occasion, when visiting Dr. Janeway, brought a pet dog with him, which he noticed to be troubled with a cough. On inquiry, the patient stated that this was the third dog he had owned since his illness, two having already died after an illness attended with cough and vomiting; they were all quite well when he first had them. He was in the habit of taking his dog to bed with him, where it slept nestled in his arms, its face and nose turned towards his. The first dog was a black and tan terrier; the next a King Charles's spaniel; and the third a Scotch terrier. The last dog survived his master, though troubled with a cough and having lost flesh and strength. The further history of the third dog is not known.

Dr. Janeway next calls attention to the following cases.

1. A young married woman died of phthisis. Her father was ill with phthisis in the same house prior to her illness. Her husband died of phthisis, supposed to have arisen from taking cold at her funeral.

2. In a family with no inherited tendency to phthisis, a daughter developed hysterical phenomena, and was admitted into a ward in St. Luke's Hospital where there were phthisical patients; she was then stout and plump. Within a few months, she presented all the symptoms and signs of advanced phthisis. About the same time phthisis appeared in the mother, and later on in a brother, and all died of this malady within a few weeks of one another.

3. A gentleman died of phthisis after two years' illness (February 1882). His sister and her husband occupied his room after his death. The brother-in-law began to ail five weeks afterwards, and in May 1882, was the subject of acute phthisis.

The remaining groups Dr. Janeway has noted "within the last three months."

4. A girl, in whose family there was no phthisical taint, nursed her lover, who died of consumption in his fatal illness. She began to cough before he died, and subsequently fell a victim to the same disease. Her sister, who had been much with her during her illness, soon became affected with a cough.

5. In a family in which there was no hereditary taint on either side, a young man, sixteen years of age, died, four years ago, of phthisis; a sister, aged twenty-two, who had been much with her brother, after the lapse of a year, showed evidences of the disease, and died two years ago. The mother then became ill, and she died in August 1882. One of the three surviving daughters has had repeated hæmoptysis, and shows the evidences of phthisis at the apex of one lung; and another sister has just been found to have commencing disease in the right apex. These two sisters were much with their mother while ill. The physician who will not see the possibility of communication in a series of cases like this, in the face, too, of the recently demonstrated infective property of tubercle, must possess a mind hermetically sealed to the reception of new facts, and be in danger of falling into that state in which, as was well observed by Sir William Gull, he mistakes the dictates of prejudice for the teachings of experience.

Dr. Janeway mentions briefly one or two more cases which have recently come under his notice: a young woman who fell ill of phthisis shortly before her mother's death from that disease; another who showed first evidences of consumption just at the time of her husband's death from that malady; and a young man who had fallen a victim to phthisis, who had been in close attendance on his wife, who had died, after an illness of two years, of the same disease.

"I add these cases," Dr. Janeway concludes, "to those which have been published by others, hoping that they may draw attention to this matter, which is one of great importance. I know that many people can be exposed for long periods of time without injury. But the question is, Does phthisis spread by the reception of tubercular poison (bacillus?) by those favourably disposed to it, who would otherwise have escaped? In the wards which I visit at Bellevue Hospital are subordinates and attendants who have been there for years, notwithstanding that numerous phthisical patients have

lived and died there. This, however, proves nothing more than that those persons have not taken the disease. As an illustration of the want of weight which should be accorded to these negative facts, I will use the following illustration. Some soldiers go through a campaign without injury, whilst others are killed. One might say that bullets, etc., will not kill, because these soldiers escape. Moreover, the disease is slow in its progress, and it is only after a considerable time has elapsed that one can trace the connection; and, when several members of a family have died in succession, this is explained on the basis of an hereditary taint." And he adds some very pertinent instances of the very varying susceptibility, even to a poison like that of typhus, which have occurred within his own experience.

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 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 twenty-one days before each meeting, viz., 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.

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 etiological 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 these inquiries will be continued during the present year.

F. A. MAHOMED, Secretary to the Committee.

12, St. Thomas's Street, S.E.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Deal on March 22nd, at 3 P.M., Dr. Davey of Walmer in the chair. A discussion on Acute Pneumonia (first card of Collective Investigation Committee) will be led by Mr. Raven, Dr. Parsons, and others. All published cards of the Collective Investigation Committee can be had on application to T. WHITEHEAD REID, Honorary District Secretary, 34, St. George's Place, Canterbury.—February 14th, 1883.

NORTH OF IRELAND BRANCH.—A general meeting of this Branch will be held in the Board Room of the County Infirmary, Armagh, on Thursday, March 15th, at 12.20 P.M.—ALEX. DEMPSEY, M.D., Honorary Secretary, Clifton Street, Belfast.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above Districts will be held at the Grand Hotel, Brighton, on Wednesday, March 14th, at 3.30 P.M. Dinner at 5.30 P.M.; charge 6s., exclusive of wine. The following papers have been promised. 1. Dr. Godson: Retroversion of the Gravid Uterus. 2. Mr. Butlin: Pathology and Treatment of Nasal Polyp. Gentlemen desirous of making any contribution to the meeting should communicate with one of the Honorary Secretaries, G. B. COLLET, 5, The Stayne, Worthing, or T. JENNER VERRALL, 95, Western Road, Brighton.—February 21st, 1883.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of the above will be held on Thursday, March 8th, at the Queen's Hotel, Upper Norwood, S.E., at 4 P.M.; William Soper, Esq., of Clapham, in the chair. The following papers, etc., have been promised. Dr. A. Sangster: Observations upon Dermato-Syphilis, with Points in Diagnosis. Dr. J. H. Galton: Some Cases of Hernia. J. Sidney Turner, Esq.: Notes on Tracheotomy. Dr. C. M. Miller:

Medical Reform. All members of the South-Eastern Branch are entitled to attend, and to introduce professional friends. Dinner will be served at 6 P.M. precisely: charge 7s., exclusive of wine.—J. HERBERT STOWERS, M.D., Honorary Secretary, 23, Finsbury Circus, E.C.

THAMES VALLEY BRANCH.—The next meeting of this Branch will be held at the Griffin Hotel, Kingston-on-Thames, on Thursday, March 15th, at six o'clock. Members willing to bring forward any subject, are requested to communicate with the Honorary Secretary.—EDWD. L. FENN, M.D.

BATH AND BRISTOL BRANCH.—The fourth ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday evening, March 8th, at 7.30; J. K. Spender, M.D., President. The following communications are expected. 1. A Case of Removal of Encysted Osteoma of Neck: F. K. Green. 2. Anæsthetics: J. G. Douglas Kerr, M.B. 3. A Case of Removal of Angioma of Tongue: H. W. Freeman. 4. Periodic Squint in the Adult: F. Richardson Cross, M.B.—R. J. H. SCOTT, E. MARKHAM SKERRITT, M.D., Honorary Secretaries.—Bath, February 1883.

CORRESPONDENCE.

THE PROPOSED MEDICAL BENEFIT SOCIETY.

SIR,—May I share in the discussion of this subject? I have studied the figures connected with sickness a good deal, and have received much information from the actuaries, secretaries, and accountants of various assurance companies and benefit societies, and others who know practically the difficulties of working such schemes. As the information they gave me is not generally known, perhaps it will interest all who are discussing the subject in your columns.

One and all of them speak doubtfully of the whole matter. The practical difficulties are great, and the circumstances of most benefit societies are not as flourishing as outside persons think. I have spoken to an actuary who is, probably, the greatest living authority on the statistics of disease, about the medical benefit society, and the verdict was not altogether hopeful; and it must be borne in mind that the experiment has already been tried and failed. As I calculated the charges for the Medical Mutual Association, referred to by Mr. Davie Harris, I must explain that that society was to derive income from other sources than the subscriptions of its members, and that the premiums of a benefit society dealing solely with sickness would have to be much higher. Moreover, in that society, it was proposed to levy an "age charge" from the older men, which increased in proportion as the risk increased; but I am assured this system is unpopular, and that everyone seems to prefer a system, such that the premium or subscription remains the same so long as they continue members of the society. This system has its dangers. As I will show further on, the amount of sickness each man should expect increases enormously as he grows older, and a considerable proportion of the sums paid by young men ought to be laid aside to accumulate, to meet the extra demands of later years. Very many societies have had to use all their income for present wants. They last fifteen or twenty years, and then comes a time when they must either increase their subscriptions or decrease their benefits. In either case, a great wrong has been inflicted on the men who joined when young.

Moreover, the rate of interest that can safely be earned by these reserves is steadily decreasing. Year by year, money is getting cheaper. At this moment, Consols only bring £2 18s. 6d. per cent. At 3 per cent., the annual cost of sickness, exclusive of all working expenses, as calculated from the tables appended to Mr. F. G. P. Neison's report on the condition of the Ancient Order of Foresters for the quinquennium 1871-75, is such, that to secure three guineas a week (the cost of a *locum tenens*) during sickness would require, at the age of twenty-five, an annual payment of £5 8s. 3½d.; at thirty, £6 4s. 1½d.; at forty, £8 9s. 1½d.; at forty-five, £10 1s. 10½d.; at fifty, £12 5s. 11½d. Add only 20 per cent. for working expenses, and the members will have to make the following yearly contributions to secure three guineas a week, ceasing when they reach the age of seventy; viz., at twenty-five, £6 10s.; at thirty, £7 9s.; at thirty-five, £8 12s. 10d.; at forty, £10 3s.; at forty-five, £12 2s. 4d.; and at fifty, £14 15s. 2d. Are members prepared to pay such amounts?

The next difficulty is much more serious. Sick-rates vary much more than death-rates; and the fewer the number of members, the more serious is the importance of each variation. Of the 15,000 medical men in England, probably 5,000 would be ineligible. the remaining 10,000, it would be sanguine to expect more

3,000 to join any association, however influentially supported. What are these numbers, compared to the 100,000 in the Hearts of Oak, or the 300,000 in the Order of Foresters? And yet over periods of years, and in these hundreds of thousands of members, I find the following fluctuations.

AGE	25	30	35	40
Maximum weeks sickness per annum per member	1.021	1.159	1.295	1.588
Minimum weeks sickness per annum per member .....	.757	.796	.877	1.086

Probably the rates in each year, or in each lodge or district, vary much more widely.

Again, the amount of protracted sickness varies immensely. I am informed that, in one quinquennium, one of our largest friendly societies found its "protracted sickness" to be more than 100 per cent. in excess of its calculations. Such a result in a society of 5,000 members would probably prove fatal. The following is the percentage of protracted illness experienced by the A. O. F. in the quinquennium 1871-75, as given by Mr. Neison.

AGE	25	30	35	40	45	50	55	60	65	70
Illness exceeding 6 months in duration...	4.98	5.87	6.83	7.59	8.19	9.29	10.43	11.50	12.19	12.81
12 months " ..	2.42	3.43	4.46	5.39	5.83	6.75	8.68	10.14	12.43	14.43
2 years " ..	2.26	4.91	7.46	9.88	12.93	16.96	22.95	27.52	33.82	39.84

Thus, at the age of 70, about 67 per cent. of all the illness paid for was experienced by members whose illnesses exceeded six months in duration. If these cases be excluded, half the value of a sick-club is lost; if they be included, they give an additional element of danger to a small society. A few extra cases of protracted illness in the early years of such a society's existence would soon swallow up the reserve. What proportion of the subscriptions of younger members ought to be kept as reserve is shown by the following table, exhibiting the rate of increase in the annual amount of illness that may be expected by each man as he grows older. The figures are extracted from various tables in Mr. Neison's report before referred to.

AGES.....	25	30	35	40	45	50	55	60	65	70	75
Weeks of sickness per annum per member .....	.985	.971	1.150	1.373	1.707	2.265	3.210	5.059	10.012	16.529	25.064

From less than a week's illness *per annum* at the age of 25, the rate rises to about half the year at the age of 75! A society composed mainly of young men may last twenty or thirty years, and yet be dying slowly all the time. It will be hard on men who have paid in all those years, to find, just when they sorely need its help, that the society is on the verge of ruin.

Another point of great practical difficulty is, how to prevent false or unduly prolonged claims. The duration of illness among those sick, up to the age of 35, is about four weeks. If each sick man remained on the list only three days longer than he was absolutely obliged, the cost of sickness would exceed the estimate by more than 10 per cent. The existing benefit societies keep down this "leakage," so to speak, by requiring members who are well to visit those who are sick; but, if a country doctor were required to go ten or twenty miles twice a week to visit a neighbouring sick member, it would add considerably to the cost of his assurance. And yet, if every other country doctor in the kingdom joined such a society, if this rule were enforced, the average distance that each member would have to travel to visit his nearest fellow-member would probably exceed six miles, involving a twelve mile journey. What substitute is proposed?

In conclusion, I feel sure that the medical profession by itself is too small a basis for safety. I understand that the clergy are trying to establish something similar: why not combine the two professions in one undertaking? The union would not overcome all the difficulties I have pointed out. Nor, as there are only 22,000 clergy in England, would the two professions together afford a basis at all comparable to the friendly societies I have referred to; but it would at least be a step in the right direction. Any way, the subject is of such importance, that it ought to be very fully discussed before any step is taken. I hope that the gravity of the question will be held to justify the length of this letter.—I am, sir, yours faithfully,

E. PAGET THURSTAN, M.D., B.A. Cantab.

Tunbridge Wells, February 17th, 1883.

his comments thereon, has received the hearty acknowledgments of several authors of repute. These were from various parts, for he indulged in travel yearly for a holiday.

He was a devoted son of the Church of England, and for many years in medical charge of the "Truro Diocesan Training College for Mistresses." Since his retirement, he omitted, as far as his strength would permit, no occasion of attending her services.

He was noteworthy for the warm friendship he contracted in various places from his earliest days, and for his hospitality. He was endeared to his patients in every station and sect, and was of a very genial nature.

HENRY CLIFFORD GILL, M.R.C.S.

MR. GILL, born in 1846, entered as a medical student at University College in 1863, after having passed the matriculation examination of the London University. He distinguished himself during his college career by obtaining the gold medal in the class of medicine, and after holding the appointment of house physician at University College Hospital, he became a clinical assistant at the Brompton Consumption Hospital. Accident rather than inclination led him into the branch of the profession he subsequently pursued, and after six months' study at Bethlem Hospital, he went to the asylum at Nottingham; from whence, in 1869, he passed to the North Riding Asylum at York, as assistant superintendent, remaining there until 1874, when he succeeded to the sole charge of the York Lunatic Hospital, Bootham, within the walls of which he succumbed on Monday, the 12th instant, to an attack of pleuro-pneumonia. In the course of his brief career, he shaped his conduct by an unflinching sense of duty, and spared no pains in carrying out his work. No slight share of success of the jubilee meeting of the British Association at York was due to his energy and intelligence as secretary of the Museum Committee, in the discharge of which office he had much responsible labour in acquiring and arranging the interesting exhibits which went far to make the meeting memorable. His path necessarily restricted the circle of his professional acquaintance, but as a member of the Medico-Psychological Society, he regularly attended its meetings, and also took an active share in the proceedings of the York Medical Society, the members of which ancient body honoured him by electing him their President last year. Several of his papers read before them deserved much wider audience. By his few intimate friends, Mr. Gill was regarded with feelings of more than ordinary admiration, for he possessed an intellect of no common order. The most divers forms of scientific inquiry successively attracted him, and he did not cease until he had mastered, at least, their principles. Those who knew him well will miss a good friend, from whom much was to be learned, and many a germ for future thought obtained.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, February 15th, 1883.

Buck, Lewis Archer, Newman's Row, Lincoln's Inn Fields.
Doyle, Robert Walter, Clifton Gardens, Maidstone.
O'Connor, John Kane, Wellgate, Rotherham.
Williams, John Henry Hywell, Dew Street, Haverfordwest.

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

Nutting, Philip Henry, London Hospital.

UNIVERSITY OF DUBLIN.—At the Hilary Term Examinations, the Diploma in State Medicine was granted to—
R. Stuart Davis, M.B., B.Ch.; William H. Burke, M.B., B.Ch.

For the Degree of Bachelor in Surgery (B.Ch.), the successful candidates passed in the following order of merit, viz.:

Samuel A. Alcorn, John Armstrong, Eugene Cormack, James Gloster, Daniel Crowe, Charles St. S. R. Nason.

For the Degree of Bachelor of Medicine (M.B.), the candidates were arranged in order of merit as follow:

Charles W. Hamilton, Samuel A. Alcorn, William S. Boles.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly Examinations for the Licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, February 5th, 6th, 7th, and 8th, the following candidates were successful:

For the Licences to practise Medicine and Midwifery: Thomas Joseph Croke,

Hull; Charles Andrew Daly, Charleville, co. Cork; Thomas Lane, Leinster Road, Rathmines, Dublin.

For the Licence to practise Medicine only: William Thomas Beattie, Doogary, Omagh; Thomas Purdue McCloghry, Riverstown, co. Sligo; George Douglas Macintosh, 10, Ash Grove, Harrogate; Charles Edward Strickland, Kildgrove, North Staffordshire.

For the Licence to practise Midwifery only: Samuel Dunlop Henderson, M.D., M.Ch., Roy. Univ. Irel., Killea, co. Derry; James Henry, M.D., M.Ch., Roy. Univ. Irel., Monaghan; Lowry D. Morell, M.D., M.Ch., Q.U.I., Ballybay, co. Monaghan.

MEDICAL VACANCIES.

ANTRIM UNION, Connor Dispensary.—Medical Officer. Salary, £95 per annum and fees. Election on the 27th instant.

CAMBRIDGE FRIENDLY SOCIETIES MEDICAL ASSOCIATION.—Principal Medical Officer. Salary, £175 per annum. Applications to Mr. W. P. Littlechild, 5, Queen's Lane, Cambridge, by March 23rd.

CARLISLE DISPENSARY.—Assistant House-Surgeon. Salary, £100 per annum. Applications to Mr. John Ostell, Honorary Secretary, 14, Bank Street, Carlisle.

CHIPPING NORTON UNION.—District Medical Officer. Salary, £65 per annum. Applications by March 5th.

CLINICAL HOSPITAL AND DISPENSARY FOR CHILDREN, Park Place, Cheetham, Manchester.—Honorary Surgeon. Applications by March 6th.

DONEGAL UNION, Laghey Dispensary.—Medical Officer. Salary, £120 per annum and fees. Election on March 1st.

DUNFANAGHY UNION, Crossroads Dispensary.—Medical Officer. Salary, £110 per annum. Election on March 7th.

FIRTH COLLEGE, Sheffield.—Professor of Chemistry. Salary, £150 per annum. Applications to Ensor Drury, Registrar, by March 1st.

GREAT NORTHERN HOSPITAL, Caledonian Road.—Junior Resident Medical Officer. Applications by March 10th.

HAMLET OF MILE-END OLD TOWN.—Assistant Medical Officer and Dispenser. Salary, £100 per annum. Applications by February 27th.

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

INVERNESS DISTRICT ASYLUM.—Assistant Medical Officer. Salary, £80 per annum. Applications by March 6th.

KENT AND CANTERBURY HOSPITAL.—House Surgeon. Salary £80 per annum. Application by March 23rd.

MORPETH DISPENSARY.—House-Surgeon. Salary, £120 per annum. Applications by March 1st.

RETFORD DISPENSARY.—Surgeon. Salary, £120 per annum. Applications to the Secretary, the Vicarage, East Retford, by March 3rd.

ROYAL CORNWALL INFIRMARY.—House-Surgeon. Salary, £120 per annum. Applications by March 1st.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road.—House Physician. Salary, £80 per annum. Applications by March 8th.

ROYAL MEDICAL BENEVOLENT COLLEGE.—Morgan Annuitant. Applications by the end of February.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street, Portman Square, W.—Surgeon. Applications at once.

STEYING UNION.—Medical Officer for No. 1A District, comprising the parishes of Preston and Patcham, near Brighton. Salary, £50 per annum. Applications by March 6th.

UNIVERSITY COLLEGE.—Dental Surgeon and Lecturer on Dental Surgery. Applications by February 28th.

WEST LONDON HOSPITAL, Hammersmith.—Assistant Physician. Applications by February 27th.

WEST RIDING LUNATIC ASYLUM, Wakefield.—Resident Clinical Assistant. Applications to Dr. Herbert Major, the Medical Superintendent.

WONFORD HOUSE HOSPITAL FOR THE INSANE, Exeter.—Assistant Medical Officer. Salary, £100 per annum. Applications by the 24th instant.

YORK FRIENDLY SOCIETIES MEDICAL ASSOCIATION.—Assistant Medical Officer. Salary, first year, £150; second, £160; third, £170. Applications to J. Brown, Park Street, Groves, York.

MEDICAL APPOINTMENTS.

BARLOW, T., M.D., appointed Assistant-Physician to the London Fever Hospital vice G. C. Henderson, M.D., resigned.

BENNETT, Storer, F.R.C.S. (Exam.), L.R.C.P. Lond., L.D.S., appointed Dental Surgeon to the Middlesex Hospital, vice J. Smith Turner, M.R.C.S., L.D.S., resigned.

BIRCH, De Burgh, M.D., appointed Resident Medical Officer to the Newcastle-on-Tyne Dispensary, vice W. Strang, M.B., resigned.

BOND, C. J., F.R.C.S., appointed House-Surgeon to the Leicester Infirmary and Fever House, vice H. N. Everard, 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.

BIRTH.

ROSSER.—On the 11th, at 1, Wellesley Villas, Croydon, the wife of Walter Rosser, M.D., of a son (stillborn).

DEATHS.

FRY.—At Florence, on the 15th instant, after a short illness, Mary, the beloved wife of J. C. Cunningham Fry, M.D., I.M.D., Surgeon-General with the Supreme Government of India.

ROSSER.—On the 13th, at 1, Wellesley Villas, Croydon, Elizabeth Sarah, the wife of Walter Rosser, M.D.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.	Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopedic, 2 P.M.—Hospital for Women, 2 P.M.
TUESDAY.	Guy's, 1.30 P.M.—Westminster 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.
WEDNESDAY.	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopedic, 10 A.M.
THURSDAY.	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.
FRIDAY.	King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.
SATURDAY.	St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARGING CROSS.	Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.
GUY'S.	Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. W., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE.	Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. 1; Ophthalmic Department, W. 1; Ear, Th. 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.
LONDON.	Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.
MIDDLESEX.	Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30, o.p., W. S., 1.30; Eye, W. S., 8.30; Ear, and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
ST. BARTHOLOMEW'S.	Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopedic, F., 12.30; Dental, Tu. F., 9.
ST. GEORGE'S.	Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopedic, W., 2; Dental, Tu. S., 9; Th., 1.
ST. MARY'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.
UNIVERSITY COLLEGE.	Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.
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.

SATURDAY.	The Medical Union Society, 8 P.M. Dr. Forbes Winslow will introduce a discussion on the Plea of Insanity in Criminal Cases.
MONDAY.	Medical Society of London, 8.30 P.M. Mr. Fisher will show a case of Dupuytren's Contraction of the Fingers in a Woman. Dr. Day will record a case of Ascites in a Child; Tapping; Recovery. Dr. Robert Lee: On the Diffusion of Antiseptics and Medicinal Agents in the Atmosphere.
TUESDAY.	Royal Medical and Chirurgical Society, 8.30 P.M. Mr. W. H. Neale: Notes on Some Points in the Etiology of Scurvy. Dr. W. Hale White: A Case of Scurvy, with Dilatation of the Heart and Retinal Hemorrhages. Mr. Johnson Smith will show specimens of Hemorrhage in Muscles of Fatal Cases of Scurvy.
WEDNESDAY.	Hunterian Society, 8 P.M. Address by the President (W. Rivington, Esq., M.S.) Dr. Pye-Smith: Mistakes in Diagnosis, illustrated by Cases.
THURSDAY.	Royal Medical and Chirurgical Society, 8.30 P.M. Annual meeting: Report, President's Address, etc.—Harveian Society of London 8.30 P.M. Mr. E. Owen: The Simple Treatment of Congenital Talipes. Dr. Percy Boulton: The Treatment of Post Partum Hemorrhage.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication. PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

THE VACCINATED AND UNVACCINATED.

SIR,—I am pleased to be able to thank you for your frank confession, that my statements in the columns of the *Echo* are undoubtedly true as regards the protected being the bulk of the small-pox hospital patients. As regards your concluding remarks, I have for years advocated an appeal, in the case of the hospital "unvaccinated," from the record of the hospital to the vaccination officer's returns. Now and then it occurs that we are able to make this appeal: it was done in Leeds in 1880; and we have found that persons who have had small-pox and been treated in small-pox hospitals, and there recorded as unvaccinated, have been recorded in the books of the vaccination officer as "successfully vaccinated." The knowledge of this fact induces a very natural reluctance on our part to accept all who "show no marks" as unvaccinated. It can only be the very bad cases which cover up vaccination-marks with the eruption of the fever; and it is just these cases which in many a report we find returned as unvaccinated. Let me instance one. The 1870-2 Metropolitan Report, p. 6, Table No. 3, gives a column "With no marks, cases 1,016, and percentage of deaths 55.8." This death-rate proves them to be cases of a very severe type; and it cannot be doubted that many of them, if not all, are grouped as unvaccinated in the 3,634 unvaccinated cases. Now, let us go over the hospital records ever so carefully, and we can get no possible light upon these cases. There they are, because of the absence of marks "unvaccinated;" and no amount of examination will make them otherwise. But, if you will refer to the vaccination officer's returns, which show the success or failure of vaccination, or the absence of it, you get accurate and scientific data upon which to build conclusions; and we only discredit the classification of hospital returns in this sense. We maintain that the vaccinator is the correct judge of success; and, to decide the vaccination or non-vaccination of a patient who is ill with an eruptive disorder of the worst kind as regards the surface of the body, we maintain, is not only unscientific, but almost impossible.

Before I conclude, I would like to point out that so many as 90 per cent. of the births have never yet been vaccinated in this country (London is below the country); and I much question if it would be possible to get so large a proportion done. You have been taking the Local Government Board's summary instead of the actual figures. Take, for instance, 1878, Local Government Board Report, 1880-81: "Births 891,741, successfully vaccinated 760,963," which gives 85.33 per cent. In the summary, the "dead unvaccinated," etc., actually are used to make up the percentage to more than 90.

But, in conclusion, when all were unvaccinated, in the eighteenth century, hospitals recovered about 72 per cent. of the patients. You do no more now, notwithstanding the fact that 75 per cent. of your patients are recorded as vaccinated. Do you kill more unvaccinated? You cannot think so. Treatment is better in every sense; the hospitals are better; the doctors more humane. Then, the only other conclusion justly to be drawn, in the absence of positive knowledge, is, that you have unvaccinated in the reports who should be vaccinated, and who would be but for the eruption.—Yours truly,

Darlington, February 19th, 1883.

ALEX. WHEELER.

* In the statistics we made use of (those of the Asylums Board Hospitals), the "unvaccinated" are those who not only present no marks, but are admitted to be unvaccinated by the patients themselves, or by their parents or guardians. The "doubtfully vaccinated" are those who present no marks, and who are said to have undergone the operation of vaccination, or regarding whose vaccination no information can be obtained; these are not included among the "unvaccinated." The statistics are so carefully prepared, that it is almost impossible for a case to be returned as unvaccinated which is really vaccinated. The presence or absence of marks can generally be readily determined, even in the worst kinds of the disease; the only difficulty occurs occasionally in severe cases when the disease is far advanced; but such difficulty is met with in so small a percentage of cases, as to have little appreciable effect on the total figures; when it does occur, the case is classed among the "doubtful," and not among the "unvaccinated." The groups "vaccinated" and "unvaccinated" are thus clearly defined; the group called "doubtful" are probably all "unvaccinated," since the real criterion of a previous attack of vaccinia is the presence of marks, but, to prevent error, they are considered separately. But, even were the "doubtful" to be thrown in with the "vaccinated," there would still remain to be explained an immense difference between the vaccinated and the unvaccinated mortality. The figure 90 referred to the percentage proportion of London children of 10 and under who belong to the vaccinated class. We believe it to be very nearly correct; but, granting it to be even as low as 80, the broad result will remain unaltered. As regards the mortality, the great point is, that the rate among the "vaccinated" is immensely less than the rate among the "unvaccinated;" and, as we have pointed out, there is very positive evidence that neither class includes any cases rightfully belonging to the other.

PALMAR PSORIASIS.

SIR.—In answer to "A Member," in the BRITISH MEDICAL JOURNAL, January 20th, 1883, I wish to say that, in all long standing cases of so-called "palmar psoriasis," not syphilitic, the treatment, to be successful, must consist in scrubbing the diseased surfaces with a broad soft nail-brush, dipped in a solution of green soap and alcohol (sapo. vir. ʒss.; eau de Cologne ʒjss). This may be repeated when the hardened skin, the newly formed scales or vesicles, may seem to require it. Sometimes it should be done every day; at other times, but once or twice a week. In eczema rimosum, the fissures, as well as any vesicles that may appear, should be touched lightly with carbolic acid. The hands are to be kept as carefully as possible from moisture, pressure, and dust. It is well to keep them smeared with vaseline, and protected, when in use, by wearing kid gloves.

In the meantime, the bowels may be regulated with quarter-grain doses of podophyllin; and, when indicated, small doses of colchicum, or antimony, or iron, or arsenic, or acetate of potash, etc., may be given. Arsenic, however, is not usually tolerated in chronic cases of this kind. But, whatever may be the treatment selected, it should be continued patiently till the cure is complete. I have had an unusual number of such cases to treat, some of ten and twenty years' standing, with contraction of the hands and destruction of the nails, in which this line of treatment has proved successful.—I am, etc.,

HENRY COMDELL JULER, M.D., ETC.

Cincinnati, Ohio, U. S., February 7th, 1883.

A. L. D.—We are distinctly of opinion that it is not justifiable.

AN INDIAN REMEDY FOR RHEUMATISM.

In the *Brighouse News*, the following is recommended as a new mode of treating rheumatic fever. "Fill a long bath with hot water (keeping the boiler supplied, for replenishing, as the bath cools) so as to cover the person to the throat, the head lying gently back and leaving only the face out of the water. Put in half a pound of mustard and a good pint basin full of salt. Lay the patient carefully in the bath, covering over the head and forehead (all but nose and mouth) with blanket or warm cloth, feeding at intervals with gruel, for twenty minutes. Have towels hot by the fire, and a blanket thoroughly hot. Rub dry with the hot towels, wrap in the blanket, lay in the bed, packing with blankets, etc., tightly, every part of the body, and putting a bag of hot water to the feet. Let the patient be perspiring for two hours, feeding with gruel as when in the bath. Then unwrap, wash all over with a large basin full of tepid lathered water, previously prepared. Rub dry and put on clean warmed linen, give any food that is preferred. In the bath, the pain leaves the patient rapidly, and continues to leave until the whole person is free, movement restored, appetite, health, and strength, and the patient, after one day of care to avoid cold, is at work the day but one after the bath, cured even when the case has been extreme, and of months' duration.

It is said that this mode of treatment is largely adopted in India. Although it is not likely that it would check the progress of acute rheumatism, it might prove of value in the subacute and chronic forms.

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

Mr. Nathaniel Allt, Wiltsersham, Kent; R. J. W. O.; Mr. S. D. Parey, Otago, New Zealand; Dr. F. P. Munde, New York; Dr. T. D. Satterthwaite, New York; Mr. Benj. Blower, Liverpool; Dr. J. S. Billings, Washington; Dr. G. M. Leferts, New York; Mr. E. T. Burton, Birmingham; Our Aberdeen Correspondent; Mr. T. H. Ravenhill, Birmingham; Mr. A. P. Fiddian, Cardiff; Mr. H. J. Bigelow, Boston, U.S.A.; Dr. H. Dobell, Bournemouth; Dr. W. A. Byrd, Quincy, U.S.A.; Mr. J. C. R. Crews, Truro; Mr. W. B. Geikie, Toronto; Mr. J. Wickham Barnes, London; Dr. W. Withers Moore, Brighton; Dr. A. Parkiss, Melk Bridge Road; Mr. W. Kitto Giddings, Calverley, Leeds; Dr. S. Grose, Kewsham; Mr. James Davison, Ballinakilli; Mr. E. Price, Dudley Port; Dr. J. Francis Sutherland, Edinburgh; Dr. Dahl, Christiania; Mr. C. M. Jessop, Preston; Mr. J. A. Erskine Stuart, Healey, Batley; Dr. M. K. Robinson, Dover; Mr. H. J. K. Vines, Littlehampton; Dr. Fairlie Clarke, Southborough; Messrs. J. Blackwood and Co., London; Mr. W. T. Cooper, London; Dr. Imlach, Liverpool; Dr. Adams, London; Mr. Hugh Price, Narberth; Mr. J. E. Kenyon, Bradford; Mr. G. A. Farrer, Brighouse; Mr. Furneaux Jordon, London; The Hon. Secretary of the Royal Medical Benevolent Fund Society; Mr. J. Raffles Harmar, Birmingham; Mr. George Meadows, Hastings; Dr. E. Paget Thurstan, Tunbridge Wells; Mr. H. A. Smith, Dumbarton; Dr. E. Cresswell Baber, Brighton; Mr. G. A. Brown, Tredegar, Monmouth; The Hon. Secretaries of the Harveian Society; Mr. W. H. Torbeck, Polman and Fowey, Cornwall; Dr. P. A. Young, Portobello, Midlothian; Dr. H. O. Marcy, Boston, U.S.A.; Mr. Wm. Partington, London; Mr. C. E. Abbott, Tunstall, Braintree; Dr. Quinlan, Dublin; Mr. H. Smith, Leeds; Dr. Robert Battey, Rome; Dr. Sawyer, Birmingham; Dr. J. W. Langmore, London; Mr. George Walker, Wimbledon; Mr. Edward Atkinson, Leeds; Dr. J. C. L. Carson, Coleraine, Ireland; Mr. J. E. Lane, London; Mr. C. H. Cormack, Paris; Mr. Edwin Bull, Birmingham; Mr. A. Phillips Hills, Battersea Park; Mr. Montague D. Makuna, London; Dr. H. Tompkins, Manchester; Dr. Stevenson, London; Mr. A. Drummond, Birmingham; Mr. Ernest D. Bower, Gloucester; Mr. J. Whittall, London; Dr. G. E. Shuttleworth, Lancaster; Mr. Simeon Snell, Sheffield; Mr. Angus Macmillan, Hull; Mr. J. Hofnes, Barrington's Hospital, Limerick; Mr. S. Wellesley Coombs, Worcester; Mr. Parette, Bristol; Dr. W. G. Coombs, Salisbury; Messrs. Slinger and Son, York; Mr. J. Fletcher Horne, Burnsley; Dr. Robert John Garden, Aberdeen; Mr. J. Hopkins Walters, Reading; Mr. A. Craske, London; Dr. O'Neill, Lincoln; Mr. S. J. Kirby, Grays, Essex; Mr. George Crichton, Twickenham; The Secretary of the Leeds and West Riding Medico-Chirurgical Society; Dr. Long Fox, Clifton; Dr. James J. Smith, Clifton; Mr. W. H. Harsant, Clifton; Mr. A. H. Boys, Pill, near Bristol; Mr. James Hodge, Henley-on-Thames; Messrs. Wigner and Harland, London; Dr. W. Rosser, Croydon; Dr. Pau Boerner, Berlin; Dr. Duffey, Dublin; Dr. Stryp, Shrews-

bury; Mr. Thomson, Somerton; Mr. R. Clement Lucas, London; Mr. J. Hislop Johnston, Dalkeith; Mr. H. A. Smith, Ealing; Dr. Fredk. J. Driver, Southsea; Mr. T. Jenner Verrall, Brighton; Messrs. Orridge and Co., London; Mr. G. Stone, Laurence Park; Dr. Borchardt, Manchester; The Treasurer of the Borough of Portsmouth Lunatic Asylum; Mr. S. Plowman, London; Mr. Alex. Cameron, Glenlivet, N.B.; Mr. J. W. Measures, Long Sutton, Lincoln; Mr. H. A. Reeves, London; Mr. E. Barker, London; Mr. E. Bellamy, London; Dr. H. de Styrup, Middlesboro'-on-Tees; Mr. Samuel Andrews, Basingstoke; Mr. T. Clark, Dunster; Mr. C. H. Milburn, Durham; Miss Knight, Brighton; Mr. Lawson Tait, Birmingham; Mr. F. E. Atkinson, Settle; Mr. Alex. Wheeler, Darlington; Mr. Walter Pye, London; Mr. F. Hutchinson, Scarborough; Mr. W. W. Wagstaffe, Bournemouth; Dr. C. E. Glascott, Manchester; Mr. Bedford Henwill, St. Germans, Cornwall; Dr. Robert Rentoul, Liverpool; Rimmell and Co., London; Mr. Thomas Percival, Knottingley; Dr. J. Hamilton Scott, Camberley; Mr. William A. Ross, Alderney, Channel Islands; Mr. Meluish, Worcester; Mr. W. F. Phillips, Andover; Mr. F. J. Driver, Southsea; Mr. F. J. Brennand, East Lydford; Mr. J. S. Blackwood, Cramlington; Dr. H. Cundell Juler, Cincinnati, Ohio, U.S.A.; Dr. R. W. Foss, Stockton-on-Tees; Mr. H. W. Manby, London; Dr. E. Macdowell, Cosgrave, Dublin; Mr. P. L. Booth, Barrow-in-Furness; Dr. M. L. Lins, Walton; Mr. W. J. C. Miller, Richmond-on-Thames; Mr. J. Hussey Williams, Bootle; Dr. H. Tomkins, Monsall, Manchester; Mr. T. R. Allinson, London; Mr. Frederick S. Eve, London; Professor Humphry, Cambridge; Mr. W. De Rosaris, Punjab; Mr. C. E. Lay, Oxford; Dr. Philip Foster, Leeds; Mr. T. M. Dolan, Halifax; Mr. William Davis, Heytesbury; Our Glasgow Correspondent; Mr. R. F. Tomlin, Heaton-Norris; Dr. Robinson, Dublin; Mr. W. H. Lamb, London; Mr. Cosmo Innes, London; Mr. H. A. Allbutt, Leeds; Mr. W. G. Creswell, Saltley; Mr. Walter Hunter, Nottingham; L. R. H.; Dr. D. Allan, London; Mr. Store Bennett, London; Mr. J. Martin, Portland; Dr. H. H. Mugeridge, Ashford; Dr. Collie, Homerton; Mr. W. S. McKenzie, Larkhall, Lanarkshire; A Member, Darlington; Dr. J. G. Douglas Kerr, Bath; Dr. J. J. Herman, London; Mr. Thomas Fawcett, Oldham; Dr. Manson Fraser, London; Mr. C. R. Thompson, Westerham; Mr. J. J. Byrne, Preston; Mr. R. H. A. Hunter, Battersea; Mr. E. F. Adams, Sheffield; Dr. Rickards, Birmingham; Dr. Robinson, Dover; T. C. G., London; Mr. K. F. Teevan, Folkestone; Dr. Murrell, London; Dr. David Newman, Glasgow; Dr. Widdup, Wexford; Dr. J. Ward, Sparbrook; Mr. F. B. Jessett, London; Dr. D. B. Lees, London; Dr. Burney Yeo, London; Mr. Nelson Hardy, London; Mr. N. A. Humphreys, London; Desperate; Mr. A. G. Coombe, Burnham; Mr. W. H. Stone, M.B., London; Mr. C. C. Burman, Belford; Dr. A. Colles, Wellington; Mr. Shirley Murphy, London; Mr. J. Farrar, Morecambe; Mr. A. T. Wear, Newcastle-on-Tyne; Mr. A. W. Kempe, Exeter; Mr. J. Mackay, Berwick-on-Tweed; Dr. C. M. Campbell, London; Dr. N. Steward, London; Dr. Samuel Barker, Brighton; Dr. R. L. Battersbury, Berkhamsted; Mr. J. O. McKane, Wellington; Our Edinboro' Correspondent; Mr. J. Howell Thomas, Wellingboro'; Mr. E. B. Crowfoot, Beccles; Mr. F. Cradock Palmer, Brigg; Dr. C. L. Drew, London; Dr. Jackson Thomson, Dumfries; Mr. Theodore Cassan, Gainsboro'; Dr. Simpson, Leith; Mr. R. G. Salmon, London; Mr. Geo. Dale, Hereford; Mr. C. E. Shelly, Hertford; Mr. J. Brindley James, London; Mr. J. Farrant, Swansea; Mr. Thomas Clarke, Pewsey; Mr. Alex. Morton, Glasgow; Dr. F. Ogston, Jun., Aberdeen; Dr. A. Drummond Macdonald, Liverpool; Dr. J. Greenwood, London; Mr. C. H. Wade, London; Mr. W. Marriott, London

BOOKS, ETC., RECEIVED.

Insanity; its Causes, Prevention, and Treatment. By William Harris, M.R.C.P., F.R.C.S. Ed., M.R.C.P. and L.S.A. Lond. London: Wyman and Sons, 71, Great Queen Street. 1882.

Clinical Lectures on the Diseases of Women Delivered in St. Bartholomew's Hospital. By J. Matthews Duncan, M.D., L.L.D., F.R.S.E. Second Edition, much enlarged, with Appendices. London: J. and A. Churchill. 1883.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL".

Seven lines and under	...	...	...	...	£0 3 6
Each additional line	...	...	...	...	0 0 4
A whole column	...	...	...	...	1 15 0
A page	...	...	...	...	5 0 0

An average line contains eight words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	...	...	...	10 per cent.
" 12 or 13 "	...	...	...	20 "
" 26 "	...	...	...	25 "
" 52 "	...	...	...	30 "

For these terms, the series must, in each case, be completed within twelve months or date of first insertion.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than Twelve o'clock on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office, High Holborn. Small amounts may be sent in postage stamps.