

they hoped to have the assistance of the organisation of the British Medical Association in starting it. In conclusion, he hoped that they should have the material support of all those who felt that they might themselves have need of such a society. From those fortunate individuals who, by reason of their private means, or the largeness of their savings, could afford to dispense with its aid; and from those seniors of the profession who had never yet been backward in furthering any good object that promised to benefit their brethren, they asked for criticism, for sympathy, and for support.

This resolution was passed, as well as the second of Dr. Clibborn's proposals, which was modified as follows: "That the Committee of Council be requested to take steps to ascertain the opinion of other Branches upon this subject; and, should that be found to be favourable, to take such other steps as may seem desirable."

COLLECTIVE INVESTIGATION OF DISEASE.

THE COMMUNICABILITY OF PHTHISIS.

SECOND list of replies to this inquiry received between January 24th and February 27th.

C. E. Abbott, Esq., Braintree; E. J. Adkins, Esq., Hastings; J. E. Allen, Esq., Todmorden; R. Atkinson, Esq., Ripponden.

T. A. G. Balfour, M.D., Edinburgh; L. J. Barnes, M.D., Erith; Surgeon F. E. Barrow, Cairo; R. L. Batterbury, M.D., Berkhamstead; J. S. Belcher, M.D., New Cross, S.E.; W. Bernard, Esq., Londonderry; C. Biddle, Esq., Merthyr Tydvil; George Birt, M.B., Stourbridge; J. Blair, M.D., Shotts, N.B.; J. Wallace Boyce, Esq., Stillorgan, co. Dublin; W. H. Brace, M.D., Queen's Gate Terrace, S.W.; G. D. Brown, Esq., Ealing, W.; W. A. Buchan, M.B., Manchester; P. B. Burroughs, Esq., Weston-super-Mare.

C. G. Campbell, Esq., Saddleworth; A. A. Cohen, M.B., Burwash; H. Crutchley, M.D., Alsager.

J. S. Dykes, Esq., Glynneath.

C. J. Evans, Esq., Northampton; Maurice G. Evans, M.D., Cardiff; T. Eyton-Jones, M.D., Wrexham.

W. S. Falls, M.D., Bournemouth; S. Winter Fisher, M.D., Brighton; W. Fraser, M.D., Bournemouth; J. Farrant Fry, Esq., Swansea.

N. D. Gaddy, M.D., Lovell, U.S.A.; M. D'Oyley Gilkes, Esq., Hereford; H. Gorst, Esq., Huyton, Liverpool; G. Gosset, M.B., Abingdon; F. A. Gray, Esq., Ottery St. Mary.

Henry A. Hallett, M.D., Kimbolton; W. Hamilton, M.D., Tarbert, co. Kerry; Vincent Harris, M.D., Wimpole Street, W.; J. Harrison, M.D., Roscommon; C. E. Hoar, M.D., Maidstone; W. Lovell Hunter, M.D., Pudsey.

George Jackson, Esq., Plymouth.

Arthur Kempe, Esq., Exeter; G. Kirkwood, M.D., Peterborough.

F. B. Lee, Esq., Heckmondwike; D. J. Leech, M.D., Manchester; H. R. Leech, Esq., Birmingham; G. J. Llewellyn, Esq., Brigid; J. Lindsay, M.D., Lismahagow, N.B.; W. H. Lush, Esq., Market Lavington.

J. McDonald, M.D., Lochmaddy, N.B.; Duncan J. Mackenzie, M.D., Glossop; Quintin McLennan, M.B., Penpoint, N.B.; J. Mackae, M.D., Laggan, N.B.; D. McVeagh, Esq., Coventry; H. C. Manley, Esq., Belfast; E. R. Mansell, Esq., Hastings; F. Marsh, Esq., Stafford General Infirmary; Kenneth W. Millican, Esq., Kineton; Milner Moore, M.D., Coventry; H. H. Mugeridge, Esq., Ashford; William Murray, M.D., Burley-in-Wharfedale.

A. D. Leith Napier, M.D., Abbeylands, N.B.; L. Newton, Esq., Huntingdon; E. Norton, M.D., Bournemouth.

J. F. Palmer, Esq., Royal Avenue, S.W.; H. H. Phillips, M.D., Reading; C. E. Prince, Esq., Buckhurst Hill.

J. Quirke, Esq., Borris-in-Ossory, Queen's County.

T. Richardson, Esq., Commercial Road, E.; E. B. Robertson, M.B., Woodford; Roderick Ross, Esq., Lochs, Stornoway, N.B.; R. B. Ruddock, Esq., Clifton, Bristol; A. J. Russell, M.D., Denver, Colo., U.S.A.

W. B. Sellers, Esq., Rochdale; G. E. Shuttleworth, M.D., Lancaster; Marion Sims, M.D., Paris; D. Turnbull Smith, M.B., Preston; J. Evans Smith, Esq., Snodland; W. A. Smith, M.B., Newport; W. Smyth, M.D., Bainbridge; W. E. Stevenson, M.B., Cavendish Square, W.; H. L. Snow, M.D., Bridgwater; K. B. Stuart, M.D., Calcutta; E. West Symes, M.D., Halifax.

Surgeon-Major H. W. E. Tatham, M.D., Belgum, India; Herbert Taylor, M.B., Kennington Park Road, S.E.; H. Coupland Taylor, M.D., Todmorden; E. Thompson, M.B., Omagh, co. Tyrone; Morris-Tonge, M.D., Harrow; F. Charleswood Turner, M.D., Flisbury Square, E.C.

A. Law Wade, M.D., Somerset County Asylum; Brigade-Surgeon J. Wales, Stirling, N.B.; J. H. Walker, Esq., Pickering; W. M. Whittaker, M.B., Valencia, co. Kerry; W. L. Winterbotham, M.B., Bridgwater; S. Wright, Esq., St. Neots.

** Two inquiry sheets have been returned filled up, but without the names or addresses of the senders. Total number of replies received up to Tuesday, February 27th, 668.

List of Returns Received During the Month of February, 1883.

ACUTE PNEUMONIA (44).

W. T. Angrove, Esq., Mildenhall (1); W. Armstrong, Esq., Harpurhey, near Manchester (1); F. P. Atkinson, M.D., Kingston-on-Thames (1); T. Bates, Esq., Worcester (1); J. Bellingham, Esq., Dudley (1); W. Bernard, Esq., Londonderry (1); G. Chapman, Esq., Brierley Hill (1); J. G. Clendinning, Esq., Cosely, Staffordshire (1); C. P. Coombe, M.D., Castle Cary (1); W. F. Dix, Esq., Smallburgh (1); T. Eyton-Jones, M.D., Wrexham (1); Cottenham Farmer, Esq., Hexham (2); T. W. H. Garstang, Esq., Oldham (2); C. E. Hoar, M.D., Maidstone (1); E. W. Hope, M.D., Wolverhampton (1); E. Gordon Hull, M.D., Stockton-on-Tees (3); R. Ker, Esq., Halesowen (1); J. W. Lane, M.D., Bishop's Cleeve (3); Duncan I. Mackenzie, M.D., Glossop (1); P. Miall, Esq., Bradford (1); Milner Moore, M.D., Coventry (1); J. Munro, M.D., Barnard Castle (4); F. W. Parsons, Esq., Wimbledon (1); T. E. Parsons, Esq., Wimbledon (1); R. S. Peart,

M.D., North Shields (1); T. Pennington, Esq., Liverpool (1); G. Reid, M.D., Stafford (1); R. J. H. Scott, Esq., Bath (1); E. Skinner, Esq., Sheffield (1); P. Caldwell Smith, M.B., Motherwell, N.B. (1); W. J. Spence, Esq., Bradford (1); J. A. Erskine Stuart, Esq., Batley (1); E. Thompson, M.B., Omagh (1); G. Whittle, M.D., Liverpool (1).

CHOREA (29).

W. Armstrong, Esq., Harpurhey, near Manchester (1); J. S. Bury, M.D., Pendleton (1); G. Chapman, Esq., Brierley Hill (1); W. T. Colby, M.D., Malton (2); C. P. Coombe, M.D., Castle Cary (1); D. Drummond, M.D., Newcastle-on-Tyne (1); J. Drummond, M.D., South Shields (1); H. Nelson Edwards, Esq., Shrewsbury (3); W. Gowans, Esq., South Shields (2); E. W. Hope, M.D., Wolverhampton (2); R. H. Lloyd, M.D., Lambeth (1); W. G. Lowe, M.D., Burton-on-Trent (1); S. Moritz, M.D., Manchester (1); J. Munro, M.D., Barnard Castle (2); R. S. Peart, M.D., North Shields (1); T. Pennington, Esq., Liverpool (1); G. H. Phillips, M.D., Newcastle-on-Tyne (2); G. Reid, M.D., Stafford (1); P. Caldwell Smith, M.B., Motherwell, N.B. (1); J. A. Erskine Stuart, Esq., Batley (1); E. Thompson, M.B., Omagh (1); G. Whittle, M.D., Liverpool (1); E. T. Wilson, M.B., Cheltenham (1).

ACUTE RHEUMATISM (46).

W. Armstrong, Esq., Harpurhey, near Manchester (1); F. P. Atkinson, M.D., Kingston-on-Thames (1); G. Birt, M.B., Stourbridge (1); W. Carter, M.D., Liverpool (1); G. Chapman, Esq., Brierley Hill (1); E. T. Collins, Esq., Wednesbury (1); C. P. Coombe, M.D., Castle Cary (1); J. Drummond, M.D., South Shields (1); W. Dyson, M.D., Sheffield (3); A. Eddowes, M.D., Market Drayton (1); H. Nelson Edwards, Esq., Shrewsbury (4); T. Eyton-Jones, M.D., Wrexham (3); T. W. H. Garstang, Esq., Oldham (1); W. D. O. Grange, M.D., Moffat, N.B. (1); J. A. Harris, M.D., Chorley (1); E. Gordon Hill, M.D., Stockton-on-Tees (1); E. W. Hope, M.D., Wolverhampton (2); H. R. Ker, M.D., Halesowen (2); W. F. MacCarthy, M.B., Worcester (1); P. W. Macdonald, M.B., Birstall (1); A. G. Mackenzie, Esq., Much Wenlock (4); Duncan J. Mackenzie, M.D., Glossop (1); F. Marsh, Esq., Stafford (1); S. Moritz, M.D., Manchester (1); J. Munro, M.D., Barnard Castle (3); T. Pennington, Esq., Liverpool (1); G. H. Phillips, M.D., Newcastle-on-Tyne (1); G. Reid, M.D., Stafford (1); Herbert S. Renshaw, M.D., Sale, near Manchester (1); P. Caldwell Smith, M.B., Motherwell, N.B. (1); J. A. Erskine-Stuart, Esq., Batley (1); E. Thompson, M.B., Omagh (1); G. Whittle, M.D., Liverpool (1).

DIPHTHERIA (20).

H. Barnes, M.D., Carlisle (1 case); G. Birt, M.B., Stourbridge (1 case); T. Elliott, M.D., Tunbridge Wells (1 case and 1 sanitary); G. H. Fookes, Esq., Alcester (2 cases) and (2 sanitary); T. Partridge, Esq., Stroud (1 sanitary); C. B. Plowright, Esq., King's Lynn (1 case and 1 sanitary); C. J. Renshaw, M.D., Ashton Mersey (1 case and 1 sanitary); J. M. Taylor, Esq., Burslem (1 case) and (1 sanitary); J. H. Tylecote, M.D., Sandon, (5 cases).

SYPHILIS (5).

A. Bernard, M.B., Liverpool (4 acquired); G. W. Crowe, M.D., Worcester (1 acquired).

Total returns received during month, 148.

Further Additions to List of Cards received during February.

ACUTE PNEUMONIA (Total Additions, 1).

W. E. Luscombe, Esq., Collingham, Notts (1).

CHOREA (Total Additions, 3).

H. Handford, M.B., Nottingham (1); G. E. Power, Esq., Hucknall Torkard, Notts (1); H. Williams, Esq., Colston Bassett, Notts (1).

ACUTE RHEUMATISM (Total Additions, 4).

W. E. Luscombe, Esq., Collingham Notts (3); Oliver Withers, Esq., New Barford (Notts) (1).

DIPHTHERIA (Total Additions, 4 Clinical, 1 Sanitary).

Robert Mears, Esq., Atherstone, Warwickshire (4 clinical, 1 sanitary).

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.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.—The next meeting of the District will be held on Friday, March 9th, at 8.30 p.m. Mr. Watson Cheyne will read a paper on Tubercle: its Etiology and Modern History. Microscopical Preparations will be shown, illustrating the results of the most recent investigations. Mr. Ernest Hart will preside.—G. W. POTTER, M.D., Honorary Secretary, 12, Grosvenor Road.—February 27th, 1883.

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.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A meeting of the above Districts will be held at the Grand Hotel, Brighton, on Wednesday, March 14th, at 8.30 p.m.; Willoughby Turner, Esq., of Brighton, in the chair. 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. Dr. Hollis: A Case of Athetosis, with Remarks thereon (patient shown). 3. Mr. Butlin: On the Pathology and Treatment of Nasal Polypi. 4. Mr. Blaker: A Case of Batley's Operation; 5. A Case of Fragilitas Ossium (patient shown).—G. B. COLLET, 5, The Steyne, Worthing, T. JENNER VERRALL, 95, Western Road, Brighton, Honorary Secretaries.—February 27th, 1883.

SOUTH-EASTERN BRANCH: EAST SURREY 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. R. 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.

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 12.30 p.m.—ALEX. DEMPSEY, M.D., Honorary Secretary, Clifton Street, Belfast.

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. Anaesthetics: 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.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.

A MEETING of this District was held at the Iron Room, Christ Church, Erith, on Friday, February 23rd. F. B. JESSETT, Esq., F.R.C.S., was in the Chair.

It was unanimously resolved that a conjoint meeting of the East and West Kent Districts be held at Gravesend in November next.

Papers.—The following papers were read:

1. Dr. Maynard: Case of Gunshot Wound: With Remarks.
2. F. B. Jessett, Esq.: Case of Impermeable Stricture of the Urethra, with numerous Sinuses in the Perineum, cured by Perineal Section.

3. F. B. Jessett, Esq.: Abscess in Perineum, connected with old-standing Stricture; with Remarks.

4. Dr. Hoar: A Case of Pelvic Abscess.

Dinner.—Eight members afterwards dined together at the Prince of Wales Hotel.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

THE second meeting of the session was held at the Royal Hospital School, Greenwich, on February 15th; Dr. THOMAS CREED in the Chair.

Papers.—The following papers were read.

1. Mr. Robert J. W. Oswald: A Rare Sequela of Scarlet Fever.
2. Mr. J. Brindley James: On the Influence of the Mind over the Body.

CORRESPONDENCE.

THE PROPOSED MEDICAL BENEFIT SOCIETY.

SIR,—The Birmingham and Midland Counties Branch has decided to request the Committee of Council to take the opinion of the Branches on this matter. I hope that meantime those who sympathise with the movement will continue to send their names to you. Kindly add my name to your list.—I am, sir, etc.

WILLIAM CLIBBORN, B.A., M.D.

Bradford Street, Birmingham.

SIR,—I have been asked by Dr. Fox, Mr. Ewing Smith, and Mr. Harcourt, all of Clifton, to send in their names as adherents to the proposed Medical Benefit Society. I also remark that lately either Dr. Ravenhill or Dr. Clibborn take the credit of starting this proposal. I think it only fair to state that I was the original proposer of the scheme that has started all this correspondence. The statistics that Dr. E. Paget Thurstan sends to this week's JOURNAL are the very things that the committee, when formed, will want, and I hope others will send in similar forms for the committee to peruse.—I am, sir, faithfully yours,

A. H. BOYS.

Pill, Bristol, February 24th, 1883.

SIR,—Kindly allow me to say a few words in reply to Dr. Thurstan's letter. I have no doubt it will be a very difficult matter, for even an actuary, to determine the probable amount of sickness we are likely to experience, as no sufficient data exist to base the calculations upon. I fear Dr. Thurstan's letter may have a chilling effect on many would-be supporters of the movement. I think he is over-cautious; and, by over-estimating the probable amount of sickness, and, consequently, making the subscriptions too high, his letter may deter many from joining.

The figures Dr. Thurstan gives are, I think, pretty correct as regards the amount of sickness experienced by old-standing friendly societies of the best class; but, for various reasons that I need not mention now, I think there would be less sickness among medical than among labouring men, age for age. But, assuming that the probable amount of sickness would be about equal, then I maintain the figures I gave in my last letter to you—*i.e.*, that each member should pay about 50 per cent. more *per annum* than he would receive per week in case of sickness; in other words, if he wished to receive £5 per week, he should pay £7 10s. *per annum*—would be quite enough to cover all risks. According to Dr. Thurstan's figures, the average maximum amount of sickness, between the ages of twenty-five and forty, is 1.266 weeks per member *per annum*, and the average of the minimum for the same ages .879, and the mean of these two 1.072, or very little over one week per member *per annum*—so that, up to this age, a subscription of £5 per member *per annum* would nearly cover the sick-pay; but this is assuming that the same rate of payments would be kept up during the whole year's sickness, which would be contrary to the rules of all friendly societies with which I am acquainted. For the first decade—again taking Dr. Thurstan's figures—there would be less than one week's sickness per member *per annum*, so that there would be a saving of nearly £3 a-year on each member's annual subscription; and I think this amount, with the interest, would cover the extra expenditure likely to be required after the age of forty years.

One other point in Dr. Thurstan's letter. He says: "Add only 20 per cent. for working expenses." If I thought for one moment that the working expenses would absorb 20 per cent. of our premiums, or even 10 per cent., I should withdraw at once. Fancy 3,000 members, at £7 10s. a member, paying £4,500 a-year in working expenses!

With your permission, I should like, in a future letter, to point out

tion of very long standing. The improvements effected while he was in charge of Fulbourn Asylum were very great. The space allotted to each patient, at first insufficient for the purposes of health and proper treatment, was increased to the full extent required. Whereas the patients used formerly to dine in the day rooms, separate dining-halls were erected, both on the male and female sides. Large workshops were built almost entirely by the labour of the patients, and other enlargements made necessary by the increasing number of patients, were carried out, so that Fulbourn Asylum became an asylum which, for its arrangements and for the employment of the patients in work conducing to their mental and bodily health, may rank with the first.

In 1869, two years after assuming the position of medical superintendent, he modestly commenced that course of unpaid lectures for the Medical School of Cambridge University, for which, eight years later, the rare distinction of the honorary degree of M.A. was spontaneously conferred upon him by the University, he being presented in an eulogistic Latin speech by the public orator.

Of a retiring disposition and somewhat diffident of his powers, his published writings were comparatively few. He was, however, the author of many papers in the *BRITISH MEDICAL JOURNAL*, *Lancet*, and *Journal of Mental Science*, also of monographs on the Hand-writing of the Insane, Primary Cancer of the Brain, etc. Were more required in testimony of his work, it would be found in his many acts of private and unknown generosity. If pecuniary or professional help were required in the families of those with whom he came in contact, he was always ready and willing to give it, and that in such an unostentatious manner that the knowledge of it rested entirely with the two concerned. Did any of the asylum people die, and leave family or friends in need, it was he who headed the subscription list and commended the case to his friends. One of his last acts previous to his final illness was to offer to the Medical School of Guy's Hospital, to which he was much attached, a yearly prize of ten guineas to encourage the use of the ophthalmoscope among the students.

His funeral, which took place at Cherryhinton church, was attended by a large number of persons, including many of his visiting committee and very many medical practitioners from Cambridge and its neighbourhood.

A knowledge of his worth, and of the loss that the profession and the community have sustained, resides in the hearts of those who had the honour of his friendship. In addition to his numerous friends, he leaves a mother, two sisters, and a brother to mourn his loss.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

A NEW CLUB.—A new club has been started in Oxford called the "Oxford Junior Scientific Club," for the purpose of bringing together the junior members of the University for the discussion of scientific subjects, and for mutual intercourse. It has been felt, for some time past, that the undergraduates and Bachelors of Arts of the University, engaged in the pursuit of natural science, do not form a body of sufficient compactness and uniformity. Scientific students in Oxford are labouring under enormous difficulties, and it is only by a feeling of unity and accord amongst those that are directly affected by them, that they can hope to be remedied or reformed. The new scientific club will do something to fill up this gap, and already a number of meetings have been held, which have been largely attended by undergraduates and Bachelors of Arts. The club has elected a number of the most influential of the scientific professors and teachers in the University honorary members, and although they will take little or no part in the proceedings of the ordinary meetings, it is to be hoped that the influence of their names and interest will do a great deal towards keeping alive the energy and enthusiasm of the ordinary members. It is to be hoped that the influence which this club will have upon the medical school in Oxford will soon be felt, in the development of a new spirit and a new enthusiasm in those who are passing through their preliminary scientific education. Little real medical education can be looked for in Oxford at present, but if undergraduates can be made to feel that the portion of their career that is passed amongst test-tubes, bones, and strange beasts, is both intellectually interesting and socially pleasant, a great stride will have been made towards increasing the size and influence of the Oxford Medical School.

MEDICO-LEGAL NOTES AND QUERIES.

VACCINATION PROSECUTION.

As must have been generally anticipated, the case against Dr. Dunlop has entirely broken down, and the summons which had been taken out against him was on Wednesday dismissed by the magistrate. Dr. Dunlop was, a few weeks since, accused of neglecting to take proper precautions with regard to a child whom he had vaccinated in the St. Pancras Workhouse, and which subsequently died. The prosecution attempted to show that he had failed to examine the child before vaccinating it, that it was prematurely born, that its condition was not such as to warrant him in performing the operation, and that his offence amounted to manslaughter.

Although the mother was the nominal prosecutrix, it is obvious that, but for the action of the Society for the Abolition of Compulsory Vaccination, Dr. Dunlop would never have been exposed to so serious a charge; and there can be but little doubt that proceedings were instituted with a view to throwing obstacles in the way of the vaccination, before they leave the workhouses, of children born in these institutions.

The child whose death was the subject of the inquiry was the illegitimate child of a girl of but sixteen years of age, by a boy who was but two years her senior. On the sixth day after the child's birth, it was vaccinated, and continued to do well until the end of another week, when the mother removed it from the workhouse. The evidence went to show that the place to which she took it was a barely furnished room, where the opportunities for it to be properly tended were but few; that she carried it out of doors at all hours and in all kinds of weather; that, in less than a week after leaving the workhouse, the arm became inflamed, and the child gradually comatose, and in another nine days it died.

At the necropsy, the vaccinated arm was found to be ulcerated and inflamed, the axillary glands on the same side of the body slightly enlarged, and the brain—the only organ affected—covered with pus on its upper surface, as well as on the base. Medical testimony was given at the Clerkenwell Police Court, where the summons was heard, that the inflammation of the brain was due to the absorption of septic matter from the arm, and thus death came to be attributed to the vaccination of the child.

Without at this moment discussing some of the more difficult pathological questions which are necessarily raised in this case, it must be obvious that the early vaccination of infants in workhouses will give opportunity to those who are anxious to discredit this operation to associate with its performance the ordinary causes of mortality at this period of life.

Until the Local Government Board directed the attention of boards of guardians to the subject, many thousands of unvaccinated children left the workhouses, and could not subsequently be traced by the vaccination officers. Under these circumstances it can be no matter for surprise that small-pox has been fatally prevalent in the metropolis. The report of the medical officer of the Local Government Board just issued contains some interesting evidence on this point. Dr. Buchanan shows that, of 907 deaths from small-pox amongst children under ten years of age in 1881, 782 occurred amongst those who had not been vaccinated. It will be readily seen that this heavy mortality cannot in future be prevented unless boards of guardians continue to insist upon the vaccination of the many children born in workhouses. Fortunately, experience shows that this operation may be performed very shortly after birth without risk, if the child be in good health. For during the whole of the year 1881 but twelve deaths were registered in London from "cow-pox and the effects of vaccination."

But while medical men are engaged in carrying out the law which has already done so much to prevent death from small-pox, it will become necessary, if they are to be exposed to such prosecution as that to which Dr. Dunlop has been subjected, that some step should be taken for their own protection. Among the many lessons which this case teaches, not the least is that which shows that a medical man may perform his work faithfully, and yet be the victim of a cruel persecution.

Drs. Wilks and Bristowe were present in court, and were, had they been called, prepared to give evidence that the opinion of Mr. Pepper and Dr. Chalmers was unwarrantable. The existence of meningitis in itself was not sufficient to prove the presence of pyæmia; there being no other evidence. Nor did they know of pyæmia resulting from a small ulcer. The absence of tubercles in meningitis in infants is usual. Tubercular meningitis occurs at a

later age. Meningitis as a simple disease is found in children without any known cause.

PROSECUTION OF AN UNQUALIFIED PRACTITIONER.

At the Otley Police Court last month, John Mitchell Rhodes was charged, on the information of Dr. T. S. Usher of Yeadon, that, on February 9th, he did unlawfully, wilfully, and falsely pretend to be a licentiate of the Society of Apothecaries, London. It appeared that the defendant had been practising in Yeadon and the surrounding district for about three years, on the strength of a certificate as assistant from Apothecaries' Hall, and that he had signed about a hundred certificates, mostly in cases of vaccination, adding the letters L.S.A. after his name. These facts were not denied; and the defendant, through his solicitor, pleaded guilty, and was fined in the full penalty of £20. By his request, his solicitor expressed the defendant's sincere regret at having been led into giving the certificates alluded to; and stated that, in consequence of these proceedings, he would take steps to qualify under the Medical Act at the earliest possible period. We are asked by a member of our Association, who forwards the report of this prosecution, to give an opinion as to the likelihood of Mr. Rhodes being received on the *Register* after such conduct, provided he should at any time pass the necessary examinations; it is suggested, with much force, that "a *locus penitentiae* should be held to exist for such cases; and that the object of such prosecutions being rather to protect the public than to punish the individual wrong-doer, such object is best attained when the unqualified practitioner desists from practice until he has obtained a diploma. Moreover, we doubt if the registrar has any power to refuse to register an individual who produces proof of possession of a registrable qualification. To exclude from admission to the *Register* anyone who had been successfully prosecuted under the Medical Act, would not only be to increase ten-thousand-fold the penalty which the legislature has attached to a breach of its provisions, but also, probably, to keep permanently in the ranks of unqualified practitioners men who, like the defendant in this suit, have seen the error of their ways, and desire to amend them."

PARTNERSHIP RIGHTS.

The letter of "Junior" is, in some essential points, contradictory to that of "Senior." The matter at issue, as now stated, appears to turn essentially on a clause in the partnership deed, which directs that all matters in dispute should be settled by arbitration. In the face of contradictory statements, it is, of course, impossible for us to give an opinion.

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 22nd, 1883.

Hubbard, Frederick Edmund, Guy's Hospital.
Lichfield, James William, West Kensington.
Llewellyn, Ernest Evan, 152, Mile End Road, E.
Maddison, Thomas Harwood, 70a, Osnaburgh Street, N.W.
Seymour, John Rushby, 76, Stamford Street, S.E.
Sheppard, Henry Anderson, Southampton.
Stubbs, Robert Pickering, Sunderland.

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

Williams, Morris James, St. Bartholomew's Hospital.

MEDICAL VACANCIES.

CAMBRIDGE COUNTY LUNATIC ASYLUM, Fulbourn.—Resident Medical Superintendent. Salary, £500 per annum. Applications by March 16th.
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.
CHICHESTER INFIRMARY.—House-Surgeon and Secretary. Salary, £100 per annum. Applications by April 7th.
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.
DUNFANAGHY UNION, Crossroads Dispensary.—Medical Officer. Salary, £110 per annum. Election on March 7th.
GREAT NORTHERN HOSPITAL, Caledonian Road.—Junior Resident Medical Officer. Applications by March 10th.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by March 3rd.
HOSPITAL FOR DISEASES OF THE CHEST, City Road.—House-Physician. Salary, £80 per annum. Applications by March 8th.
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.

MIDDLESEX HOSPITAL, W.—Assistant Dental Surgeon. Applications by March 10th.

PARISH OF ST. MARY, ISLINGTON.—Resident Assistant Medical Officer and Dispenser of Medicines. Salary, £100 per annum. Applications by March 18th.

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

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

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

TOWN AND DISTRICT HOSPITAL, Newark-upon-Trent.—House-Surgeon and Secretary. Salary, £100 per annum. Applications by March 12th.

UNIVERSITY COLLEGE, London.—Demonstrator of Physiology. Salary, £150 per annum. Applications to Professor Schäfer before March 15th.

WALSINGHAM UNION.—Medical Officer. Salary, £68 10s. per annum. Applications, endorsed "Medical Officer," to W. M. Rumbelow, Bridge Street, Fakenham, by March 6th.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY, 73, Welbeck Street, W.—Casualty Physician. Applications to F. F. Proctor.

YORK LUNATIC ASYLUM.—Resident Medical Superintendent. Salary, £350 per annum. Applications by March 17th.

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.

BICKLE, L. W., M.R.C.S., L.R.C.P., appointed Non-Resident House-Physician to St. Thomas's Hospital.

CHEYNE, W. Watson, M.B., appointed Honorary Surgeon to the Paddington Green Hospital for Sick Children, *vice* A. P. Gould, F.R.C.S., resigned.

CLIPPINGDALE, S. D., M.D., appointed Honorary Surgeon to the Kensington Dispensary, *vice* W. Ottley, M.B., deceased.

CURETON, E., L.R.C.P., appointed Medical Officer of the Workhouse to the Atcham Union, *vice* F. Whitwell, M.R.C.S., resigned.

MILTON, H. M. N., M.R.C.S., L.S.A., appointed House-Surgeon to St. Thomas's Hospital.

MOSELEY, G., F.R.C.S., appointed Resident Surgeon to the Cheltenham Branch Dispensary of the General Hospital.

OWEN, S. H., M.D., appointed Honorary Assistant Medical Officer to the Clinical Hospital and Dispensary for Children, Park Place, Manchester, *vice* H. W. Boddy, M.B., resigned.

POWELL, J. A., M.B., appointed Resident Assistant Medical Officer to the Children's Hospital, Birmingham, *vice* J. S. Leach, L.R.C.P., resigned.

PYE, Walter, F.R.C.S., appointed Surgeon to the Victoria Hospital for Sick Children (late Assistant-Surgeon).

RANNE, A., M.B., appointed Pathologist and Assistant Medical Officer to the West Riding Lunatic Asylum, Wakefield.

REID, W. M.B., appointed Resident Medical Officer to the Kensington Dispensary, *vice* S. D. Clippingdale, M.D., resigned.

ROGERS, Claude, M.R.C.S., appointed Assistant Dental Surgeon to the Dental Hospital of London, *vice* R. H. Woodhouse, M.R.C.S., resigned.

SAVILL, T. D., M.D. Lond., appointed Resident Accoucheur to St. Thomas's Hospital.

SEWARD, G. H., A. P. S., appointed Dispenser to the West London Hospital.

SHEPPARD, W. J., M.B. and M.S. Durh., M.R.C.S., L.R.C.P., appointed Assistant House-Physician to St. Thomas's Hospital.

SMALS, M., M.R.C.S., appointed Second Dental Surgeon to the Westminster Hospital.

SPENCE, J. B., M.B., appointed Junior Assistant-Physician to the Royal Edinburgh Asylum, *vice* D. Lennox, M.B.

TENCE, C. H., M.D., L.R.C.S.I., appointed Surgeon to the Reading Provident Dispensary.

WARNOCK, R., L.K.Q.C.P.I., appointed Medical Officer to the Lisnaskea Union, *vice* J. C. Martin, M.B., resigned.

WELLS, A. E., M.B. Lond., M.R.C.S., L.R.C.P., appointed House-Surgeon to St. Thomas's Hospital.

WHARRY, Arthur J., M.D., M.R.C.S., appointed Government Medical Officer, Kinta District, Lower Perak, Straits Settlements.

WILSON, W. W., M.B., appointed Medical Officer for the Dispensary to the Killeen Union, *vice* F. J. R. Irwin, M.B.

WOODHOUSE, R. H., M.R.C.S., appointed Dental Surgeon to the Dental Hospital of London, *vice* A. G. Medwin, M.D., resigned.

YOUNG, A. H., F.R.C.S., appointed Honorary Surgeon to the Salford and Pendleton Royal Hospital and Dispensary.

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.

ROBINSON.—On February 15th, at 12, Albion Street, Hull, the wife of Arthur H. Robinson, M.D., M.R.C.S., of a son.

DEATH.

WYER.—On the 23rd February, 1883, at Whitechurch, Canoniscom, Dorset Surgeon John Wyer, Retired half-pay 19th Regiment, in the 94th year of his age.

HEALTH OF FOREIGN CITIES.—It appears from the statistics, published in the Registrar-General's return, for the week ending February 17th, that the death-rate recently averaged 33.7 per 1000 in the three principal Indian cities; it was 30.1 in Bombay, 33.6 in Madras, and 38.6 in Calcutta. Cholera caused 61 deaths in Calcutta, and small-pox 32 in Bombay; "fever" again showed the largest proportional fatality in Madras. According to the most recent weekly returns, the average annual death-rate per 1000 persons estimated to be living in twenty-two of the largest European cities, was 29.7; it was 7.8 above the mean rate during the week in twenty-eight of the largest English towns. The death-rate in St. Petersburg was 40.5, although showing a further decline from still higher rates in recent weeks; the 722 deaths included 30 from diphtheria and 13 from small-pox. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 24.1, and ranged from 15.8 in Christiania to 29.0 in Stockholm; measles caused 6 deaths in Stockholm, and diphtheria 4 in Christiania. In Paris, the death-rate was equal to 28.4, and showed a further increase upon the rates in recent weeks; the deaths included 55 from diphtheria and croup, 39 from typhoid fever, and 13 from small-pox. The 191 deaths in Brussels, of which 5 resulted from small-pox, were equal to the rate of 24.2. The rate in Geneva was exceptionally high, and equal to 33.5; 2 deaths were referred to diphtheria and croup. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 28.4, the rate being 30.7 in Rotterdam and 32.1 in Amsterdam; diphtheria caused 7 deaths in Amsterdam, and small-pox 5 in Rotterdam. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 29.7, ranging from 24.2 both in Berlin and Dresden, to 32.9 and 37.3 in Vienna and Trieste. Typhoid fever caused 7 deaths in Prague, and diphtheria continues to show fatal prevalence in most of these German cities. The death-rate averaged 27.8 in three of the principal Italian cities; it was equal to 22.1 in Rome, 25.2 in Turin, and 44.9 in Venice; diphtheria caused 5 deaths in Turin. In four of the largest American cities, the rate averaged 23.7, and ranged from 20.1 in Brooklyn to 32.2 in Baltimore. Small-pox caused 75 deaths in Baltimore, showing a decline of 17 from the number in the previous week, and 6 in Philadelphia. Typhoid fever caused 10 deaths in Philadelphia, and diphtheria was more or less fatally prevalent in each of these American cities.—The statistics for the week ending February 24th, show that the death-rate recently averaged 34.8 per 1000 in the three principal Indian cities; it was 29.3 in Bombay, 36.3 in Calcutta, and 40.8 in Madras. Small-pox caused 61 deaths in Bombay and 7 in Madras, while 49 fatal cases of cholera were recorded in Calcutta; the largest proportional fatality of "fever" was recorded in Calcutta. According to the most recent weekly returns, the average annual death-rate, per 1000 persons estimated to be living in twenty-two of the largest European cities, was 29.7, and was no less than 7.0 above the mean rate last week in twenty-eight of the large English towns. The death-rate in St. Petersburg was equal to 39.6, and showed a decline from the high rates in recent weeks; the 706 deaths included 25 fatal cases of scarlet fever and 18 of small-pox. In Copenhagen, Christiania, and Stockholm, the death-rate averaged 25.3, and ranged from 14.5 in Christiania to 31.7 in Stockholm; measles caused 7 deaths in Stockholm, and whooping-cough 5 in Copenhagen. In Paris, the death-rate was 27.8; the deaths included 34 from typhoid fever, and 11 from small-pox. The 175 deaths in Brussels, including 5 fatal cases of small-pox, were equal to a rate of 22.0. In Geneva, the rate was 21.6, and one death from small-pox was reported. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 30.6, and ranged from 29.5 in the Hague to 31.2 in Amsterdam; 6 deaths from small-pox occurred in Rotterdam, and 5 both of diphtheria and of "fever" in Amsterdam. The Registrar-General's table includes nine Austrian and German cities, in which the mean death-rate was 30.0; it ranged from 25.2 in Dresden, to 33.9 in Vienna and 39.0 in Prague. Small-pox caused 4 deaths in Vienna, while diphtheria showed fatal prevalence in Berlin and Dresden. The death-rate was equal to 24.3 in Rome, and 32.5 in Venice; diphtheria caused 4 deaths in Rome. Lisbon has recently been added to the Registrar-General's list of foreign cities; it appears that the death-rate in that city, during the week ending February 3rd, was equal to 29.3, and 5 fatal cases of small-pox were recorded. In four of the largest American cities, the mean death-rate did not exceed 23.8; the rate ranged from 20.7 in Brooklyn to 29.4 in Baltimore. Small-pox caused 69 deaths in Baltimore and 15 in Philadelphia, and typhoid fever 13 in the last-mentioned city; diphtheria showed excessive fatality in most of these American cities, especially in Baltimore.

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.—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 Orthopaedic, 10 A.M.
THURSDAY......St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 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; Orthopaedic, F., 12.30; Dental, Tu. F., 9.
ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
ST. MARY'S.—Medical and Surgical, daily, 1.45; 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.

MONDAY.—Odontological Society of Great Britain, 8 P.M. Casual Communication, by Mr. Ackery. Adjourned discussion on the following question, propounded by Mr. Sewill: "Do the Incontrovertible Facts which we now possess as to its Etiology and Pathology, fully account for the Phenomena of Dental Caries?" Dr. John C. Thoroughgood: On Therapeutic Agents for the Promotion of Osseous Development.—The Medical Society of London, 8 P.M. General Meeting, 9 P.M. Dr. Broadbent: Two Cases illustrative of the Successful Employment of the Cold Douche.
TUESDAY.—Pathological Society, 8.30 P.M. Mr. C. Heath: Hypertrophy of Ramus of Lower Jaw (living specimen). Dr. N. Moore: Rheumatoid Arthritis. Mr. Lane: Fracture of Sternum. Dr. Hale White: A Peculiar Process from the Fibula; A Sacculated Bladder. Mr. Roger Williams: Sarcoma of Bladder (two cases). Dr. Finlay: Sarcomatous Change in Uterine Fibroid; Columnar Epithelioma of Stomach. Mr. Barker: Disease of Bladder and Kidneys. Mr. Clutton: Tumour of Bladder and Skull. Mr. Eve: Simple Ulceration of Bladder. Mr. J. H. Morgan: Multiple Growths in Bladder. Mr. Swinford Edwards: Bladder after Cystotomy.
WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be shown. Inaugural Address of the President, Dr. Gervis. Dr. Godson: Clinical Cases of Interest.—Epidemiological Society of London, 8 P.M. Surgeon-General John Murray, M.D.: On the Delhi or Oriental Sore. Deputy Surgeon-General Joseph Ewart, M.D.: On the Causes of the Excessive Mortality among the Women and Children of the European Army of India.
THURSDAY.—Ophthalmological Society of the United Kingdom, 8.30 P.M. Dr. C. E. Fitzgerald: On the Connection between Uterine and Eye Diseases. Mr. Adams Frost: On Pulsating Exophthalmos. Dr. David Little: Sarcoma of Iris successfully removed. Mr. A. H. Benson: Paresis of Ocular Muscles after Diphtheria. Living and Card Specimens at 8 o'clock. Mr. J. E. Adams: Embolism of both Retinal Arteries. Mr. A. H. Benson: Ophthalmoscopic Drawings. Mr. Adams Frost: Double Pulsating Exophthalmos.

FRIDAY.—Clinical Society of London. Mr. Godlee: "On a Case of Fracture of the Radius and Dislocation forwards of the Ulna at the Wrist, in which the lower end of the latter bone was removed to effect reduction." Dr. Pearson and Dr. Broadbent: "On a Case of Acute Necrosis of the Right Orbital Plate of the Frontal Bone giving rise to Thrombosis in the Frontal end of the Longitudinal Sinus in the Cavernous Sinus and Ophthalmic Vein." Dr. G. Johnson: "On Picric Acid as a Test for Albumen and Sugar in the Urine." Mr. R. W. Parker: "Contused Wound of the Thigh and Leg; Gangrene of the Limb; Death." Dr. Dyce Duckworth will exhibit: 1. A Case of Remarkable Hardness of the Ears; 2. A Case of Rheumatismal Subcutaneous Nodules. Dr. B. Mackenzie will show a Case of Subcutaneous Nodules without Definite Rheumatism.

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.

LICENCES AND DEGREES.

SIR,—I shall esteem it a great favour, if you will kindly answer me, through your valuable paper, the following question: Has a medical man, with these qualifications, viz., L.R.C.P. Edin., L.R.C.S.I., and L.M., any right to put Doctor on his door? I shall feel doubly obliged by your inserting my question, with answer, and any comment you may feel disposed to make.—Truly yours, M. S.

* * This is a question which appears to have a perennial interest for the junior members of our profession; and it is one which might with equal truth be answered in the affirmative or negative, according to the sense in which it is understood. A medical man holding the qualifications named, and being registered, has an undoubted right, under the Medical Act of 1858, to describe himself to the public as one who professes to cure disease; and it is in this respect a mere matter of good taste and professional etiquette whether he shall style himself Mr. —, Physician and Surgeon, Mr. —, L.R.C.P. Edin., L.R.C.S.I., and L.M., or Dr. —. On the other hand, in English professional circles, the title of Doctor is usually accorded only to those who possess the diploma of M.D. If Mr. Simon's proposal, to legalise the use of the title of Doctor by all who, being in possession of "higher titles," choose to take it, were adopted, it would put an end to a fruitful source of heartburnings, and save many columns of correspondence in the medical journals.

MEDICAL STUDENT.—Candidates for the diploma of the Faculty of Physicians and Surgeons of Glasgow must have been engaged in professional study during forty-five months after their registration as medical students. This period of study must include at least four winter sessions or three winter and two summer sessions' attendance at a recognised medical school. Only the term of pupillage spent since registration can be accepted as a part of the curriculum. "Instruction in Practical Pharmacy," "attendance on at least six cases of labour," and "proficiency in vaccination, certified by a public vaccinator or registered practitioner," are required; a certificate from the practitioner to whom the student is apprenticed will be valid. It is advisable to consult the Secretary to the Faculty for information concerning the other questions.

DR. G. DE C. M.—We are sure our correspondent will agree with us that the question of precedence, always unimportant, is particularly so in the present aspect of the question, and may very well be deferred.

"OLD AGE" AND "SICKNESS."

A CORRESPONDENT informs us that a friendly society, of which he is medical officer, has refused sick pay to a member, aged 73 years, certified to be incapacitated by "the effects of age." We are asked for our opinion whether "age" constitutes "sickness" or not. It appears to us that it is a legal question, depending upon the working of the rules of the friendly society, and one on which, in the interest of members, all doubts should be definitely set at rest.

EXCELSIOR.—Probably the most comprehensible general useful manual is that by Drs. Bucknill and Tuke, published by Churchill, New Burlington Street.

MEDICAL ADVERTISING.

WE see with regret the advertisements published in *The Friend of the Free State and Bloemfontein Gazette* by Dr. Croghan. Dr. Croghan would hardly have thought it justifiable or according to his professional position in Ireland to have there published such blatant advertisements, and we cannot understand why he should have thought it permissible in entering upon practice in a British colony, to adopt a practice condemned by professional opinion in Great Britain. We are glad to learn that the opinion in South Africa is equally opposed to medical advertising, and we trust that such examples may remain few and far between.

TEMPERANCE VESSELS.

SIR,—Can you inform me if there is a temperance vessel, by which a habitual drunkard could be sent on a sea-voyage with the certainty of his being kept from alcohol while on board? If there be such a vessel, I shall be glad to hear of the owner's address.—Yours, A. M.

* * The "City" line of ships from the Clyde to India are all sailed on teetotal principles, and have been so for thirty years past or more. Many of the commanders are total abstainers. The owners are Messrs. George Smith and Sons, Glasgow.

G. H. B. (Bruton).—*The Truth about Vaccination*, containing the summary which our correspondent needs, is published as a shilling pamphlet by Messrs. Smith, Elder, and Co., London.

NEW TREATMENT FOR PARAPHIMOSIS.

SIR.—The method of reduction of paraphimosis, referred to by Mr. Collings in the JOURNAL of February 10th, was practised by me when house-surgeon at the Salop Infirmary, and first described in the JOURNAL in 1876. As it saves much suffering on the part of the patient, I should like to draw attention once more to it. A month ago, I had a bad case to treat, one which had been neglected for three days. I moistened a piece of lint about four inches long and two inches wide, and enveloped the constricted glans in it, so that the lint passed well in front of the glans. I then wound a piece of pure rubber tubing, which I always have at hand—about the size of a number nine catheter—from before backwards over the lint, and left it on about two minutes. Then, taking the elastic and lint quickly off, the prepuce was easily drawn over the glans. Frequently, on recovering the elastic, the reduction will be found already completed. Mr. O'Connor could not have seen my communication on the subject, or he would not suggest the use of string instead of elastic, which must be more painful than the latter.—I am, sir, yours faithfully, ALFRED EDDOWES, M.D. Market Drayton, February 12th, 1883.

A. W.—Mr. Pridgin Teale's *Dangers to Health* (Churchill, New Burlington Street); Mr. W. Eassie's *Sanitary Arrangements of Dwellings* (Smith, Elder, and Co., 15, Waterloo Place, S.W.); Mr. Eardley F. Bailey Denton's *Hand-book of House-Sanitation* (E. and F. N. Spon, Charing Cross); E. G. Banner's *Wholesome Houses* (Stanford, Charing Cross).

POISONING ACCIDENTS BY CARBOLIC ACID.

SIR.—In reference to your article (page 168) on Carbolic Acid Poisoning, permit us to draw attention to the fact that all bottles issued by us for public use are ribbed, and have "poison" labels on, and the antidote described. Although several thousands of these bottles have for many years been sent out by us in each month, we cannot trace one case of accidental poisoning by their contents. Hence, it seems to us that our system affords sufficient protection against any ordinary accident.

Suicides by use of carboic acid are fewer in number than those caused by laudanum. This fact proves that "scheduling" the latter under the Poisons Act has had no appreciable effect in preventing its abuse; and it cannot be reasonably expected that persons bent on committing suicide will ever be deterred by Act of Parliament from achieving their purpose.—Yours truly, Manchester, January 29th, 1883. F. C. CALVERT AND CO.

P.S.—We do issue a 50 per cent. preparation of carboic acid, in a perfectly safe form, but the general public seem to prefer the full strength, No. 5 quality.

J. B. (LEEDS).—Any surgeon of the Leeds Infirmary will put our correspondent in the way of recovery.

A VEGETARIAN'S EXPERIENCE.

SIR,—I send you the result of an experiment I have made. Last year, about this time, I determined to see how I got on if I abstained from the use of animal food. A year has now elapsed since I touched fish, flesh, or fowl. When I first started, I did not feel that satisfaction which one feels after a flesh meal, and the vegetables tasted insipid; in fact, I had to use sauces and pickles to get them down. Time gradually used me to my diet, and now I can eat them just as they are cooked. I have lost all desire for the condiments, such as sauces, pickles, spices, mustard, and pepper; salt I use in small quantity. My taste for alcoholic liquors has also gone, and, with it, my liking for tobacco. I was covetous as a rule until I took to vegetable diet, and, during my trial, I have been constipated only once. For the period of a month I was travelling, and could not get my brown bread, and so my bowels did not act so well; but a return to my whole meal bread soon cured that. I am fond of mental work, and I find I can do more work on it than on a mixed diet. I have not had a bilious attack or sick headache since taking to it. Rheumatic pains flitted about my joints, and I was afraid of rheumatic arthritis setting in; but three months sufficed to rid me of these. My urine used to be loaded with lithates, but the sediment went in a fortnight's time, and I have not seen a deposit since. My renal secretion often has a sweetish smell, and sometimes a smell of roast meat. There has been no decrease in my bodily powers, and I can run and take exercise as well as ever. I have gained seven pounds in weight during my experiment. My senses are acuter, especially those of taste and smell. My sexual passion has moderated, and is not so violent as on a mixed diet. I have a good flow of animal spirits, and am very rarely depressed. I do not eat more food on my new diet than I did as a mixed feeder. Breakfast consists of brown bread, apples, and a cup of coffee; in summer, I have lettuce instead of apples. Dinner is usually composed of two vegetables, brown bread, and a pie or pudding. For tea, I have a cup of milk and water, bread and jam. Supper, when taken, is bread and jam, cold pudding, or boiled onions. Eggs, milk, butter, and cheese I use only in moderate quantities. I shall be very pleased to give any information, or will willingly answer any questions. T. R. ALLINSON, L.R.C.P., etc.

2, Kingsland Road, E., February 19th, 1883.

MR. S. ANDREWS.—We believe the insurance company in question to be perfectly sound, financially and otherwise. The fees you mention, appear to be as high as actuarial calculations admit for the small policies in which the initial expenses are heavy. We doubt the policy in this particular case of industrial assurance by policies of very small value to stand out for fees which would be obviously prohibitory.

PRURITUS ANI: THROAT-SPRAYS: VACCINATION AND ERYSIPELAS.

SIR.—There are two or three things in the last number of the *BRITISH MEDICAL JOURNAL* to which I wish to refer. 1. There is no disease more easily cured than pruritus ani, if the treatment be applied to the real seat of disease—the inside of the rectum. I have not seen a case for the last thirty years that was not cured in a week by the application of camphor-ointment to the surface of the rectum inside the anus. It can be applied by the finger, and rubbed round on the inside. A drachm of camphor should be powdered very finely, but not dissolved by too much spirit of wine, and then rubbed up with one ounce of lard. I have never known this to fail of cure. 2. When Dr. Dewar introduced the treatment of different diseases about the throat with sulphurous acid spray, I used it very extensively. It certainly had great power in arresting inflammation of the surface, and in healing all ulcerated spots. I found, however, that it was very irritating in all cases where there was bronchial inflammation or an asthmatic tendency. So many people complained of the irritation, and children also disliked it so much, that I have long since ceased to use sulphurous acid. The most agreeable, soothing, and useful application I have ever made in the cases referred to, is carbolic acid spray, made in the strength of one drachm of Calvert's carbolic acid to ten ounces of water. This should be used by a well made spray instrument, which will throw in spray, not water. I have been using this with great satisfaction ever since Dr. Richardson invented his spray-instrument. The first person who put me on the use of it, in consumption, was my old friend Dr. Henry Purdon of Belfast. He also drew the attention of the late Dr. Stokes of Dublin to its use in consumption; and he reported favourably of it. Carbolic spray has a pleasant taste, and is very soothing for a cough. 3. I may mention here that I had a case last year which is very important in relation to vaccination, seeing that so much nonsense is written now-a-days on that subject. I vaccinated the three months' old infant of an intelligent farmer. Everything went on nicely till the sore began to heal. Erysipelas then began in the arm, and extended with great virulence to the whole body. The child was in extreme danger. I ordered the internal use of tinct. ferri per chlor. ; and the case did well. This medicine I have been using in erysipelas for many years, and I have hardly ever seen it fail. I could not understand how the erysipelas came, as nothing of the kind had occurred in my previous experience. The operation was performed by very clean ivory points, and the infection, I thought, was particularly good. It puzzled me completely. The father of the child came to me one day, to say that he had found out the secret. His wife had employed a neighbour's little girl for some time as a day-nurse. They had now ascertained that the girl had erysipelas in her arm at the very time I had cut the baby's arm. This, of course, threw a flood of light on the subject.—Yours truly,
JAMES C. L. CARSON, M.D.

Coleraine, Ireland, February 14th, 1883.

MEDICAL PROVIDENCE.

IN reply to numerous correspondents who have written to us for information respecting the Society for the Relief of Widows and Orphans of Medical Men, referred to by our correspondent, "E. H. R." in our last week's issue, we may state that it is distinctly laid down in *Churchill's Directory*, that members of this Society do, by the small yearly subscription of two guineas, "protect their own families from destitution, should they unexpectedly need it; and its benefits are conferred only on those who are left in indigent circumstances." All legally qualified members of the profession residing within a radius of twenty miles from Charing Cross are eligible for proposal; the mode of admission is by ballot. Any further information may be obtained of the Secretary, Mr. J. B. Blackett, 28, Green Street, Grosvenor Square, W.

DR. ROBERT LEE.—Enough has, we think, been said about the matter, and we cannot afford more space to it.

HYPERIDROSIS.

SIR.—Will any of your readers kindly suggest means likely to cure or lessen this distressing symptom? It occurs in a patient of middle age, regular habits, and nervous temperament. Sometimes in church, or in society, the perspiration, chiefly on the head and face, bursts forth most profusely, rolls down the features in large beads, and lasts for a considerable time. So great an annoyance does it cause, that the sufferer has become a regular recluse, and avoids all places of public resort. Various suggested remedies have been tried; the application of very hot water, belladonna liniment, solution of tannin, desiccating powders, etc., with little or no benefit. Will any specialist recommend something likely to prove beneficial?—I am, yours faithfully, M.D.

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

Mr. J. Davison, Ballinakill, Queen's co.; Mr. F. R. Mutch, Nottingham; Mr. Shirley F. Murphy, London; Mr. Hugh Orr, Fliley, near Scarborough; Mr. Nathaniel Stevenson, London; Mr. A. Graham, London; Dr. J. Minis Harp, Philadelphia; Mr. D. Biddle, Kingston-on-Thames; Messrs. Maw, Son and Thompson, London; An Examiner in Medicine, London; Mr. E. Rickard, Birmingham; Dr. G. de Courcy Morris, York; Mr. T. A. Perry Marsh, Devonport; Mr. Sidney Plowman, London; Mr. Edward Bellamy, London; Mr. Alfred Upton, Brighton; Mr. Arthur H. Benson, Dublin; Mr. A. H. Fraser, Witham, Essex; A Member, Leeds; Mr. W. J. V. Harle, London; Dr. J. W. Moore, Dublin; Dr. C. C. Cock, Ross, Herefordshire; Dr. W. Thomson, Dublin; Dr. Dudley S. Reynolds, Louisville, U.S.A.; Dr. Alex. R. Coldstream, Florence; Mr. C. R. Illingworth, Clayton-le-Moors; Mr. Ernest D. Bower, Gloucester; Mr. Lawson Tait, Birmingham; Mr. H. J. Jupp, London; Mr. Samuel Andrews, Basingstoke; Dr. A. Emrys Jones, Manchester; Dr. D'Arcy Adams, London; Dr. Clibborn, Birmingham; Mr. A. H. Boys, Pill; Dr. Aitken, Rome; Messrs. Street Bros., London; Dr. Alex. Morton, Glasgow; Dr. Sawyer, Birmingham; Mr. G. Mellin, Peckham; Mr. Henry Raven, Swaffham, Norfolk; Mr. C. J. Wright, Leeds; Mr. W. H. Platt, Kilburn; Dr. Styrup, Shrewsbury; Mr. J. T. Knight, Carlton, near Nottingham; Dr. D. Campbell Black, Glasgow; Mr. R. E. Power, Portsmouth; Mr. R. W. Odell, Little Dean; The Secretary of the Sanitary Assurance Association; Mr. Wm. Belcher, Bandon; The Secretary of the National Association for the Promotion of Social Science; Dr. Henry W. Scott, Ballina; Mr. C. J. Wheelhouse, Leeds; Mr. S. E. Gilder, Bury St. Edmunds; Dr. Wm. Goodell,

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BOOKS, ETC., RECEIVED.

Micro-Photography, including a Description of the Wet Collodion and Gelatino-Bromide Processes, together with the Best Methods of Mounting and Preparing Microscopic Objects for Micro-Photography. By A. Cowley Malley, B.A., M.B., B.Ch., T. C. D. London: H. K. Lewis. 1883.

A Synoptical Guide to the Study of Obstetrics; being an Aid to the Student in the Class-Room, in Private Study, and in Preparing for Examinations. By Robert Barnes, M.D. Lond., Obstetric Physician and Lecturer in Obstetrics to St. George's Hospital. London: Smith, Elder, and Co. 1883.

Rheumatism, Gout, and Some Allied Disorders. By Morris Longstreth, M.D., one of the Attending Physicians of the Pennsylvania Hospital, Lecturer on Pathological Anatomy at the Jefferson Medical College, Philadelphia, Pa. London: Sampson Low, Marston, Searle, and Rivington. 1883.

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