

for Ireland (Clause 9, Section 5), in which only two members are to be chosen by the King and Queen's College of Physicians in Ireland, be amended by re-inserting the word "three," instead of "two," as it stood in the original Bill."

The motion was seconded by Dr. HALDANE and immediately withdrawn.

Transference from Old to New Council.—Mr. TURNER, in the absence of Dr. Pitman, Chairman of the Business Committee, said that it was very important that they should come to some understanding as to whether, if the Medical Bill became an Act, there would have to be any meeting of the Council in order to transfer the property and other matters connected with the Council from the old body to the new one. The fifty-second Clause of the Bill provided that the first Council under the Act should come into office on March 31st, 1884. He did not know what the legal technicalities of the matter might be. An expression of opinion from the President might guide the members of the Council.

The PRESIDENT said that the Council had undertaken certain duties, and probably all the members of the Council held the opinion that, as long as they existed as a Council, they should endeavour to perform what they had undertaken. When the Council ceased to exist, the mode of its dissolution would declare itself. He saw no more reason at the present time for changing the course of procedure than he did five years ago. Unless the Council gave him special instructions, he should be guided by circumstances in the matter of summoning them. The Bill would probably become an Act this session, but still the probability was one of remote uncertainty. The pressure of work before the Government was so great, that no plain-speaking statesman could say what Bill was likely to pass. But the Government were earnestly desirous to bring to an end the uncertainties and perplexities of medical education in Great Britain and Ireland; and if they could pass the Bill they would do so. The duties of the present Council under the Act of 1858 would remain the same until the day that the new Council came into office. As to the question whether a meeting of this Council would be necessary in order to transfer, the President said that he could hardly answer it. He should, perhaps, have the opinion of one of the law-officers of the Government on that subject.

Dr. LYONS, said that the transfer of the temporalities of the Irish Church to the Church Commissioners afforded a precedent as to the way in which one body might take over the functions of another.

It was then resolved, on the motion of Dr. AQUILLA SMITH, that the duties of the General Medical Council be delegated to the Executive Committee until the next meeting of the Council.

Vote of Thanks.—Dr. A. SMITH moved:

"That the thanks of the Council are hereby cordially tendered to Dr. Acland, the President, for his efficient services during the present session of the Medical Council."

Mr. SIMON seconded the motion. He said that he could not express how much indebted he felt the Council to be to Dr. Acland for the singular zeal and ability with which he had devoted himself to the service of the Council and the interests of the public. It was now twenty-five years since Dr. Acland began to give his valuable assistance to that branch of the public service. Before he undertook the office of President, it was impossible for anyone to overlook the disinterestedness and public spirit which he brought to the Council table. In these last years, in which he had presided at their deliberations, Dr. Acland had devoted himself to the business of the Council as if it had been the dearest private interest of his life.

The motion was carried by acclamation.

The PRESIDENT said that he could only thank them for their confidence and kindness. He wished that the admirable words of Mr. Simon had been given to a worthier cause.

Votes of thanks were then given to Dr. Pitman, Chairman of the Business Committee; Dr. Quain and Dr. Pitman, Treasurers; and Mr. Millar, Registrar of the Council.

The proceedings then terminated.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a meeting of the College on April 26th, a communication from the Grocers' Company was read, announcing the foundation of three scholarships, each of £250 a year, and a Discovery Prize of £1,000, to be given every four years, for the encouragement of original research in sanitary science. The following were elected Fellows: James Sawyer, M.D.Lond., Birmingham; George Frederick Elliott, M.D.Durh., Hull; Robert Mundy Gover, M.D.St. And., Home Office,

S.W.; Julius Dreschfeld, M.D.Würzburg, Manchester; Francis Warner, M.D.Lond., 24, Harley Street, W.; Herbert Watney, M.D.Cantab., 1, Wilton Crescent, S.W.; William Murrell, M.D.Bru., 38, Weymouth Street, W.; Henry Cook, M.D.St. And., Shaldon, Teignmouth; Thomas Clifford Allbutt, M.D.Cantab., Leeds. The Council report on special examinations was read, and the following resolution was adopted: "That, in accordance with the recommendation of the Council, an examination be instituted in Hygiene and State Medicine." An annual grant of three guineas was made to the schools at Burwash. The President was empowered to nominate one or more Fellows who propose to attend the International Congress on Colonial Medicine at Amsterdam to represent the College.

COLLECTIVE INVESTIGATION OF DISEASE. DIPHTHERIA.

THE following additional replies have been received from medical officers of health promising their assistance in this investigation. Practitioners in these districts having cases of diphtheria under their care, are particularly requested to communicate with the medical officer of health.

| Medical Officer of Health. | District. |
|----------------------------|--------------------------------------|
| F. Barrow, Esq. ... | Rothbury (rural), Northumberland. |
| J. Brown, Esq. ... | Bacup (urban) Lancashire. |
| E. Casey, M.D. ... | New Windsor (urban). |
| E. F. Fussell, M.B. ... | Brighton, East Sussex. |
| Augustus Morcom, Esq. ... | Dunstable (urban) and Luton (rural). |
| J. N. Vinen, M.D. ... | St. Olave's, S.E. |
| A. Walker, M.D. ... | Putney and Roehampton. |

ERRATUM.—In list of medical officers of health in Journal of March 31st, page 636, for J. Hardwicke, Esq., Rotherham, read J. Hardwicke, M.D. Rotherham (urban).

ASSOCIATION INTELLIGENCE.

COUNCIL, 1882-83.

NOTICE OF SPECIAL MEETING.

A SPECIAL meeting of the Council will be held at the Queen's Hotel, Birmingham, on Thursday, the 17th instant, at three o'clock in the afternoon, to consider the following business.

1. Report of the Committee of Council on the Representation of the Branches in the Committee of Council.
2. A resolution in favour of the Medical Acts Amendment Bill.

FRANCIS FOWKE, *General Secretary*.

London, May 3rd, 1883.

COMMITTEE OF COUNCIL.

NOTICE OF QUARTERLY MEETINGS FOR 1883:

ELECTION OF MEMBERS.

MEETINGS of the Committee of Council will be held on Wednesday, 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., June 21st, and 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.

MIDLAND BRANCH.—A meeting will be held at Spalding, on Thursday, May 17th. Gentlemen intending to read papers, or to show specimens or cases, are requested to communicate with the District Honorary Secretary, W. A. CARLINE, M.D., Lincoln.

MIDLAND BRANCH.—The annual meeting of this Branch will be held at the Infirmary, Derby, at 2 P.M., on Thursday, June 21st. Members wishing to read papers are desired to forward the particulars to Mr. Sharp, Derby, or to the undersigned.—L. W. MARSHALL, M.D., Honorary Secretary and Treasurer, 2, East Circus Street, Nottingham.

WORCESTERSHIRE AND HEREFORDSHIRE AND GLOUCESTERSHIRE BRANCHES.—A joint meeting will be held in Worcester, on Tuesday, May 29th. Members having any paper to read or cases to bring forward, are requested to report the titles of such paper or cases to the Honorary Secretary, not later than Thursday, May 17th, after which date a second circular will be issued, giving full particulars of the meeting.—GEORGE W. CROWE, M.D., Honorary Secretary, Shaw Street, Worcester, April 13th, 1883.

EAST ANGLIAN BRANCH.—The spring meeting will be held at Lynn, on Thursday, May 24th, under the presidency of John Lowe, Esq., M.D. Notices of papers and cases to be sent to the Secretaries before May 12th.—W. A. ELLISTON, Ipswich, MICHAEL BEVERLEY, Norwich, Honorary Secretaries.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of the above District will be held at the Sussex Hotel, Tunbridge Wells, on Thursday, May 17th, at 3.15 P.M. Dinner at 5.30 P.M.; charge, 6s., exclusive of wine. Dr. Ranking will take the chair. Mr. Abbott will read a paper on Collective Investigation and Note-taking. Members desirous of making any communication to the meeting should send immediate notice to the Honorary Secretary, T. JENNER VERRALL, 96, Western Road, Brighton.—April 25th, 1883.

EAST ANGLIAN, CAMBRIDGE AND HUNTINGDON BRANCHES.—President: W. M. Crowfoot, M.B. President-elect, John Lowe, M.D. A combined meeting of the above Branches will be held at the Town Hall, King's Lynn, on Thursday, May 24th, 1883. The following papers have been promised: Dr. Paget, Cambridge: A Case of Coincidence of Diphtheria and Typhoid Fever. Dr. Eade, Norwich: A Case of Asthma treated by Galvanism. Dr. Latham, Cambridge: Megrim, its Pathology and Treatment. W. Cadge, Norwich: Paracentesis Thoracis, with Remarks. Dr. Dale, Lynn: Pulmonary Consumption and Infection. Dr. Elliston, Ipswich: Lithotomy by Aston Key's Method. S. H. Lindemann, Lynn: Dislocation of Head of Radius in Children. A. C. Mayo, Yarmouth: Pregnancy Complicated with Carcinoma of Os Uteri. H. C. Allinson, Lynn: A Case of Imperforate Hymen, with Retained Menes. A. R. Manby, Rudham: Ten Cases of Puerperal Eclampsia, with special reference to Treatment. R. B. Marriott, Swaffham: Two Cases of Typhoid Fever, and their Sequelae. S. H. Burton, Norwich: A Case of Scarlet Fever, followed by Pyæmia. At 10.30 A.M. Meeting of the Council. At 11 A.M. The general meeting will commence with an Address by the President, Dr. Crowfoot. The Report of the Council will be received, and New Members elected. A Discussion on the Medical Acts Amendment Bill will be invited. Papers will be read by S. H. Burton, W. A. Elliston, and S. H. Lindemann. At 1 P.M. The President-elect, Dr. Lowe, invites the members to a Luncheon at the Town Hall. At 2 P.M. The afternoon sitting will commence with an Address by the President-elect, Dr. Lowe. At 6 P.M. Public dinner (under the presidency of Dr. Lowe), at the Globe Hotel. W. A. ELLISTON, M.D., Ipswich; MICHAEL BEVERLEY, M.D., Norwich; BUSHELL ANNINGSO, M.D., Cambridge, Secretaries. N.B.—The Collective Investigation Committee will present a Report (cards and explanatory memoranda relating to Acute Pneumonia, Chorea, Acute Rheumatism, Diphtheria, and Syphilis, can be had on application to the Honorary Secretaries, W. A. ELLISTON, Ipswich, for Suffolk; S. H. BURTON, Norwich, for Norfolk).

SOUTHERN BRANCH: SOUTHAMPTON DISTRICT.—The next meeting of the District will be held at Dr. Maclean's, 28, Carlton Crescent, Southampton, on Monday, May 7th, at 7.45 P.M.: to examine accounts; to elect officers of the district, members of Branch Council, representatives to Council of Association. After the election, a united meeting with the Southampton Medical Society will take place, at which Dr. Maclean, C.B., will read a paper on A Case of Poliomyelitis Acuta, with remarks. Members are reminded that the following diseases—acute pneumonia, chorea, acute rheumatism, diphtheria, acquired and congenital syphilis—are being investigated by the Committee, and that cards and explanatory memoranda can be had by application to the Honorary Secretary.—THEOPH. W. TREND, M.D., honorary secretary.

STAFFORDSHIRE BRANCH.—The third general meeting of the present session will be held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, May 31st, at 3 P.M. At this meeting, in addition to the ordinary business, a debate will take place upon Acute Pneumonia and its Treatment. Dr. Arlidge (Chairman of the Local Investigation of Diseases Committee) will commence the discussion.—VINCENT JACKSON, General Secretary.—Wolverhampton, April 29th, 1883.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—A meeting will be held at the Royal Hospital School, Greenwich, on Friday, May 11th, at 8 P.M. Papers: Dr. Alexander Forsyth: Experiences in the Coroner's Court. Dr. Robert E. Carrington: Medical Cases. The election of an Honorary Secretary, in lieu of Mr. H. Nelson Hardy, will take place.—W. JOHNSON SMITH, Acting Honorary Secretary.—April 26th, 1883.

EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Canterbury on May 24th, Mr. Bower in the chair. *Collective Investigation Committee:* A discussion on Card No. 3, Acute Rheumatism, will be opened by Dr. Gogarty. All extant cards of the above Committee can be had on application to T. WHITEHEAD REID, Honorary Secretary, 34, St. George's Place, Canterbury.—May 2nd, 1883.

METROPOLITAN COUNTIES BRANCH: SPECIAL GENERAL MEETING.

A SPECIAL general meeting of this Branch was held at the rooms of the Medical Society of London, 11, Chandos Street, on Tuesday, April 17th, at 8 P.M., to consider the organisation of the Collective Investigation Committee appointed at a meeting of the Branch held on January 17th; and to consider the Bill for the Notification of Infectious Diseases, now before Parliament. The chair was taken by THOMAS BRIDGWATER, M.B., President of the Branch.

COLLECTIVE INVESTIGATION COMMITTEE.

The PRESIDENT stated that it had been found that the Collective Investigation Committee had been formed rather hastily, without proper provision being made for its management, and that the names of several officers of the Branch, who should be members of it, had been omitted. The Council had very carefully considered the subject, and had drawn up a series of recommendations which would be submitted to the meeting. He would first ask that the resolution of the meeting of January 17th, appointing the Committee, should be rescinded.

This was agreed to.

Dr. HENRY moved, Dr. WALTER DICKSON seconded, and it was resolved unanimously,

"That a Committee of the Branch be formed for the purpose of aiding in the work of Collective Investigation."

Dr. MAHOMED moved, and Dr. E. H. VINEN seconded, the adoption of the following regulations, in accordance with the recommendation of the Council of the Branch.

1. The President, President-elect, Treasurer, and Branch and District Honorary Secretaries, shall be, *ex officio*, members of the Collective Investigation Committee of the Metropolitan Counties Branch.
2. The election of members of the Metropolitan Counties Branch to form the Collective Investigation Committee of the Branch, shall be made at the first meeting of the Council of the Branch after the annual meeting.
3. The power of addition to or removal from the Collective Investigation Committee of the Branch shall rest with the Council of the Branch.
4. An honorary secretary to the Collective Investigation Committee of the Branch shall be appointed by the Council; the same to be a member of Council during his tenure of office, in accordance with By-law 4.
5. The Collective Investigation Committee of the Branch shall be subdivided, as far as may be practicable, into district committees corresponding with the districts of the Branch.
6. Each District Secretary shall be, *ex officio*, Secretary to his District Committee, but with power to delegate his duties to a member of his District Committee, subject to the approval of the Council of the Branch.
7. The Branch and District Secretaries shall send to the Council, before the day of election of the Committee, lists of members of the Metropolitan Counties Branch willing to serve during the ensuing year in their respective districts.
8. All subjects emanating from the Collective Investigation Committee of the Association shall be the primary objects of investigation; and no other subject shall be investigated without the sanction of the Council of the Branch.
9. All meetings of the Collective Investigation Committee of the Branch shall be convened by the Honorary Secretary of the Committee and the Honorary Secretaries of the Branch, and those of the District Committees by the District Honorary Secretaries.
10. All reports, applications, etc., shall be made to the Council through the Honorary Secretary of the Collective Investigation Committee of the Branch.

The motion was carried.

NOTIFICATION OF INFECTIOUS DISEASES.

The PRESIDENT said that the subject which the meeting now had to consider was a very grave and serious one. While the importance of notification, and the tendency of Mr. Hastings's Bill to restrain the spread of disease, were recognised, there was yet in this measure something closely affecting the practice of medical

men. He could not look with sufficient gravity on the tendency of such legislation; and he believed that, if the honest opinion of general practitioners were taken, the enforcement of compulsory notification on them would be about the worst thing that could be done. When he entered on practice thirty years ago, he used to feel pleasure in the reflection that the general practitioner was something more than the ordinary curer of disease; that he was in other ways of essential good to the family, so that an intimate relationship existed between them. His time was often spent more in advising and consulting as to the individual interests and pursuits of members of a family, than in strictly medical duties. But, if the Bill now under notice passed, this intimate relationship would die away. Even now, it was less strong than formerly; partly, indeed, in consequence of the greater facility of communication with others than the medical man. He had observed that, in the discussion on the subject at Worcester, the opposition to the Bill was partly founded on the plea of interference with the monetary profits of the practitioner; but he did not think that this was the chief objection. He would ask Dr. W. Carter, who had most carefully studied the subject, and had that day come from Liverpool to attend the meeting, to address the members.

Dr. W. CARTER said that he had given a great deal of attention to the subject under discussion. It had been strongly taken up in Liverpool, and attempts to impose compulsory notification of disease on medical men had been as yet successfully resisted. He would begin by referring to the history of legislation on the subject. In 1872, the kingdom was mapped out into districts under medical officers of health. The Act undoubtedly did much good; for while, in the decennial periods 1841-50, 1851-60, and 1861-70, the death-rates were respectively 22.4, 22.2, and 22.5 per 1,000, the death-rate in the period 1871-80 had dropped to 21.5; and more than three-fourths of the reduction came under the head of zymotic diseases. But indirect results also were soon observed. The medical officers of health showed that they had aims and interests and duties rather different from those of the general practitioners; and hence they soon dissociated themselves from the general body of practitioners, and associated themselves with the Social Science Association and formed themselves into distinct societies in various parts of the country. Dr. Carter referred also to the composition of the Joint Committee on State Medicine of the British Medical and Social Science Associations, which, he said, was mainly formed of medical officers of health or of persons interested in sanitary science. There were about 1,500 or 2,000 medical officers of health in the three divisions of the United Kingdom. The Joint Committee contained sixteen medical men, of whom thirteen were either medical officers of health or persons connected with the Local Government Board; and there were about ten other members. At any rate, there was a great preponderance of a body which seemed to be somewhat in antagonism to the general body of practitioners. It had been represented in memorials to the Local Government Board, that there was an indifference to the spread of disease on the part of the general practitioners; and the authorities in a country district had endeavoured to obtain legislation on the ground of this alleged neglect. Such representations had a powerful influence in modifying the course of legislation; and the reception of memorials of the kind mentioned had encouraged boldness, which had culminated in the Bill now under consideration. In certain towns, Acts had been obtained embodying the principle of compulsory notification by medical men. Often there was nothing in the title of the Bill to indicate this object; thus, at Nottingham, the Act was to enable the mayor and town authorities to construct gas-works, make roads, "and for other purposes"—nothing being said about a proposal deeply affecting the feelings of medical men. Other Bills of the kind had been introduced and were passed, and at last a Police and Sanitary Committee was appointed by the House of Commons to regulate private legislation. This committee had examined witnesses; but it had decided from *ex parte* evidence. Several medical officers of health, and persons favourable to compulsory notification, had been examined; but several practitioners who had applied to be allowed and give evidence had been told that they had no *locus standi*. The Committee had decided in favour of the imposition on the medical man of the duty of notification of infectious disease. On the other hand, a Royal Commission, which had examined not only experts, but general practitioners and others, was much more moderate; stating in its recommendations that "if it be expedient to impose the obligation on the medical attendant," etc.—a very marked difference. The theoretical opinions held by a few, as to the probable results of the enforcement of notification on the medical man, had been verified by the actual results in towns where inquiries had been

made. The Public Health Act was accepted as good, because it took into consideration the general interests, including professional relationships; but the present Bill unduly curtailed these interests, and would defeat its own objects. It would promote concealment of disease; and this had actually occurred in several towns where Acts for compulsory notification were in force. Inquiries had been sent from Liverpool to the medical officers of health in towns where such Acts were in operation. In a reply, it was stated that a child suffering from infectious disease had been sent into the country in order that it might not be sent to the hospital; in another case, a child had been kept at home from the same motive; and another gentleman had told him (Dr. Carter) that parents often evaded sending for medical aid in cases of scarlet fever. In fact, in a number of cases, the evidence showed that, if the medical man were called in, it was only as a last resource. The object of the Public Health Act was to bring cases of infectious disease under the care of medical men who knew how to isolate them; but this object would be defeated by the present Bill. Another ill effect anticipated was, that the two branches of the medical profession would be brought into antagonism, and that there would be vexation, annoyance, and distrust; and this anticipation had been verified. For many years, the medical officer of health must be the rival of the general practitioner, and this would be very injurious. Those who hoped to see the medical officer of health rendered independent of local control, and restrained from general practice, must be very sanguine; the tendency of legislation was in the opposite direction. As an example of undue interference, Dr. Carter referred to a case in which, a death having been certified by the medical attendant to have been due to typhoid fever, the medical officer of health examined the body, and wrote to the papers that the medical man had been mistaken. In another case, a medical man who had, from caution in diagnosis, certified that a man had died of "infectious disease," was prosecuted for not certifying that the death had been caused by fever; the medical officer of health stating that he could at once make the diagnosis. A deputation had gone from Liverpool to various towns, and had found that there was a general antagonism between the medical practitioners and the sanitary authorities; that officious interference was resented, and that serious harm was done. There was no proof of the benefit said to have arisen from the Acts in operation. Mr. Hastings, in the discussion at Worcester, had referred to Bolton as proof of the beneficial working of the Act in force there. But, on comparing the statistics of Liverpool with those of Bolton, it was found that, in Liverpool, where no such Act was in force, more rapid progress had been made, under the operation of ordinary sanitary agencies, than in Bolton; and the same result came out when the comparison was made with the country generally. There was much greater progress without special legislation than there was in Bolton. In Leicester, the medical officer of health had issued a report, which had been severely criticised by a member of the Health Committee, who had stated that the mortality had increased instead of diminishing, and that there had been a high death-rate from scarlet fever and measles. The speaker thought that any one who considered the evidence adduced would consider that no real good had been done by the special legislation. Edinburgh had been held up as a model for imitation; but the working of the Act there was very delusive. During the operation of the Act there, measles had broken out, and the number of cases had increased from 440 in February to 1,100 in March, and even beyond that. In the two years succeeding the passing of the Act there had been an increase of mortality in Edinburgh, as compared with the four preceding years. The system pursued in Edinburgh was a delusion. When the medical practitioner there certified "no immediate attention required," nobody interfered; and consequently, the reporting of 5,705 cases of infectious disease led to sanitary precautions being taken in only 641. However injurious and stringent the Acts to which Dr. Carter referred might be, future legislation would become still more stringent; for the Acts would never attain their object; they fought against powers over which there was no control. Dundee had a stringent General Police Act, which did not succeed, and greater stringency was asked for: it was proposed that the medical officer of health should have an absolute right to enter houses, and to remove persons suffering from infectious diseases to hospital or quarantine. Such was the direction in which legislation of the kind under consideration tended.

Dr. CLEVELAND asked in what way the Bill would affect private practice. What, for instance, could a medical officer of health do in the case of scarlet fever?

Dr. R. H. LLOYD suggested that, in place of opposing the Bill, it

would be better for medical practitioners to try to get a substantial fee for making the reports.

Dr. CARTER said that the only ground for refusing interference on the part of the medical officer of health, was the observation of what took place in towns where Acts for compulsory notification were in operation. The amount of interference must depend on the discretion exercised by the medical officers of health. Sometimes there might be much interference; on the other hand, if the health-officer were discreet, there might not be much friction—but much good would not be produced. He did not think that the proposed fee of half-a-crown would be increased; indeed, the town-clerk of one place had suggested that it should be reduced to a shilling.

Mr. SIBLEY said that few remarks were necessary after the statements of the President and Dr. Carter. But he would expect that the members of the medical profession were generally in favour of notification of disease, if carried out with proper care, and without interfering with general medical practice. The principle of Mr. Hastings's Bill was dual registration; it was not only made incumbent on the parent or guardian to notify a case of disease, but the medical attendant was also made responsible. This would at once lead to conflict and collision, and would tend to destroy the confidence existing between the medical man and the patient. As far as he could see, if anything like such compulsory notification as that proposed were adopted, there would be a perpetual difficulty in carrying out the Act, although the medical profession recognised it as a duty to aid all endeavours to prevent the spread of disease. One great difficulty would arise from cases in which diagnosis was doubtful, as sometimes occurred with scarlatina. The principle adopted by the British Medical Association had been, that the patient's friends should give the information. It had been suggested that the medical man should be content to give a certificate to the family; but even this might give rise to trouble. Medical men recognised it as a professional duty to inform the family when a case of infectious disease occurred in it. He moved:

"That this meeting, while highly approving the principle of notification of infectious diseases, is strongly opposed to such duty being imposed upon the medical attendant, and authorises the President to append his name to the petition against Mr. Hastings's Bill, drawn up by the Parliamentary Bills Committee."

Dr. MAHOMED seconded the motion. He said that Dr. Carter had hit the right nail on the head when he referred to the risk of antagonism between the medical officers of health and the general practitioners; but he thought he had attached rather too much importance to this, for the medical officers of health were but a small part of the profession. The Bill could not become law in the face of all the opposition to it, especially as the Government was not inclined to support it. He would suggest that a conference of medical officers of health with the Branch or its Council should take place, for the purpose of considering the best means of preventing the spread of infectious disease in the metropolis. He believed that thus any necessity for a compulsory Act for any part of London might be avoided. What was required was, to educate the profession and the public as to their duties in regard to sanitary medicine. No doubt practitioners failed to do all that might be done in cases of infectious disease; many were much too lax; none were too strict. An association of medical men to promote sanitary care would be of immense advantage. A compulsory law was odious; he objected to be compelled under a penalty to do his acknowledged duty. If there must be compulsion, it should fall on the person having legal charge of the patient. It might be of advantage that a barrister should be compelled to reveal the secrets of his clients; but then accused persons would not employ barristers; and, if the present Bill became law, patients would not employ doctors.

Mr. NELSON HARDY said that it must not be forgotten that the Branch was part of the Association, which had instructed the Parliamentary Bills Committee to oppose the imposition of compulsory notification on medical men. He called attention to the Scotch Police Bill, which provided that the medical man *may* report cases of infectious disease. The same principle of option was to be found in the Irish Public Health Bill of last year.

Dr. HARE said that all would object to the Bill in its present form; but it was necessary to be careful not to appear to oppose all forms of notification of disease. The medical profession should do all that it could to diminish disease and prevent its spread. He thought that a small modification of the Bill was required; namely, the removal of the portion which compelled the medical practitioner to report cases of infectious disease to the medical officer of health. The medical man would have done his duty

if he gave a certificate that the case was one of infectious disease; but the duty of reporting the case to the sanitary authority should rest with the householder.

Mr. ERNEST HART, Dr. NORMAN KERR, and Dr. CARTER, also made some remarks.

The PRESIDENT said he was sure that the members present felt much indebted to Dr. Carter for the manner in which he had placed the subject before the meeting. As a rule, London was free from such measures as that under consideration; it was in provincial towns that their action was chiefly felt. The chief objection to the Bill was the interference with medical practitioners which it proposed. He thought that the Bill would have been framed in a very different manner if the general practitioners had been consulted. Reference had been made to neglect of sanitary duties on the part of medical men; but it must be remembered that they were often prevented from doing all that they would, by the antagonism of the patient and his friends.

The motion was carried.

Dr. MAHOMED proposed, Dr. GILBERT SMITH seconded, and it was resolved:

"That the Council of the Branch be requested to consider what measures can be taken by the Branch for the prevention of infectious disease in the Metropolis."

Dr. HARE proposed, and Dr. VINEN seconded, a cordial vote of thanks to Dr. W. Carter for the trouble which he had taken in coming from Liverpool to address the meeting, and for the lucid explanation of the subject which he had given. This was carried unanimously; and the meeting adjourned.

CORRESPONDENCE.

PROPOSED MEDICAL BENEFIT SOCIETY: FURTHER PROCEEDINGS.

SIR,—The graceful recognition by the Committee of Council of the above scheme, and their offer to afford all interested therein a place for discussion at the approaching annual meeting, impel me to propose that some decided step should now be taken. I therefore venture to suggest that you should now convene a meeting at which all members of the profession interested might attend, where, after a provisional committee had been formed, the working of the scheme might be discussed, and a programme drawn out of resolutions, etc., to be laid before the meeting at Liverpool.

It might be as well to have a table of the payments required, drawn out by an actuary, to lay before the Committee; and, to meet this and other primary expenses, I would suggest that all those who have sent in their names as adherents, be asked to send you a small donation of, say, 10s. 6d.—I am, sir, yours, etc.,

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

Birmingham, April 29th, 1883.

* * If the proposition be approved, we shall be willing to act upon it.

ELEVENTH LIST.

FURTHER letters of adhesion have been received from the following gentlemen:—

Mr. William Cox, Winchcombe, Gloucester; Mr. T. C. Beatty, Leatham Harbour, Durham; Mr. F. H. Davies, Hanwell; Dr. Alfred H. Carter, Birmingham; Mr. John W. Davies, Ebbw Vale, Monmouth; Mr. Chas. Penruddocke, Winchcombe; Mr. S. G. Sloman, jun., Farnham, Surrey; Mr. George Woodward, Upper Tooting; Mr. F. C. Palmer, Brigg, Sunderland; Dr. P. T. S. Colmer, Yeovil; and Mr. William Pearson, Glasgow.

FOREIGN DEGREES AND THE NEW MEDICAL BILL.

SIR,—I crave your indulgence once more for this letter, and trust this will be the last time I shall have occasion to trouble you on the subject.

Finding, on reading all the reports at my command of the proceedings in Committee, that no reference had been made to the subject, either by Lord Carlingford or any other member of the House, I immediately wrote again to his lordship, calling his attention to the fact; and I have this morning received the enclosed

officer, and two members of the monthly committee of the dispensary, shall be appointed monthly by the monthly committee.

9. That the duties of the visiting committee shall be to visit the dispensary as occasion may require, or as often as they may think fit, either together or separately, for the purpose of investigating all matters connected with the institution, and the honorary medical officer of such visiting committee shall countersign all orders for drugs and surgical appliances.
10. That it shall be the duty of the resident medical officer to enter into a book to be provided for the purpose, all matters of irregularity and dispute, and at once bring the same before the notice of the visiting committee.
11. That no honorary medical officer shall be required to attend any case of abortion or premature labour unless it shall be considered as an ordinary confinement and paid for at the usual rate of one guinea.
12. That a redistribution of the various districts shall be undertaken as soon as possible.
13. That the present *Pharmacopæia* be revised.
14. That all fees received from the pay patients by the institution, shall be apportioned yearly by the monthly committee to each honorary medical officer, according to the extent of his duties.
15. That the governors to whom it may not be convenient to distribute their letters, be solicited to give the resident medical officer power to do so for them, so that, should there happen to be any urgent application at the dispensary for a letter, one might be supplied without delay.

Dr. RALPH GOODING opened the discussion, and said that some years ago he was an honorary medical officer of the dispensary, but had given it up on account of the great number of persons he was obliged to attend free, who were well able to procure medical aid through clubs, etc. He thought that the resolutions which had been submitted would meet the case; and he hoped that the honorary medical staff would put on a bold front and insist upon their adoption. He quite agreed with Dr. Carpenter, that the present mode of distribution of free letters tended to pauperise the people and encourage improvidence.

Mr. LLOYD JONES said that he quite agreed that some change was necessary, but advocated allowing eligible persons to be admitted without letters of recommendation, on the payment of the prescribed fees.

Mr. BURDETT said he had given the subject his careful attention, and he entirely agreed with the resolutions as far as they went, but he should like, if possible, a more provident scheme to be adopted. He had looked into the question of the conversion of the dispensary into a provident one, and he could see no reason why it should not be done, as it was not established under an Act of Parliament. There could be no objection to making it a provident dispensary with a free department, which should only be eligible for those who earned very low wages, then the trust money could be well applied towards defraying the cost of such letters. He considered with the other speakers that the present system tended to pauperise and encourage improvidence, whereas under the provident system a feeling of independence would be encouraged.

Dr. MOON said he had formerly been honorary medical officer of the dispensary, but had left it for the same reason Dr. Gooding had. He did not consider that the conditions which existed and called for the establishment of this institution a century ago existed at all at the present day, and that, therefore, there was now no need whatever for a free dispensary, for now the Poor-Law Board took care of all necessitous cases, whereas a century ago the Poor-Law Administration was very weak. He hoped, with the other speakers, that the most provident principle possible would be adopted.

Mr. J. P. PURVIS agreed with the other speakers, and hoped that the most efficient measure possible would be adopted to encourage providence, and thus stamp out the improvidence which was continually met with.

Dr. CARPENTER said he should like to say a few words on the points raised in discussion. He quite agreed with what Mr. Burdett had said respecting the conversion of the dispensary into a provident one, which might be easily done in the way suggested, or by an application to the Charity Commissioners, as had been done in the case of one or two other institutions. Dr. Carpenter said that it had been proved that a great number of those who obtained free letters were well able to pay the small fees required under the provident system, and therefore they ought not to have free letters. The great advantage of the provident system was that it created a feeling of independence, as people could call in their medical attendant without going about begging for letters from subscribers, whereby often very valuable time was lost.

Mr. CABLE said, that being the promoter of the scheme, it would be perhaps right for him to say a few words on the question. He had for years past tried to get the governors to adopt some provident scheme, but could never make any impression: so he thought the best way would be to get the honorary staff together, and see what remedy could be devised, which he did, and the result was the drawing up of the resolutions, and now this general professional meeting; and he was very much obliged to those gentlemen who

had come to consider the question, which, he thought, was one of the first importance. He quite agreed with what had been said respecting the improvidence of the classes who obtained free letters, he could assure the meeting that the greater part of those who obtained free letters for their families, spent as much as from 10s. to 15s. per week in drink; and the consequence was that their homes were made miserable, and these miserable homes were very deceiving to the distributors of letters, for they generally took that as a sign of poverty; but there could be no greater mistake made than this, for his experience showed him that these people generally had the most money to deal with, but spent it in drink. He was very pleased to hear that a more provident scheme was thought possible, and he should be most happy to support it. Mr. Cable said that they were about to celebrate the centenary of the dispensary, and he thought that the governors could not celebrate it in a better way than by reforming its rules so as to meet the times. Mr. Cable then read several letters he had received on the subject. Dr. Fairlie Clarke, Mr. T. Holmes, Dr. Clapton, and Dr. Goodhart, all wrote, expressing their sympathy with the movement, and wishing it success.

Several other gentlemen also spoke in favour of the movement.

Mr. J. P. PURVIS proposed the following resolution:

"That whilst generally approving of the resolutions agreed to by the honorary medical officers for the reorganisation of the Royal Kent Dispensary, that this meeting would prefer that an effort should be made to establish a better provident system than is there suggested."

This was seconded by Mr. HART, and carried unanimously.

Mr. LLOYD JONES then proposed that, should the more provident scheme not succeed, the second resolution be altered so as to admit all eligible persons on payment of the prescribed fees, without letters of recommendation.

This was seconded by Mr. KELSEY, but on being put to the meeting was lost, only four voting in favour.

It was then agreed that a deputation should be formed to wait upon the monthly committee, to urge the change desired.

A hearty vote of thanks was then passed to the chairman for his kindness in presiding that evening, and the meeting adjourned.

NEW HOSPITAL FOR NORTH LONDON.

At a meeting for the establishment of the proposed new hospital for north-western London, held last Saturday, considerable opposition was made, on the ground that the Great Northern Hospital is on the eve of extending its operations, and has already raised £1,000 for the purpose; and that the existing hospital accommodation properly handled, and existing institutions duly developed, would meet the requirements of the district. An amendment to that effect was, however, moved and lost.—Professor LEONE LEVI, in proposing a resolution "recognising the advantage of combining the free with the graduated pay system, and of representative administration; and pledging the meeting to establish a hospital on these principles to be called the Central Hospital for North London," stated that there were always present in the northern district of London 100,000 sick persons requiring medical relief.—Mr. H. C. BURDETT seconded the resolution. He estimated that the cost of the proposed new hospital inclusive of the site, would be £40,000.—The resolution was adopted.—On the motion of Dr. G. POTTER, seconded by Mr. W. HEATHFIELD, it was decided to open forthwith a building fund for the reception of subscriptions, the payment of which might be made by instalments extending over five years.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF LONDON.

EXAMINERS.—The following have been elected Examiners for the ensuing year. Chemistry: Professor Dewar, M.A., F.R.S., and Professor T. E. Thorpe, Ph.D., F.R.S. Botany and Vegetable Physiology: Professor Bayley Balfour, M.B., C.M., D.Sc., and Mr. Sydney H. Vines, D.Sc., M.A. Comparative Anatomy and Zoology: Professor Alexander Macalister, M.D., M.A., F.R.S., and Professor A. Milnes Marshall, M.D., D.Sc., M.A. Practice of Medicine: C. Hilton Fagge, M.D., and W. Miller Ord, M.D. Surgery: Sir William Mac Cormac, M.Ch., M.A., and Professor John Wood, F.R.S. Anatomy: Professor D. J. Cunningham, M.D., C.M., F.R.S.E., and H. Greenway Howse, M.S., M.B. Physiology: Professor Arthur Gamgee, M.D., F.R.S., and Professor Gerald F. Yeo, M.D. Obstetric Medicine: J. M. Duncan, M.D., LL.D., F.R.S.E., and Henry Gervis, M.D. Materia Medica and

Pharmaceutical Chemistry: T. Lauder Brunton, M.D., C.M., D.Sc., F.R.S., and Professor F. T. Roberts, M.D., B.Sc. Forensic Medicine: Augustus J. Pepper, M.S., M.B., and Professor George Vivian Poore, M.D., B.S.

MILITARY AND NAVAL MEDICAL SERVICES.

MILITIA SURGEONS.

THE Chairman of the Parliamentary Bills Committee has received information from Sir Eardley Wilmot, Bart., that on the basis of the statements laid before him in pursuance of the resolution of the last meeting of the Parliamentary Bills Committee, he proposes, at as early a date as he can obtain, to bring the subject of the grievances of the medical officers of this service under the notice of the House of Commons.

SIR.—Will you kindly give me your opinion on the following point? A field-officer of volunteers meets with a serious accident on parade; is at once attended by the surgeon of the regiment, who at once sets a fracture and reduces a dislocation. The surgeon continues his attendance for six weeks subsequently. Is the surgeon justified in making any charge (and if so, what), seeing the accident happened while on duty, either for services rendered at the time, or for subsequent attendance?—Yours truly,

VOLUNTEER SURGEON.

** We are not aware of any rule having been laid down on the question mooted by "Volunteer Surgeon." A surgeon of a volunteer regiment, while acting on duty with his regiment, is, however, in the same position as an army surgeon with a regiment of regular troops; and, in the case of an accident occurring to an officer while on a regimental parade, would hardly be justified in making a charge for the attendance he may give to the injured officer, any more than the army surgeon would be under corresponding circumstances. On the other hand, if this accident should lead to prolonged attendance afterwards, as in the present instance, we should regard it as a breach of good taste, as well as of right conduct, if the patient allowed the volunteer surgeon to devote to him time and skill belonging to the surgeon's civil practice without suitable remuneration. A complete code of medical regulations seems to be as necessary for the volunteer medical service as for the regular army medical service; not merely for the purpose of instructing volunteer surgeons in their military duties, but also for the guidance of volunteer troops of all ranks in respect to their relations to the volunteer medical department and service.

SPECIAL ATTENDANCES OF ARMY SURGEONS ON OFFICERS.

SIR.—I take the liberty of asking your advice as to what am I to do under the following circumstances. A [captain in the —] received a severe injury to his foot when not on duty. I was sent for, being the civil medical officer in charge of troops here. He asked me to attend him specially. I visited him twice a day, applying a number of leeches myself, and supplying all the necessary medicine. But, about ten days after, he fell down stairs, injuring himself more severely. I was attending him nearly two months, paying him fifty-five visits. He has since died; and his father, who is a general, refuses to pay me any fair remuneration; making the remark that, during his thirty years in the army, he never knew of such a demand.

Now, the fact is, I am only allowed three shillings a day to attend the troops, supplying all the medicines required. This is low enough, yet it is not permanent, being only when troops are stationed here. I am informed that, as the officer asked me to attend him specially, I should be paid a fair moderate sum, say from £15 to £20; that no gentleman would refuse doing so, as even military doctors get fee when attending specially. I would take it as a very great favour if you would drop me a line. What am I to do? Will it injure me by applying to the Secretary of State if not successful in getting any remuneration?—I am, sir, yours truly, S. E. O.

** All military officers, by the rules of the service, have a right to medical attendance, medicines, and all that is necessary in respect to medical and surgical treatment, free of personal cost; provided that, in each case, the officer claiming attendance is on full pay, or holding a staff appointment at the station, and resides within a radius of one mile from the army dispensary. When a civilian medical practitioner enters into a contract with the Government for undertaking medical charge of a detachment of troops, he places himself for the time of his charge in the same position as an army medical practitioner. An army surgeon would not only not make a charge for attendance on a sick officer who is on the strength of a station or garrison under any circumstances, but would decline to take a fee if offered one, as he is aware that the sick officer is entitled to attendance at the public expense. The ordinary contract of the civilian practitioner is at the rate of £10 yearly for every twenty-five officers and men at a station, whether they are sick or well, so there is always a certain amount of chance as to remuneration in the bargain. Should any extraordinary circumstances occur, so that the civilian medical practitioner in charge thinks himself entitled to special remunera-

tion, the regulations require that the case referred to must be submitted by the military officer who engaged the services of the private medical practitioner to the Secretary of State for War, with full explanation of the circumstances which it is thought make a departure from the contract rates deserving of consideration. It would not conduce to a settlement of the claim in the instance described in the accompanying note if the writer were himself to communicate with the Secretary at War direct; he must forward his claim and statement through the military officer above mentioned.

DEATH IN THE ARMY MEDICAL SERVICE.

SURGEON-GENERAL CHARLES MANNERS SMITH, F.R.C.S., late of the Bengal Army, died on the 22nd April, aged 61. He entered the Bengal Medical Department in 1845, served as assistant-surgeon of the 6th Light Cavalry, and went through the Punjab Campaign of 1848-49, including the siege operations against Mooltan, action of Soorjkhoud, and battle of Goojerat (medal and two clasps). He was afterwards for many years on civil duty in Lahore, where he was professor of medicine at the Military College. He became deputy-surgeon-general in 1872, was then in charge of the Meerut district, and retired on pension in 1877.

WE understand that the statement which appears in a service paper to the effect that, in the report of Lord Morley's Committee on the Army Medical Department, which is now awaiting publication, the sense of a large majority of the members is expressed in favour of the reappointment of one medical officer of standing to each regiment, is without foundation, and contrary to the fact. Only a very small minority of the members were in favour of any such change, and no recommendation to that effect will be found in the report.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

POOR-LAW GUARDIANS AND THEIR OFFICERS.

LAST Friday, Sir C. Dilke, with whom was Mr. Hibbert, received a deputation from the Poor-law guardians of Birmingham, who asked to have the power of dismissing their officers without any restrictions whatever, giving them reasonable notice. Sir Charles Dilke replied that the matter had been before the Board for many years, and that a consolidated order would contain all the powers that they sought for, and this order would be issued before the end of the year. The consolidated order would apply not only to Birmingham guardians, but to the guardians throughout the country. The Chairman of the Parliamentary Bills Committee has communicated with the President of the Local Government Board on this subject, in order to ascertain whether the position of present or future medical officers of these boards will be in any way affected by the proposed order. We shall publish the result of these communications.

WORKHOUSE-MANAGEMENT.

MR. HEDLEY, Inspector of the Local Government Board, and Mr. Taylor, Barrister, have recently concluded an inquiry into the conduct of Mr. Bliss, Master of the Westminster Union Workhouse. The facts elicited in the course of the inquiry disclose a state of things which deserves notice. Mr. Bliss was appointed master of the workhouse (which, compared with other metropolitan workhouses, is a small one, as it contains only 500 or 600 inmates) four years ago. At first, things went smoothly; and, if the inmates had any reason to complain of their treatment, the guardians and the public were unaware of it, for no complaints seem to have been made. In the autumn of 1882, the attention of Mr. Fraser, one of the guardians, was drawn to complaints against the master, of the habitual use of bad language, and of cruelty and abuse of his position. Mr. Fraser, considering that there was some ground for these complaints, and that the person against whom they were made was unfit for the office of master, proposed, at a meeting of the guardians on December 8th, that Mr. Bliss should resign. The motion, however, only found two supporters, and consequently fell through. After Mr. Fraser had definitely moved against the master in this way, complaints were sent to him by persons who had not complained before; and, on January 9th, 1883, Mr. Fraser and his two colleagues sent a letter to the Local Government Board, containing several definite charges against the master, and asking for a formal inquiry to be held, as they were satisfied that in no other way could the charges be properly investigated. This letter was communicated to the guardians, who thereupon passed a vote of censure on Mr. Fraser and his colleagues for daring to complain to the Local Government Board, and determined to hold an inquiry themselves into the complaints against the master. This private inquiry, in which Mr. Fraser and his two colleagues declined to

ing (April 19th), after a very short but painful illness. In Dr. Holloway Netley Hospital has lost a most capable administrator, and his department a true friend, who most jealously guarded its honours, its privileges, and its rights. To the medical officers of the army, and of this hospital in particular, Sir Charles Pearson desires to express his sincere regret at the loss their profession has so unexpectedly incurred, and, in the name of all under his command, he begs to offer his heartfelt sympathy with Mrs. Holloway in the affliction which has overtaken her with such awful suddenness."

THOMAS HICKES, M.R.C.S., J.P., WESTON-SUPER-MARE.

WE regret to record the death, at the ripe age of seventy-seven years, of Mr. Thomas Hickes. Educated at Guy's Hospital, he took the diploma of L.S.A. in 1827, and became a Member of the Royal College of Surgeons in the following year. He practised for many years in Gloucester, where he earned the respect of all who knew him. The poor of the city will long hold his name in grateful remembrance. Mr. Hickes was for some years a member of the corporation of Gloucester, and he was also a magistrate for the city. He was formerly one of the Surgeons of the Gloucester Lying-in Institution, and medical officer to the county prison.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, April 26th, 1883.

Bird, Henry, Brompton, Huntingdon.
Edwards, Charles Augustus, Bourne House, Wivelscombe.
Hamilton, Francis Dancy, Lower Sydenham.
Mitchell, Henry, 22, Eastbourne Terrace, W.
Stevens, Henry George Lewis, Bury St. Edmund's.

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

Bowling, George Augustus Lovelace, London Hospital.
Lewis, James King, Charing Cross Hospital.

MEDICAL VACANCIES.

The following vacancies are announced :

CHELTEMHAM GENERAL HOSPITAL AND DISPENSARY.—Dispenser. Salary £75 per annum. Applications to the Hon. Secretary, by May 7th.
CITY OF LIVERPOOL.—Assistant Medical Officer. Salary, £200 per annum. Applications by May 5th.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Clinical Assistant. Applications by May 14th.
COVENTRY AND WARWICKSHIRE HOSPITAL.—House-Surgeon. Salary, £100 per annum. Applications by May 16th.
DENBIGHSHIRE INFIRMARY.—House-Surgeon. Salary, £85 per annum. Applications to the Secretary by May 26th.
EASTERN DISPENSARY OF BATH.—Resident Medical Officer. Salary £100 per annum. Applications, etc., post paid, and marked Eastern Dispensary, to the Hon. Sec., Rev. Conway Joyce, M.A., 6, Richmond Hill, Bath, by May 7th.
HENLEY UNION.—Medical Officer. Salary, £100 per annum. Application s by May 7th.
HOSPITAL FOR CONSUMPTION, Brompton.—Assistant Resident Medical Officer. Salary £50 per annum. Applications by May 10th.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Clinical Assistant. Applications by May 5th.
HOSPITAL FOR DISEASES OF THE THROAT, Golden Square.—Resident Medical Officer. Salary £50 per annum. Applications to the Chairman of the Committee by May 21st.
ROYAL BEKES HOSPITAL, Reading.—Assistant House-Surgeon. Applications by May 8th.
SALOP INFIRMARY, Shrewsbury.—Resident House-Surgeon. Salary, £100 per annum. Applications to the "Board of Directors" by May 19th.
ST. MARY'S HOSPITAL, W.—Ophthalmic Surgeon. Applications by May 19th.
THE ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN, Dyke Road, Brighton.—House-Surgeon. Salary, £80 per annum. Applications by May 16th.
WESTERN GENERAL DISPENSARY, Marylebone Road.—House-Surgeon. Salary, £120 per annum. Applications by May 7th.
WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS AND EPILEPSY, 73, Welbeck Street, W. Two Honorary Physicians. Applications to the Secretary.
WEST KENT SANITARY COMBINED DISTRICT.—Medical Officer of Health. Salary, £800 per annum. Applications by May 19th.
WEXFORD UNION, Bridgetown Dispensary.—Medical Officer. Salary, £100 per annum, and £15 as Medical Officer of Health. Election on May 7th.

MEDICAL APPOINTMENTS.

BEATLEY, Wm. Crump, M.B. Durham, M.R.C.S. Eng., L.S.A., late Resident Medical officer, to Charing Cross Hospital, appointed assistant Medical Officer to the Somerset and Bath Lunatic Asylum.

BUSH, E., L.R.C.P., appointed District Medical Officer to the Thame Union, vice T. W. Lee, M.R.C.S., resigned.
BUTLER-SMYTHE, A. C., F.R.C.S., appointed Assistant Surgeon to the St. John's Hospital for Skin Diseases, vice T. Robinson, M.D., promoted.
COLLINS, M., M.D., appointed Resident Surgeon to the Nottingham Dispensary vice J. M. Tweed, L.R.C.P., resigned.
DOW, H. B., M.D., appointed Assistant Physician to the St. John's Hospital for Skin Diseases, vice J. Hill, M.D. resigned.
FITZGERALD, W. A., M.D., appointed Ophthalmic Surgeon to Dr. Stevens's Hospital, Dublin.
KEAY, John, M.B., C.M., appointed Junior Assistant Physician to the Crichton Royal Institution, Dumfries.
MAPEI, Luigi Vincenzo, L.R.C.P. Ed., M.R.C.S. Eng., appointed Medical Officer to the Golborne District of the Leigh Union, Lancashire.
MARTIN, R. J., F.R.C.S. Ed., appointed Medical Officer to the Atherton district of the Leigh Union.
PAULLEY, L., L.R.C.P. E., appointed Medical Officer and Public Vaccinator for the Fourth District of the Dewpade Union.
POLLARD, Frederick, M.D. Lond., appointed Physician to the Liverpool Infirmary for Children, vice G. B. Oxley, M.D., now Consulting Physician.
ROW, Frederick E., M.R.C.S.E., L.R.C.P. Ed., appointed Surgeon to the Devonport Workhouse, vice P. F. Delarue, M.R.C.S.E., deceased.
SPENCE, W., M.B., appointed Resident Physician to the Royal Edinburgh Hospital for Sick Children, vice H. M. Dunlop, M.B., resigned.
STONE, F. W. S., M.R.C.S., appointed Resident Clinical Assistant to the East London Hospital for Children, Shadwell.
VINCENT, Osman, F.R.C.S. Ed., appointed Consulting Surgeon to the City of London and East London 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.

SMITH.—At 3, London Street, Calcutta, on April 5th, the wife of Dr. David B. Smith, Deputy Surgeon General (retired), Indian Medical Service, of a daughter.

MARRIAGE.

SMITH—MACLEAN.—At the parish church of St. John, Hampstead, on the 2nd instant, by the Revd. S. B. Burnaby, Edward Kaye Smith, Esq., of 38, Eversfield Place, St. Leonards-on-Sea, to Emily Janet, widow of Alexander Maclean, Esq., and youngest daughter of the late Robert De la Condamine, Esq., Edinburgh.

HEALTH OF FOREIGN CITIES.—It appears, from statistics published in the Registrar-General's last weekly return, that the death-rate was recently equal to 30.8 in Bombay, and 32.5 in Madras. Small-pox caused 89 deaths in Bombay and 26 in Madras; fever fatality was also excessive in both these cities. According to the most recent weekly returns, the average annual death-rate per 1000 persons estimated to be living in twenty-three of the largest European cities was 31.4, and was no less than 8.7 above the mean rate during last week in the twenty-eight great English towns. The death-rate in St. Petersburg was 39.4, and showed a slight decline from the higher rates in previous weeks; the 702 deaths included 25 from scarlet fever, and 15 from small-pox. In three other northern cities—Copenhagen, Stockholm, and Christiania—the mean death-rate did not exceed 22.0, and ranged from 16.2 in Christiania to 27.5 in Stockholm; 4 fatal cases of whooping-cough occurred in Copenhagen, and 3 of scarlet fever in Stockholm. In Paris the death-rate was equal to 30.9, and the deaths included 40 from measles, 37 from typhoid fever, and 12 from small-pox. The rate in Brussels was 28.9, and 4 deaths from measles and 3 from small-pox were recorded. The death-rate in Geneva was exceptionally high, and equal to 34.1. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 30.6, the rate ranging from 23.6 in the Hague to 33.3 in Rotterdam; 24 fatal cases of small-pox were reported in Rotterdam and 5 in Amsterdam. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 30.8; the rates in these cities averaged from 23.5 and 26.4 in Berlin and Hamburg, to 38.1 and 39.0 in Vienna and Prague. Small-pox caused 6 deaths in Prague, and diphtheria was more or less fatally prevalent in most of these German cities. The death-rate averaged 34.9 in three of the largest Italian cities, being equal to 39.6 in Rome, where the 231 deaths included 9 from measles, and 4 from typhoid fever; diphtheria caused 6 deaths in Turin. The 127 deaths in Lisbon were equal to a rate of 32.4. In four of the largest American cities, the mean death-rate was equal to 21.2, the rate ranging from 24.2 in Brooklyn to 29.3 in New York. Small-pox caused 11 deaths in Baltimore and typhoid fever 15 in Philadelphia; scarlet fever showed fatal prevalence to a varying extent in each of these four American cities.

MR. OSBORNE MORGAN intends to publish his speech on the Contagious Diseases Acts.

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.

| | |
|----------------------|--|
| CHARING 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., 11.80; 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., 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.— | Medical Society of London. The Annual Oration and <i>Conversazione</i> , which, in the ordinary course, should take place next Monday, is postponed for a few weeks, to allow of the completion of the Society's new meeting-room and other premises for the occasion. The date will be announced as early as possible.—Odontological Society of Great Britain, 8 P.M. Ordinary meeting. Casual communications by Messrs. Ackery, Canton, and Dewes. Dr. Dyce Duckworth: On the Characters of the Teeth in Persons of the Arthritic Diathesis. |
| TUESDAY.— | Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Angel Money: Glanious Enlargement of the Pons Varolii in Children. Dr. Seymour Sharkey: Case of Asymmetry of the Brain, presenting peculiarities which bear upon the question of the connection between the optic nerves and certain definite areas of the cerebral cortex. Dr. Barlow will show a case of Arrested Development of both Clavicles. |
| WEDNESDAY.— | Royal Microscopical Society, 8 P.M. Dr. P. M. Braidwood: Observations on Three Human Contagia. |
| THURSDAY.— | Ophthalmological Society of the United Kingdom, 8.30 P.M. Drs. Edmunds and Lawford: On the Immediate Causation of Optic Neuritis, with Cases. Mr. W. Jennings Miles: Cases of Recovery from Mild Sympathetic Ophthalmitis. Mr. Snell: Case of Recovery from Sympathetic Ophthalmitis. Mr. J. E. Adams: Peculiar Changes at the Yellow Spot. Mr. Priestley Smith: A New Self-registering Perimeter. Mr. Cooper: A New Refraction Ophthalmoscope. Mr. J. E. Adams: An Ophthalmoscope for Artists. Dr. Brailley: 1. Case of Pseudo-gloma; 2. A Second Case of Asthenopia treated by a Vertical Prism; 3. Case of Muscular Asthenopia in a Child. Living specimens at eight o'clock. |
| FRIDAY.— | Clinical Society of London. Mr. Dalby: Examples of the Two Classes of Cases in which Cerebral Abscess, Meningitis, or Pyæmia originate in Disease of the Ear. Mr. Nettleship and Mr. Higgens: On a Case of Morphea in the |

Region of the Fifth Nerve, with Paralysis of the Intra-ocular Branches of the Third. Dr. R. Lee: On a Case of Nystagmus Infantilis. Mr. A. E. Barker: 1. On a Case of Goitre producing great Difficulty of Breathing on Exertion: Excision: Recovery, and complete Relief; 2. On a Case of Sebaceous or Dermoid Cyst of the Tongue: Removal by Submental Incision: Cure. Mr. J. H. Morgan will exhibit a case of Congenital Deficiency of the Femur; Dr. Stephen Mackenzie: A Case of Myxodema in a Male; Mr. Bernard Roth: A Case of Lateral Curvature of Spine now under Treatment.

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.

Writers 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.

FUND FOR DR. BROWN.

MR. FREDERICK WALLACE has received the following subscriptions towards the above, which he has forwarded to the Rev. E. E. Crake, Clifton House, Eastbourne, Honorary Secretary of the Fund.

| | £ | s. | d. |
|------------------------------|---|----|----|
| Dr. Clapton | 3 | 3 | 0 |
| Dr. Daly | 1 | 1 | 0 |
| Dr. Charlwood Turner | 1 | 1 | 0 |

SIR,—I have this day received the enclosed, and hand it to you for publication, in the hope that many more outlying friends may be induced to subscribe to the fund.—Faithfully yours,

HENRY HABGOOD.

Stafford House, Upperton Road, Eastbourne.

"Dear Habgood,—I herewith remit you £3 3s. to be placed to the fund on behalf of my much respected late pupil, Dr. Charles Browne, whose sad illness I am sorry to find gives little hope of his being again able to resume his professional duties. I also have pleasure in sending you one guinea from Dr. Macmillan of Hull, who, considering it a deserving case, asked me to give it on his behalf while visiting Eastbourne.—Hessle, East Yorkshire, April 21st, 1883."

PRACTICE IN AUSTRALIA.

SIR,—One of your correspondents, "Delta," asks for information on this subject. Although the question is frequently answered, perhaps a letter I received from Sydney last week may be of interest. My friend has good qualifications, is well up in his profession, and a likely one to succeed. He says: "I have found out that eight years in England entirely spoils a man for Colonial life, and when you tell me that you have an idea of coming out, I am bound to give you some advice on the subject, and that is—don't. If you think of coming for a trip only, by all means do so, for I think you will find it most enjoyable, but don't come out to settle. The climate is too hot, and the people are very different to English people, and although you may be able to make more money than you can in England, the expenses of living are very much greater. L., who came out by the same boat, is disgusted with the country, and returns to England next week."—Yours faithfully,

M.R.C.S.

Chertsey, April 17th, 1883.

DEGREES AND LICENCES.

SIR,—Before commencing general practice, I had some experience as a grinder. I invariably found that pupils expecting rejection at the London and Irish colleges, solaced themselves with the reflection that the double qualification of Edinburgh was afterwards almost a certainty. This generally proved true; why, I shall not venture to say, especially as one examination appeared almost as difficult as the other.

What seems to be the real hardship at present, is the apparent equality of all degrees and licences. University graduates who are compelled to undergo a four years' training in classics, mathematics, mental and moral philosophy, natural and experimental science, have no means of letting the public know that their qualifications are superior to those of their professional brethren, who are unable to produce similar proofs of mental training and general education. I do not mean to imply that an university medical degree from Cambridge, London, or Dublin is superior to those of other colleges and licensing bodies, but that a practitioner possessing a licence from London, Edinburgh, or Dublin, should first obtain a B.A. degree, if he desire to hold as high a position as a graduate of these universities. Will the higher title of the Medical Acts Amendment Bill settle this question satisfactorily?—Yours faithfully,

CATHONE.

THE MEDICINE LAY.

SOME months ago, we (*Globe*) published a warning of the revival of the begging impostor's trick known as the "bottle of medicine lay." A healthy vagrant bandages his arm carefully, carries a bottle of water under his coat, collides with a charitable-looking gentleman, drops the bottle with a crash, and attracts a crowd by bemoaning his broken-armed, medicine-less, miserable condition. In spite of our warning, several of these enterprising persons have been carrying on a profitable business and littering the streets with broken glass for some time, until one of them recently rashly lost his medicine twice in the presence of the same gentleman, whose charitable aspect so far belied him that, on the second occasion, he called in the police.