

mission granted to students to attend a certain number of extramural lectures. Dr. Haldane directed attention to the legislative change of twenty years ago, and pointed out that the Royal Commission then gave effect to the opinion of the Town Council, that one third of the classes required for graduation might be attended outside the University; that the Senators of the University had opposed such a change as likely to be injurious to the University; but that, notwithstanding such an opinion, the change had been made, and the number of students of medicine in the University now actually was 1,732, or more than all the other faculties combined. He considered this demonstrated the remarkable efficiency of the medical school, and he considered it was largely due to the open teaching of the extramural schools. He also spoke at some length on the importance of the practical teaching of students. Dr. Littlejohn, in the absence of the President of the College of Surgeons, expressed his concurrence with the views of the preceding-speakers. Dr. Stevenson Macadam urged the Town Council to endeavour to secure a proper representation for the extramural school in Edinburgh on the Medical Board. In this school were thirty-eight lecturers: these lecturers would, as at present the Bill stood, have no direct representative. They had many disadvantages already, such as having to provide their own teaching appliances and lecture rooms. They would not be at all afraid for their future if anything like a due representation were given to the Universities and themselves. Dr. Balfour thanked the Town Council for their courtesy, and the matter was remitted to the Lord Provost's committee, with power to petition if they decided to do so.

## 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, 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.

Applications, etc., to be addressed

The Secretary of the Collective Investigation Committee,  
161A, Strand, W.C.

### BRANCH MEETINGS TO BE HELD.

**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.

**CAMBRIDGE AND HUNTINGDON AND SOUTH MIDLAND BRANCHES.**—*Preliminary Notice.*—A combined meeting of the South Midland and the Cambridge and Huntingdon Branches will be held at Bedford on June 29th. Members of the former Branch, who are desirous of reading papers or showing specimens, are requested to communicate with G. F. KIRBY SMITH, Honorary Secretary South Midland Branch.—Northampton.

**SOUTH WALES AND MONMOUTHSHIRE BRANCH.**—The annual meeting will be held at Swansea on Wednesday, July 4th. Members wishing to read papers, make communications, or show specimens, are requested to send subject of the same to either of the undersigned between this date and June 15th.—A. SHEER, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.—May 8th, 1883.

**NORTH OF IRELAND BRANCH.**—The annual meeting of this Branch will be held in the Board Room of the Belfast Royal Hospital on Thursday, June 14th, at twelve o'clock.—ALEXANDER DEMPSEY, Honorary Secretary.—Clifton Street, Belfast.

**BIRMINGHAM AND MIDLAND COUNTIES BRANCH.**—The annual general meeting of this Branch will be held at the Medical Institute on Thursday, June 28th, at 3.30 P.M. An address will be given by the President, Dr. Balthazar Foster. The annual dinner will be held at the Grand Hotel, at 6 P.M. Dinner tickets, exclusive of wine, five shillings each. Members have the privilege of introducing a friend to the dinner, whether a member of the medical profession or not.—EDWIN RICKARDS, ALFRED H. CARTER, Honorary Secretaries.

**LANCASHIRE AND CHESHIRE BRANCH.**—The annual meeting will be held at the Memorial Hall, Albert Square, Manchester, on Wednesday, June 18th, at 2.30 P.M. The Council will meet at 1.30 P.M. The following communications have been promised. Dr. Lloyd Roberts: An Ovarian Cyst. Mr. T. Jones: A Patient with Spontaneous Fracture of Right Femur occurring Twice. Dr. Walter: Case of Nephrectomy. Mr. J. Brown of Bacup will read a paper on the proposed Medical Benefit Society. Early intimation of any other communications is requested. Dinner at Queen's Hotel, at 6 P.M.—A. DAVIDSON, Honorary Secretary, 2, Gambier Terrace, Liverpool.—May 26th, 1883.

**SOUTH-WESTERN BRANCH.**—Mr. J. Harper, President; Mr. C. Bulteel, President-elect. The annual meeting will be held on Tuesday, June 26th, at the Royal Albert Hospital, Devonport. The chair will be taken at 3 P.M. The dinner will be at the Duke of Cornwall Hotel, Plymouth, at 6 P.M. The President-elect invites members and their friends to lunch at his residence, 84, Durnford Street, Stonehouse, from 12 to 2 o'clock. A special notice of the meeting, with rules, etc., of the Branch, will be sent to each member by the Secretary, who will be glad to receive notice of proposed papers and communications.—S. REES PHILLIPS, M.D., Honorary Secretary, Wonford House, Exeter.

### DORSET AND WEST HANTS BRANCH.

THE first meeting of this Branch was held at the Leatman Hospital, Sherborne, on Wednesday, the 23rd instant, W. H. Williams, M.D., President, in the chair.

**Officers.**—The following officers were elected. **Council:** J. P. Aldridge, M.D., Dorchester; W. G. Bacot, M.D., Blandford; G. W. Daniell, Blandford; W. S. Falls, M.D., Bournemouth; W. D. Husband, Esq., Bournemouth; E. P. Philpotts, M.D., Bournemouth; R. P. Simpson, Esq., Weymouth. **Honorary Secretaries and Treasurers:** W. G. Vawdrey Lush, M.D., Weymouth; C. H. Watts Parkinson, Esq., Wimborne. **Representative of the Branch on the Committee of Council:** W. G. V. Lush, M.D. **Representatives of the Branch on the General Council:** S. S. Dyer, M.D., Ringwood; J. C. Leach, M.D., Sturminster Newton; J. R. Thomson, M.D., Bournemouth.

**New Members.**—The following gentlemen were elected. Richard Bangay, M.D., Lyme Regis; Christopher Childs, M.B., Weymouth; Samuel Sumner Dyer, M.D., Ringwood; Henry Knight Hitchcock, M.D., Bournemouth; Charles James Marsh, Esq., Yeovil; and Henry Robert Sherrard, Esq., Shaftesbury.

**Next Meeting.**—It was resolved that the next meeting should be held at Wareham in October.

An address was given by the President On Some of the Relations of the Modern Medical Practitioners.

**Patients** were shown by Mr. E. Scallon, Growth of Hair-like Processes on the Tongue. Dr. Williams, Lymphadenoma.

**Specimen.**—Dr. Leach showed a specimen of Paget's Disease of the Nipple.

**Dinner.**—The members and friends subsequently dined together at the Digby Hotel; the chair being occupied by the President.

### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.

A MEETING of the above District took place on May 17th, at the Sussex Hotel, Tunbridge Wells; Dr. RANKING presided.

**Papers.**—The following papers were read.

1. Mr. Abbott: On Collective Investigation and Note-taking.
2. Mr. Vise: A case of Locomotor Ataxy, with Arthropathy. (Patient shown).
3. Dr. Ranking showed a man suffering from well-marked Leucoderma.

The Next Meeting will be held at Hayward's Heath in September.

## SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

The eighty-seventh meeting (annual) of the above District was held at the Kent and Canterbury Hospital, on Thursday, May 24th, 1883, at 3 P.M.; Mr. BOWES, of Herve Bay, in the chair.

*Exhibits.*—Messrs. Krohne and Sesemann, of London, exhibited some of the latest inventions in surgical instruments.

*Next Meeting.*—It was arranged to hold a conjoint meeting with the West Kent District in September; also to meet at Ashford in March 1884.

*Collective Investigation Committee.*—It was resolved: "That this meeting desires to express the opinion, that the expenses incurred by the Collective Investigation Committee of the Association should be supplemented by voluntary contributions of the Branches from the surplus of the funds at their disposal."

It was suggested that meetings of this Subcommittee should be held half an hour before the ordinary meetings of the District.

*Communications.*—The following communications were made.

1. Dr. Gogarty showed a well-marked case of Paralysis of the Right Serratus Magnus Muscle, in an otherwise healthy girl aged 17.

2. Dr. Gogarty also showed a case of Hysterical Hemiplegia, in a farm labourer aged 26, who had been under observation since first attacked twelve months previously. There were anaesthesia and analgesia to the mesial line; the face and neck were not affected; there was no wasting of the muscles, and electrical contractility was perfect.

3. Mr. Dring showed a metal Pessary, which had been retained three years, unknown to the woman, till retention of urine caused its removal.

4. Mr. Wachter showed a young man who had had many attacks of Acute Rheumatism, and presented a cutaneous nodule in the scalp on the vertex, freely movable and not tender.

5. Dr. Gogarty read a paper on Acute Rheumatism, introducing Card No. III of the Collective Investigation Committee.

## CORRESPONDENCE.

## THE MEDICAL ACT AMENDMENT BILL 1883: SOME SUGGESTIONS AND REASONS FOR IMPROVING THE SAME.

SIR,—The subject of medical reform at the present moment being of vital importance, it behoves every member of the profession to use his best influence in improving and perfecting the Bill while it is passing through the Houses of Parliament; and this forms the basis of my plea for thus seeking to call attention to some apparently defective clauses in the Bill as issued from the House of Lords. I shall therefore briefly place my remarks under two heads—one as suggestions, the other as reasons; and should these in any way assist in elaborating a more perfect and satisfactory Bill, I shall feel amply rewarded for the trouble taken in connection therewith, as well as grateful to those who may act upon them.

*Suggestion 1.* Whenever the words medicine and surgery occur, midwifery, or branches of medicine, surgery, or midwifery, should follow.

*Reason 1.* To guard against unlawfully practising in any specialty or branch of the healing art. (See Clause 4.)

*Suggestion 2.* Quasi-charitable and wholly charitable institutions should not be allowed to employ practitioners who are not fully qualified and registered.

*Reason 2.* All of Her Majesty's subjects require to be protected against the frequently injurious results of unqualified medical attendance, and the guise of public or private charity should form no exception to this. (See Clause 8.)

*Suggestion 3.* A single examining board for the United Kingdom would be less open to variety or prejudice, and have a better influence upon both examiners and candidates. This single board might be formed of, say, twenty examiners—*i.e.*, of one representative (though I see no objection to two representatives beyond the extra expense) from each of the universities, colleges, and halls; and these twenty (or forty) representatives or examiners should hold examinations alternately in London, Edinburgh, and Dublin as required, and all successful candidates should receive the same licence or certificate for registration, being that of licentiate in medicine, surgery, and midwifery.

*Reason 3.* Candidates would probably be better prepared and more deliberately tested by mixed examiners from the United Kingdom than simply from their own part of the United Kingdom; while the position of candidates applying for appointments after

registration would be less open to local or provincial prejudice. (See Clause 9.)

*Suggestion 4.* If, however, a triple examining board—*i.e.*, one for each division of the United Kingdom—should be found to be essential to the general agreement of all the existing examining bodies, and so far it would appear to be so—the following would be a fair representation of existing interests. Twelve members each for the English, Irish, and Scotch boards—*i.e.*, the Universities of Oxford, Cambridge, London, Durham, and Victoria, one each; the Royal College of Physicians of London, and the Royal College of Surgeons of England, three each; and the Worshipful Society of Apothecaries, one. This equals the English board. The University of Dublin (Trinity College), two; the Royal University in Ireland; the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland, three each; and the Apothecaries' Hall in Ireland, one. This equals the Irish board. The Universities of Edinburgh, Glasgow, and Aberdeen, two each; and the University of St. Andrews, one; the Royal Colleges of Physicians and Surgeons of Edinburgh, two each; and the Faculty of Physicians and Surgeons, one. This equals the Scotch board. And I would here emphatically add that, whether one or three examining boards be legalised, the general practitioners should be fully represented thereon.

*Reason 4.* This single (or triple) examining board would equitably represent the influence and interest of all existing examining bodies, while, by thus excluding none, it could not do an injustice to any. (See Clause 9.)

*Suggestion 5.* After passing the single or triple examining board, I would encourage, or even compel, affiliation to some one or more of the universities, colleges, or halls.

*Reason 5.* This will satisfy the existing examining bodies as well as exert a beneficial influence upon candidates, both before and after examination and affiliation; while such affiliation might reasonably form the qualification for registering a "higher title," thus stimulating ambition to the acquirement of greater professional and scientific knowledge; but the time allowed for affiliation should be amply sufficient for the candidate to obtain the particular "higher title" he or she might select. (See Clause 9.)

*Suggestion 6.* The new Medical Council to be constituted of only twelve members, represented as follows: The twenty existing examining bodies to return six members; the universities, one; and the colleges and halls, one, in England; the universities, one; and the colleges and Faculty, one, in Scotland; the universities, one; and the Colleges and Hall, one, in Ireland; the Crown, three, one for each division of the United Kingdom; and the practitioners, three, one for each division of the United Kingdom.

*Reason 6.* A smaller Medical Council would be less expensive, do more work, and give greater satisfaction to the profession, provided its constitution be sound and representation equitable. (See Clause 14.)

*Suggestion 7.* Colonial and foreign practitioners might reasonably be compelled to pass the final State board examination, and also to complete any portion of their previous professional examinations, if such should be considered by the Medical Council or board of examiners to have been insufficient.

*Reason 7.* Most Continental countries require British qualified practitioners to pass a professional examination previous to being allowed to practise therein, *e.g.*, France, Belgium, Holland, Germany, Austria, Italy, Spain, Switzerland, etc., while many of the American medical curricula and examinations are known to be ridiculously short and incomplete; and, on the other side, it may be said that some few of the Continental medical curricula and examinations are even longer and more searching than our own. I do not, however, see much objection to the principle of reciprocity, provided it be carried out upon correct principles of equity as regards privileges, curricula, and examinations. (See Clauses 22, 23, 24.)

*Suggestion 8.* The penalty for illegally practising should be increased, so as not to exceed, say, fifty pounds.

*Reason 8.* Persons who have been successfully prosecuted for practising unlawfully, have readily and easily paid a penalty "not exceeding twenty pounds," and have continued to violate the law; examples of which could be readily adduced, if required. Protecting the new penal clause, by making it illegal to practise for gain, fee, or any other form of payment, should be an essential provision, since the mere prohibition of certain titles has been found to be all but useless, for, by qualifying any of these titles by an adjective or a noun or the words "not registered," the law is evaded, and successful prosecution becomes doubtful, or even frustrated. It would be easy to give examples of this evasion; most large towns and cities

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, May 24th, 1883.

Dodson, Arthur Edward, Downs Park Road, Clapton.

Parko, John Latimer, Tidewell, near Sheffield.

Spiller, Frederic Winstanley, Belgrave Road, Birmingham.

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

Harris, Charles Joshua Joseph, Charing Cross Hospital.

### MEDICAL VACANCIES.

The following vacancies are announced:

**CENTRAL LONDON OPHTHALMIC HOSPITAL**, Gray's Inn Road, W.C.—Assistant-Surgeon. Applications by June 9th.

**CHELSEA HOSPITAL FOR WOMEN**.—Four Assistant Physicians, a Pathologist, and an Administrator of Anesthetics. Applications by June 6th.

**CHELSEA HOSPITAL FOR WOMEN**.—Resident Medical Officer for the new hospital. Salary £60 per annum. Applications by June 6th.

**CHELTENHAM GENERAL HOSPITAL**.—House-Surgeon. £100 per annum. Applications by June 15th.

**CITY AND COUNTY LUNATIC ASYLUM**, Stapleton, near Bristol.—Assistant Medical Officer. Salary, £150 per annum. Applications, addressed to the "Chairman of the Committee of Visitors," by June 7th.

**COUNTY DONEGAL INFIRMARY**.—Surgeon. Salary, £100 per annum, in addition to the Grand Jury Presentment. Election on the 19th instant.

**DENTAL HOSPITAL OF LONDON**, Leicester Square.—Dental House-Surgeon. Salary, £40 per annum. Applications by June 11th.

**DONCASTER GENERAL INFIRMARY AND DISPENSARY**.—House-Surgeon. Salary, £100 per annum. Applications by June 3rd.

**GLASGOW ROYAL INFIRMARY**.—Teacher of Chemistry. Applications by June 15th.

**GLASGOW ROYAL INFIRMARY**.—Teacher of Physiology. Applications by June 15th.

**PADDINGTON PROVIDENT DISPENSARY**, 104, Star Street, Edgware Road. Resident Dispenser. Salary, £105 per annum. Applications to the Honorary Secretary, the Rev. G. F. Prescott, 76, Cambridge Terrace, Hyde Park, by June 4th.

**QUEEN CHARLOTTE'S LYING-IN HOSPITAL**, St. Marylebone Road, W.—Resident Medical Officer. Salary, £80 per annum. Applications by June 9th.

**QUEEN'S HOSPITAL**, Birmingham.—Resident Physician. Salary, £50 per annum. Applications by June 20th.

**ROYAL HANTS COUNTY HOSPITAL**, Winchester.—House-Surgeon. Salary, £100 per annum. Applications by July 4th.

**RURAL SANITARY AUTHORITY OF THE ISLE OF WIGHT**.—Medical Officer of Health. Salary, £300 per annum. Applications by June 6th.

**ST. BARTHOLOMEW'S HOSPITAL**.—Two Casualty Physicians. Applications by June 8th.

**ST. GEORGE'S HOSPITAL**.—Assistant Physician. Applications by June 7th.

**STOCKTON-UPON-TEES HOSPITAL AND DISPENSARY**.—House-Surgeon. Salary, £200 per annum. Applications by July 14th.

**TISBURY UNION**.—Medical Officer. Salary, £80 per annum. Applications by the 14th June.

**WESTMINSTER HOSPITAL**, Broad Sanctuary, S.W.—House-Surgeon, Junior House-Physician, and Resident Obstetric Assistant. Applications by June 12th.

**WILTON UNION**.—Medical Officer and Public Vaccinator. Salary, £100 per annum. Applications by the 2nd June.

### MEDICAL APPOINTMENTS.

ANSTED, H. L., M.R.C.S. Eng., L.R.C.P. Edin., appointed Medical Officer to the Madras Railway Company in Madras.

BARNES, Frederic J. J., M.R.C.P., F.R.C.S., appointed Assistant Medical Officer to Fisherton House Asylum, Salisbury.

CARR, J. Randle, M.R.O.S., appointed Resident Obstetric Officer in St. Mary's Hospital vice E. Archer Wood, M.R.C.S. Eng.

### BIRTHS, MARRIAGES, AND DEATHS.

The charges for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which should be forwarded in stamps with the announcements.

#### BIRTH.

LYONS.—On April 26th, 1883, at Senawac, Punjab, the wife of Surgeon-Major R. T. Lyons, M.D., of a daughter.

#### MARRIAGES.

KNOWLING-FOX.—May 24th, at the parish church, Wellington, Somerset, by the Rev. Prebendary Knowling, M.A., vicar, Ernest M. Knowling, B.A., M.B., of 5, Tenders Terrace, Tenby, to Helen Emily Hankey, youngest daughter of the late George Smith Fox, Esq., Wellington.

MORLEY-HAWKINS.—On May 23rd, at Above Bar Congregational Church, Southampton, by the Rev. H. H. Carlisle, LL.B., Thomas Simmons Morley, M.D. Lond., of Barton-upon-Humber, son of John Morley, M.R.O.S., L.S.A., of 10, Beetham Terrace, Southampton, and second daughter of the late Edward Bishop Hawkins, of 10, Beetham Terrace, Southampton.

#### DEATH.

MCCREERY.—At the Fort, Allahabad, on the 16th ultimo, James McCreery, Surgeon-Major Army Medical Department, eldest son of James McCreery, Fermoy, Co. Cork.

**HEALTH OF FOREIGN CITIES.**—It appears, from statistics published in the Registrar-General's weekly return for May 19th, that the death-rate was recently equal to 30.0 in Bombay, where the 466 deaths included 49 from small-pox and 103 from "fevers." According to the most recent weekly returns, the annual death-rate per 1000 persons estimated to be living in twenty of the largest European cities averaged 31.7, and was no less than 10.4 above the mean rate during last week in the twenty-eight great English towns. The death-rate in St. Petersburg was 41.9, and showed an increase from the high rates in previous weeks; the 747 deaths included 38 fatal cases of diphtheria and 13 of small-pox. In three other northern cities—Copenhagen, Stockholm, and Christiania—the mean death-rate was equal to 27.2, and ranged from 15.8 in Christiania to 33.6 in Copenhagen; whooping-cough caused 5 deaths in Copenhagen and 4 in Stockholm. In Brussels, the death-rate was equal to 31.5, and 10 of the 243 deaths were fatal cases of small-pox. The usual return from Paris does not appear to have come to hand. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 26.3; and the rate, which was 24.8 both in Amsterdam and the Hague, was so high as 30.5 in Rotterdam, where 11 of the 95 deaths resulted from small-pox. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 33.4; the rates in these cities ranged from 25.9 and 30.4 in Berlin and Dresden, to 39.5 in Buda-Pesth and 43.5 in Prague. Measles caused 17 deaths in Berlin and 16 in Prague; typhus and typhoid fever 10 in Buda-Pesth; and diphtheria 7 in Dresden and 9 in Munich. The death-rate averaged 32.4 in three of the largest Italian cities, and was equal to 27.1 in Venice, 31.0 in Turin, and 35.8 in Rome. Measles caused 9 and typhoid fever 6 deaths in Rome; and 5 fatal cases of diphtheria were reported in Turin. The 126 deaths in Lisbon were equal to a rate of 32.9; and included 3 fatal cases of small-pox. In three large American cities, the mean death-rate did not exceed 21.9, while the highest rate was 22.0 in Baltimore. Small-pox caused 5 deaths in Philadelphia, and 4 in Baltimore; 8 deaths were referred to typhoid fever in Philadelphia, and scarlet fever was somewhat fatally prevalent in Brooklyn and Baltimore.—The statistics for the week ending May 26th show that the annual death-rate in the three principal Indian cities averaged 31.4 per 1000; the rate was equal to 29.6 in Bombay, 30.2 in Calcutta, and 34.4 in Madras. A large proportion of the deaths in each of these cities was referred to "fevers;" cholera caused 61 deaths in Calcutta, and small-pox 46 and 24 deaths respectively in Bombay and Madras. According to the most recent weekly returns, the average annual death-rate in twenty-one European cities was equal to 30.4 per 1000 of their aggregate population; this showed more than the usual marked excess upon the average rate in twenty-eight of the largest English towns, which during last week did not exceed 21.3. The rate in St. Petersburg was slightly below that recorded in the preceding week. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate did not average more than 23.2, the highest rate being 25.1 in Stockholm, where 5 of the 84 deaths resulted from diphtheria. The death-rate in Paris was equal to 28.0, and showed an increase upon that which prevailed in the previous week. The deaths in Brussels were equal to a rate of 22.6 per 1000, and included 6 fatal cases of small-pox. The rate in Geneva was so high as 41.7; of the 56 deaths registered during the week, no fewer than 13 were referred to measles. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged 25.0 per 1000, and ranged from 23.2 in the Hague to 26.3 in Rotterdam, where 11 fatal cases of small-pox were recorded. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 32.5 per 1000, and ranged from 24.2 and 27.3 in Trieste and Berlin, to 35.5 in Vienna and 47.5 in Prague. Measles caused 34 and diphtheria 39 deaths in Berlin, scarlet fever 6 in Hamburg, and measles 11 deaths in Prague. In Rome the death-rate was equal to 28.8 per 1,000; 6 deaths were referred to typhoid and 7 to malarial fever during the week. The rate of mortality in Lisbon was equal to 29.5 per 1000, showing a slight decline from the high rate in the preceding week; 4 deaths from small-pox were recorded. Among the principal American cities, the death-rate was equal to 22.5 per 1000 in Philadelphia, and to 19.5 in Baltimore; diphtheria caused 28 deaths in Philadelphia, and 6 deaths were referred to small-pox in Baltimore, and 5 in Philadelphia.

## 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., 11.30; 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., 8.30.
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. Mr. Walter Coffin, F.R.S.: On a Pressure Escape Quileter for Nitrous Oxide. The adjourned discussion, opened by Mr. Sewell in February, on the Theory of Dental Caries.
WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be shown by Dr. Elder, Dr. Graily Hewitt, Dr. Potters, and others. Dr. Herman: A Case of Acute Gangrene of the Vulva in an Adult. Dr. Champneys: The Obstetrics of the Kyphotic Pelvis.—Epidemiological Society of London, 8 P.M. To receive the Report of the Council for the Session 1882-83. To elect Office-bearers for the ensuing Session. Sir William R. E. Smart, K.C.B., M.D.: The History of Fever in the Royal Navy.
THURSDAY.—Ophthalmological Society of the United Kingdom, 8.30 P.M. Discussion on Eye-Symptoms in Diseases of the Spinal Cord, introduced by Dr. Gowers. Communications or remarks are promised by the following gentlemen: Dr. Hughlings Jackson, Mr. Hutchinson, Dr. Walter Edmunds (Case of Sudden Failure of Sight in Locomotor Ataxy), Mr. Marcus Gunn, Mr. Lawford (Cases of Optic Atrophy in General Paralysis of the Insane, with Microscopical Sections), Dr. Ewan Lewis (Observations on the Pupil in Spinal Disease), and Dr. Sharkey (Cases of Optic Atrophy in Disseminated Sclerosis). Living specimens at 8 o'clock.—The Parkes Museum of Hygiene, 8 P.M. Dr. J. C. Steele: The Management of the Sick-room. (The lecture will be illustrated by models.)

## 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.

## REGRESSIVE PARALYSIS.

SIR,—Allow me to express my thanks for the very kindly notice of the Italian translation of my little work *On Regressive Paralysis* which appears in your issue of May 12th. In the course of your remarks, you state that you "do not feel quite sure that the character of regressiveness is of a sufficiently essential nature to deserve its being used as a specific distinction in the nomenclature," and that "granting the acute inflammatory nature of the poliomyelitic process, its regression is common to it, and to most inflammations which, after subsidence, allow the functions of the organs attacked to return in a more or less complete degree. Logically, also, the term regressive paralysis ought to include many peripheral paralyses, such as that of the facial nerve from cold or other causes." I desire to call to mind, sir, in this connection, the fact that I have in a note expressly excepted these temporary paralyses from peripheral impressions, and those cerebral forms where the tendency from the first is towards recovery of function, and to point out the essential distinction that, in these cases, the recovery is continuous, symmetrical, a reflex, as it were, *en masse*. While the regressive paralysis differs from all these, and every other form, in the fact that, though there is always more or less recession from the number of muscles rendered powerless by the first onset of paralysis, yet it is step by step, irregular and unsymmetrical, picking out a muscle here and there, while others remain permanently paralysed.

This phenomenon is, I believe, unique, and only to be found in this form of paralysis, and experience every day more and more convinces me that it is of necessity entailed by the very nature of the primary cause itself. For though Schulze may be right in the supposition that the vessels are the starting point of the sclerotic change in the cord itself, and that this morbid process spreads thence to the cells and columns, yet the paralysis exists before there is sclerosis, and this is daily more strongly forced upon my own mind—the conviction that, preceding all these, is a peripheral irritation, be it of sudden variations of temperature, of functional disturbance of organs, or of the condition of the circulating fluids, which acts upon the particular cell with which each different fibre is connected, and that thus it is a manifestation not only peculiar to this paralysis, but an essential characteristic, and, therefore, most worthy to form its designation.

For these reasons it was that I chose a name which expresses not a mere receding, but—as its etymological derivation shows—a receding by steps, irregular, unsymmetrical, with spaces between, which approaches as nearly as any word can to the expression of the character, which I venture to think distinctive, unique, peculiar to this form of morbid action, and essential to its nature. With a renewed expression of my thanks, I am, sir, yours very truly,

Archer's Lodge, Harpurhey, Manchester, May 14th, 1883. W. H. BARLOW.

\* The difference between the clinical phenomena of regression in a case of peripheral paralysis and in a case of poliomyelitic disease lies, we apprehend, in the anatomico-physiological conditions underlying the two processes. In the first, it occurs *en masse* because the morbid changes have affected the whole of the paths of innervation more or less evenly; in the second, it often occurs *seriatim* because the inflammatory disturbance has spread unequally over a number of motor centres. The peculiar mode of regression in some cases of acute poliomyelitis does not therefore, from our standpoint, indicate a peculiar mode or morbid action, but an accidental distribution of a simple inflammatory process. The existence of the physiological mechanisms referred to in this note has been brought into light by the researches of Remark, Erb, Ferrier, and others (see *Brain*, vol. iv, pp. 217, 303).

## THE BRUSSELS DEGREE.

SIR,—In your issue of to-day's date, I notice a reply to "L.R.C.P. Lond.," stating that an M.D. of Brussels has no legal right to call himself "Doctor" in England. When giving this opinion, you were perhaps unaware that in the course of a trial for libel in the Queen's Bench in the year 1874, one of the charges against the defendant, who was a solicitor, being that he had publicly stated that the plaintiff—an M.D. Brussels—was not a Doctor of Medicine, the late Lord Chief Baron Kelly, in his summing up, said that the plaintiff was fully entitled, in virtue of his foreign degree, to call himself "Doctor," and to put M.D. after his name on his door-plate or visiting cards. It appears to me that this ruling from the Bench, unless and until set aside by some higher legal authority, does give the holders of the Brussels degree, and probably others also if obtained after examination, the right you seem disposed to deny them. I should be glad if you would give a further opinion on the subject.—I am, sir, yours faithfully,

F. ERNEST POORE, M.D.  
Honorary Secretary Brussels Medical Graduates' Association.

\* In saying that an M.D. of Brussels had no legal right to call himself doctor in England, we meant that there was no special legislation which authorised him to do so. At the same time, there is nothing to prevent him from using the title.

## TRICYCLES.

SIR,—As the weather is now suitable for tricycling, a word to those members of the profession who meditate purchasing a tricycle may not be amiss, based on my experience, which is worth communicating.

Last September, I bought from the St. George's Foundry Company, Pope Street, Birmingham, one of their "Rapid" tricycles. It is a double-speeded machine, enabling one to ascend even steep hills with tolerable ease and at a fair speed. When speeded for ordinary roads, it travels at the rate of a little over four yards for each revolution of the crank-shaft; and, when geared for hill-climbing, at the rate of three yards for each such revolution. In going down inclines, it is thrown out of gear, the feet resting on the pedals, and the pace readily controlled by the brake. It is very strongly built; in proof of which, I have had it out on all sorts of roads since September, and it works easier, and is better now, than when new.

I can honestly recommend this make of tricycles as serviceable, reliable, and economical, the price ranging from £13 10s. upwards. In this hilly town, I can, with its aid, visit nearly as many patients in a given time as I formerly did with that of a good horse. But, more than all, in spite of the continuously wet weather we have of late experienced, my general health has improved greatly by this exercise. For five years before I had it, I suffered almost constantly from arthritic rheumatism and sciatica. Since I have used it, both these enemies have disappeared. For night-work, it is invaluable.—I am, sir, yours faithfully,

E. T. BURTON.

14, Spring Hill, Birmingham, April 30th, 1883.

E. BRYAN is recommended to apply to Mr. E. Darke, secretary of the Association for the Supply of Pure Vaccine-Lymph, 3, Hemming's Row, St. Martin's Lane, W.C.

## SLEEPLESSNESS.

SIR,—I should be greatly obliged by any of your readers suggesting to me a remedy, not therapeutic, for sleeplessness in a young lady, otherwise perfectly healthy. I may mention that all the ordinary popular means, counting, etc., have failed.—I am, sir, faithfully yours,

HARRY E. DIXEY.

Great Malvern, May 22nd, 1883.

## THE TREATMENT OF CROUP.

SIR,—I was greatly in hopes that the letter on the above subject from "Anxiety" in the JOURNAL of the 5th May would have elicited more replies. For sixteen years I practised in a low, damp, and marshy district, through which coursed a large river; and, while there, I saw a good number of cases of croup, and I am sorry to say that, to the best of my recollection, every case of true membranous croup was fatal. I cannot help thinking from what Mr. Fahie says in the JOURNAL of the 12th, of the success which has attended his treatment, that some of his cases were simply cases of catarrhal croup, which, I have found, have invariably recovered.

Doubtless climate has much to do with causing such fatality as "Anxiety" and I have seen. I have treated these cases very nearly as Mr. Fahie suggests, and have done almost everything that could be suggested, and that, too, often from the very commencement of the attack. Tracheotomy I should regard as useless, unless the little patient could be properly attended to within the walls of a hospital. Like "Anxiety," I should be extremely glad to be enlightened.—I am, sir, yours,

WALTER G. WALFORD, M.D.

49, Finchley New Road, N.W.

## AXILLARY HYPERHIDROSIS ON EXPOSURE.

M. AUBERT publishes in the *Annales de Dermatologie*, some curious facts with reference to this subject. When a patient is examined standing and undressed, perspiration appears under the armpits, and in a third of the cases so abundantly as to run down. M. Desmier, a dermatologist, frequently points out this peculiarity to his pupils. M. Aubert, in seeking the reason of this hyperhidrosis, has ascertained that the temperature of the patient under such conditions is always increased some tenths of a degree. When the arm was raised above the head, consequently preventing contact between the axillary surfaces, the increase was less, and in some there was not any. M. Aubert explains the phenomenon by supposing that the axillary glands, on exposure to cold, behave like the kidneys. Muller's researches demonstrate that cold compresses applied to the integument of a dog have the effect of considerably increasing urinary secretion. Perhaps agitation consequent on examination under certain conditions may, in a measure, cause this increased secretion. M. Aubert has ascertained, by a series of researches, that, when patients are examined in bed, and not exposed, an examination or slight operation does not produce increased axillary secretion.

## LICENCES AND DEGREES.

SIR,—The assumption of the prefix "Dr." by some of our Associates, mainly Scotch and Irish, who are merely licentiates of a College of Physicians, is an anomaly which I am surprised the Association has not formally discountenanced within its own ranks; but your footnote to the letter of "Verax," in the JOURNAL of March 31st, seems to have hit the blot. Quoting your words, "It is a mere matter of good taste, etc., that is to say, no penalty is incurred, and no law is broken."

There are many other acts of impropriety for which there are neither pains nor penalties, yet what do we think of those persons in the profession who commit them?

To assume a prefix to which you are not entitled may be a fitting device to catch the public eye by way of advertisement, but, as members of a learned and honourable calling, let us set our faces against this unseemly assumption of a title by these licentiates.

I do not know what our respected founder, the late Sir Charles Hastings, would have thought if he knew the extent to which we have neglected our ethics. Let the respective Branches of the Association see to the rectification of this abnormality, unless a majority are adverse to the opinion expressed by HONESTAS.

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

Dr. Sawyer, Birmingham; Mr. J. H. Kisby, London; Mr. Henry Dayman, Millbrook, Southampton; Mr. Nelson Hardy, London; Mr. John Ringwood, Kells, Co. Meath; Dr. H. Fly Smith, London; Dr. John Shaw, London; Mr. J. Fraser Henry, Bury St. Edmunds; Dr. John Beddoe, Clifton; Mr. T. Rowing Pendick, London; Dr. Willoughby, London; Mr. C. F. Bullmore, Helston; Mr. Ernest D. Bowes, Gloucester; Mr. W. D. James, Sheffield; Dr. Sutherland, London; Mr. C. W. Belfield, Bristol; Dr. E. Malins, Birmingham;

ham; Dr. J. A. Austin, Tongue, Sutherland; Dr. Dudfield, London; Our Aberdeen Correspondent; Mr. J. M. Brown, Wansford; Mr. Frederick Fraser, London; Dr. J. W. Langmore, London; Dr. J. M. Ryan, Colchester; Mr. E. J. Adkins, Hastings; Mr. Henry Juler, London; Mr. C. G. Wheelhouse, Leeds; Dr. J. D. Cronin, London; Mr. J. Glover, Dorington; Dr. B. G. Morison, London; Dr. Manson Fraser, London; Mr. C. E. Lay, Peasenall; Mr. G. A. Raverty, Bootle, Liverpool; Mr. D. S. Moon, Dundee; Mr. S. Mackee, Bradford; Dr. Sidney Coupland, London; Dr. L. P. Yandell, Louisville, U.S.A.; Mr. George R. Fraser, Wark, Northumberland; Dr. Pollard, Liverpool; Mr. Timothy Holmes, London; Dr. A. M. Anderson, Dundee; Mr. G. R. Mansell, Hastings; Dr. Steele, London; Dr. Fairlie Clarke, Southborough; Mr. A. Leech, Rotherham; Mr. M. G. Biggs, London; Dr. V. Burq, Paris; Mrs. E. C. Coster, New York; Mr. F. G. Vawdrey, Handsworth; The Secretary of the Smoke Abatement Institution; Mr. R. W. Watson, Brigg; Mr. Reginald Harrison, Liverpool; Mr. W. Donovan, Whitwick; Dr. Galabin, London; Dr. McCalman, Oporto; Dr. W. W. Hardwicke, Rotherham; Mr. W. M. Renton, Consett; The Honorary Secretaries of the Odontological Society; Mr. de Watterville, London; Mr. William Hartigan, Hong Kong; Mr. H. B. Ladell, London; Dr. J. Farquhar, Harrogate; Mr. Arthur London; Dr. E. Paget Thurstan, Tunbridge Wells; Mr. H. K. Lewis, London; Dr. Partridge, Stroud; Mr. Charles Firth, Gravesend; Mr. T. Laffan, Oshel; Mr. T. Whitehead Reid, Canterbury; Dr. Woakes, London; Dr. J. M. Finny, Dublin; Dr. A. Emrys-Jones, Manchester; Dr. R. W. Barnes, Amritsar; A Constant Subscriber; Mr. Shirley Deakin, Allahabad; Mr. E. Stanmore Bishop, Manchester; Mr. William Dale, Lynn; Justitia; Dr. Elizabeth Blackwell, Hastings; Mr. H. W. H. Dale, Birmingham; Dr. T. F. Chavasse, Birmingham; Miss Barrett, London; Mr. E. J. Powell, London; Mr. R. W. Savage, London; Mr. F. C. Mears, Tynemouth; Mr. S. B. Hazell, Bury St. Edmunds; Mr. L. Thelwall, Stilton; Dr. Strange, Worcester; Mr. Morison, London; Mr. J. J. F. Barnes, Salisbury; Dr. A. Samelson, Manchester; Our Dublin Correspondent; Mr. J. Moore, London; Dr. L. Buckell, Chichester; Mr. James Startin, London; Mr. T. M. Stone, London; Dr. E. C. Craster, Middlesbrough; Mr. P. H. Watson, Edinburgh; Mr. F. W. Fletcher, London; Dr. Styrap, Shrewsbury; Dr. C. E. Glascoth, Manchester; Dr. Imlach, Liverpool; Dr. W. Alexander, Halifax; Dr. F. E. Pocock, London; Mr. E. T. Thompson, Wolston, Warwick; B. C. R.; Mr. W. Stokes, Dublin, etc. Mr. J. Bain Sincock, Bridgwater; Mr. Thomas Wilmot, Bradford; Mr. John Flack, London; Mr. W. E. Stanley, Wellow, Bath; Dr. David Cullen, Cheltenham; Mr. B. D. Taplin, Market Rasen; Dr. G. H. Daly, Chippingham; Dr. A. B. Munro, Bradford; Mr. Reginald Harrison, Liverpool;

## BOOKS, ETC., RECEIVED.

The Ethics of Diet a Catena of Authorities Deprecatory of the Practice of Flesh Eating. By Howard Williams, M.A. London: F. Pitman: John Heywood. Manchester: John Heywood. 1883.

Mechanical Exercise a Means of Cure; Being a Description of the Zander Institute, London: Its History, Appliances, Scope and Object. Edited by the Medical Officer to the Institution. London: J. and A. Churchill. 1883.

What To Do in Cases of Poisoning. By William Murrell, M.D. H. K. Lewis, 136, Gower Street, W.C.

The Student's Manual of Venereal Diseases; Being a Concise Description of those Affections, and of their Treatment. By Berkeley Hill and Arthur Cooper. Third Edition. London: J. and A. Churchill. 1883.

Transactions of the National Association for the Promotion of Social Science. Nottingham Meeting, 1882. London: Longmans, Green, and Co. 1883.

The Botanical Atlas. By D. M'Alpine, F.C.S. Edinburgh: W. and A. K. Johnston. 1883.

Lectures on Cataract; Its Causes, Varieties, and Treatment: Being Six Lectures delivered at the Westminster Hospital. By George Cowell, F.R.C.S. With Illustrations. London: Macmillan and Co. 1883.

Transactions of the Epidemiological Society of London. New Series, Vol. I. Session 1881-82. London: David Bogue. 1883.

The Student's Guide to Surgical Diagnosis. By Christopher Heath, F.R.C.S. Second Edition. London: J. and A. Churchill. 1883.

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

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

An average line contains eight words.

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

For 6 insertions, a deduction of	...	...	...	10 per cent.
" 12 or 13 "	"	"	"	20 "
" 24 "	"	"	"	25 "
" 52 "	"	"	"	30 "

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

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

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