

It was moved by Dr. ANNINGSON, seconded by Dr. SHEEN: "That it be recommended to the Standing Subcommittee to consider the question of issuing such a modification of the card on the etiology of diphtheria as may be suitable for the use of medical officers of health." Carried.

It was agreed to issue an inquiry on the habits of octogenarians, and the matter was referred to the Standing Subcommittee.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF QUARTERLY MEETINGS FOR 1884: ELECTION OF MEMBERS.

MEETINGS of the Council will be held on Wednesday, April 9th, July 9th, and October 15th, 1884. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than twenty-one days before each meeting, viz., March 20th, June 20th, and September 25th, 1884, 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.*

COLLECTIVE INVESTIGATION OF DISEASE.

CARDS for recording individual cases of the following diseases have been prepared by the Committee; they may be had on application to the Honorary Secretaries of the Local Committees in each Branch, or on application to the Secretary of the Collective Investigation Committee.

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| I. Acute Pneumonia. | V. Syphilis, acquired. |
| II. Chorea. | Va. " inherited. |
| III. Acute Rheumatism. | VI. Acute Gout. |
| IV. Diphtheria, clinical. | |

URGENT.—*The Committee propose to publish a final report on Acute Pneumonia as soon as possible. Cases are therefore urgently needed. Cards will be received until further notice.*

Applications should be addressed to

The Secretary of the Collective Investigation Committee,
September, 1883. 161A, Strand, W.C.

NOTICE.—*The Life-History Album* prepared by the Collective Investigation Committee is now ready, and can be ordered of all booksellers, price 3s. 6d.

BRANCH MEETINGS TO BE HELD.

THE NORTH-WESTERN PROVINCES AND OUDH BRANCH.—Meetings are held on the first Friday in every month, at half-past nine, after dinner at eight o'clock. Gentlemen wishing to be present are requested to communicate with the Secretaries, Surgeons SHIRLEY DEAKIN and W. A. MORRIS, 8, City Road, Allahabad.

DUBLIN BRANCH.—The seventh annual general meeting of the Dublin Branch will, by kind permission of the President and Fellows, be held on Thursday, January 31st, at 4 P.M., in the Hall of the King and Queen's College of Physicians, Kildare Street. The officers and council for the ensuing year will be elected by ballot, and any other necessary business transacted. Mr. Edward Hamilton, President-elect, will deliver the annual address. The following addition to By-law VII will be proposed: "All interim vacancies may be filled up by the council." The annual dinner of the Branch will be in the College Hall, at 7 P.M. on the day of the meeting. Dinner tickets for members who purchase their tickets on or before Tuesday, the 29th inst., 17s. 6d.; for members purchasing their tickets after that date, and for guests, £1.—GEORGE F. DUFFEY, M.D., Honorary Secretary and Treasurer, 30, Fitzwilliam Place, Dublin.—January 2nd, 1884.

METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.—A meeting will be held on Thursday, January 31st, 1884, at the house of Dr. Cree, St. John's Park, Upper Holloway, N. Dr. George Potter will read a paper on Collective Investigation, and there will be a discussion on the same.—GEORGE HENTY, M.D., Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WEST MIDDLESEX DISTRICT.—A meeting of the above District will be held on Wednesday evening, January 30th, at the Horbury School-rooms, Notting Hill. The following papers will be read: 1. Cases illustrative of the help the Intermittent Contractions of the Uterus afford in the Diagnosis of Abnormal Pregnancy: by Dr. Braxton Hicks, F.R.S. 2. On Alopecia; its Causes, Varieties, and Treatment: by Malcolm Morris, M.R.C.S. The chair will be taken at half-past eight o'clock by Dr. C. J. Hare, President of the Metropolitan Counties Branch.—ED. HART VINEN, M.D., Honorary Secretary, 17, Chepstow Villas, Bayswater.—January 19th, 1884.

SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.—An ordinary meeting will be held at the Royal National Consumption Hospital, Ventnor, on Thursday, January 31st, at 4 P.M.; James Neal, M.D., President, in the chair. The following communications will be discussed: 1. The work of the Collective Investigation Committee. 2. Paper by Dr. J. Ward Cousins. 3. A selection of cases illustrating the Different Types of Phthisis: Drs. J. G. Sinclair Coghill and W. E. Robertson. 4. The Relations of the Work of Pupil Teachers to their Health: Dr. J. M. Williamson. Members desirous of introducing patients, exhibiting pathological specimens, or making communications, are requested to signify their intention at once to the Honorary Secretary.—Dinner at Marine Hotel, 6 P.M.; charge, 6s., exclusive of wine.—W. E. GREEN, Honorary Secretary.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

A MEETING was held in the Medical Institute, New Edmund Street, on Thursday, January 10th. The chair was taken by the President, Dr. BALTHAZAR FOSTER.

New Members.—The following members of the Association were elected members of the Branch: Dr. Strange, Worcester; Mr. E. J. Collins, Wednesbury.

Communications.—The following communications were read.

1. Mr. Bennett May read a Case of Sacculated Innominate Aneurysm treated by Simultaneous Distal Ligature of Common Carotid and Axillary Arteries.

2. Mr. Lawson Tait showed a series of Cases of Abdominal Section performed during 1883.

3. Dr. Savage showed a Dermoid Cyst, recently removed by him. It contained a large plate of bone, some loose hairs, fat, and a few perfect teeth.

4. Dr. Carter showed a patient suffering from Cheilopompholyx.

5. Dr. Rickards showed for Dr. Nelson a Specimen of Fatty Transformation of the Kidney; in the centre of the Adipose Mass was an Uric Acid Calculus.

6. Mr. Lawson Tait showed an Occluded and Dilated Fallopian Tube (the left), which he had removed on December 17th. The patient had suffered for some months from excessive pain, being hardly able to walk, and profuse menorrhagia. A cystic tumour, as large as a cocoa-nut, had been discovered by Dr. Price, of Dudley Port, who sent her to Mr. Tait for treatment. On abdominal section the cyst proved to be the left tube full of broken-down blood-clots, apparently on the point of becoming purulent. The tube was densely adherent to surrounding structures, and its removal was a matter of great difficulty. The patient made an uninterrupted recovery, and was immediately relieved from her sufferings.

7. Mr. Jordan Lloyd showed a Renal Calculus.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR SPECIAL CORRESPONDENT.]

Dieulafoy's Instrument for Transfusing Blood—Dubois' Gasometer for Administering Chloroform mixed with Air—Bert on Chloroform mixed with Oil—Bochefontaine and Xgouf on the Copper Cure—Letter from the Mayor of Villedieu—M. Pichon and the New Sanitary Decree.

M. DIEULAFOY has presented to the Académie de Médecine an instrument which he has invented for effecting the transfusion of blood in a manner which prevents the blood withdrawn from the veins being in contact with the air. The person who loses the blood and the person who receives it are placed side by side in a recumbent position. It is not necessary to lay bare the veins either of the person bled nor the person in whom the blood is transfused. A needle of a larger calibre than that of a Pravaz syringe pierces the skin and enters the vein; the blood passes into a receptacle from which all the air is expelled. This instrument is so ingeniously arranged, that the injection of an air-bubble into the veins of the patient is impossible. Admitting the possibility that air-bubbles find their way into one of the chambers of the apparatus, they rise and accumulate at the upper part of the receptacle, and the blood is withdrawn from the lower part. As the skin and the veins are not injured by this method, the operation may be repeated as often as is considered necessary, and at short intervals. In cases of hemorrhage, or when oedematous infiltration is present, it may be necessary to lay bare the vein. When the operation is effected, the instrument should be taken to pieces and carefully cleaned, in order to prevent the slightest particle of coagulated blood from adhering to it.

up the various parts of the army, the medical department included, in such a state of efficiency as to be ready at all times for an outbreak of war; an amount, indeed, so large that no Government, whether Liberal or Conservative, liked to ask for it. The real responsibility for deficiencies should be put on the country at large, not on this or that Government. He hoped, however, that the defects which Surgeon-Major Evatt had pointed out would be repaired, as far as practicable, by those in authority, who alone had the power to enforce what was necessary in such matters. At the same time, he feared that the present system of hospital arrangements, though it would, no doubt, in time turn out to be all that was expected, must be prepared to encounter great difficulties before it attained the state of perfection which Surgeon-Major Evatt and everyone else must desire.

The Chairman made some concluding observations; and, having referred to the fact that the improvement of the army hospital organisation is well known to be engaging the earnest attention of the Director-General of the Army Medical Department and the War Department at the present time, as a result of the investigations of Lord Morley's Committee, proposed a vote of thanks to Surgeon-Major Evatt, which was heartily accorded by the meeting. The proceedings then terminated. Surgeon-Major Evatt's lecture will be published in the *United Service Institution Journal*.

THE NEW ARMY UNIFORM FOR FIELD SERVICE.

THE pattern and colour of the new uniform to be worn by troops on active service in the field has been so far settled, that it is about to be issued to an infantry regiment at Aldershot for practical trial. Although spoken of as a Kharkee dress, it differs from the Kharkee uniform worn in India, in being made of a kind of woollen serge, and in being darker in colour than the Indian material. The Indian material is a sort of cotton cloth and of a rather light dust-colour. We defer further observations on the new clothing of the army, which is intended to serve for undress purposes on fatigue duties in barracks as well as for use on active service, until we have had an opportunity of observing the dress in actual use.

STATIONS OF ARMY MEDICAL OFFICERS, FROM OFFICIAL ARMY-LIST, PUBLISHED BY AUTHORITY, JANUARY 8TH, 1884.

THE subjoined table will be of interest to army medical officers. Except the medical officers of the Guards, who are not on the "roster," the figures would seem to indicate that, for each five years' foreign service army-surgeons ought to get, even with the extra duty in Egypt, on an average, four years at home. The highest administrative ranks do not, however, appear to enjoy much more than one-third of their service at home. In other words, the higher the rank, the larger the proportion of foreign service.

	Home.	Abroad.	Not Shown.	Guards.
Surgeons-General.....	3	6	1	0
Deputy Surgeons-General.....	13	16	1	0
Brigade-Surgeons.....	20	27	1	1
Surgeons-Major "over" 20 years' service.....	59	78	6	3
Surgeons-major "under" 20 years' service.....	95	113	6	2
Surgeons.....	126	188	6	12

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN PHARMACY AND PHARMACEUTICAL CHEMISTRY.

—The Special Board for Medicine (in conformity with Grace, November 15th, 1883) issue for the guidance of students proceeding to Medical and Surgical Degrees the following Schedule, defining the range of the examination in Pharmacy and Pharmaceutical Chemistry. The questions will have reference to the weights and measures of the *British Pharmacopoeia* and of the Metric System, and their mutual relations; the nature and use of the pharmaceutical processes of infusion, decoction, distillation, percolation, and solution; the chief steps in the preparation of quinia, morphia, carbolic acid, salicylic acid, hydrocyanic acid, ether, chloroform, and the chlorides of mercury; the more important impurities or adulterations which may be associated

with quinia, morphia, opium, ether, chloroform, iodide of potassium, subchloride of mercury, mercury with chalk, and sulphuric acid, together with the tests by which they may be detected; the chief instances of chemical incompatibility between drugs which are in common use; the proportions of the essential ingredients contained in the pharmacopoeial preparations (for internal use) of arsenic, antimony, opium, atropia, morphia, quinia, and strychnia; and the chief ingredients of the more important compound preparations; the common or popular names of the more important drugs and preparations. The student will, moreover, be expected to recognise ordinary specimens of the more important crude drugs and of the more characteristic preparations.

APPOINTMENTS.—The following appointments have been made:—J. H. Randall, B.A. (Pembroke), and J. C. Mc'Connell, B.A. (Clare), Assistant-Demonstrators in Physics; R. H. Solly, Demonstrator in Mineralogy, and Assistant-Curator of the Museum; Walter Gardiner, B.A. (Clare), Demonstrator in Botany; A. Sheridan Lea, M.A. (Trinity), Senior Demonstrator in Physiology; W. D'Arcy Thompson, B.A. (Trinity), Junior Demonstrator in Physiology; A. Harker, B.A. (St. John's), Demonstrator in Geology.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE NOTIFICATION OF INFECTIVE DISEASES.

ACTING upon the initiative of the Dublin Sanitary Association, a joint deputation from that body, and from the Council of the Royal College of Surgeons in Ireland, the Irish Medical Association, and the Council of the Dublin Branch of the British Medical Association, waited upon the Chief Secretary for Ireland, on the 17th instant, with the object of pressing upon him the importance of Government introducing a Bill for the notification of these diseases, on the lines of the one suggested by the Council of the Dublin Branch and by the Committee of Council of the Irish Medical Association, and which was brought into the House of Commons in 1882 by Messrs. Meldon, Q.C., Brooks, Findlater, and A. Moore. This Bill, it may be remembered, threw the onus of notification upon the person in charge of the patient; but also permitted the medical attendant, if he should think fit, to notify the sanitary authority. It was approved by the King and Queen's College of Physicians (who petitioned Parliament in favour of it), by the Royal College of Surgeons in Ireland, by the Irish Medical Association, and by the Dublin Branch; but was "blocked" when put down for second reading, and thus shared the same fate as Mr. Hastings's and Mr. Gray's Bills, both of which made notification compulsory on the medical attendant. The deputation was introduced by Mr. Brooks, senior member for Dublin, and consisted of delegates from the bodies named above.

Dr. ROBERT McDONNELL, F.R.S., on the part of the Dublin Branch, spoke first. As the Chief Secretary, he said, knew, there were several proposals and a great deal of conflict of opinion amongst different persons as to the people on whom should rest the responsibility of the notification of infectious disease. He thought it would be admitted that Mr. Meldon's Bill, which they had come to support, was rather a good compromise, in which the various conflicting points had been met in the only way in which it was possible to meet them—that was by each party yielding something. As to the importance of the subject, it was unnecessary for him to occupy time referring to it. He believed the various associations represented here to-day were in accord in this, that in the measure which they now advocated, they had a common ground upon which they might possibly stand together, and press forward a Bill which would be of the most unbounded use in this country.

Dr. HAMILTON (President-elect of the Dublin Branch) said this subject had been discussed very closely and with great care by the Dublin Branch of the British Medical Association. They found themselves placed on the horns of a dilemma. They were all anxious, on the one part, that there should be notification of infectious diseases, because that was a matter which concerned vitally the public health, and as a matter of duty they were obliged to give it every possible countenance. At the same time in the Bill proposed by Mr. Gray, the onus of notification was altogether thrown on the medical attendant. This the Association did not consider to be wise or prudent, and they were of opinion that it would disturb and disarrange the natural sympathy and feeling that should exist between the patient and his medical attendant. By this Bill of Mr. Meldon's, they could get rid of the difficulty in the case by taking

of the largest European cities was 26.3, and exceeded by 5.3 the mean rate during the week in twenty-eight of the largest English towns. The death-rate in St. Petersburg was 32.8, and somewhat higher than in recent weeks; the 584 deaths included 26 from typhus and typhoid fever, and 22 from diphtheria. In three other northern cities—Copenhagen, Christiania, and Stockholm—the death-rate averaged 23.8; it was 22.9 both in Copenhagen and Stockholm, and was 26.9 in Christiania. Scarlet fever caused 4 deaths in Stockholm and 3 in Christiania. In Paris the death-rate was equal to 23.6, and was lower than in recent weeks; the deaths included 26 from diphtheria and croup, and 29 from typhoid fever. The 207 deaths in Brussels, including 9 fatal cases of small-pox, gave a death-rate of 28.3. In Geneva the rate was 28.8, and two of the 32 deaths resulted from scarlet fever. The usual return from the principal Dutch cities—Amsterdam, Rotterdam, and the Hague—does not appear to have come to hand. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 25.7, and ranged from 22.0 and 22.1 in Dresden and Hamburg to 33.3 in Breslau and Trieste. Small-pox caused 42 deaths in Prague, a further increase upon recent weekly numbers. Diphtheria showed more or less fatal prevalence in most of these German cities, but especially in Dresden, where 19 of the 97 deaths resulted from this cause. The death-rate was equal to 25.0 in Venice, and 31.7 in Turin; in the latter city two fatal cases of small-pox, and 11 of measles were recorded. The 152 deaths in Lisbon included 2 from small-pox and 9 from diphtheria, and were equal to a rate of 38.9. The table gives returns from but two American cities; the rate was 21.2 in Baltimore, and 21.6 in Philadelphia. Diphtheria caused 28 deaths in Philadelphia, and 12 in Baltimore; 14 fatal cases of measles occurred in Baltimore, and 11 of typhoid fever in Philadelphia.

A CONVALESCENT FEVER HOSPITAL.

At the meeting of the Asylums Board, on Saturday last, it was, after a long and animated discussion, resolved, by a majority of ten, to acquire the Winchmore Hill site, for the purpose of erecting a convalescent fever hospital.

INDIA AND THE COLONIES.

INDIA.

DR. CORNISH, Surgeon-General, has been appointed a member of the Madras Legislative Council.

THE Government of Bombay has published a long memorandum on the plague among cats, which appeared at Ahmednuggar two years ago, and at Siroor last June. The Government seems to think that the plague may have some connection with the cholera, and invites opinions on the subject.

A NEW HILL-STATION.—The Lahore paper states that Cherat in future, as regards medical administration, is to be considered as a hill-station, on the same footing as Murree, Landour, and Darjeeling, the officer in medical charge being appointed by the Surgeon-General at Simla. This appointment can only be for a season, and not for a year, as in the other cases; as there are no troops at Cherat in the winter.

OFFICERS OF HEALTH IN BOMBAY.—At a recent meeting of the Town Council of Bombay, to consider the Municipal Budget, it was decided that two assistant health-officers, instead of one, should be appointed, and that one of these officers should be a medical man. It is satisfactory to note that steps are being taken to improve the sanitary condition of Bombay, and that the municipality is awake to the necessity of having skilled medical supervision of all alterations intended to bring about this desirable result.

OBITUARY.

WILLIAM HAWKINS GARRINGTON, J.P.

THERE passed away on the 15th instant, at the advanced age of 79, after a long and honourable career, at his residence, Southsea, Mr. William Hawkins Garrington. His professional education was acquired at St. Bartholomew's Hospital. He obtained the L.S.A. in 1826, and the diploma of the Royal College of Surgeons in 1845. Among his early appointments was that of medical officer to the workhouse at Portsmouth, and for a short time he was on the staff

of the Royal Portsmouth Hospital. As one of the oldest practitioners in the district, he was elected to the chair of the Southern Branch of the British Medical Association. In 1859, he was elected Mayor of Portsmouth—an office which he filled with credit to himself and to the satisfaction of the town. He was the senior magistrate for the borough; and, as a mark of the esteem in which he was held by his brother justices, they presented him with his portrait, which is now hung in the council-chamber. He enjoyed in a marked degree the confidence and esteem of his patients, and the repute which he had gained in his profession was all the more appreciated because of the kindness and patience which were always shown both to rich and poor. But Mr. Garrington was most familiarly known, and will be best remembered, as coroner for Portsmouth—an office which he most efficiently filled during the past nineteen years. Nothing could be more satisfactory than the exhaustive and business-like manner in which his inquiries were conducted. Whether the case were the most ordinary "death from natural causes," or a mysterious homicide, there was the same quiet determination to arrive, if possible, at the truth. He was, moreover, an admirable specimen of the English gentleman, his affability to his friends and his courtesy to all being among the most conspicuous of his traits.

His funeral was attended by all the members of the medical and legal professions of Portsmouth, Southsea, and the immediate neighbourhood, who could be present; by the magistrates, town-councillors, aldermen, and mayor, and other public officials; and by several hundreds of others, including many of the principal inhabitants of the borough. This large and representative gathering was a fitting mark of respect to one who, during a long professional, public, and official career, gained golden opinions from all classes of the community.

Mr. Garrington has left two sons and four daughters; and is succeeded in his practice by his son, Dr. Arthur M. Garrington, who for many years past had been his partner.

We have been favoured with an account of Mr. Garrington's illness and of the *post mortem* examination, drawn up by his friend and attendant, Mr. H. Burford Norman, from which we take the following extracts:—Mr. Garrington's last illness extended over seventeen days, ending on Tuesday, January 15th. He had suffered much inconvenience at times for many years from the inefficient action of the bowels, which obliged him to take frequently some aperient medicine, and had inspired him with the belief that he was the subject of some organic disease as the cause of this trouble. This fear was not shared by his medical friends, and he was actively engaged in the practice of his profession, and discharged his duties as coroner quite well up to the time that the last illness commenced. At the onset there were no serious appearances, but after a few days he began to suffer much from hiccough, distension of the bowels, and feculent vomiting. No relief followed the use of O'Beirne's tube, either by the passage of wind, or of feces when a copious enema was administered. He had no great pain, and careful palpation of the abdomen threw no further light upon the matter. He had always one tender spot on these examinations, in the left side of the abdomen, about midway between the umbilicus and crest of the ilium.

He found great comfort from the use of ice, and from hypodermic injections of morphia. He was fed with peptonised enemata, and on the whole was tranquil and cheerful. Any attempt to take food by the mouth only caused sickness and hiccough. Three hours before his death, vomiting, which had been kept in abeyance by the treatment pursued, returned suddenly, and with great violence, and he gradually sank, retaining consciousness to the last.

The *post mortem* examination showed that the colon was pervious and healthy up nearly to the cæcum. The cæcum itself, and adjoining part of the colon, the appendix vermiformis, and the end of the ileum, were all glued together and to the pelvic wall by old adhesions, constituting, as it were, a tangled mass. The small intestines were distended, with flatus and pulpy feces, and very much congested, particularly towards the lower end of the ileum. There were no signs of recent peritonitis. The ileo-cæcal valve was much thickened by some hard deposit in its coats, so that a stream of water could scarcely be made to pass through it. This deposit appeared to be the centre from which inflammatory action had been set up in the adjacent parts. The mucous coat of the bowel at the valve seemed to be in a state of incipient ulceration; the muscular coat of the ileum near the valve was much thickened. It was a curious point in the case that all the disease found after death was just on the opposite part of the body to the only spot which during life was painful to the touch.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 17th instant, and, when eligible, will be admitted to the pass-examination, viz.:

Messrs. S. Wilson and H. Levy, students of St. Thomas's Hospital; E. K. Holman, H. Stilfox, and A. Cuolaan, of Guy's Hospital; S. A. Clarke, and W. Williams, of St. Mary's Hospital; L. L. Verano and A. E. Wynter, of St. Bartholomew's Hospital; F. C. Brodie and S. W. Quartley, of the Middlesex Hospital; J. W. Winterburn, of the Manchester School of Medicine; and J. R. Turner, of the Sheffield School of Medicine.

Six candidates, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for three months, and one for six months.

Rejections.—At the primary or anatomical and physiological examinations for the diploma of membership of the Royal College of Surgeons, which was brought to a close on the 17th instant, when 211 candidates had been examined, no less than 66, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for three months, and 13 for six months, making a total of 79 rejected candidates. At the corresponding period last year, there were 190 candidates, of which number 139 passed, 44 were referred to their studies for three months, and seven for six months.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 21st instant, viz.:

Messrs. G. B. Hoffmeister, B.A. Cantab., Furnival's Inn; F. Webster, L.S.A., Bewdley; H. A. Sheppard, L.S.A., Southampton; C. J. J. Harris, L.S.A., Wandsworth Common; J. Bell, L.R.C.P. Lond., Albert Street, N.W.; E. D. Kirby, M.B. Ed., Leamington; N. E. Mackay, M.D. Halifax, Halifax; F. U. Anderson, L.R.C.P. Ed., Halifax; J. W. Harris, L.S.A., Ivybridge, Devon; F. R. Bradshaw, M.B. Durham, Amphill Square; H. J. Ley, M.B. Ed., Teignmouth; C. S. Young, L.S.A., Dundee; G. W. Ridley, M.B. Durham, Newcastle-on-Tyne; A. W. Scott, L.S.A., Stourbridge; E. W. D. Kite, L.S.A., West Bromwich; G. T. Myles, L.R.C.P. Ed., Bristol; E. D. Minter, L.R.C.P. Ed., Plympton; G. H. Williams, L.R.C.P. Ed., Warrington; W. L. Edwards, L.R.C.P. Lond., Carmarthen; and J. J. Prendergast, L.R.C.P. Ed., Melbourne.

Seven candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for six months, and one for three months.

The following gentlemen passed on the 22nd instant, viz.:

Messrs. W. B. Aitken, M.B. Glasgow, Dalsy, Ayrshire; A. S. Kendall, M.D. Belle Vue Med. Coll., Sydney, N.S.W.; W. M. Buxton, M.B. Durham, Alderney Road, E.; W. H. Bean, L.S.A., Colchester; L. A. Lawrence, L.S.A., Belsize Avenue, N.; R. P. Jefferson, Leeds; W. H. Francis, M.B. Ed., Coquimbo, Chili; A. H. Jackson, L.R.C.P. Ed., Holtham Road, N.W.; F. Spicer, M.B. Durham, Carleton Road, N.; H. P. Taylor, B.A. Cantab., Barnard's Inn; J. P. Parsons, M.B. Durham, Blackheath; and J. Scott, B.A. Cantab., Barnard's Inn.

Five candidates were approved in Surgery, and, when qualified in Medicine, will be admitted members of the College; and ten candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their professional studies for six months, and three for three months.

The following gentlemen were admitted members on the 23rd instant, viz.:

Messrs. C. Kebbell, Brighton, A. O. Lankester, Belsize Park, B. Hunt, B.A. Oxon., Oxford, students of St. Bartholomew's Hospital; R. Koettlitz, Dover, of Guy's Hospital.

Six candidates who passed in Surgery at previous meetings of the Court, having subsequently obtained medical qualifications, were admitted members of the College, viz.:

Messrs. E. J. Wenyon, M.B. Lond., Coniscliffe, near Darlington, and J. F. Saunders, L.S.A., Gravesend, of Guy's Hospital; W. J. Tilley, L.R.C.P. Lond., Shepherd's Bush Green; and E. N. Sheldrake, L.R.C.P. Lond., Albion Street, W., of University College; W. Bradbrook, L.S.A., Green Street, E., of the London Hospital; C. J. Weller, L.R.C.P. Lond., Coleshill Street, W., of St. George's Hospital.

Five candidates passed the examination in Surgery, and, when qualified in Medicine and Midwifery, will be admitted members of the College. Eleven candidates were referred for six months, and four for three months.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, January 17th, 1884.

Ingle, Arnold Clarkson, Regent Street, Cambridge; and J. F. Saunders, James Frederick, Park Place, Gravesend.

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

Dow, Hugh Aitken, Edinburgh University.

MEDICAL VACANCIES.

The following vacancies are announced:

- ARDEE UNION.**—Medical Officer, Dunleer Dispensary. Salary, £145 per annum, and fees. Election on February 4th.
- BRECON INFIRMARY.**—Resident House-Surgeon. Salary, £120 per annum. Applications by January 31st.
- DERBY AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.**—Second Assistant Surgeon. Salary, £160 per annum. Applications to Mr. J. Bullivant, 58, Abbey Street, Derby.
- DERBYSHIRE GENERAL INFIRMARY.**—House-Surgeon. Salary, £100 per annum. Applications by January 26th.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.**—Resident Clinical Assistant. Applications by January 31st.
- GENERAL INFIRMARY, Leeds.**—House-Surgeon. Salary, £100 per annum. Applications to Dr. T. Clifford Albutt by February 8th.
- HAYDOCK LODGE ASYLUM, Ashton, near Newton-le-Willows, Lancashire.**—Medical Superintendent. Salary, £200 per annum. Applications to E. H. Beaman, Medical Proprietor.
- HOSPITAL FOR WOMEN, Soho Square.**—Two In-patient Clinical Assistants. Applications to the Registrar.
- KING'S COLLEGE HOSPITAL.**—Sambrooke Medical Registrar. Applications to J. W. Cunningham, Esq., King's College, by January 31st.
- NOTTINGHAM BOROUGH ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum. Applications by February 16th.
- PAROCHIAL BOARD OF PENNYGOWN AND TOROSAY.**—Medical Officer. Salary, £80 per annum. Applications to Alex. Macdougall, Inspector of Poor, Auchnacraig, by February 2nd.
- RADCLIFFE INFIRMARY, Oxford.**—Honorary Physician. Applications by February 6th.
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**—Librarian. Salary, £250 per annum. Applications by February 1st.
- ROYAL SOUTH LONDON DISPENSARY, St. George's Circus, Lambeth Road, S.E.**—Honorary District Surgeon. Applications to Mr. Hentsch by January 26th.
- SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.**—Physician. Applications to G. Scudamore, Secretary, Lower Seymour Street, Portman Square, W.
- SUSSEX COUNTY HOSPITAL.**—Physician. Applications by February 6th.
- SUSSEX COUNTY HOSPITAL.**—Assistant-Physician. Applications by February 6th.
- THE HOSPITAL FOR SICK CHILDREN, 49, Great Ormond Street, Bloomsbury.**—Assistant-Surgeon. Applications by February 6th.
- WEST HERTS INFIRMARY.**—House-Surgeon and Dispenser. Salary, £100 per annum. Applications by February 6th.
- WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho.**—Physician. Applications by January 29th.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.**—House-Physician. Salary, £100 per annum. Applications by February 8th.

MEDICAL APPOINTMENTS.

- APTHORP, F. W., M.R.C.S., L.R.C.P.,** appointed Admiralty Surgeon's Agent, Chichester Harbour Division, *vice* Thomas Dutton, M.D., M.B., M.R.C.F., resigned.
- BEAMISH, S., M.D.,** appointed Medical Officer for the Union Hall Dispensary District, Skibbereen Union.
- BOURNE, A., L.R.C.P.,** appointed Visiting Medical Assistant to the Newcastle-on-Tyne Dispensary, *vice* T. Clarke, M.B., resigned.
- FISHER, S. Winter, M.D.,** appointed Honorary Physician in Ordinary to the Brighton and Hove Dispensary, *vice* Dr. Tyler Smith, resigned.
- HANDFIELD-JONES, Montagu, M.B. Lond., M.R.C.P.,** appointed Assistant-Physician to the Chelsea Hospital for Women.
- HARVEY, W., F.R.C.S.,** appointed Medical Officer of Health to the Newton Abbott Union and Urban Sanitary Authorities of Dawlish and Woborough, *vice* L. Armstrong, M.R.C.S., resigned.
- MEEHAM, N., M.D.,** appointed Medical Officer to the New Ross Union Dispensary, *vice* P. Mullin, L.R.C.S.I., deceased.
- MIVART, F. C. St. George, M.R.C.S.,** appointed Honorary Surgeon to the Western General Dispensary.
- SMYTH, F. Sydney, L.R.C.P., L.R.C.S. Ed.,** appointed Honorary Medical Officer to the Royal Kent Dispensary (Brookley District).

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.

EMERSON.—On the 21st instant, at 4, Park Side, Cambridge, the wife of P. H. Emerson, Esq., B.A., M.R.C.S., of a daughter.

MARRIAGE.

HOUGH—REDMAYNE.—On the 17th inst., at Brathay Church, Ambleside, by the Rev. E. H. Perowne, D.D., Master of Corpus Christi College, Cambridge, assisted by the Rev. G. F. Hough, brother of the bridegroom, and the Rev. H. S. Callander, Vicar of the Parish, Charles Henry, third son of James Hough, of Cambridge, to Alice Maud, second daughter of Giles Redmayne, of Brathay Hall, Ambleside.

DEATH.

BATEMAN.—On the 11th instant, at Cape Town, South Africa, Lewis Philip Bateman, M.R.C.S., L.S.A., son of John Bateman, of Dudley, in the 34th year of his age.

OPERATION DAYS AT THE HOSPITALS.

MONDAYSt. Bartholomew's, 1.30 P.M.—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 Orthopædic, 2 P.M.—Hospital for Women, 2 P.M.
TUESDAYSt. Bartholomew's, 1.30 P.M.—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.
WEDNESDAYSt. 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 Orthopædic, 10 A.M.
THURSDAYSt. 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.—Chelsea Hospital for Women, 2 P.M.
FRIDAYKing'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.
SATURDAYSt. 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. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. " 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, Th., 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; Orthopædic, 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; Orthopædic, W., 2; Dental, Tu. S., 9; Th., 1.
ST. MARY'S.	—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu., F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.
ST. THOMAS'S.	—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.
UNIVERSITY COLLEGE.	—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.
WESTMINSTER.	—Medical and Surgical, daily, 1.30; Obstetric, Tu., F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.	—Medical Society of London, 8.30 P.M. The President (Sir Joseph Fayrer) will read a paper on Snake-poisoning, its Nature and Treatment, with a Fatal Case of Snake-poisoning.
THURSDAY.	—Abernethian Society, St. Bartholomew's Hospital, 8 P.M. Mr. Lyndon: Medical Openings in the Colonies.—The Parkes Museum, 5 P.M. Lecture, by Mr. H. A. Darbishire, F.R.I.B.A., on Artisans' and Labourers' Dwellings.
FRIDAY.	—West London Medico-Chirurgical Society. Mr. Keetley will show cases of (1) Hey's Amputation, (2) Pirigoff's Amputation (two cases), (3) Syme's Amputation, (4) Amputation through Knee-joint, Patella being left. Dr. J. Allden Owles will read brief notes of the progress and end of a case of Aphasia.—Medical Society of Charing Cross Hospital, 8 P.M. Mr. F. A. Saw will read a paper on Homœopathy. Dr. A. Julius Pollock will take the chair.

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.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL should be addressed to the Editor at the office of the JOURNAL, and not to his private house.

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.

RESIDUAL EVIDENCE AND COLLECTIVE INVESTIGATION.

SIR,—The amount of rhetoric expended in praise of collective investigation promises to be endless, as it has already been profuse and unprecedented, not to say excessive and surfeiting. Returning somewhat wearily to the perusal of yet another "address"—that in which Dr. Duckworth sums up, in your last number, the results and embodies the hopes of the collective investigators—I am struck very forcibly by the meagreness of the showing compared with the profuse expenditure and the elaborate laudation. According to recent JOURNALS, something like £1,600 has now been voted for this purpose. Thus far, according to Dr. Duckworth, the main achievement realised is what he quaintly describes as "the issue of a large and difficult problem," than which "none has excited more widespread interest, and, at the same time, more obloquy." This problem which has excited obloquy is the question of the contagion of phthisis. "The residuum (!) of evidence adduced so far," he says, "goes to prove" that any fears of contagion are all but vain, and that "only under conditions of extreme contiguity and of most vicious hygiene can this malady prove communicable." I should have thought that this was exactly where the question previously stood, according to the universal experience of mankind in general, and of medical practitioners in particular; and that, if the "residual evidence" obtained by so much effort has added no more to our knowledge, the less boasting about it the better. On other subjects, he has nothing but hopes and explanations to offer. A little more of the "bread" of knowledge, and a little less of the "sack" of addresses and mutual admiration, would, I think, make collective investigation infinitely more palatable to ordinary mortals, such as your obedient servant,

A MEMBER.

INHALATIONS (ESPECIALLY ANTISEPTIC) IN PULMONARY AFFECTIONS.

SIR,—While acknowledging Dr. Hassall's courtesy, in his explanation respecting the reason why he had not replied sooner to my communication in the BRITISH MEDICAL JOURNAL, I feel myself constrained to offer a few further remarks on the subject, and to reply to Dr. Hassall's objections respecting the efficacy of inhalations in these cases.

Dr. Hassall wishes to know what kind of inhaler I use. If Dr. Hassall will kindly refer to the pages of the BRITISH MEDICAL JOURNAL of a twelvemonth ago, he will find a description, by Dr. Yeo, of the inhaler used by that gentleman in all such cases, and which I have invariably adopted for my own patients, and which is made for me by Down, Bros., St. Thomas's Street, Borough. I do not claim any originality as to either inhaler or treatment, but took my ideas entirely from the writings of Dr. Burney Yeo, of whom I avow myself an implicit disciple. I may add, the inhaler in question is of the naso-oral description.

Dr. Hassall, I see, continues incredulous respecting the efficacy of treatment by inhalation, with the present appliances in vogue at least. Let me recommend him to try Dr. Yeo's inhaler, and I feel confident his views will soon be modified. Let me also recommend Dr. Hassall to read attentively Dr. Yeo's "Lectures on Consumption and its Antiseptic Treatment" (published by Churchill); as also a clinical lecture, delivered by the same eminent authority, on "Phthisis treated by Antiseptic Inhalation," which appears in the BRITISH MEDICAL JOURNAL of July 1st, 1882.

Finally, in reply to Dr. Hassall's questions, let me beg to ask him another. Dr. Hassall suggests that "the nourishing diet, tonics, and cod-liver oil" produced so happy and rapid a change in my patient's condition. Now, to take one solitary instance among the unfavourable symptoms my treatment removed, let me ask Dr. Hassall: Can "nourishing diet, tonics, etc.," remove strongly marked factor of breath in a day or two? Awaiting Dr. Hassall's solution of this problem,—I remain, sir, yours very faithfully,

J. BRINDLEY JAMES, M.R.C.S.

MEDICAL OFFICERS OF CONVICT PRISONS.

"A CONSTANT READER" inquires as to what are the duties, the rate of pay, and the steps to be taken to become medical officer of one of Her Majesty's prisons; also what length of service is necessary to obtain a pension, etc.

** The pay in Her Majesty's convict prisons commences at £250 for assistant-surgeons, and afterwards depends upon length of service and the particular prison to which the medical officer may be attached. Ten years service must have been fulfilled to entitle the holder of an appointment in any branch of the civil service to a pension. Applications should be made in the first instance to the Secretary, Her Majesty's Convict Prisons, Home Office, Whitehall, S.W.

MEDICAL SPEAKING-TUBE.

MR. F. SYDNEY SMYTH asks what is considered to be the best substance used in making the ordinary night speaking-tube; and whether any ironmonger or gas-fitter can fix such a tube.

PAINS IN THE TIBIA, IN A HARD DRINKER.

SIR,—I have under treatment a patient, aged 55, a butcher, addicted to tipping, suffering from very severe aching pains in the left tibia from the knee to the ankle, and occasionally in the right. This came on as a sequel to slight pneumonia. There is no raised temperature, nor signs of local inflammation, nor evidence of syphilis, though the pains are very bad at night. The patient is emaciating, and the case has not at all yielded to the following treatment during two months: salicylate of potash, quinine, iodide of potash (up to five-grain doses three times a day), chloride of ammonium, belladonna, and opium. The local treatment has been morphia injected hypodermically, liniment of aconite, extract of belladonna, blisters, and hot fomentations. There is no evidence of kidney or heart-affection. I connect this distressing pain with his previous drinking habits, as I once had a very similar case; but I shall be very glad of some suggestion as to treatment.—Yours truly,

QUERENS.

SUNSHINE IN 1883.

SUMMARY of bright sunshine as recorded by W. E. Kilburn, Esq., St. Lawrence, I.W., compared with that at Kew recorded in the Times.

Summary of Months.

St. Lawrence.		Kew.	
Hrs.	Mins.	Hrs.	Mins.
January ...	50 43	January ...	44 30
February ...	86 31	February ...	72 0
March ...	183 9	March ...	129 30
April ...	186 48	April ...	146 0
May ...	226 32	May ...	212 30
June ...	193 23	June ...	171 30
July ...	161 44	July ...	163 0
August ...	244 45	August ...	208 0
September ...	122 5	September ...	111 30
October ...	130 44	October ...	104 0
November ...	73 30	November ...	76 0
December ...	34 30	December ...	37 30
1,694 24		1,476 0	

NOTE.—It is requisite to bear in mind that the foregoing tables contain the record only of bright sunshine, and do not include days which might otherwise come under the head of bright and sunny days; haze, or mist, or the passing of a light cloud arresting the power of the recording instrument. With regard to St. Lawrence, some allowance must also be made, in consequence of the Undercliff falling into shade between 6 and 7 in the evening during the summer months, depriving the instrument of a considerable amount of sunshine, which would otherwise be recorded in fine weather. There is also the same loss from the sun rising behind the Hill.

It will be perceived that the months given are not regular calendar months, the record of one month running occasionally into that of another, which arises from the necessity of making them correspond with the record published in the Times each Thursday.

The record at the Undercliff for 1883 appears to have been 14 hrs. 54 mins. less than that for 1882; while at Kew 31 hrs. 23 mins. more were recorded; the result being, 1882, St. Lawrence, 1,709 hrs. 18 mins., Kew, 1,444 hrs. 37 mins.; 1883, St. Lawrence, 1,694 hrs. 24 mins., Kew, 1,476 hrs.

PROFESSOR RINGER ON ERGOTINE.

SIR,—In reference to Professor Ringer's experiments with ergotine, recorded in the BRITISH MEDICAL JOURNAL of January 19th, is there not a possible fallacy in the supposed result, in connection with the probability that, in such an animal as the tortoise, there will exist, present in or near the small arteries, peripheral nervous mechanisms capable of altering the calibre of the arterioles? Granted that such be the case, may the ergotine not act through these, and not directly on the muscular tissue of the arterial wall?—I remain, your obedient servant,

G. A. ATKINSON, M.B.

Edinburgh.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following were the questions in Surgical Anatomy and Surgery, Midwifery and Diseases of Women, and Medicine, submitted to the candidates at the recent pass-examination for the diploma of member.

Surgical Anatomy and Surgery.—1. Describe the operation of tying the common carotid artery. Give the anatomical relations of the vessel in the neck. Mention the anastomoses for carrying on the circulation. 2. The male urethra being laid open along its upper surface in its entire course, describe the parts exposed to view. Give the relative dimensions of its various regions. Name the situations most prone to injury and disease. 3. Describe an ordinary case of suicidal "cut-throat." Give the treatment, immediate and remote, with any complications which may occur. 4. In what way does a strangulated differ from an obstructed (incarcerated) hernia? Give the symptoms and appropriate treatment of each condition. 5. What parts are most frequently affected by epithelial cancer? Mention its most common local causes. Sketch its pathology and treatment. 6. Explain briefly the following terms: Cirroid aneurysm; Pott's fracture; ectropion; Amussat's operation; ptosis; "réduction en masse."

Midwifery and Diseases of Women.—1. What discharges may take place from the genital canal during pregnancy? What are their causes? and how would you recognise them? 2. Describe the mechanism of labour, with the head presenting, and the occiput posterior and to the right. 3. Describe the cephalotribe, and mention the cases in which it is specially indicated. 4. What conditions produce enlargement of the cervix uteri, and how would you distinguish between them?

Medicine.—1. What are the causes, anatomical characters, symptoms, physical signs, and treatment of acute pericarditis? 2. Give an account of the clinical history of a typical case of measles, and indicate the chief complications and sequelæ to be feared. How would you treat it? and what measures would you take to prevent the spread of the disease? 3. What are the causes of pyloric obstruction? Point out its pathological effects, symptoms, diagnosis, and treatment. 4. Mention the principal ingredients in the following official preparations, and give a concise account of their actions and therapeutic uses, with their doses: Pulvis jalape compositus; liquor arsenicalis; liquor hydrargyri perchloridi; mistura scammonii; pilula saponis composita; mistura ferri composita.

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

Mr. T. A. Buck, Ryde; Mr. S. Wilson, London; Dr. W. Jackson Cummins, Cork; Mr. Thomas Payton, Smethwick; Mr. Wheelhouse, Leeds; Dr. Norman Kerr, London; The Secretary of the Medico-Psychological Association; Dr. E. Mackey, Brighton; Professor Flower, London; Dr. W. McNeil, Stranraer, N.B.; The Secretary of the Parkes Museum; Mr. David Davies, Bristol; Mr. P. H. Emerson, Cambridge; The Secretary of the General Hospital, Wolverhampton; Mr. A. F. Street, Oxford; Our Aberdeen Correspondent; Dr. Langmore, London; Mrs. Hawksley, London; Mr. G. Eastes, London; Mr. G. H. Higgins, Leeds; Mr. F. T. Paul, Liverpool; Dr. Kirkwood, Peterborough; Dr. S. W. Fisher, Brighton; Dr. Latham, Cambridge; Mrs. Hey, Bournemouth; Mr. C. Lovegrove, Llanwddyn; Mr. G. R. Leekes, Kesh; Dr. Thomas Dutton, Sidlesham; The Secretary of the Society of Arts; Dr. Ogston, Aberdeen; Mr. E. Powell, Nottingham; Mr. J. P. Roberts, Ravensthorpe; Messrs. Hogg and Son, London; The Secretary of the Manchester Medical Society; Mr. R. B. Sellers, Rochdale; Mr. C. E. Lay, Oxford; Dr. Sutherland, London; Dr. Bond, Gloucester; Mr. M. Handfield Jones, London; M.B.; Mr. F. Petrie, London; Mr. A. Campbell, Mapelthorpe; Mrs. R. Burton, Trieste; Mr. G. H. Mounsey, Hanley; Dr. A. Quarry Silcock, London; Mr. Edward G. Clayton, London; Dr. J. S. Cumming, Glasgow; Dr. Harrison, Haslingden; The Secretary of the Social Science Association; Dr. F. Barnes, London; Mr. T. M. Stone, London; Mr. W. A. Thomson, Amptill; Dr. E. Firth, Norwich; Our Paris Correspondent; Mr. J. Luce, Liverpool; Dr. D. A. Cullimore, London; Mr. G. F. Hentsch, London; Mr. J. B. Martin, Ventnor, Isle of Wight; Mr. Harold Hendley, London; Mr. G. A. Atkinson, Edinburgh; Sir Edmund Lechmere, London; Dr. Bagho, Castletown, Isle of Man; Mr. Berry, Wigan; Dr. E. H. Vinen, London; Mr. H. D. Palmer, Nayland; Mr. Munro Scott, London; Dr. Styrup, Shrewsbury; The Editor of the *Science Monthly*; Dr. MacCombie, London; Dr. Macpherson, London; Mr. James Hudson, Nelson, New Zealand; Dr. H. Pollard, Manchester; Dr. Althaus, London; Mr. F. Sydney Smyth, Brockley; Dr. Sawyer, Birmingham; The Secretary of the Central Veterinary Medical Society; Dr. P. O'Connell, Sioux City, U.S.A.; Dr. J. Macdonald, Dunedin, Otago; Dr. James Wallace, Greenock; Mr. Herbert Goude, London; Messrs. Routledge and Co., London; Dr. J. Rogers, London; Mr. T. Whitehead Reid, Canterbury; Mr. W. Gillespie, Methven, Perth; Dr. Ringer, London; Mr. A. H. Benson, Dublin; Member; Mr. Gilbert Bowick, Bedford; Mr. C. Macnamara, London; Mr. T. V. Golding, Southport; Mr. E. D. Tomlinson, Beverley; Mr. S. Stretton, Kidderminster; Dr. James Niven, Manchester; Dr. J. Spottiswoode Cameron, Huddersfield; The Kreo-chyle Company, Leytonstone; Mr. J. Limont, Newcastle-on-Tyne; Mr. C. Farmer, Hexham; Dr. A. Simpson, Perth; Mr. A. J. Dixon, London; A Minor; Dr. T. Collins, Aberdeen; Mr. William H. Battle, London; Dr. Collie, London; A Member; The President of the Royal College of Surgeons; Mr. T. L. Smith, Alcester; Dr. T. M. Dolan, Halifax; Dr. Kaeser, London; Mr. A. MacLean, Leatherhead; Dr. Fairlie Clarke, Southborough; Mr. A. Macpherson, Chester; Mr. Arthur Kempe, London; Mr. R. Nason, Nuneaton; Mr. H. Horton, Bromyard; Mr. C. Macpherson, Bonar Bridge; H. M.; Sir W. Smart, London; Mr. De Vere Hunt, Bolton; Dr. E. D. Mullan, Londonderry; Mr. Shirley F. Murphy, London; Dr. Hunter Mackenzie, Edinburgh; Mr. A. May, Moreton Hampstead; Mr. A. W. Mayo Robson, Leeds, etc.

BOOKS, ETC., RECEIVED.

The Teeth, their Formation, Diseases, and Treatment. By Thomas Gaddes. London: David Bogue. 1883.

Surgical Experience in the Zulu and Transvaal Wars 1879 and 1881. Edinburgh: Oliver and Boyd.

A Manual of Midwifery for Midwives. By Fancourt Barnes, M.D., M.R.C.P. With Illustrations. Second Edition. London: Smith, Elder and Co. 1883.

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