

wick; *Walter Rivington. Those gentlemen to whose names an asterisk is prefixed were not on the Council, or did not fill the same office last year.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1885: ELECTION OF MEMBERS.

Regulations for the Election of Members passed at the Meeting of the Committee of Council, October 12th, 1881.

1. There shall be a standing notice in the JOURNAL every week, of the meetings of the Committee of Council throughout the year; and stating that gentlemen wishing to be elected members of the Association must send in their names *twenty-one days* before the meeting of the Committee of Council at which they wish to be elected.
2. That a list of applicants be in the hands of the Committee of Council *fourteen days* before such meeting of the Committee of Council, and that the Branch-Secretaries be supplied with *several* copies of the list.
3. That no member be elected by a Branch, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

Meetings of the Council will be held on April 8th, July 8th, and October 14th, 1885. 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, namely, March 18th, June 17th, and September 24th, 1885, 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.

- | | |
|---------------------------|--|
| I. Acute Pneumonia. | VIII. Paroxysmal hæmoglobinuria. |
| II. Chorea. | X. Habits of Aged Persons. |
| III. Acute Rheumatism. | XI. Albuminuria in the Apparently Healthy. |
| IV. Diphtheria, clinical. | XII. Sleep-walking. |
| V. Diphtheria, sanitary. | XIII. Cancer of the Breast. |
| VI. Acute Gout. | |
| VII. Puerperal Pyrexia. | |

An inquiry is now issued concerning the general condition, habits, and circumstances, past and present, and the family history of persons who have attained or passed the age of 80 years.

The replies to this inquiry will be most valuable when given by a medical man; but the questions have been so arranged that, with the exception of some on the last page, they may be answered by another person. *Partial information will be gladly received.*

There is also now issued an inquiry as to the occurrence of albuminuria in apparently healthy persons.

The Acute Gout card, which has been found too elaborate, has been made a great deal simpler, and is now re-issued.

Copies of these forms and memoranda are in the hands of all the local secretaries, and will be forwarded to anyone who is willing to fill up one or more of the forms, on application by post-card or otherwise to the Secretary of the Collective Investigation Committee, 161A, Strand, London, W.C., to whom all applications and correspondence should be addressed.

July, 1884.

BRANCH MEETINGS TO BE HELD.

SOUTH INDIAN BRANCH.—Meetings are held in the Central Museum, Madras, on the first Saturday in the month, at 9 P.M. Gentlemen desirous of reading papers or exhibiting specimens are requested to communicate with the Honorary Secretary.—C. SIBTHORPE, Honorary Secretary, Madras.

BATH AND BRISTOL BRANCH.—The fourth ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday evening, March 12th, at half-past seven o'clock. R. S. FOWLER, F.R.C.S. Ed., President. The following communications are expected: 1. "Notes on Two Cases of Enterica," A. W. FOX, M.B. 2. "On the Employment of Digitalis in Acute Febrile Diseases," Henry F. A. GOODRIDGE, M.D. 3. "A Successful Case of Removal of Uterus and Ovaries," Mr. H. W. FREEMAN (the specimen will be shown). 4. "A Case of Hydatidiform Mole (with specimen)," Mr. R. W. THOMAS.—R. J. H. SCOTT, E. MARKHAM SKERRITT, Honorary Secretaries.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The next ordinary meeting will be held at Pontypridd, on Wednesday, April 15th. Members wishing to bring forward papers, communications, etc., are requested to send titles to one of the undersigned before March 29th.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES M.B., Swansea, Honorary Secretaries.—February 25th, 1885.

NORTH WALES BRANCH.—The intermediate meeting of this Branch will be held at the Bull Hotel, Llangefni, on Tuesday, March 10th, at 2 P.M. A discussion on "Chorea" will take place, to be opened by Dr. Isambard Owen, of London, and taken part in by Dr. O. T. WILLIAMS, Holyhead, and others. Gentlemen desirous of reading papers, or taking part in the discussion, should communicate with the Honorary Secretary at once.—W. JONES-MORRIS, Honorary Secretary, Fortmadoc.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held on Thursday, March 19th, at 8.30 P.M., at the Hackney Town Hall. The chair will be taken by Dr. C. T. AVELING. Dr. BRISTOWE will read a paper "On the Significance of a Peculiar Murmur in relation to the Diagnosis of Intrathoracic Disease, illustrated by Cases."—JOSEPH L. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—The next meeting will be held at the Royal Bethlem Hospital, St. George's Road, S.E., on Wednesday, March 11th, at 8.30 P.M., Mr. MACNAMARA, President of the Branch, in the Chair. Dr. HENTY will propose a resolution to the effect that a small fee and system of registration are desirable for hospital out-patients. Dr. GILBERT-SMITH will propose an amendment to the effect that a system of registration without fee is desirable. Dr. SAVAGE will read a paper on "Our Duties as to Certificates in Lunacy."—W. HALE WHITE, Honorary Secretary, 4, St. Thomas's Street, S.E.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting will be held at the Queen's Hotel, Upper Norwood, S.E., on Thursday, March 12th, at 4 P.M.; G. K. POOLE, Esq., M.D., of Norwood, in the chair. Dinner will be served at 6 P.M. precisely; charge 7s., exclusive of wine. All members of the South-Eastern Branch are entitled to attend, and to introduce professional friends. The following papers, etc., have been promised. Edmund OWEN, Esq.: Incontinence of Urine in Childhood. Dr. F. H. CHAMPNEYS: The Prevention and Treatment of Abortion. Dr. R. M. MILLER: A Case of Interest.—J. HERBERT STOWERS, M.D., Honorary Secretary, 23, Finsbury Circus, E.C.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this district will be held on Friday, March 27th, at Maidstone; C. E. HOAR, Esq., M.D., in the chair. Members wishing to read papers or to exhibit specimens are requested to communicate with me as soon as possible. Further particulars will be announced.—H. LEWIS JONES, St. Bartholomew's Hospital, Chatham.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above Districts will be held at the Grand Hotel, Brighton, on Tuesday, March 24th, at 4 P.M. Dinner at 6 P.M.; charge 6s., exclusive of wine. Charles J. OLDHAM, Esq., will preside. The following papers have been promised: 1. The Chairman, "A Case of Hydrophobia." 2. Noble SMITH, Esq., "A Case of Incontinence of Urine from Malformation Cured by Operation." 3. Dr. WITHERS MOORE, a, "A Case of Locomotor Ataxy with Anomalous Symptoms;" b, "A Case of Meningitis." 4. Dr. SUTHERLAND, "The Premonitory Symptoms of Insanity." 5. Dr. RANKING, "Cases of Faecal Tumours." Messrs. KROHNE and SESSEMAN will show some new instruments.—G. B. COLLET, T. JENNER VERRALL, Honorary Secretaries, 95, Western Road, Brighton.—March 3rd, 1885.

WEST SOMERSET BRANCH.—The spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, March 26th, at 5 o'clock. The following question has been settled by the Council as the one on which members should be invited to express their opinion at the said meeting after dinner: "What is your opinion on Vaccination, with reference to the three following points: 1. Is there any diminution in its prophylactic value? 2. Is calf or humanised lymph preferable? 3. Have you noticed any diseases occasioned by it?"—W. M. KELLY, M.D., Honorary Secretary.—Taunton, February 26th, 1885.

BORDER COUNTIES BRANCH.—The spring meeting will be held on Friday, March 26th, at Maxwell's Commercial Hotel, Galashiels. The chair will be taken by the President, Dr. MUIR, at 4 P.M., when a discussion on Pneumonia will be introduced by Dr. LOCKIE, of Carlisle. Dinner at 7 P.M. Notices of papers for reading, morbid specimens or patients for exhibition, should be sent to the Secretary, H. A. LEDIARD, Carlisle.

YORKSHIRE BRANCH: MEETING.

A MEETING of the Yorkshire Branch was held at the Station Hotel, Batley, on January 28th; the President, Mr. KNAGGS, in the chair.

New Member.—Dr. KINCH, of Heckmondwike, was elected a member of the Association and Branch.

Papers.—The following papers were read.

1. Mr. JESSOP: Treatment of Cancer of the Rectum.
2. Mr. MAYO ROBSON: Two Cases of Fracture of the Astragalus; and a Case of Separation of the Upper Epiphysis of the Radius.
3. Mr. JOHN WILSON: Notes of Two Cases of Sunstroke.
4. Dr. CHURTON: The Causation and Treatment of Chorea. After discussing the theories of the intrinsic causation of the disease, and showing that no practical indications for treatment resulted from any of them, he considered the primary causes (chills, fright, imitative peripheral irritations, such as worms, second dentition, pregnancy); and stated that for purposes of treatment, he definitely divided cases of chorea into those which were (or might, having regard to their apparent causation, have been) rheumatic, and those which were not. The "rheumatic" cases were divided into acute and chronic. In the acute, there was high temperature; for these he had used the salicylate of soda, just as for acute rheumatism, with great success. In the

chronic, there was a history of joint-pain, or of distinct causation by chill, but all acute symptoms had subsided. For this condition, potassium-bicarbonate and tonics were used. To the above drugs he usually added moderate doses of succus conii. For "non-rheumatic" cases he usually prescribed either conium, in large and increasing doses if the symptoms were violent or obstinate, or scutellaria if the conium failed; he used arsenic and other nervine tonics or stimulants only in mild cases, and in default of the natural tonics of fresh air and scene. He had used scutellaria for several years, and thought it a valuable drug.

GLOUCESTERSHIRE BRANCH: SPECIAL MEETING.

A SPECIAL meeting of this Branch was held at the Infirmary, Gloucester, on Tuesday, February 24th, 1885, under the presidency of Dr. NEEDHAM.

The Secretaryship.—Dr. BATTEN announced that, owing to his many professional engagements, he would not be able to act as Secretary to the Branch in the future; it was therefore proposed by Mr. WILTON, Gloucester, and seconded by Mr. CORNWALL, Fairford, and carried unanimously: "That this Association receives with regret the resignation of Dr. Batten, and begs to tender to him their warmest thanks for his valuable services during the past twelve years."

Rules of the Branch.—A resolution was passed, asking the Council to consider and report on the rules of the Branch, with a view to their revision.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

The Eradication of Erysipelas in Hospitals.—Sulphate of Cinchonamine.—General News.

At a recent meeting of the Académie de Médecine, there was an animated discussion on erysipelas and its eradication by antiseptic and other measures. The debate was opened by a communication on the subject from M. Verneuil, surgeon to the hospital of La Pitié; he informed the meeting that, when in 1872 he was appointed clinical professor of that hospital, erysipelas was a terrible scourge in his wards, but from 1875 to 1876, owing to the antiseptic measures adopted, there was a considerable improvement. M. Gosselin has collected statistics concerning the prevalence of erysipelas in the same wards during previous years, which he divides into two periods. During the three years included in the first period, namely, from 1862 to 1864, there were 133 cases, in round numbers about 44 yearly, with an annual mortality of 10. Of these 133 cases 50 were admitted with symptoms of erysipelas, and 83 developed the disease after admission. The wards were then ventilated by opening the windows; erysipelas-patients were placed in a ward apart from patients with any kind of wound or abrasion. Patients suffering from erysipelas were henceforth refused admittance into the hospital. Tumours of the breast, etc., were removed by caustic substances, and sharp instruments were as little used as possible; there was not any modification in dressing wounds; nevertheless erysipelas diminished, but in 1872, when the same wards were under the care of M. Verneuil, erysipelas was again prevalent. M. Verneuil adopted a plan of action which was the reverse of that of M. Gosselin. He admitted erysipelatous patients, and did not isolate them, but admitted the fullest number of patients that his wards could hold. The windows of the wards were not kept open; and M. Verneuil removed tumours and opened abscesses with the bistoury, never using caustic substances, but trusting to antiseptic dressings, such as were then known. The result was, that on an average the cases of erysipelas were reduced from thirty to ten. M. Verneuil observed in his communication that antiseptic measures were not all-powerful, nor did they render other precautions unnecessary; the good results he obtained by antiseptic precautions would have been greatly increased if he could have organised a thorough system of isolation. Since antiseptic precautions have been adopted in his wards erysipelas has become comparatively rare, but nevertheless it still occurred. M. Verneuil explained this fact by stating that erysipelas had a double origin, one within the hospital and the other without. If the sources of infection from within could be conquered, the external sources could not be reached, and always remained as an element of danger. M. Verneuil does not believe that the internal cause of infection can be completely removed; he admits that antiseptic dressings protect wounds so treated, but fears that certain common diseases, such as bed-sores, gangrenous patches, and

urinary fistulae, prevent the possibility of the complete eradication of erysipelas. M. Panas, the eminent oculist, was amongst the first of the Paris surgeons to adopt Listerian dressings; he stated that the comparative statistics of those hospitals where antiseptic treatment was adopted, and of those where it was not, furnished startling proofs of its efficacy; but there was good and bad antiseptic treatment; the good was successful, and required extreme care, which was seldom applied. Some antiseptic agents M. Panas considered excellent, others were of inferior value. Among the former, he ranked iodoform; among the latter, corrosive sublimate. M. Le Fort believed that certain antiseptic agents sooner provoked erysipelas than prevented it; he also made a distinction between erysipelas independent of contagion, and of the same disease in connection with an epidemic. At the Cochin Hospital, in the men's wards, he used camphorated alcohol, and could only record one case of erysipelas in three years; in the women's wards, alcohol only was less successful. At the Lariboisière, there were a succession of slight epidemics of erysipelas, which always coincided with a want of camphorated alcohol. M. Le Fort considered camphor to be one of the best antiseptics; carbolic acid, according to the same authority, irritated wounds, and provoked a certain number of attacks of erysipelas. M. Trélat did not believe that the prophylaxis of erysipelas consisted in substituting one germicide fluid for another, but in refusing to admit erysipelatous patients. He adopted that system at the Necker Hospital, and his wards were now entirely free from erysipelas, though three years ago it infested them.

MM. G. Sée and Bochefontaine have made a series of experiments to determine the physiological action of sulphate of cinchonamine; the results have been communicated to the Académie des Sciences in a note presented by M. Vulpian. Cinchonamine appears to have a powerful action on the heart. These experimenters have observed that arrested action of the heart was an almost constant phenomenon, resulting from the influence of cinchonamine, and happened during diastole, a special feature which characterised only a limited number of poisons, of which muscarine is one; but, if a drop of solution of atropine were allowed to fall on the heart, systole replaced diastole, whereas the effect of cinchonamine was to provoke persistent diastole. MM. Sée's and Bochefontaine's experiments proved that cinchonamine was a most violent poison, and that its effect was not easily determined.

The Académie des Sciences has awarded the Lallemand prize to M. Brown-Séquard. One of the Montyon prizes for an essay on unhealthy trades has been won by M. Marsant.—Mademoiselle Adèle Charruyer has left in her will 100,000 francs (£4,000) to the City of La Rochelle, 100,000 francs (£4,000) to its hospitals, and 200,000 francs (£8,000) to different charitable institutions.

BERLIN.

[FROM OUR OWN CORRESPONDENT.]

The Fourth German Medical Congress.—Hospitals for Children at the Sea-Side.—Baths in National Schools.—Deafness in Schools.—Bacteriological Section of the Society for Therapeutics.—Animal Lymph.—Inoculation of Yellow Fever.—The Case of Professor Schweeninger.

THE fourth German Medical Congress will take place at Wiesbaden, from April 8th to the 11th, under the presidency of Professor von Frerichs, of Berlin. The following subjects will be discussed:—On Wednesday, April 8th: The treatment of corpulency (Professors Ebstein and Henneberg of Göttingen). Thursday, April 9th: Bronchial asthma (Dr. Curschmann, of Hamburg, and Dr. Riegel, of Giessen). Friday, April 10th: Antipyresis (Dr. Filehne, of Erlanger, and Professor Liebermeister, of Tübingen). Addresses are also announced on Narcotics, by Professor Liebreich, of Berlin; on New Drugs, by Professor Bing, of Bonn; on the Surgical Treatment of Asthmatic Conditions, by Professor Hack, of Freiburg; on the Statistics and Etiology of Acute Rheumatism, by Professor Edleson, of Kiel; on the Movements of the Stomach, the Pylorus, and the Duodenum, by Professor Rossbach, of Jena; on Uræmia, by Professor Fleischer, of Erlangen.

In the course of last summer, I referred to the hospitals for children now established on the Baltic coast, for the reception of children from all parts of Germany, at a small cost, and, in some cases, free of charge. The committee have lately received a cabinet order from the Emperor, expressing His Majesty's high satisfaction at the results attained during the short time of the existence of these hospitals.

An experiment is being tried in Göttingen, to test the advantage of attaching baths to national schools. In one of these recently built schools, the baths were opened a few weeks ago. There is a large bathroom, where warm or cold baths can be taken, according to require-

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, February 26th, 1885.

Arnold, William, Manchester School of Medicine.
Blachford, Jem, London Hospital.
Cundell, William Hatch, St. Mary's Hospital.
Hebblethwaite, Septimus Montague, St. Bartholomew's Hospital.
Innes, Charles Barclay, St. Bartholomew's Hospital.
Sutton, James Bryan, Charing Cross Hospital.

MEDICAL VACANCIES.

The following vacancies are announced.

BRECON INFIRMARY.—House-Surgeon. Salary, £100 per annum. Applications by March 12th.

BURTON DISPENSARY.—Dispenser. Salary, £80 per annum. Applications to Mr. Allen, 69, Branstone Road, Burton-on-Trent.

CHESTER GENERAL INFIRMARY.—House-Surgeon. Salary, £80 per annum. Applications by March 28th.

COLONIAL HOSPITAL, Fijl.—Dispenser. Salary, £150 per annum. Applications to Mr. R. Bremridge, 17, Bloomsbury Square, W.C.

EASTBOURNE UNION.—District Medical Officer. Salary, £85 per annum. Applications by March 12th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Resident Clinical Assistant. Applications by March 19th.

EAST SUFFOLK HOSPITAL.—Two Honorary Physicians. Applications by March 11th.

GENERAL INFIRMARY, Hull.—House-Surgeon. Salary, 100 guineas per annum. Applications to the Chairman of the House-Committee by March 21st.

HALIFAX INFIRMARY AND DISPENSARY.—Junior House-Surgeon. Salary, £50 per annum. Applications by March 26th.

HOSPITAL FOR INFECTIOUS DISEASES, Bootle-cum-Linacre.—Resident Medical Officer. Salary, £100 per annum. Applications to the Chairman of the Health-Committee, Town Hall, Bootle-cum-Linacre.

LITTLEMORE PAUPER LUNATIC ASYLUM, near Oxford.—Resident Assistant Medical Officer. Salary, £100 per annum. Applications by March 15th.

NATIONAL DENTAL HOSPITAL AND COLLEGE, 149, Great Portland Street.—Lecturer on Dental Materia Medica. Applications by March 20th.

NETHERFIELD INSTITUTION FOR INFECTIOUS DISEASES, Liverpool.—Resident Medical Officer. Salary, £80 per annum. Applications to Robert Calder, 4, Commercial Court, 17, Water Street, Liverpool, by March 12th.

NEW ROSS UNION.—Medical Officer. Fethard, No. 1 Dispensary. Salary, £115 per annum and fees. Applications to James Neill, Honorary Secretary, Arthurstown. Election on March 16th.

NORTH DEVON INFIRMARY, Barnstaple.—House-Surgeon. Salary, £100 per annum. Applications by March 7th.

PARISH OF LAMBETH.—Assistant Medical Officer and Dispenser. Salary, £125. Applications by March 10th.

PARISHES OF WESTRAY AND PAPA WESTRAY, Orkney.—Medical Officer, Public Vaccinator, and Officer of Health. Salary, £82 per annum. Applications to J. Scott, Inspector of Poor, Westray by Kirkwall, by March 25th.

PORTSMOUTH LUNATIC ASYLUM, Milton, near Portsmouth.—Assistant Medical Officer. Salary, £120 per annum. Applications by March 16th.

PROVIDENT MEDICAL INSTITUTE.—Medical Officer. Salary, £150 per annum. Applications to the Secretary, 4, Bath Street, Bath, by March 17th.

ROYAL ALBERT HOSPITAL, Devonport.—Assistant House-Surgeon for six months. Applications by March 17th.

SEAMEN'S HOSPITAL (late *Dreadnought*), Greenwich, S.E.—House-Surgeon. Salary, £50 per annum. Applications by March 7th.

ST. JOHN'S HOSPITAL FOR SKIN-DISEASES, Leicester Square, W.C.—Honorary Assistant-Surgeon. Applications by March 11th.

ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, etc., Henrietta Street, Covent Garden.—House-Surgeon for six months. Honorarium, 25 guineas. Applications by March 21st.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square.—Honorary Physician. Applications by March 23rd.

ST. MARK'S HOSPITAL FOR FISTULA, etc., City Road, E.C.—Honorary Surgeon and Honorary Assistant-Surgeon. Applications by March 19th.

SUSSEX COUNTY HOSPITAL.—Assistant-Physician and Assistant-Surgeon. Applications by March 25th.

TIVERTON INFIRMARY, Devon.—House-Surgeon. Salary, £100 per annum. Applications to the Honorary Secretary, Old Blundells, Tiverton.

VENTNOR CONSUMPTION HOSPITAL.—Clinical Assistant. Applications to Dr. Coghill, St. Catherine's House, Ventnor.

WEST LONDON HOSPITAL, Hammersmith.—Assistant Surgeon. Applications by March 30th.

YORK COUNTY HOSPITAL.—Honorary Physician. Applications by March 7th.

MEDICAL APPOINTMENTS.

Fox, W. Piercy, L.R.C.P., etc., appointed Assistant Medical Officer to the Brownlow Hill Infirmary, Liverpool, *vice* J. Henderson Brannigan, L.R.C.P. & S.Ed., resigned.

GABB, J. Percy A., M.D.Lond., appointed Honorary Assistant Medical Officer to the Royal Surrey County Hospital, Guildford, *vice* H. Parson, L.R.C.P., M.R.C.S., resigned.

LAPAGE, Charles Clement, M.A., M.D.Cantab., appointed Physician to the Nantwich Brine and Medicinal Baths Company.

OLDHAM, H. Falconer, B.A., M.B., B.Ch.Trin. Coll. Dubl., Resident Medical Officer to Netherfield Institution for Infectious Diseases, Liverpool, appointed Resident Medical Officer to the Monsall Fever Hospital, Manchester, *vice* H. Tomkins, M.D., resigned.

PERKS, Robert Howell, F.R.C.S.E., appointed Resident Medical Officer to the Royal Albert Hospital, Devonport.

RICE, Edward, M.B.Lond., M.R.C.S.Eng., appointed House-Physician to the Radcliffe Infirmary, Oxford, *vice* Thomas Harris, M.D.Lond., resigned.

STEPHENS, William J., L.R.C.P.Edin., appointed Honorary Physician to the Brighton and Hove Dispensary, *vice* E. G. Whittle, M.D.Lond., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

JULER.—On the 2nd instant, at 77, Wimpole Street, Cavendish Square, W., the wife of Henry Juler, F.R.C.S., of a daughter.

MICHAEL.—On March 1st, at Turnchapel, Plymouth, the wife of Surgeon H. J. Michael, Army Medical Staff, of a daughter.

MARRIAGES.

CAMERON—SAVORY.—On March 3rd, at St. Stephen's Church, by the Reverend H. W. Lee, Robert Duncan Cameron, L.R.C.P. and S., North Cave, Brough, Yorkshire, second son of Donald Cameron, M.A., LL.D., of Torquay, to Grace, daughter of the late William Savory, Esq., Painswick, Gloucestershire.

TURNBULL—ROBERTSON.—At Drumcherry Lodge, Queen's Crescent, Edinburgh, on the 4th instant, by the Reverend John Alison, D.D., Newington, Matthew James Turnbull, M.D., F.R.C.S.E., of Tweed View, Coldstream, to Jane, daughter of the late Captain Alexander Robertson, 33rd Regiment, and granddaughter of the late Lieutenant-General Fergusson, of Dunfallyday, Perthshire. No cards.

DEATHS.

THORNE.—On the 3rd instant, Lillie Anna, the wife of Frederic Thorne, of 21, Waterloo Place, Leamington.

WARREN.—February 12th, 1885, at 83, Grosvenor Square, Rathmines, Samuel Warren, M.D., M.Ch., Dub. Univ., of Hoylelake, Cheshire, eldest surviving son of the late Samuel Warren, T.C., Dublin, deeply and deservedly regretted. His remains were interred on Monday, the 16th ultimo, in the Moravian Cemetery, Whitechurch, co. Dublin.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons of England, 4 p.m. Professor Alexander Hill: On the Grey Masses of the Cerebro-spinal System, their Relations to one another and to the Peripheral Nerves.—Medical Society of London, 8.30 p.m. Dr. Macpherson: On the History of the Use of Ipecacuanha in Dysentery. Dr. Sydney Coupland: A Case of Endocarditis. Dr. Samuel West: On Hæmaturia in Granular Kidney.

TUESDAY.—Royal College of Physicians of London. Dr. Hermann Weber: Croonian Lecture on the Hygienic and Climatic Treatment of Consumption.—Royal Medical and Chirurgical Society, 8.30 p.m. Mr. F. Treves: The Treatment of Acute Peritonitis by Abdominal Section. Mr. J. R. Lunn and Dr. Benham: Case of Aneurysm of Abdominal Aorta.

WEDNESDAY.—Royal College of Surgeons of England, 4 p.m. Professor Alexander Hill: On the Grey Masses of the Cerebro-spinal System, their Relations to one another and to the Peripheral Nerves.—Epidemiological Society of London, 8 p.m. Surgeon-General A. C. C. De Renzy, C.B.: The Prevention of Heat-Apoplexy.—British Gynaecological Society, 8.30 p.m. Specimens by Drs. Aveling, Granville Bantock, Edis, and others. President's inaugural address. Dr. Aveling: A Case of Double Pyosalpinx.—Royal Microscopical Society, 8 p.m. Mr. J. W. Stephenson: On a New Catadioptric Illuminator. Dr. J. D. Cox: Structure of the Diatom Shell. Siliceous Films too Thin to show a Broken Edge. Mr. J. R. Cheshire and Mr. W. W. Cheyne: The Pathogenic History of a New Bacillus (*B. Alvei*, Cheshire). Mr. Francis Fowke: The First Discovery of the Comma-Bacillus. Exhibition of Nobe's original machine for ruling his lines.—Hunterian Society, 7.30 p.m. Council. Dr. Herman: Cases of Dermoid Pelvic Cysts. Mr. Corner: Cases of Uterine Hæmorrhage, with impending Death, cured by Removal of the Ovaries.

THURSDAY.—Royal College of Physicians of London. Dr. Hermann Weber: Croonian Lecture on the Hygienic and Climatic Treatment of Consumption.—Ophthalmological Society of the United Kingdom, 8.30 p.m. Living specimens at 8 p.m. Mr. Nettleship: Total Detachment of Retina of Long Standing, with Retention of some Sight. Mr. A. S. Morton: Choroidal Atrophy. Dr. Brailey: On the Condition of the Ciliary Nerves in Certain Diseases of the Eye. Dr. Mules: Evisceration of the Globe (with living specimen). Mr. Nettleship: Note on the Spontaneous Disappearance of Diabetic Cataract. Mr. A. H. Benson: Tuberculosis of Cornea. Mr. J. B. Lawford: A Case of Tubercle of the Choroid (with ophthalmoscopic drawing and microscopical specimens).

FRIDAY.—Royal College of Surgeons of England, 4 p.m. Professor Alexander Hill: On the Grey Masses of the Cerebro-spinal System, their Relations to one another and to the Peripheral Nerves.—Clinical Society, 8.30 p.m. Dr. Bastian: A Case of Thrombosis of the Basilar Artery, with Profound Coma, Extreme Lowering of the Rectal Temperature, and Death in Five Hours and a Half. Mr. Barwell: An Unusual Sequela of Ovariectomy. Mr. Davies-Colley: Three Cases of Colotomy, with delayed Opening of the Intestine.

OPERATION DAYS AT THE HOSPITALS.

| | |
|-----------------|--|
| MONDAY..... | St. 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 Orthopaedic, 2 P.M.—Hospital for Women, 2 P.M. |
| TUESDAY | St. 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.—St. Thomas's (Ophthalmic Department), 4 P.M.—Cancer Hospital, Brompton, 2.30 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 Central, 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.—King's College, 3 to 4 P.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.—Chelsea Hospital for Women, 2 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.—Cancer Hospital, Brompton, 2.30 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. 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, 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; 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, W., 2; Throat, Th., 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., 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., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; 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. |

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.

Is order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL 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. CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

THE THERAPEUTICS OF MERCURIC CHLORIDE: A GERM-THEORY OF SYPHILIS. SIR,—There are some points in Mr. Fotherby's interesting communication on the above subject in the BRITISH MEDICAL JOURNAL of the 7th ultimo, which deserve special consideration, and to which I would call attention.

1. Dr. Farquharson, in his *Guide to Therapeutics*, points out the superiority of corrosive sublimate over the other preparations of mercury as an antiseptic. From what M. Miguel has lately discovered, he makes out the biniodide to be three times the strength of the perchloride, a solution of a strength of 1 in 40,000 rendering life impossible to any form of microbe, while of perchloride the strength must be 1 in 14,000.

2. Mr. Fotherby asks whether the combination of corrosive sublimate with albumen would appreciably modify its poisonous effects when given to the lower animals. I am inclined to think that (as direct combination takes place between corrosive sublimate and albumen, and the result is an insoluble compound), if any symptoms should manifest themselves after its administration, they would be due to the mercuric perchloride which remained over and above that which was required for the complete neutralisation of the albumen, the severity of the symptoms varying in proportion to this quantity; no action whatever taking place if complete combination only were effected.

3. The fact that, when mercurials are given shortly after meals, patients show a greater tolerance of the drug, is, I take it, explained above; for I think that, in ordinary diet, there is an insufficient amount of albumen to counteract the doses of mercury which are usually prescribed; should, however, an essentially albuminous diet be adopted, there would probably be no action whatever following the average doses of mercury.

Whether the combination of the biniodide with albumen would have the effect of modifying the action of this drug, I am not prepared to say; but I should think, judging from their chemical history, that the result would be much the same, dose for dose proportionally, as that of the mixture of the perchloride with albumen would be.

On the subject of the germ-theory of syphilis, I see that M. Brion has contributed an article in the *Progrès Médical*, where, after reviewing the subject, he sums it up in the following words. "1. Syphilis is a parasitic disease. 2. The microbe of syphilis is a micrococcus, because, if we except some few authors who have described it as a bacterium or bacillus, most writers refer to a micrococcus of a character still undefined. 3. Inoculations made with the products of syphilis have been unsuccessful, or, at least, doubtful, M. Martineau's case (that of an ape) being, perhaps, an exception."

The admirable suggestion made in the JOURNAL on January 24th, as to the advisability of forming a bacteriological laboratory at the forthcoming meeting of the Association, would, if carried out, go far to clear up any doubts at present existing as to whether syphilis, and, indeed, many other diseases, are due to a process of fermentation, just as chemical combination in inorganic substances is due to chemical affinity.—Yours truly,

CHARLES THOMAS GRIFFITHS

15, Cathcart Road, South Kensington, S.W.

A CASE OF HEPATIC CONGESTION AND INTESTINAL DISORDER.

SIR,—Assuming, from the somewhat limited description of this case, given by your correspondent, "J. C. H.," in the JOURNAL of January 17th, that it is one of catarrhal congestion of the hepatic ducts, and that the diarrhoea is mainly due to or, at least, maintained by, irregular discharges of acid and irritating bile, I should recommend the following plan of treatment. He should have a hot bath daily, with gentle shampooing over the site of the liver, after the manner of the Orientals. He should rest for a time in the recumbent position, as all bodily movement increases the peristaltic action of the bowels. In fact, for all obstinate cases of diarrhoea, this rest is a *sine qua non*; and should be enjoined with the same resolution as in spinal disease or an injured joint. For medicine, he should first take three grains of calomel, with half a grain of capsicum, guarded, in case of need, by a grain of opium. Let this dose be repeated when necessary, say, twice a week; half a grain of podophyllin may be added sometimes with advantage. In addition, let ten grains of ammonium chloride be taken twice a day in about two wineglassfuls of water, taking the precaution to enjoy perfect rest, and the abstinence from all food and drink for an hour after each dose. This medicine sometimes acts better when given with warm water. The following pill should, at the same time, be administered thrice daily. Sulphatis ferri exsiccatis, gr. ii; sulphatis quiniae, gr. ii; ext. nucis vomice, gr. ½; pulvis opii, gr. ½; extracti gentiane, q.s. ut fiat pilula. As the diarrhoea becomes less, the opium may be omitted. Of course, if it be resolute, more active astringents will be necessary. The diet should consist of milk, with a little arrowroot or gelatine, administered at frequent intervals, and in small quantities, after the manner which has proved so successful in the hands of Sir Joseph Fayrer. A cup of cocoa may be taken after a time, but tea and coffee must be prohibited. Even soup, which, in the process of digestion, is resolved into its fluid and solid constituents, may, by the stimulating effect of its solid particles, further irritate the diseased intestine. Tobacco should also be laid aside, while a large sheet of spongio-piline should be continuously applied over the region of the liver and bowels.

By strict adherence to some such plan as this, I have been successful in many chronic cases, my own amongst the number. The ammonium and pills may be increased or diminished, according to the predominance of the hepatic or intestinal symptom.—Your obedient servant,
27, Welbeck Street, W. D. H. CULLIMORE, M.D., M.R.C.P. Lond.

THE M.D. BRUSSELS.

SIR,—Perhaps your correspondent, "Sigma," in the JOURNAL of February 7th, would kindly let you know what books, etc., he read for the above degree; or would you put me in communication with him? Apologising for encroaching on your time, I am, yours truly,
Saffron Walden, Essex. PERCY NEWELL.

A DIRTY TONGUE.

DR. DUNCAN MACKENZIE, of Glossop, writes, in answer to "G. W.'s" letter in the JOURNAL of February 21st.

"If your correspondent, 'G. W.'s' patient have recovered from his gastro-enteritis, the cause of his dirty tongue is probably chronic stomatitis. Does the patient smoke? Is there any chronic inflammation about the pharynx or tonsils? Is there any irritation in connection with teeth, natural or artificial? I think the continued use of Wyeth's compressed tablets of chlorate of potash and borax would be useful, or, perhaps, as recommended by Niemeyer, rolling about a fragment of rhubarb-root in the mouth; a glass of water, or, if required, of purgative mineral water, in the morning would also seem advisable."

THE ADMINISTRATION OF ANÆSTHETICS.

SIR,—Being deeply interested in the subject of anæsthetics, I read an account, in the JOURNAL of January 24th, 1885, of a "Death from Nitrous Oxide Gas," in Paris, the gas being administered to a gentleman advanced in life, by a well known advertising dentist of that city, in order to have a tooth extracted. From what can be gathered from the notice, death would seem to have been quite sudden, and to have been due to syncope or failure of the heart's action, caused by the fear or the shock of the operation. In the same number of the JOURNAL, a very interesting letter appears on the Administration of Anæsthetics, by Dr. James Parkinson, of Sacramento, California, who, I am glad to see, has a high opinion of my ether-inhaler; and, from all I can learn, was the first to introduce it to the profession in America. In my improved inhaler, made by Coxeter, of London, it is impossible for the ether to run through the sponge into the patient's eyes and mouth, for there is a contrivance specially arranged within the mouthpiece to prevent the occurrence mentioned. I consider Dr. Parkinson's observations most valuable and practical with reference to the administration of these agents.

What I now proceed to state is what I have often stated before, and that is, that all anæsthetics are dangerous, and will induce death if carried too far; but, of all anæsthetics, I believe ether, properly and judiciously administered, to be the safest; chloroform to be the most dangerous. Ether will never produce syncope, or failure of the heart's action, no matter how much is given; but it will produce asphyxia, or failure of the respiratory action. But as this is a very slow process compared with the former, timely warning is given to the anæsthetist, so that he is enabled to anticipate and prevent any untoward result; whereas syncope comes on and ends so rapidly, that there is no time to resort to a remedy.

I also maintain that, when bronchitis or pleuro-pneumonia is present to any great extent, ether or any anæsthetic is dangerous to use. For the administration of such agents, I would make the following suggestions.

1. All anæsthetists should understand the properties and dangerous effects of each anæsthetic used.

2. All administrators should be qualified physicians or surgeons, and they should perfectly understand the process and degrees of anæsthesia before undertaking the grave responsibility of placing a human being into the mysterious sleep of insensibility.

3. Previously to any anæsthetic being administered, a careful and thorough examination of the thoracic cavity and its contents should be made, so as to detect, before it is too late, bronchitis or other pulmonary affection, as well as the condition of the heart.

4. The administration of ether, or any other anæsthetic, should not be prolonged beyond the actual time required for the performance of the surgical operation. This I think it right to mention, as, in a recent visit to some London hospitals, I observed the administration of ether with my inhaler was continued, and the anæsthesia kept up, long after, in my opinion, it was necessary. After the main steps of an operation are concluded, anæsthesia, in the majority of cases, need not be continued.

5. At the slightest approach of danger, such as lividity and pallor of the face, stertorous breathing, cessation of respiratory action or pulse, the anæsthetic should be at once discontinued, and fresh air at once allowed free access to the patient. Even after recovery, the anæsthetic should not again be then and there administered, though this should necessitate the postponement of the operation.

6. The person deputed to administer the anæsthetic should devote his entire and undivided attention to the anæsthesia of the patient, and to nothing else; he should never attempt to look about him, or watch the progress of the operation. When mishaps have occurred, they have frequently been due to carelessness in this respect. A competent and careful anæsthetist is, in my opinion, as important, and bears as much responsibility during an operation, as the operator himself.—I am, sir, yours, etc., L. HEPENSTAL ORMSBY, M.D., F.R.C.S., Surgeon to the Meath Hospital and County Dublin Infirmary.

4, Merrion Square West, Dublin.

PERMANGANATE OF POTASH.

SIR,—I have read, with the utmost surprise, the statement made by Dr. Simms, that permanganate of potash tablets give rise to ulceration of the parts with which they are brought into contact. He speaks of recently having had under his care two cases in which ulceration of the mouth was produced by the mere contact of the drug.

I do not know what experience Dr. Simms may have had in the use of permanganate of potash as a therapeutic agent; but, as my own observations, and, I may say, those of the majority of medical practitioners, are altogether opposed to his, I think he should be prepared to enter more fully into detail before making such a sweeping assertion. During the six months when I was resident obstetric assistant at Westminster Hospital, I saw permanganate of potash administered in some dozens of cases of functional amenorrhœa, and never, on any occasion, witnessed any untoward effect. Because permanganate of potash pills have sometimes passed through the alimentary canal unchanged, Dr. Simms thinks some of us are "miraculously preserved." A more rational conclusion would be that the chemist who dispensed them did not know his work. Everyone ought to know by this time that, if this drug be ordered in pillular form, it should be made up with vaseline, paraffin, and kaolin. If these exoipients be employed, there is no possibility of the pill passing through the intestines unaltered, and I can answer for it that there will be no ulceration of the mucous membrane, or other bad effect. If the drug be prescribed with any easily oxidisable substance, such as extract of gentian, an explosion is not unlikely, which might give rise to trouble, especially in these days of dynamite scares.

A few months ago, Dr. Roberts Bartholow, of Philadelphia, published a lecture on this drug, in which he recommended that the drug should always be administered in the form of compressed tablets, two or three one-grain tablets being taken three or four times a day with perfect confidence, provided only that they are swallowed in a little water after meals.

Dr. Simms must, I think, be mistaken in supposing that this remedy was introduced to the profession "two or three years ago." Reference to any of the text-books of materia medica will serve to convince him that it has been in use as a therapeutic agent for the last fifteen or twenty years. Indeed, his letter reminds me of the gentleman who said that he found no benefit from nitrite of amyl in angina pectoris, because the patients could not swallow the glass capsules in which the drug was contained.—I am, sir, your obedient servant, ALFRED S. GUBB, M.R.C.S., L.R.C.P. Lond.

Hôpital Français, Leicester Square.

A HOME FOR AN INVALID.

M.R.C.S.E. asks for information concerning a suitable home for a medical gentleman who has cerebral softening, and has had repeated attacks of paralysis. He is dirty in his habits, and requires constant supervision. Unfortunately, this patient has no private income, but his friends are willing to pay £50 per annum, or even more (although they can ill afford it), to place him where he can be looked after and be comfortable.

ELASTIC BANDAGES.

SIR,—I shall be obliged if any of your readers can inform me if the porous elastic bandages have any advantage over Martin's India-rubber bandages in curing varicose ulcers of the leg.—I am, sir, yours faithfully, BAGSHOT. J. WINTHROP WOODRUFF, M.R.C.S., L.R.C.P. Edin.

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

Dr. Purdon, Belfast; Mr. S. Knaggs, Huddersfield; Mr. Vere G. Webb, London; Mr. E. M. Crookshank, Bridport; Mr. T. H. Moorhead, Cote Hill; Dr. P. A. Gabb, Guildford; Our Birmingham Correspondent; Dr. Bond, Gloucester; Dr. W. M. Kelly, Taunton; Mr. I. Willcocks, Overton; Dr. W. S. Paget, Great Crosby, Liverpool; Dr. Ward Cousins, Southsea; Dr. Cameron, M.P., London; Mr. G. Meadows, Hastings; Miss I. Burton, Opcina; Mr. H. Lashmore, Southampton; Miss Seeley, Windermere; Dr. J. H. Aldridge, Southampton; Dr. J. E. Dowling, Ballymoe, co. Galway; Mr. Leonard Jeffery, Eastbourne; Mr. J. Thornley, Bolton; Mr. Beatty, Stockton-on-Tees; Dr. Roden, Great Malvern; Dr. A. M. Fernandez, New York; Dr. C. Lapage, Nantwich; Mr. J. E. Edwards, Chester; Mr. E. Mackenzie, Cheadle; Our Berlin Correspondent; Mr. H. S. Homans, Paris; Mr. P. S. Brito, London; Dr. Styrap, Shrewsbury; Mr. J. M. Miles, Dingle, co. Kerry; Mr. T. J. Verrall, Brighton; Mr. Shirley F. Murphy, London; Dr. H. W. King, Chester; Mr. H. A. Reeves, London; Mr. R. H. E. Hunter, Battersea; Dr. Mackey, Brighton; Dr. R. H. Hilliard, Aylesbury; Mr. W. J. Stephens, Brighton; Mr. J. Moore, London; Dr. A. Eddowes, Market Drayton; Mr. R. H. Smith, Devonport; M.R.C.S.E.; Mr. C. J. Symonds, London; Mr. L. Humphry, Cambridge; Mr. S. Snell, Sheffield; Dr. James H. Keeling, Sheffield; Dr. G. H. Role, Baltimore; Our Aberdeen Correspondent; Mr. T. Holmes, London; Messrs. T. and H. Constable, Edinburgh; Mr. S. D. Chandless, Dublin; Mr. A. Jackson, Market Weighton; Dr. C. W. Suckling, Birmingham; Dr. P. M. Braidwood, Birkenhead; Dr. G. H. Mackenzie, Edinburgh; Mr. J. E. Burton, Liverpool; Dr. A. Carpenter, Croydon; Mr. G. E. Jeaffreson, Framlingham; Mr. E. L. Thomas, London; Dr. Glascott, Manchester; Mr. A. Duke, Dublin; Dr. H. Smith, London; Mr. J. Weir, Padiham; Dr. W. H. Taylor, Anerley; Mr. A. H. Benson, Dublin; Dr. A. H. Carter, Birmingham; Sir J. E. Eardley Wilmot, London; Dr. H. Sutherland, London; Mr. J. B. James, London; Dr. W. Hale White, London; Mr. R. J. Bush, London; Dr. A. Hill Hassall, San Remo; Mr. H. L. Woodeson, Milton, near Portsmouth; Dr. W. Woodward, Worcester; Mr. R. H. B. Wickham, Newcastle-on-Tyne; Dr. Gibson, Edinburgh; Dr. W. H. Daly, Pittsburg; Mr. Nunn, Dalston; Mr. W. D. Fox, Liverpool; Our Dublin Correspondent; Our Edinburgh Correspondent; Mr. Eastes, London; The Secretary of the Clinical Society, London; The Secretary of the Royal Medical and Chirurgical Society, London; Mr. J. W. Barnes, London; Dr. A. Sheen, Cardiff; Mr. Jonathan Hutchinson, London; Messrs. Woollams and Co., London; Dr. R. Paramore, London; Dr. Willoughby, London; Dr. H. Campbell Pope, London; Mr. H. Saxon Snell, London; Mr. Rayson, Wimborne; Dr. J. Ashburton Thompson, Sydney; Mr. Lowndes, Roscrea; Dr. N. H. K. Kane, Kingston-on-Thames; Dr. G. Homans, Boston; Dr. Rummo, Naples; Mr. T. F. Gardner, Bournemouth; Mr. J. H. Storer, West Hartlepool; Dr. P. Frankland, London; Our Belfast Correspondent; Our Manchester Correspondent; Our Liverpool Correspondent; Mr. E. Chapman, Oxford; Dr. Longstaff, Wandsworth; Mr. G. P. Best, Cheltenham; Mr. J. H. W. Gowan, Dumfries, etc.

BOOKS, ETC., RECEIVED.

The Metaphysical Aspect of Natural History. By Stephen Monckton. London: H. K. Lewis. 1885.

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

| | | | | | | | | |
|-----------------------|----|----|----|----|----|----|----|---|
| Seven lines and under | .. | .. | .. | .. | .. | £0 | 3 | 6 |
| Each additional line | .. | .. | .. | .. | .. | 0 | 0 | 4 |
| A whole column | .. | .. | .. | .. | .. | 1 | 15 | 0 |
| A page | .. | .. | .. | .. | .. | 5 | 10 | 0 |

An average line contains eight words.

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

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

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

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon 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.