

"subscriber" shall be taken to mean a person who has contributed to the funds of the Society for three years previous to his disablement or death, or since his obtaining his qualification to practice; or who has been a donor of £5 or upwards. But contributions to the fund give no claim of right to relief.

3. A sum shall be fixed which shall be considered the minimal amount capable of maintaining persons claiming assistance from the fund, and grants shall be made in each case of such amount, if the funds of the Society admit of it, as to raise the grantee's income to the minimum determined.

4. After grants have been made upon this principle, the available balance in the treasurer's hands (if any) shall be apportioned to grantees according to the amounts already allotted.

5. In order to carry out this system, subscribers, before signing applications, are expected to ascertain the income of the applicant during the previous, and the probable income for the present, year.

6. All applications for annual grants shall be laid before the Managing Committee, which shall have power to grant renewals of previous awards without further reference to the Central Committee, provided the circumstances of the applicant remain the same as in previous years. In all other cases, the Managing Committee shall inquire into and report to the Central Committee upon each application, making such recommendation as they may deem expedient.

The auditor's report showed that there was a balance of £1,493 odd in bank, and a sum of £6,140 in Stock of the Bank of Ireland, in the names of the trustees, which, at current rates, represents about £20,640.

The President of the King and Queen's College of Physicians moved, and Mr. William Stokes seconded, the adoption of the annual report. Both speakers animadverted on the apathy shown by the members of the profession in general in not supporting the Society. A suggestion was made by Mr. Tufnell, that the Society should endeavour to obtain the "Carmichael Prize Fund," the interest from which, according to the testator's bequest, should be granted by the Council of the Royal College of Surgeons in Ireland, in two premiums of £200 and £100 respectively, every fourth year, for the best and for the second best essay on subjects connected with the state of the medical profession and of medical education. There has been no competition for these prizes since 1879; and, as now applied, the fund is of little or no utility.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1885.

#### ELECTION OF MEMBERS.

ANY qualified medical practitioner not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Meetings of the Council will be held on July 8th, and October 14th, 1885. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before each meeting, namely, June 17th, and September 24th, 1885.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary.*

### COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

CHOREA, DIPHTHERIA,  
ACUTE RHEUMATISM, OLD AGE,  
CANCER OF THE BREAST.

Memoranda on the above, and forms for recording individual cases, may be had on application.

It is requested that returns in Chorea and Acute Rheumatism be sent in as early a date as possible, as the Reports on these subjects are in preparation.

The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

The Committee are also glad to receive reports of cases of the following conditions, memoranda and forms for which are prepared.

PAROXYSMAL HEMOGLOBINURIA.

ALBUMINURIA IN THE APPARENTLY HEALTHY.

SLEEP-WALKING. ACUTE GOUT.

The "Sleep-walking" form may be filled in by a non-medical person, if necessary.

**PURPERAL PYREXIA.**—The Committee will be glad to receive reports of cases illustrative of the points mentioned in the JOURNAL of January 31st, 1885 (p. 249). Separate copies of the article and questions alluded to will be forwarded on application.

**THE CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE.**—A schedule of inquiry upon this subject has been prepared by the Committee, and was issued with the JOURNAL of May 9th. Replies are requested on the schedule issued with the JOURNAL of May 9th. Additional copies of the schedule may be had at once on application.

Returns on ACUTE PNEUMONIA are still received.

**THE ETIOLOGY OF PHTHISIS.**—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis;—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

*Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161a, Strand, W.C.*

### 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.—J. MAITLAND, M.B., Honorary Secretary, Madras.

**EAST ANGLIAN, SOUTH MIDLAND, AND CAMBRIDGE AND HUNTINGDONSHIRE BRANCHES.**—A combined meeting of the above Branches will be held in Cambridge on the 12th of June next, under the presidency of Dr. P. W. Latham, Downing Professor of Medicine. Notice of intention of reading papers to be sent, without delay, to one of the Secretaries, W. A. ELLISTON, Ipswich; C. J. EVANS, Northampton; EUSHELL ANNINGSO, Cambridge.

**NORTH WALES BRANCH.**—The annual meeting will be held at Wrexham in the first week in July. Any member who desires to read a paper should communicate before June 25th with the Honorary Secretary, W. JONES-MORRIS, Portmadoc.

**MIDLAND BRANCH.**—The annual meeting of this Branch will be held at Leicester, on Thursday, July 9th. Notice of papers, etc., to be sent to the undersigned.—LEWIS W. MARSHALL, M.D., Honorary Secretary and Treasurer, 2, East Circus Street, Nottingham.

**SHROPSHIRE AND MID WALES BRANCH.**—The annual general meeting of the Branch will be held at the Salop Infirmary, on Tuesday, June 30th, at 2 P.M. Members desirous of reading papers or opening discussions are requested to communicate with the Honorary Secretary.—EDWARD CURETON, Honorary Secretary, Shrewsbury.—May 13th, 1885.

**OXFORDSHIRE BRANCH.**—The first general meeting of this Branch will be held on Tuesday, June 23rd. Members will receive special notice.—S. D. DARBISHIRE, Honorary Secretary.

**YORKSHIRE BRANCH.**—The annual meeting of the Branch will be held at the Town Hall, Halifax, on Wednesday, June 24th, at 3 P.M. The members and their friends will dine together at the White Swan, at 5.30 P.M. Members intending to read papers are requested to communicate with the Secretary before June 10th.—ARTHUR JACKSON, Sheffield.

**LANCASHIRE AND CHESHIRE BRANCH.**—The annual meeting of the Branch will be held at the Prince of Wales Hotel, Southport, on Wednesday, June 24th, at 2 P.M. Dinner at 5.30 P.M.; tickets, 7s. each, exclusive of wine. Members desirous of reading papers, making communications, or showing cases, are requested to communicate with the Honorary Secretary without delay.—CHARLES ED. GLASCOCK, M.D., 23, St. John Street, Manchester.

**BORDER COUNTIES BRANCH.**—The eighteenth annual meeting will be held at the County Hotel, Carlisle, on Friday, June 26th. The chair will be taken by the President, Dr. Muir Selkirk, at 3 P.M. Mr. C. S. Hall, Carlisle, will deliver his inaugural address, after the election of office-bearers for the ensuing year. Members intending to read papers, show specimens or patients, are requested to communicate with the Secretary without delay. Dinner at the County Hotel at 6 P.M.—H. A. LEDIARD, 41, Lowther Street, Carlisle.

**BIRMINGHAM AND MIDLAND COUNTIES BRANCH.**—The annual meeting of this Branch will be held in the Medical Institute, Edmund Street, Birmingham, on Thursday, June 25th, 1885, at 5.30 P.M. The annual dinner will take place the same evening, at 6 P.M.—ALFRED H. CARTER, M.D., ROBERT SAUNDY, M.D., Honorary Secretaries.—June 3rd, 1885.

**SOUTH-WESTERN BRANCH.**—The annual meeting of this Branch will be held at Truro, on Tuesday, June 9th, under the presidency of Edward Sharp, Esq. Programme of Proceedings: 11.45. Meeting of Council at the Infirmary; 12. Annual Meeting in the Board Room of the Infirmary; 1.30. By invitation of the President, a steamer will leave the Town Quay for a trip down the River Fal into Falmouth Harbour; Luncheon on board; 5.30. Annual dinner at the Red Lion Hotel. Communications:—Mr. John R. Rolston: Congenital Incomplete Rectum;

**Littre's Operation.** Mr. E. S. Angove and Mr. J. Elliott Square: Remarks on Collective Investigation. Dr. P. Maury Deas: Specimen of Foreign Body in the Heart.—P. MAURY DEAS, Honorary Secretary, Wonford House, Exeter.

**SOUTHERN BRANCH.**—The twelfth annual meeting of this Branch will take place at Ventnor, on Thursday, June 18th. The general meeting will be held at the residence of the President-elect, St. Catharine's House, at half-past 12. Luncheon will be provided between 12 and 1 o'clock. In accordance with the by-laws, two gentlemen will be elected at this meeting as representatives of the Branch on the Council of the Association for the ensuing year. Members desirous of reading papers or other communications are requested to forward at once the titles to the Honorary Secretary. No communications must exceed seven minutes in length, and no subsequent speech must exceed five minutes. The address will be delivered by the President-elect at half-past 2 p.m. During the afternoon, the members will have an opportunity of visiting the Royal National Hospital for Diseases of the Chest. The dinner will take place at the Crab and Lobster Hotel, at 6 p.m. Charge, 5s. 6d., exclusive of wine, etc. The Committee request that those gentlemen who intend to be present at the dinner will send in their names to Mr. W. E. Green, Sandown, on or before Tuesday, the 16th instant.—J. WARD COUSINS, Honorary Secretary and Treasurer.

**METROPOLITAN COUNTIES BRANCH.**—The Annual Meeting of this Branch will be held at the Holborn Restaurant, on Tuesday, June 23rd, at 5.30 p.m. President: Charles Macnamara, Esq.; President-elect: Walter Dickson, M.D. Dinner at 7 p.m.; tickets 7s. 6d. each, exclusive of wine.—ALEXANDER HENRY, M.D.; W. CHAPMAN GRIGG, M.D., Honorary Secretaries.

#### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT.

A MEETING of the above district took place on Thursday, May 14th, at the Greyhound Hotel, Croydon; H. TOWNSEND WHITLING, Esq., of Croydon, in the chair.

*Next Meeting.*—It was unanimously resolved that the next meeting should be held at Reigate the second Thursday in October.

*Papers.*—The following were read.

1. Dr. E. Diver: A Case of High Temperature after Labour, followed by Puriform Discharge from the Uterus.

2. Mr. Noble Smith: The Progress of Orthopædic Surgery.

*Dinner.*—Twenty members and visitors remained to dinner, including the president of the South-Eastern Branch, Dr. John H. Galton, of Anerley.

#### DORSET AND WEST HANTS BRANCH: SPRING MEETING.

THE spring meeting of this Branch was held at the White Hart Hotel, Ringwood, on Wednesday, May 27th; SAMUEL S. DYER, M.D., President, in the chair. There were also present twenty-three members and visitors.

*Vote of Thanks.*—A vote of thanks was unanimously accorded to Dr. W. Stewart Falls, of Bournemouth, the retiring President, for his services during the past year.

*Branch Council.*—Dr. G. H. Batterbury, of Wimborne; Mr. G. W. Daniell, of Blandford; Dr. W. S. Falls, Mr. W. D. Husband, and Dr. W. V. Snow, of Bournemouth; Dr. J. C. Leach, of Sturminster Newton; and Dr. W. H. Williams, of Sherborne, were elected members for the ensuing year.

*Representative of the Branch on the Council of the Association.*—Dr. W. G. Vawdrey Lush, of Weymouth, was re-elected as representative of this Branch on the Council of the Association for the ensuing year.

*New Members.*—The following gentlemen were elected: Brigade-Surgeon R. W. Carter, Weymouth; Mr. S. A. Jolly, Puddletown; Surgeon-Major W. McWatters, Dorchester; and Mr. W. Watmough, Christchurch.

*Next Meeting.*—It was resolved, that the autumn meeting be held at Bridport.

*Address.*—An excellent address was delivered by the PRESIDENT, on the "Compensating Advantages to the Country Medical Practitioner."

A Discussion on the subject of Ophthalmia Neonatorum was opened by Dr. DYER; and Mr. Lawton, Dr. Snow, Mr. Parkinson, Mr. Graham, and Dr. Griffin took part in it.

*Communications.*—The following were read.

1. Dr. Macdonald: Case of Phthisical Mania, with Pulmonary Fistula: Death: Necropsy: Specimen.

2. Mr. Lawton: Case of Hypertrophic Elongation of Cervix Uteri: Operation: Specimen.

3. Dr. Snow: On the Prevalence of Enlarged Thyroid in the District during the Autumn.

4. Surgeon-Major McWatters: Case of Abscess of the Liver: Specimen.

*Specimens.*—The following were shown.

1. Dr. Macdonald: Cystic Tumour from Subdural Space.
2. Dr. Macdonald: Cancer of the Bladder, involving Rectum.
3. Dr. Macdonald: Gall-Bladder, distended by Small Calculi.
4. Mr. Good: Large Gall-Stone, removed from the Rectum during life.

#### 5. Dr. Macdonald: Fracture of Cervix Femoris.

*Dinner.*—The members and visitors dined together in the Magistrates' Room, at the Corn Exchange.

*Excursion.*—After the dinner, the members proceeded to Somerley Park, where, through the kindly courtesy of the Earl of Normanton, the gardens and house, with its magnificent collection of pictures, were open to them. Resuming their drive, they passed through the park to Lea, thence to Harbridge, across the Avon to Ibsley, and, making a detour to Moyle's Court, historically connected with the sad fate of Lady Alice Lisle, returned to Ringwood.

## BRITISH MEDICAL ASSOCIATION.

### FIFTY-THIRD ANNUAL MEETING.

THE Fifty-third Annual Meeting of the British Medical Association will be held at Cardiff, on Tuesday, Wednesday, Thursday, and Friday, July 28th, 29th, 30th, and 31st, 1885.

*President:* JAMES CUMING, M.D., F.R.C.S., Professor of Medicine in Queen's College, and Physician to the Royal Hospital, Belfast.

*President-elect:* W. T. EDWARDS, M.D., F.R.C.S., Physician to the Glamorgan and Monmouth Infirmary, Cardiff.

An Address in Therapeutics will be delivered by W. Roberts, M.D., F.R.S., Consulting Physician to the Manchester Royal Infirmary.

An Address in Surgery will be delivered by John Marshall, F.R.C.S., F.R.S., Professor of Surgery in University College, and Senior Surgeon to University College Hospital.

An Address in Public Medicine will be delivered by Thos. Jones Dyke, F.R.C.S., Medical Officer of Health, Merthyr Tydvil.

**SECTION A. MEDICINE.**—*President:* S. Wilks, M.D., F.R.S., London. *Vice-Presidents:* T. D. Griffiths, M.D., Swansea; Byrom Bramwell, M.D., Edinburgh. *Secretaries:* W. Price, M.B., Park Place, Cardiff; E. Markham Skerritt, M.D., Richmond Hill, Clifton.

**SECTION B. SURGERY.**—*President:* E. H. Bennett, M.D., President of the Royal College of Surgeons in Ireland, Dublin. *Vice-Presidents:* P. R. Cresswell, F.R.C.S., Dowlais; Edmund Owen, F.R.C.S., London. *Secretaries:* G. A. Brown, M.R.C.S., Tredegar. Thomas Jones, F.R.C.S., 96, Mosley Street, Manchester.

**SECTION C. OBSTETRIC MEDICINE.**—*President:* Henry Gervis, M.D., London. *Vice-Presidents:* S. H. Steel, M.B., Abergavenny; W. C. Grigg, M.D., London. *Secretaries:* A. P. Fiddian, M.B., 6, Brighton Terrace, Cardiff; D. Berry Hart, M.D., 65, Frederick Street, Edinburgh.

**SECTION D. PUBLIC MEDICINE.**—*President:* D. Davies, M.R.C.S., M.O.H., Bristol. *Vice-Presidents:* E. Davies, M.R.C.S. M.O.H., Swansea; J. Lloyd-Roberts, M.B., Denbigh. *Secretaries:* Edward Rice Morgan, M.R.C.S., Morriston, Swansea; Herbert M. Page, M.D., 16, Prospect Hill, Redditch.

**SECTION E. PSYCHOLOGY.**—*President:* D. Yellowlees, M.D., Glasgow. *Vice-Presidents:* G. J. Hearder, M.D., Carmarthen; G. E. Shuttleworth, M.D., Lancaster. *Secretaries:* C. Pegge, M.R.C.S., Vernon House, Briton Ferry, Glamorgan; A. Strange, M.D., County Asylum, Bicton Heath, Shrewsbury.

**SECTION F. OPHTHALMOLOGY AND OTOTOLOGY.**—*President:* Henry Power, M.B., F.R.C.S., London. *Vice-Presidents:* E. Woakes, M.D., London; D. C. Lloyd Owen, F.R.C.S., Birmingham. *Secretaries:* J. Milward, M.D., 54, Charles Street, Cardiff; A. Emrys-Jones, M.D., 10, St. John Street, Manchester.

**SECTION G. PHARMACOLOGY AND THERAPEUTICS.**—*President:* T. R. Fraser, M.D., F.R.S., Edinburgh. *Vice-Presidents:* J. Talfourd Jones, M.B., Brecon; W. Murrell, M.D., 38, Weymouth Street, London. *Secretaries:* Evan Jones, M.R.C.S., Ty Mawr, Aberdare; J. H. Wathen, L.R.C.P., Coburg Villa, Richmond Hill, Clifton.

*Local Secretaries:* Alfred Sheen, M.D., Halswell House, Cardiff; Andrew Davies, M.D., Cadiz House, Cardiff.

TUESDAY, JULY 28TH, 1885.

2.30 p.m.—Meeting of 1884-85 Council.

3.30 p.m.—General Meeting. Report of Council and other business. Adjourn at 5 p.m.

8 p.m.—General Meeting. President's Address, and any business adjourned from meeting at 3.30 o'clock.

WEDNESDAY, JULY 29TH, 1885.

9.30 a.m.—Meeting of 1885-86 Council.

11.0 a.m.—Second General Meeting. Address in Therapeutics.

2 to 5 p.m.—Sectional Meetings.

5 to 7 p.m.—Garden Party by the High Sheriff of Glamorgan and Mrs. Hill.

8 p.m.—A *Conversazione* will be given by the President of the Association and the South Wales and Monmouthshire Branch.

THURSDAY, JULY 30TH, 1885.

9.30 A.M.—Meeting of Council.  
 11 A.M.—Third General Meeting. Address in Surgery.  
 2 to 5 P.M.—Sectional Meetings.  
 6.30 P.M.—Public Dinner.

FRIDAY, JULY 31ST, 1885.

10 A.M.—Address in Public Medicine.  
 11 A.M.—Sectional Meetings.  
 2 P.M.—Concluding General Meeting.  
 8 P.M.—Reception by the Mayor of Cardiff.

SATURDAY, AUGUST 1ST, 1885.

Excursions.

*\* \* Members intending to visit Cardiff during the Meeting, are requested to send in their names as soon as possible to the Honorary Secretary of the Reception Committee, Dr. Alfred Sheen, Halswell House, Cardiff.*

Members desirous of reading papers, cases, or other communications, are requested to forward the titles to the General Secretary, or to one of the Secretaries of the Section in which the paper is to be read, on or before July 21st.

Notice is hereby given that, at the annual meeting to be held at Cardiff, on Tuesday, the 28th day of July next, a motion will be made on behalf of the Council that, in Articles 13 and 15, the word "fifty" be altered for "one hundred," so as to read as follows, namely:

13. The Council may, whenever they think fit, and they shall, upon a requisition made in writing by any one hundred or more members, convene an extraordinary general meeting.

15. Upon the receipt of such requisition, the Council shall forthwith proceed to convene a general meeting; and if they do not so within twenty-one days from the date of the requisition, any one hundred members may themselves convene a meeting.

## SPECIAL CORRESPONDENCE.

### ROME.

[FROM OUR OWN CORRESPONDENT.]

*International Sanitary Conference: Special Report.*

THE Technical Committee of the Sanitary Conference has held daily meetings since its appointment under the presidency of Professor Moleschott, who was selected as being the ablest linguist amongst the Italian delegates, although Professor Baccelli was regarded as the chief medical representative of the Italian Government. In the first day's sitting, the utter uselessness of all land-quarantine and sanitary cordons was definitely accepted by the members present, with the exception of the Turkish delegate, who maintains a belief in their efficacy, which is probably only the echo of the orders he has received from his government. Professor Baccelli was not present, but took occasion at the next sitting to excuse his action of last year, which forced the Italian Government to institute land-quarantine against the Italian refugees and travellers from the south of France, by maintaining there were exceptional cases when such land-quarantine and cordons might be useful, instancing the protection from cholera of Rome last year, which he attributed to the measures for disinfection and isolation taken at the Rome railway-station, against those coming from Toulon—a perfectly monstrous proposition, as this protection was simply due to the better drainage of Rome, and the impossibility of the contamination of its water by the few imported cases, almost all of which were discovered and isolated on the Aventine Hill, before their evacuations could infect the subsoil of the city, or the aqueduct-supply, in any way.

The next two sittings were devoted to sea-quarantine, and in the beginning a proposal by Dr. Koch to make a difference in such quarantine as applicable to passenger and trading ships, or to transports and vessels carrying emigrants, coolies, and pilgrims, was rejected.

A somewhat academical discussion then took place, the United States delegate maintaining the uselessness of all sea-quarantines, and recommending careful sanitary inspection and isolation of the supposed infected persons, with separation of the sick from the healthy, on the ground of the inhumanity of keeping sick and healthy together in lazarets, as at present practised. In this he was supported by the British and Indian delegates, who pointed out how the simpler system

of careful sanitary inspection gave excellent practical results, and how feasible it was to work it when the necessary hospitals were provided, and when care was taken to keep sight of those who had been in contact with the infected. They argued, too, that no direct epidemic importations of cholera into Great Britain, or even into the Mediterranean, by ships coming from India, could be proved. The subject was then dismissed for the time, and at the proposal of M. Brouardel the discussion turned on the practical points, and how information as to infected ports was to be conveyed to the Governments interested, by whom sanitary measures were to be applied, both at the points of departure and arrival and during the transit of vessels and passengers from infected ports, and what were practical methods of disinfection. This third point was at once referred to a small subcommittee of seven members to settle; and, on the first point, the proposal of the American delegate, to give the consul of the country to which the vessel was proceeding from an infected port very large powers of control in reference to the sanitary state of the port and ship was rejected, while the modification of the proposal made by the Portuguese delegate, authorising a consul to be present at the rigorous sanitary inspection of a ship about to proceed from an infected port to the country which he represented, was approved.

The most important of the propositions of M. Brouardel, that relating to the persons to whom to entrust the application of the sanitary measures at the ports of departure and arrival and during the transit, was then taken up, one of the French delegates proposing that all passenger vessels passing from a country in which cholera is epidemic to another where it is not should carry a duly qualified surgeon, appointed by the government of the nation to which the vessel belongs, but paid by the owners of the ship. In the discussion which followed, some of the members favoured a modification of the proposal, to the effect that the governments interested should only approve the nomination of the surgeon to such ship, but have powers to cancel the appointment if not satisfactory to them. Sir Joseph Fayrer pointed out that all large passenger-boats from India did carry surgeons, but that, with our existing laws, the British Government had no powers either to nominate, or even to ratify, the appointment of the medical men made by the respective companies. The French proposition was accepted, and the discussion of the sub-paragraph relative to the measures to be taken at the port of embarkation was then proceeded with. Under this heading it was almost unanimously agreed that the surgeon should have the power to examine and reject any passengers presenting themselves from an infected district whom he might suspect. It was also decided that the surgeon should have powers to prevent passengers whom he permitted to embark from bringing with them articles of clothing, bedding, or linen generally, which he might hold to be suspicious, and, on the motion of Dr. Lewis, all articles of clothing and bedding belonging to anyone known to have died of cholera are absolutely to be rejected. A somewhat animated debate then ensued as to whether all articles of clothing and bedding belonging to persons who have died in a country in which cholera is endemic, or proceeding from its ports, should be subjected to disinfection or whether that process should be used only to articles belonging to those who are supposed to have died of a contagious disease, and on this point the practical impossibility of disinfection in all cases having been proved by the Indian delegates, the committee by a majority rejected the amendment that disinfection should be applicable to all articles, whether the owners had died of contagious or non-contagious maladies. Finally, and still referring to the port of embarkation, it was agreed that if cholera cases occurred on board a ship preparing to leave, the patients should at once be sent ashore to hospital, and their clothing and bedding destroyed or disinfected. A long discussion followed on the best and most practical means of disinfecting ships which had thus received cholera patients, and the committee finally decided to refer this point to the disinfectant subcommittee. At the same time it was unanimously agreed that all passenger ships proceeding from infected ports should have separate wardrooms for cholera patients, in which such patients could be at once isolated by the surgeon, and the cabins they had occupied rigorously disinfected and not again used during the passage, remaining as widely open as possible for purposes of ventilation.

The report of the subcommittee as to the measures to be taken in the Red Sea for vessels proceeding from countries beyond then came before the committee, and after the acceptance of a proposal to give the same subcommittee powers to deal with the question of the pilgrimages to Mecca, the discussion on the first part of their report began. The subcommittee proposed that all vessels from the extreme east should undergo a medical inspection in the Red Sea—Dr. Koch pointed out that this ought to be limited to vessels from infected ports, thus excluding Australia and China, where cholera is not endemic. The

Act, expressly relieving their charities from liability to rating may be successful, and they should receive immediate and energetic help from London.

## MILITARY AND NAVAL MEDICAL SERVICES.

### MILITIA SURGEONS.

SIR,—I have been much amused at a letter, signed Bernard O'Connor, which appeared in the *JOURNAL* of Saturday, May 30th. I presume that he is a civilian, and one to whom this matter of the militia surgeons could have had no interest. However, we must feel much obliged to him for his gratuitous kindness in finding such fault with our want of management, or rather, as he makes out, mismanagement. As you, Sir, have already explained the circumstances attendant on the count out, and the temperament of members generally to snatch a holiday when they can, I will say no more than that this gentleman's remarks as to my not having taken every indispensable precaution to ensure an attendance is at variance with facts, as it was only the evening previously I had the assurance of a very influential member of the Irish party that he would secure a House, especially as it was a motion of Sir E. Wilmot's, who is a great favourite with the Irish members generally; but the desire to be revenged on Mr. Warton was too great, as this gentleman in the early part of the evening moved an amendment to a Bill that had the support of both the Irish and Scotch members, and tired the House with a tedious speech demanding a division, in which he was defeated by two to one, and, as he had the first motion for that evening, the moment he rose it was a signal for the House to clear out.

Dr. B. O'Connor may rest assured that I have left no stone unturned to secure a House, and hope on the 19th inst. we shall succeed in keeping one, as Sir E. Wilmot has secured a night when Supply comes on, and when Government want money they are certain to be in attendance.

In conclusion, I think it would be kinder for Dr. O'Connor to give a subscription or donation to our funds, which require money, or to offer us his valuable experience and aid in securing the attendance of members, as he evidently is better acquainted how to do this than I am, even after twenty years' experience in fighting this question, than for him to find fault, which is very easy to do, especially as it does not cost any money.—Yours obediently,

M. J. MACCORMACK, M.D., Surgeon-Major.

15, Pembroke Place, W.

### EXAMINATION OF RECRUITS.

SIR,—Will you kindly answer the following questions?

A. In a district where there is not an army surgeon, has the surgeon to a volunteer battalion a prior claim over civilian practitioners in the examination of recruits for the army and militia?

B. Granted that the volunteer surgeon has no legal right to such an appointment, is it not customary that he should be offered the post?

C. In whom is the power of appointing an examining surgeon vested, supposing that no one had a preferential claim?—Yours truly,

AN OLD MEMBER.

\*\* The only distinctions which are made in the existing code of Army Medical Regulations as regards medical examiners of recruits are between "military medical officers," "medical officers of militia and yeomanry," and "civilian medical practitioners." Medical officers of volunteer corps are not separately referred to. All appointments connected with the military medical service rest with the Secretary of State for War, who is guided by the advice of the Director-General of the Army Medical Department. It is only reasonable to suppose that a surgeon of a volunteer corps who has given attention to the subject of recruiting, which requires special knowledge, would have precedence given to him as an examining surgeon over another practitioner who has had no practical experience in the subject; but the Army Medical Regulations do not show anywhere that he can claim the appointment as a right under any circumstances.

### HONORARY RANK AND TITLES.

SIR,—I read with pleasure a letter in the *BRITISH MEDICAL JOURNAL*, written by an officer of the Army Medical Staff, in which he points out the injustice of conferring honorary rank and titles on gentlemen holding commissions in the commissariat, ordnance-stores, and army pay departments, and, at the same time, denying them to army surgeons.

An army surgeon is a medical man, but he is something more; he is an officer having a body of men under his command, for whose management and discipline he is responsible, and with whom on active service he has often to face the same dangers as combatant officers. Is it unreasonable, then, that he should ask to have the same privileges given to him as are given to gentlemen whose duties can scarcely ever bring them within range of a bullet?

Hoping to see this matter further ventilated in the press, I remain, your obedient servant,  
M.R.C.S.

### ARMY MEDICAL SERVICE.

SURGEON-MAJOR EDWARD HOPKINS has been granted retired pay, with the honorary rank of Brigade-Surgeon. He entered the service as Assistant-Surgeon April 22nd, 1858; became Surgeon-Major 1st, 1873; and Surgeon-Major April 1st, 1873. Mr. E. Hopkins (*Hart's Army List* says) served in the Indian Mutiny campaign, including the action of Doodpore and taking of Fort Mudjeda (medal); throughout the Umbeila campaign of 1863, including the night attack of October 22nd, and attack on the Eagle's Nest Picquet (mentioned in despatches, medal with clasp); and in the Afghan war of 1878-80, during which he accompanied Sir Frederick Roberts in the march to Candahar, and was present at the battle of Candahar (medal with clasp, and bronze decoration). He went to Egypt in the summer of last year.

Surgeon-Major ALEXANDER ALLAN, M.D., has been promoted to be Brigade-Surgeon. He dates as Assistant-Surgeon from January 12th, 1859; as Surgeon from March 1st, 1873; and as Surgeon-Major from April 1st, 1874. He went to Suakin in February last, but otherwise has no war-record.

Surgeon T. F. MACNEE, serving in Bengal, has been granted leave of absence for six months on medical certificate.

Deputy Inspector-General E. H. BLAKENEY, M.D., F.R.C.S., died at Dorking on the 27th ult., in his 77th year. Dr. Blakeney entered the Army Medical Service as Assistant-Surgeon October 17th, 1834; became Surgeon December 19th, 1845; and Surgeon-Major October 1st, 1858; he retired with the rank of Deputy Inspector-General November 18th, 1859. The Army Lists do not assign him any war-service.

Surgeon J. RAMSAY, 3rd Battalion West Yorkshire Regiment (late the 2nd West York Militia), has been recommended for the rank of Surgeon-Major.

Brigade-Surgeon W. F. RUTLEDGE, who went on retired pay so recently as the 29th ultimo, has been appointed to take charge of the 1st Infantry Brigade at Aldershot.

Surgeon-General Sir A. HOME, V.C., late Principal Medical Officer in India, has been selected for the position of Principal Medical Officer of the Southern District at Portsmouth.

Surgeons E. H. MYLES, M.B., and E. O. WIGHT, both at present serving in Bengal, have been allowed to exchange places on the India roster of service.

### INDIAN MEDICAL SERVICE.

DEPUTY SURGEON-GENERAL J. BRAKE, Bengal Establishment, has been appointed to the administrative medical charge of the Presidency District, in the place of Deputy Surgeon-General A. J. Cowie, who has been promoted.

Deputy Surgeon-General J. M. DONNELLY, M.D., Madras Establishment, has been appointed to the administrative medical charge of Her Majesty's Forces in British Burmah.

Surgeons E. P. FRENCHMAN and K. C. SANJANA, Madras Establishment, whose services have been replaced at the disposal of the Military Department, are to do general duty in the Eastern District.

Surgeon J. C. LUCAS, Bombay Establishment, in medical charge of the 23rd N.I., has been permitted to return to duty from furlough granted on March 7th, 1884, for two years.

Surgeon D. G. CRAWFORD, M.B., Bengal Establishment, has been declared by the Board of Examiners at Calcutta to have passed with high proficiency in Hindi.

The furlough to sea granted to Surgeon H. ARMSTRONG, of the Madras Establishment, has been extended to July 18th.

Surgeon H. M. HAKIM, Madras Establishment, has been appointed to the medical charge of the Right Wing of the 23rd Native Infantry at Hoshungabad.

Brigade-Surgeon W. A. E. ALLEN, Bengal Establishment, died very suddenly at Romford, on the 15th ult., in the 51st year of his age. Mr. Allen entered on February 10th, 1859; attained the rank of Surgeon-Major February 10th, 1871; and retired as Honorary Brigade-Surgeon on December 5th last. He had not seen war-service.

### NAVAL MEDICAL SERVICE.

THE following appointments have been made at the Admiralty during the past week. T. H. KNOTT, Fleet-Surgeon, to the *Oregon*; F. R. M. LORTIE, Staff-Surgeon, to the *Leander*; L. H. KELLET and J. MCC. MARTIN, Surgeons, to the *Duke of Wellington*, additional; J. W. WHELAN, M.D., Surgeon, to the *Indus*.

## INDIA AND THE COLONIES.

### INDIA

THE GOVERNMENT OF INDIA AND SURGEON-GENERAL J. M. CUNINGHAM.—The profession will read with pleasure the following graceful tribute to the valuable services of Surgeon-General J. M. Cunningham by the Government of India which appeared in a recent number of its official *Gazette*. "On the retirement of Surgeon-General J. M. Cunningham, Surgeon-General and Sanitary Commissioner with the Government of India, the Governor-General in Council desires to place upon public record his high appreciation of the eminent services rendered to the State by that officer. In the Sanitary Department Dr. Cunningham's services extend over a period of twenty years, during fifteen of which he has been the head of the department. When the scheme for the reorganisation of the Medical Services in India came into operation in March, 1880, Dr. Cunningham was selected to fill the combined office of Surgeon-General and Sanitary Commissioner with the Government of India, the very onerous and responsible duties of which have been discharged to the entire satisfaction of the Government of India. During Dr. Cunningham's Incumbency, the Indian Medical Department has been remodelled in all its branches, with the result that departmental efficiency has been considerably increased, while a saving of expense to the State has at the same time been effected. In his capacity as Sanitary Commissioner, Dr. Cunningham

has also been instrumental in introducing many measures of great importance to the well-being of the people, and has afforded material assistance to the Government of India in dealing with many difficult questions which have from time to time come before it in connection with sanitary matters. In his retirement, Dr. Cunningham carries with him the warmest thanks of the Government of India for his long and distinguished services."

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### THE CONWAY BOARD OF GUARDIANS AND MR. DAVIES, THE MEDICAL OFFICER.

OUR contemporary, the *Liverpool Daily Post*, in its issue of the 30th ultimo, reports the proceedings of the Conway board of guardians, held on the preceding day. It would appear that there was a full attendance, consequent on notice which had been given by the chairman, the Rev. W. V. Williams, that he should call attention to the relations that existed between the board and Mr. Thomas Davies, the medical officer of the Creuddyn district of the union, who, we learn from other sources, had been for some time accused by the chairman of being extravagant in his orders for quinine and cod-liver oil, supplied at the cost of the union. It would further appear that the dispute had been going on for upwards of two years, for it came out that the board had given him notice, at about that time, to terminate his contract, since which period he had been, as alleged, medical officer on sufferance. Mr. Davies having been called in, the chairman informed him "that the board generally were extremely dissatisfied with the enormous quantities of those medicines prescribed by him to the paupers." He quoted figures to show that nearly six ounces of quinine was distributed amongst eighteen patients by Mr. Davies in January, February, and March last, and that the expenditure on drugs found by the guardians had gone up from £15 to £30 a year. Mr. Davies replied that the patients were nearer fifty, and that the extra expense was caused by his having to go also to Llandudno. The chairman then charged Mr. Davies "that he had given these orders in revenge for having received a notice terminating his contract, that he looked upon him now as only an honorary officer," and the clerk expressed the opinion "that, as the contract between the board and the doctor was not sealed," the latter could not claim a cheque from the former. Thereupon, the chairman, to bring the matter to a crisis, moved "that he next quarter's salary be refused," when the clerk explained "that if the pay were refused, the doctor was not bound to attend paupers." The chairman then said: "Then the office will be void." No member of the board showing any disposition to support the chairman's view, the board-room was cleared, and the guardians discussed the question *in camera*. Ultimately, the board decided to reinstate the medical officer, on condition that he accepted £10 a year for extra medicines and extra fees, and that he attend the pay-station. A fortnight was given him to consider this offer.

In all the disputes that have taken place between medical officers and their boards on which we have commented for some years, we question whether we have ever met with anything like this. We would advise Mr. Davies to remain firm; for, unless the board can establish a case of neglect against him, he cannot be disturbed in his office; and as the board has undertaken in the past to supply quinine and cod-liver oil, they must continue to do so; and in reference to extra fees, we further advise that he do not attend any case without an order, and then, if payment be refused, let him summon the chairman for the same.

#### CERTIFICATION OF LUNATICS IN WORKHOUSES.

SIR,—I find it necessary to reply to Dr. Rogers' letter in the *JOURNAL* of April 11th, for more reasons than one. It is true that the case of "Hicks v. Bedford" has given rise to much questioning from various sources; and the replies of government officials to questions on the point put in the House of Commons, show that the verdict for the plaintiff was the result of inadequate observance of the Lunacy Statutes, and the Poor-law orders in combination.

In reply to the third paragraph of Dr. Rogers' letter, I say that the course adopted, after the plaintiff was admitted to the workhouse, was not consistent, inasmuch as the master of the workhouse did not obtain from the medical officer to the workhouse the certificate required by 30 and 31 Vic., Chap. 106, Sec. 22. The judge was quite alive to this, and remarked that, had this certificate existed and been put in evidence, the aspect of the case might have been altered.

I do not wish to take up your space with extracts bearing on the point, but, as Dr. Rogers has shown an interest in the law affecting pauper lunatics, I will refer him to the Twentieth Report of the Lunacy Commissioners, page 20, 1866;

twenty-second report of the same body, page 28, 1868; also Article 115 of General Consolidated Orders of the Poor-law Commissioners, July 24th, 1847; and the note to Article 115, Glen's Poor-law Orders.

Dr. Rogers goes on to tell us how he treats cases of puerperal insanity in the workhouse. This is very commendable no doubt, and my philanthropy used to urge me to do the same thing when I was younger, but I would advise Dr. Rogers to be careful. If he wish to treat his cases of puerperal insanity in the workhouse, he had better have them ordered to an asylum by a justice, and then certify that their state of health will not permit their being removed thereto. I do not think the Lunacy Commissioners would hesitate to prosecute even a medical man, if they found him wilfully defying the Lunacy Statutes.

I am glad Dr. Rogers drew attention to a letter from so high an authority as Mr. Vallance in the *Local Government Chronicle* of March 21st. I think, all the same, that the communication is likely to mislead. I would observe that the forcible removal of Hicks to St. Marylebone Workhouse was executed by the patient's friends, not by the relieving officer. This, it will be admitted, is a very material point in the case. Mr. Vallance tells us what course is practised at Whitechapel in dealing with lunatics, and we find that it is just what an intelligent blending of the Lunacy Statutes and the Poor-law Orders would suggest. Mr. Vallance is not quite clear as to what the judge did say in the case under discussion. Mr. Justice Wills was quite alive to the statute requiring a certificate from the workhouse medical officer on admission touching the person's insanity. Mr. Vallance mentions the 25 and 26 Vic., Chap. 3, Section 20. I take it that this does not touch the case of Hicks and Bedford. The law on which this action turned was broken within the first three days of the woman's detention in the workhouse.

I certainly take exception to any inference that a lunatic can be legally brought to a workhouse by a relieving officer, unless found wandering at large, unless it be a case of imbecility or idiocy; but if a lunatic be destitute, and the friends refuse to maintain the person afflicted even for a single day, the relieving officer may give an ordinary order of admission to the workhouse, and let the friends do as they like about taking the case in. If, on the other hand, the friends would object to the lunatic being taken to the workhouse, the relieving officer may place what guard he may think necessary over the lunatic in the private house, until the justice visits the case; or the next morning the case may be taken to the nearest police-court, in company with one or two medical men, according to the requirements of the particular stipendiary.

The remainder of Mr. Vallance's letter is merely an enlightening of the guardians as to the kind of cases of unsound mind that come within a relieving officer's ken, but, on reading it, one is liable to get hold of the notion that, if a person already outside a workhouse be insane, the Poor-law, in that particular case, becomes paralysed.

In conclusion, I wish to say that, the plaintiff Hicks being destitute, the relieving officer was quite right to give an order of admission to the workhouse for the friends to take her in, but before his pen was dry (having Dr. Sims's certificate before him), he should have sent notice to a justice; this he failed to do. He should have also sent at once for a vacancy in an asylum, to use or not as the case turned out.

There can be no doubt that the statutes concerning pauper lunatics are inconvenient; but until they are changed, which they have every prospect of being, we must drive coach and four, not blowing our horn too loudly. I regret exceedingly that some of the officers at St. Marylebone have been mulcted to the extent of £50 damages for doing that which, according to Dr. Rogers, is being done every day in other London workhouses; but the case of Hicks v. Bedford will have this benefit, in the fact that it will be the means of making those concerned give some more attention to the Lunacy Statutes and Poor-law Orders combined, Dr. Rogers amongst the number.—I am, sir, yours obediently,

Brewood, near Stafford.

J. CORNELIUS GARMAN.

#### MEDICAL RELIEF IN THE BRIDGNORTH UNION.

SIR,—I am afraid that the conduct of the Bridgnorth guardians in refusing an order for a confinement is by no means an uncommon occurrence, if I may judge by personal experience. I have twice been sent for by the midwife, at a moment's notice, to attend two poor women in their confinements in a neighbouring village. All of these four cases necessitated the use of long forceps, and in one of them I had to perform version previously to the use of the forceps. In none of these cases was an order granted, the guardian, or overseer, of the parish telling the midwife, in one of the instances, "that he could not give an order as it was a £2 case."

I remember, too, a year or two ago, a boy being brought to the surgery with fractured radius and ulna. I set the fracture at once, and told the mother to go as soon as possible to the relieving officer for an order. He would not grant it, but said he would bring the case before the board, where an order was finally refused, although, a few months previously, an order had been given to the mother for one of her other children, who had the whooping-cough.

From a humane point of view, it is impossible for a medical man to refuse to attend an urgent case until an order is first procured, although this conduct of the guardians would almost drive one to it. Individually, the majority of the guardians in this union are amiable and good hearted men, but collectively they do all they can to prevent their medical officers from getting those "medical extras" which are sanctioned by the Local Government Board, and which are, therefore, their right and due.—Yours, etc.,

Buckingham.

W. L'HEUREUX BLENKARNE.

#### PORT MEDICAL INSPECTION AND ISOLATION.

THE following regulations have been made by the Port Sanitary Authority for the port of London, and approved by the Local Government Board, for the removal to hospital of persons brought within the port, by any ship or boat, who are infected with a dangerous infectious disorder.

1. In these Regulations, the expression "The Port Sanitary Authority" means the mayor, aldermen, and commons of the city of London, acting as the Port Sanitary Authority of the port of London; the expression, "dangerous infectious disorder," means any one of the following diseases:—Cholera, diphtheria, erysipelas, measles, scarlatina, small-pox, typhoid or enteric fever, and typhus fever. The expression "ship" includes a boat, and the expression "medical officer of health" includes any legally qualified medical practitioner acting for such officer, and any assistant to the medical officer of health. 2. These Regulations shall remain in force until they are revoked by the Port Sanitary Authority, or until fresh regulations, under Section 125 of the Public Health Act, 1875, are made by the Port Sanitary Authority, and approved of by



Petersburg was 32.2, and showed a decline from that which prevailed in the previous week; the 572 deaths included 23 from "fever," 5 from small-pox, and 5 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 25.0, and ranged from 24.0 in Christiania to 28.1 in Stockholm; measles caused 13 deaths in Stockholm, and diphtheria and croup 6 in Stockholm, and 9 in Christiania. In Paris, the death-rate was 25.0, and showed a further slight decline from the rates in recent weeks, but exceeded the rate in London by 5.4; the deaths included 44 from measles, 42 from diphtheria and croup, and 19 from typhoid fever. The 191 deaths in Brussels, of which 13 resulted from diphtheria and croup, were equal to a rate of 22.5. In Geneva, the 28 deaths gave a rate of 20.4. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 23.5, the highest rate being 25.1 in Rotterdam; diphtheria and croup caused 5 deaths in Amsterdam and 4 in the Hague, and scarlet fever 3 in Rotterdam. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 28.7, and ranged from 22.2 and 25.4 in Berlin and Dresden, to 37.7 in Munich and 38.5 in Prague. Small-pox caused 29 deaths in Vienna, and 2 in Prague; diphtheria showed the greatest mortality in Berlin, Hamburg, and Munich. In three of the principal Italian cities, the death-rate averaged 22.2, being 22.8 in Rome, 22.0 in Turin, and 21.3 in Venice; small-pox caused 4 deaths both in Rome and in Venice, and 5 deaths from typhoid fever occurred in Turin. No returns were received either from Madrid, Lisbon, or Alexandria. In four of the largest American cities, the recorded death-rate averaged 22.0, and ranged from 24.5 in New York, to 16.5 in Baltimore. Diphtheria showed considerable mortality in each of these American cities; and typhoid fever caused 8 deaths in Philadelphia.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### THE COLLEGE OF PHYSICIANS AND HOSPITAL OUT-PATIENTS.

SIR,—I enclose a short note from Dr. D., in answer to my request that he would state the circumstances of one case in point for your information. On the same day, two cases similar to this occurred in the same morning's practice; and I have no doubt that a closer inquiry than I have made would prove that such cases are commoner than my letter would lead you to suppose.—Yours obediently,

R. J. L.  
"May 22nd.

"Dear Sir,—P. J., aged 4, has been a patient of mine for the last three years. A few days ago, the parents (who are quite in a position to pay a medical practitioner) informed me that they had taken him to the hospital, but that the physician (yourself) very properly declined to prescribe for the child, as he understood their own doctor was in attendance upon him.—Yours very truly, H. D."

### AN IMPORTANT ANNOUNCEMENT!

THE subjoined paragraph was, we are informed, placed on the principal page of the *Liverpool Daily Post* of May 21st, just after the foreign news.

"KING OKO JUMBO.—Okó Jumbo, a correspondent writes, has placed himself for the present under the professional care of Dr. Peter Stuart, of 46, Rodney Street, who is treating him for head-symptoms."

C. C.—The special question submitted by "C. C." is one on which it is somewhat difficult to advise; for, although there is not, to our knowledge, any rule which directly condemns such an arrangement as that suggested to, and contemplated by, our correspondent, it would, in our opinion, ill accord with the innate principle of the true professional mind; and, moreover, from one point of view, would contravene the golden rule of doing unto others as we would wish to be done by. We cannot, therefore, advise him to accept the suggestion made by the parties locally interested. The difficulty, however, may, we think, under all the circumstances, be fairly met by the introduction of a *de facto* partner, if such be feasible.

### SUCCESSION TO DEATH-VACANCY.

SIR,—I purpose shortly succeeding, by purchase, to a death-vacancy. I would be glad of your opinion on this point: Is it right to introduce myself to the practice by circular to such names and addresses as are found in the books as patients?—Faithfully yours,

A MEMBER.

\*. For "A Member" to introduce himself to the patients by circular would, in our opinion, be closely akin to soliciting practice through the medium of a "trade-circular" note, and in direct contravention of the principle laid down in the *Code of Medical Ethics*, page 27, rule 3, in which such and like acts are justly regarded as incompatible with the honoured dignity of the profession.

The introduction should, we think, be given, as far as possible, by the gentleman in charge of the deceased's practice; and, failing that, the widow or other responsible member may write a carefully worded note, simply and courteously announcing to the patients that our correspondent has been accepted by the family as the representative of, or successor to, the late Dr. —'s practice.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### BATTERSEA PROVIDENT DISPENSARY.

THE annual report of the Battersea Provident Dispensary, an institution under the presidency of the Rev. Canon Erskine Clarke, has recently been published. It states that there is a steady improvement, as shown by the increased amount of members' payments—there being now 10,150 members entered on the books, of whom it is calculated 8,460 are permanent, and remarks that "This steady advance in the position of an institution, in which the members pay when they are in health for medical care in possible sickness, is the more remarkable and the more creditable to the industrial classes of the district, from

the fact that there are on all sides of the Provident Dispensary other largely advertised dispensaries, which offer treatment and medicine to those who are actually sick at an almost nominal fee." The cash receipts include £88 19s. 2d. contributions and donations, £1,327 10s. 11d. benefit members' payments, and £178 10s. confinement-fees, the total income being £1,626 10s. 1d. Of this amount, £734 16s. 1d. was spent in drugs, rent, printing, salaries, &c., and £892 14s. paid to the medical officers, £178 10s. on account of confinements, and £714 4s. for general medical services. In return for these payments, there were 310 confinement cases at an average rate of payment of 11s. 6d. per case, and there were 6,524 distinct cases of illness reported at the dispensary, the payment to the medical officers averaging 2s. 2d. for each case. There were 15,940 visits to patients' houses, and 14,500 attendances by members at the dispensary, exclusive of a large number of cases attended by the medical officers at their own residences. Leaving these out of account altogether, the payment yields an average of about 5½d. per consultation to the medical officers. The report goes to show that if a certain amount of outside support and organising power be forthcoming, such institutions may be placed on a firm footing, especially in localities outside the closer and stronger influence of the large general hospitals; at the same time, the low average payment for medical services and the need for eleemosynary assistance sufficiently demonstrates the necessity for confining such work specially to those whose means are limited, and who have thus some claims to consideration in times of sickness.

### MIDDLETON WORKHOUSE.

THE Inspector of the Local Government Board, in his half-yearly report on the condition of this workhouse, states that there is not sufficient room in the male hospital, which has accommodation only for sixty-two patients, while there are at present eighty persons receiving hospital treatment, some of whom have to occupy wards in the main house. This arrangement is both inconvenient and objectionable, and the Board suggest that the guardians should consider the necessity for providing increased hospital accommodation. The inspector is of opinion that this can be done by raising the right wing of the male hospital to correspond with the portion raised on the female side to accommodate the nurses. A meeting of the house-committee will be held to consider the advisability of carrying out the proposed extension.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF OXFORD.

A FACULTY OF MEDICINE.—An important statute will be promulgated at a congregation to be holden on Tuesday next. The preamble states that it is expedient that the medical studies of the University should be represented by a separate board, and for that purpose to divide the Faculty of Natural Science into a Faculty of Medicine and a Faculty of Natural Science, and to assign certain members, *ex officio*, to the Board of the Faculty of Medicine. The new statute therefore proposes that the Faculty of Natural Science shall be divided into (1) a Faculty of Medicine; (2) a Faculty of Natural Science; and that there shall be a board for each of these faculties. The Faculty of Natural Science is to include the department of Mathematics as well as the department of Natural Science. The regulations for degrees in Medicine have undergone modification. There are to be three examinations for the degree of M.B.; the first in Elementary Anatomy and Physiology, Organic Chemistry, and Materia Medica and Pharmacy; the second in Human Anatomy and Physiology; the third in Medicine, Surgery, Midwifery, Pathology, Pharmacology, and Climatology. The Board of the Faculty of Medicine is to exercise a general control over the examinations, and from time to time to issue notices defining the subjects. The examinations are to be held once yearly, in Trinity Term. Candidates for the first examination must have passed an examination in Mechanics and Physics, and in Chemistry, in the preliminary School of Natural Science, or an examination in one subject approved by the Board of the Faculty of Medicine. An interval of two years must elapse between the second and third examinations.

INCREASE OF SALARY.—The West Bromwich Guardians have increased the salary of the Medical Officer for the Handsworth district from £60 to £90 per annum, in consideration of his attending at Perry Barr thrice a week for consultation by the pauper patients.

THE Senate of the Aberdeen University have unanimously conferred the degree of LL.D. upon Dr. Walker, Surgeon-General of the North-West Provinces.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed their primary examinations in Anatomy and Physiology for the Fellowship of the College at the half-yearly meeting of the Board of Examiners on the 25th ult., and, when eligible, will be admitted to the pass examination.

Messrs. E. Vaudry, and A. F. G. Cood, students of St. George's Hospital; J. T. James, of Middlesex Hospital; J. B. Lawford, of the McGill School; H. J. Blokesley, of the Birmingham School; R. Heelis, of St. Thomas's Hospital; H. Littlewood, of University College; and C. S. Blair, of the London Hospital.

Twelve candidates were referred.

The following gentlemen passed on the 26th ult.

Messrs. G. A. Syme, student of the Melbourne School; A. H. Tubby, and A. S. Taylor, of Guy's Hospital; A. W. Collins, of University College; R. T. Kent, and J. W. Smith, of the Edinburgh School; L. A. Bidwell, of St. Thomas's Hospital; A. H. Middleton, of the Dublin School; and H. Smith, of the London Hospital.

Eleven candidates were referred.

The following gentlemen passed on the 27th ult.

Messrs. W. H. B. Brook, and W. B. Baggan, of St. Bartholomew's Hospital; C. W. Jecks, and H. P. Dean, of University College; W. P. Jordan, of the Birmingham School; F. S. Hawkins, and H. E. Crook, of Guy's Hospital; W. H. Tomlinson, of the Manchester School; A. F. Bradbury, of the New-castle School; W. R. Ackland, of Charing Cross Hospital; and E. Solly, of St. Thomas's Hospital.

Nine candidates were referred.

The following gentlemen passed on the 1st instant.

Messrs. W. F. Dearden, L.S.A., Bolton; J. D. Howe, L.S.A., Manchester; P. W. Stericker, M.A. Cantab., Jersey; H. C. Kidd, L.R.C.P. Lond., Leamington Villas, W.; G. A. Carpenter, L.S.A., Fentiman Road, S.W.

**ROYAL UNIVERSITY OF IRELAND.**—Spring Examination for Degree of M.A.O., 1885. The following candidates have passed the examination.

M. Connery, M.D., Cork; A. Corry, Belfast; M. H. Hannigan, Catholic University School of Medicine; D. Hennessy, Cork; M. McCarthy, Cork; M. McSwiney, M.D., Cork; W. B. R. M'Wha, Belfast; R. Petticrew, Belfast; J. Ryan, Galway, and Catholic University School of Medicine; W. Sexton, Galway; F. J. Tresilian, Cork.

Examination for Degree of M.Ch. The following have passed.

J. Barron, Belfast; W. J. Cowden, M.D., Belfast; G. B. Crawford, Belfast; M. H. Curtin, Cork; T. W. Dwyer, Cork; R. E. Foote, Cork; W. R. Hawkins, Cork; J. McAleer, Galway, and Catholic University School of Medicine; M. McCarthy, Cork; W. B. R. M'Wha, Belfast; G. F. H. Marks, Cork; J. Meenan, Carmichael School of Medicine; J. Moore, M.D., Cork; J. Musgrave, Cork; J. P. O'Byrne, Catholic University School of Medicine; R. Petticrew, Belfast; E. L. Pooler, Belfast; J. Ryan, Galway, and Catholic University School of Medicine; W. Sexton, Galway; N. Smyth, Belfast; R. Thomson, Belfast; F. J. Tresilian, Cork; J. J. Walsh, Royal College of Surgeons, and Ledwich School of Medicine; M. J. Whitty, Cork, and Catholic University School of Medicine.

**SOCIETY OF APOTHECARIES OF LONDON.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, May 28th, 1885.

Beddoes, Thomas Pugh, M.R.C.S., St. Thomas's Hospital.  
Carpenter, George Alfred, M.R.C.S., St. Thomas's Hospital.  
Howe, Joseph Duncan, M.R.C.S., Guy's Hospital.  
Jones, George Selkirk, Charing Cross Hospital.  
Winckler, William Joseph, M.R.C.S., University College Hospital.

The following gentleman passed his examination also in Surgery and Midwifery, and received his certificate to practise.  
Oliver, Charles Pye, Charing Cross Hospital.

### MEDICAL VACANCIES.

The following vacancies are announced.

**BURTON-ON-TRENT INFIRMARY.**—House-Surgeon. Salary, £130 per annum. Applications by June 17th.

**DENTAL HOSPITAL OF LONDON,** Leicester Square.—Assistant Dental Surgeon. Applications by June 8th.

**DERBYSHIRE GENERAL INFIRMARY.**—Resident Assistant House-Surgeon. Applications to E. C. Green by June 17th.

**HARTLEPOOL FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.**—Assistant Medical Officer. Salary, £120 per annum. Applications to T. Tweddell, Commercial Terrace, West Hartlepool.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—Resident Clinical Assistant. Applications by June 13th.

**INVERNESS DISTRICT ASYLUM.**—Assistant Medical Officer. Salary, £80 per annum. Applications to Dr. Aitken, Medical Superintendent, by June 17th.

**NEWCASTLE-UPON-TYNE INFIRMARY.**—House-Surgeon. Salary, £50 per annum. Applications to the Chairman of the House Committee by June 15th.

**PLYMOUTH PUBLIC DISPENSARY.**—Second Honorary Physician. Applications by June 8th.

**ROYAL ALBERT HOSPITAL,** Devonport.—Assistant House-Surgeon. Applications to the Chairman of the Managing Committee, by June 16th.

**ROYAL FREE HOSPITAL,** Gray's Inn Road.—Junior Resident Medical Officer. Applications by June 17th.

**ST. HELEN'S FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION.**—Medical Officer. Applications to Mr. E. Fidler, Boundary Road, by June 20th.

**WEST BROMWICH FRIENDLY SOCIETIES' MEDICAL ALIANCE.**—Resident Medical Officer. Salary, £200 per annum. Applications to Mr. G. Abbott, 9, St. James Road, Sheffield.

**WEST LONDON HOSPITAL,** Hammersmith.—Physician. Applications by June 29th.

**WEST RIDING LUNATIC ASYLUM,** Wakefield.—Resident Clinical Assistant. Applications to the Medical Superintendent.

### MEDICAL APPOINTMENTS.

**BARNARD,** Arthur Joynson, M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Royal Albert Edward Infirmary, Wigan, Lancashire.

**BEDDOES,** T. P., M.R.C.S., appointed Clinical Assistant in the Skin Department at St. Thomas's Hospital.

**BENNETT,** Storer, F.R.C.S. Eng., L.R.C.P. Lond., D.D.S. Eng., appointed Dental Surgeon to the Dental Hospital of London, *vice* S. J. Hutchinson, M.R.C.S., L.D.S., resigned.

**CRABE,** James, M.A., M.D., C.M., appointed District Medical Officer for St. Mary, Islington.

**EVANS,** Robert, M.R.C.S., L.R.C.P. Ed., appointed Assistant Medical Superintendent to the Hackney Union Infirmary, *vice* A. Fuller, resigned.

**GRIFFITH,** A. Hill, M.D. Aberd., appointed Assistant-Surgeon to the Manchester Royal Eye Hospital.

**HARRIES,** Arthur, M.D., appointed Consulting Physician to the Association for the Supply of Pure Vaccine Lymph.

**HODGSON,** Gerald G., M.R.C.S., L.S.A., appointed House-Surgeon to the Brighton and Hove Dispensary.

**JACKSON,** Arthur, M.B., B.A. Oxon., and M.R.C.S. Eng., appointed Assistant Medical Officer in the Surrey County Lunatic Asylum.

**LEEMING,** Robert W., B.A., M.B. Cantab., M.R.C.S., L.S.A., appointed Medical Officer to the Kendal District Union and Workhouse, and Public Vaccinator to the Kendal District.

**LEWERS,** A. H. N., M.B. Lond., M.R.C.P. Lond., appointed Assistant Obstetric Physician to the London Hospital.

**PHILLIPS,** Sidney, M.D. Lond., M.R.C.P., appointed Physician to Out-Patients to the Paddington Green Children's Hospital.

**FLOWMAN,** S., L.R.C.P., M.R.C.S., L.S.A., appointed Clinical Assistant in the Throat Department at St. Thomas's Hospital.

**PRIESTLEY,** Joseph, B.A., M.B., M.R.C.S., appointed Resident Medical Officer to the Chelsea Hospital for Women, *vice* James Harper, M.D. Lond.

**ROBERTS,** Edward, M.R.C.S., L.S.A., appointed House-Surgeon to the Manchester Royal Eye Hospital, *vice* A. Hill Griffiths, M.D. Aberdeen, resigned.

**ROBINSON,** H. B., L.R.C.P., M.R.C.S. Eng., appointed Resident House-Physician at St. Thomas's Hospital.

**VACHELL,** H. R., M.D., appointed Out-patient Medical Officer to the Glamorgan-shire and Monmouthshire Infirmary and Dispensary, *vice* T. Wallace, M.D., resigned.

**WALLACE,** T., M.D., appointed Surgeon to the Glamorgan-shire and Monmouthshire Infirmary and Dispensary.

**WILLIAMS,** George Herbert, M.R.C.S. Eng., L.R.C.P. Edin., appointed House-Surgeon to the North Lonsdale Hospital, Barrow-in-Furness, *vice* J. S. Moreton, M.R.C.S., 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.

**HOLBERTON.**—On the 27th ultimo, at East Moulsey, Surrey, the wife of Henry N. Holberton, M.R.C.S., L.R.C.P., of a son.

**WILLIAMS.**—On the 2nd instant, at St. Mark's Vicarage, Wolverhampton, the wife of the Rev. Charles L. Williams, M.R.C.S., of a daughter.

#### DEATHS.

**BUNNY.**—At Newbury, Joseph Bunny, M.D., aged 86 years.

**DICKSON.**—Died at South View, St. Helier's, Jersey, on the 26th instant, John Edward Dickson, Esq., M.B., C.M., in his 38th year.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**TUESDAY.**—Royal Medical and Chirurgical Society, 8.30 p.m. Mr. J. Bland Sutton: Fatty Tumours. Mr. Jonathan Hutchinson: Large Lympho-sarcomatous Tumour of the Tongue; Excision; Return, Two Years afterwards.

**WEDNESDAY.**—British Gynecological Society. Specimens will be shown. Dr. Alexander (Liverpool): On the Shortening of the Round Ligaments. Dr. Granville Bantock: On Inversion of the Uterus.

**INCREASE OF SALARY.**—The Portsea Island Guardians have, upon the recommendation of the Visiting Committee, unanimously increased the salary of Dr. Jacob O'Connor, medical officer to the workhouse, from £350 to £450 per annum, in consequence of the great increase of his duties during the last ten years.

## 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., 9; 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.

In 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.

## HANDBOOKS FOR EXAMINATIONS IN MEDICINE.

SIR,—I have been qualified and in practice nearly ten years, and have a good general knowledge of my profession, but am now intending to go in for the final examination at a Scotch University for the M.B. and C.M. degrees, and feel myself rather green on many subjects on which I will probably be examined.

I have got out of the way of answering questions, and would be glad if you can recommend me good books to study on the following subjects: 1, Practice of Medicine; 2, Pathology; 3, Midwifery; 4, Medical Jurisprudence.

I wish to get small books, with a good deal of knowledge in small bulk, so that I can read them quickly. In other words, I want three good little books for "cramming" these subjects.—I am, yours faithfully,

L.R.C.S.Ed.

\* 1. *Elements of Practical Medicine*, by Dr. Alfred Carter (Lewis), will, perhaps, meet our correspondent's wants; but the question is difficult to answer, as much depends on individual idiosyncrasy. 2. *Green's Pathology* (Renshaw), though this is not a book for "cramming." A cram-book on pathology ought to be avoided. Woodhead's *Practical Pathology* (Pentland, Edinburgh) contains coloured plates, which would probably be very useful to a solitary student. 3. *Swayne's Obstetric Aphorisms for Students* (Churchill). Would it not be wise to read through Playfair's *Midwifery* (Smith, Elder, and Co.)? It is in two volumes, it is true, but it is pleasantly and clearly written, and our correspondent will never have cause to regret the time spent in its perusal. 4. *Abercrombie's Student's Guide to Medical Jurisprudence* (Churchill's), recently published. Is our correspondent right in thinking that a small book, "with a good deal of knowledge in small bulk," can be read quickly?

## LONDON M.D. EXAMINATION.

M.B. (London), who has been engaged in country practice for ten years, is anxious to take his M.D. degree, and will feel very grateful to any graduate who has taken the same degree under similar circumstances, if he will say whether he found the undertaking a very arduous one, and whether it involved a residence in London for a month or six weeks for hospital-work. Also, what are the best books to read now on medicine, logic, and psychology.

\* On *medicine*, Roberts' *Theory and Practice of Medicine* (Lewis), or Bristowe's *Theory and Practice of Medicine* (Smith, Elder, and Co.); it is impossible to say which would best suit our correspondent's wants. Dr. Roberts' volumes excel in arrangement and tabulation of detail, while Dr. Bristowe's volume is pleasanter to read. New editions of both have been recently published. With regard to logic, Jevons' *Elementary Logic* (Macmillan) used to be generally read; and, in moral philosophy, Bain's well known work was generally dipped into. The part of Dr. Bastian's *Brain as an Organ of Mind* (Kegan Paul, Trench, and Co.) which dealt with the development of the senses and the constitution of the human mind was very useful. What will be wanted under the new regulations remains to be seen. The examination is not difficult to a practical man who will go through one of the above text-books, and get some practice in writing commentaries on cases. A month or two spent in London attending clinical lectures is, of course, an advantage, but ought not to be a necessity. It is desirable to have some skill with the ophthalmoscope and laryngoscope, and to look up the chemistry of the urine with particular care.

## ENTERING FOR LECTURES IN THE SUMMER SESSION.

SIR,—Could you inform me whether there are any advantages to a student entering the hospital at the summer session? I am told there are, but am unable to find out what they are.—Apologising for troubling you, I am, sir, yours truly,

E. H. M.

\* If the student have passed his preliminary examination early in the year, there are considerable advantages in entering a medical school in the summer session. He wastes no time, and can clear off his courses of botany and materia medica lectures, and do some practical chemistry. He also can purchase a set of bones and study osteology, with the advantage of having the advice of the demonstrators. He becomes acquainted with the proper manner of getting a "part" for dissection, so that he has a long start of his future fellow-students who enter in October. Above all, when the winter session begins, hospital life will no longer feel strange to him, and he will be all the better able to commence at once his studies in the dissecting-room.

## ARREST OF THE LACTEAL SECRETION.

SIR,—Would some member kindly suggest means of stopping the secretion of milk in a lady confined seven weeks ago? She has not nursed the baby. I have tried, without success, strapping and belladonna-liniments, and iodide of potassium in fifteen-grain doses; and I am trying now oxide of zinc in five-grain doses three times a day.—Yours, etc.,

F. W. JORDAN.

Heaton Chapel, Stockport.

## MORPHIA-CRAVING.

SIR,—I should be obliged if some of your readers could inform me in this column the most satisfactory treatment for "hypodermic morphia-craaving." I have seen eucaïne recommended. How should this be used? and in what doses? I should be grateful for any information which will enable me to cure or alleviate a case of about three years' duration.—I am, sir, yours obediently,

M. H.

## AGUE AND INSANITY AT SEA.

SIR,—The number of cases of ague and insanity which make their appearance in the emigrant-ships crossing the North Atlantic is simply astonishing. If latent in any individual, they almost always develop themselves at sea; and practitioners on shore do not appear to be aware of the fact, as I find that in nearly every case the patient has been recommended to "try the effect" of a sea-voyage by his medical attendant.—I am, etc.,

J. FOURNESS-BRICE, M.D., M.B.M. Assoc.

The Grove, Wellington Road, Oxtou, Cheshire.

MR. ROBERT JACKSON.—Frequent bathing of the parts in a saturated solution of boracic acid has been found beneficial in some cases, and might be tried.



## A CASE OF SUPERFETATION.

SIR.—The case recorded by Mr. Gordon Nicholl in the JOURNAL, of May 30th, instead of being an authentic instance of superfetation, seems to be rather one of twin-fecundation, with the death and arrested development of one fetus, the other surviving, and apparently dying during the process of parturition. Such cases are by no means unfrequent, and are well described by Drs. Barnes in the first volume of their *Obstetric Medicine and Surgery*, page 256. They state: "It is in a high degree improbable that fecundation can take place through a uterus in the fourth month of gestation, when the decidua cavity is usually closed, and access to the tubal orifices is blocked."—Yours faithfully, Wimpole Street, W.

ARTHUR W. EDIS, M.D., F.R.C.P.

## MARITAL INTERFERENCE IN OBSTETRIC OPERATIONS.

SIR,—Will you kindly oblige me by answering the following query?

Is it illegal for a surgeon to use the forceps in an obstetric case, without first consulting and obtaining the consent of the patient's husband? The instrument was used successfully, to save rupture of the perineum in a patient aged 43, and a primipara, who has made capital progress since the confinement.

On the sixth day after the confinement, the husband demands to know why those "devil's instruments" were used, and threatens he would bring an action if the nurse had done her duty, and warned me not to use them. I may say he was perfectly aware that I had my instruments with me when I went to his house with him.—I am, etc.,

L.F.P.S.

\* "L.F.P.S." was perfectly justified in using the forceps in such a case.

## SMALL-POX AND VACCINATION IN LEICESTER.

MR. GEORGE SERJEANT (Leicester).—A large proportion of children recently born in Leicester are unvaccinated. Three importations of small-pox took place there last year, but the disease did not spread, owing, it is stated, to the vigilant energy of the sanitary department in taking preventive measures. The Health Committee of Leicester, apparently conscious of the special danger which a case of small-pox constitutes amongst their unvaccinated population—a spark amongst tinder—take, it is alleged, stringent precautions for the instant removal to hospital of each case as recognised, as well as for the isolation of all the other inmates of the infected house. But obviously a great risk is being run.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions in Physiology and Anatomy were submitted to the candidates at the examination for the Fellowship on May 22nd. *Physiology* (three questions at least to be answered). 1. Describe the development of the large intestine. 2. What views do you entertain concerning the mechanism of the secretion of urine? What objections may be taken to the view that filtration forms a part of the process? 3. Describe a tetanic contraction of a skeletal muscle, and the tracing that may be obtained from it. Discuss the nature of a voluntary movement, and of a single beat of the heart-muscle, giving full reasons for your conclusions. 4. How is the heat of the body generated and regulated? What evidence exists that the production of heat is under the control of the nervous system?—*Anatomy*. 1. Describe the steps of the dissection necessary to expose the whole of the external or convex surface of the spleen, without disturbing the relations of the organ. 2. Describe the sternum, defining the exact muscular attachments to it, and the relations of parts in contact with it. Explain how cleft sternum arises. 3. The gluteus medius; state precisely its origin and insertion; its connections and relations; its vascular and nervous supply; and give its actions. 4. Describe the origin, course, and relations of the vertebral artery, and of its branches in the neck. Mention its chief irregularities.

## THE ACME MEDICAL CAR.

SIR,—I should be glad if any member can give me information, based on actual personal experience, respecting the "Acme" medical car, built by Messrs. Harrison and Brass, a drawing of which is shown in the advertising columns of the JOURNAL of April 25th.—I am, sir, yours faithfully,

M.R.C.S.

MR. J. F. LEESON, 6, St. Aubyns, West Brighton, requests us to say that if a "Surgeon ( Leeds)" will communicate with him regarding massage-treatment, he will be able to forward him the required information.

## A QUESTION OF TREATMENT.

SIR,—Can you or any of your correspondents assist me with the following case?

A young girl, aged 22, otherwise in perfect health, complains of the involuntary passage of most offensive flatus, from which she has suffered for more than one year. She has been under my care for five weeks, and has not improved. During that time, I have tried aperients (podophyllin, sulphate of magnesia, Carlsbad water, and cascara sagrada), acids, and nuxvomica; creosote, capsicum, pancreatin, euonylin, arsenic, and cod-liver oil. Naturally, I have also attended to the hygiene of life, dieting her carefully, and ordering plenty of exercise, sufficiently rigorous to make the skin act freely.

The only time she really improved was when I took her into a home near my house, and placed her under the care of a nurse, who kept her strictly to milk and almost starvation diet, and gave her large injections of soap and water twice daily. I thought it possibly the case was simply one of hysteria, but the ferid odour of the motions after the first two injections proved conclusively that there was something more than mere hysteria.

But what is the something more? Is it deficiency in the secretion of liver or pancreas, causing decomposition of food? Is it some abnormal fermentation of the intestinal secretions? Is it some disordered condition of the blood. I enclose my card, and remain, yours faithfully,

ALPHA.

## SIMULO IN THE TREATMENT OF EPILEPSY.

In the first number of the *El Boletín Médico*, published at Trujillo, Peru, Dr. Larrea, of Quezada, recommends the treatment of epilepsy by "simulo," which is the fruit of *Capparis coriacea*, a plant indigenous in Peru. Its medicinal properties have long been known to the Indians of the country. Melochara, a conserve made from another plant belonging to the same natural order, is also used in epilepsy. Forty-five grammes of powdered simulo are mixed with 500 grammes of sweet sacramental wine, and of this a wineglassful is to be taken night and morning. He describes the effect of this treatment in his own case. At the age of 13, he had had fourteen epileptic fits, preceded by a distinct aura, but was completely cured by this remedy. Since he has been in practice, he has used it extensively in epilepsy, in hysteria, and in other nervous diseases.

MEMBER.—It is not usual for medical men to charge for attendance on the wife or children of another medical man, unless at the special request of the person

attended; a request, however, the observance of which is sometimes made a condition of accepting such attendance.

## STAMMERING.

A MEMBER OF B.M.A. is referred to the BRITISH MEDICAL JOURNAL for May 9th, last page.

E. J. G.—We think our correspondent should first ascertain from the gentlemen in question that their names appear in the advertisement with their knowledge and consent.

MR. MASON might bring the particular cases to which he refers under the notice of the Branch.

SIR,—Kindly inform me, in your correspondence-columns, of any reliable way for removing tattoo-marks.—Yours,

M.D. (Liverpool.)

E.C.—By courtesy, an M.B. is often styled Doctor.

L.R.C.P. does not forward his card. The case is one which suggests the propriety of a medical consultation.

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

The Superintendent of the Crystal Palace; Mr. Conner, Manningtree; Our Birmingham Correspondent; Mr. C. T. Griffiths, London; The *Liverpool Journal of Commerce*; Our Aberdeen Correspondent; Mr. Simeon Snell, Sheffield; Dr. A. Oakes, London; Dr. Mulville Thomson, London; Dr. A. W. Edis, London; Dr. Sieveking, London; Mr. H. Vane Stoir, London; Mr. M. Greenwood, jun., London; Mr. George A. J. Simpson, London; Dr. W. H. Middleton, Mullingar; Dr. F. Page, Newcastle-on-Tyne; Dr. A. T. Myers, London; Dr. Maxwell, Woolwich; Mr. Thomas Twyford, Hanley; Dr. Sutherland, London; Messrs. C. Griffin and Co., London; Mr. E. M. Shirliff, Kingston-on-Thames; The Secretary of the Society for Relief of Widows and Orphans of Medical Men; Dr. B. Foster, Birmingham; Messrs. Burroughs, Wellcome, and Co., London; Dr. W. H. Day, London; Dr. W. Jelly, Valencia, Spain; Mr. D. M. Ross, London; Dr. A. W. Russell, Glasgow; The Secretary of St. Thomas's Hospital; The Rev. C. N. Gray, Helmsley; M. Jules Siegfried, Havre; The Honorary Secretary of the British Medical Temperance Association; Mr. T. Nugent Griffith, Birmingham; Mr. Arthur Cooper, London; Mr. J. W. Gandar, London; Mr. R. Thorn, London; Mr. Joseph H. Dant, Valencia; Mr. Leworthy, Shortlands, Kent; Mr. H. A. Fotherby, London; Dr. J. Rogers, London; Mr. W. J. Mackie, Bedford; Dr. T. Savage, Birmingham; Dr. G. A. Gloag, Bristol; Mr. Lawson Tait, Birmingham; Dr. Keser, London; Mr. Thomas Cragoe, Truro; Our Edinburgh Correspondent; Mr. Alfred Smith, Liverpool; Our Berlin Correspondent; Dr. Kelburne King, Hull; The Rev. C. L. Williams, Wolverhampton; Dr. W. Cooper, Aberdeen; Dr. James Stewart, Clifton; Dr. Wyer, Leamington; Mr. C. E. Abbott, Baintree; Mr. T. Holmes, London; Dr. J. W. Watson, Limavady; Mr. A. de Courcy Scanlan, Sandgate; Dr. D. MacAlister, Cambridge; Messrs. Cassell and Co., London; Mr. J. Vesey Fitzgerald, London; Dr. Calantariants, Scarborough; Mr. H. B. Robinson, London; Dr. Deas, Exeter; Mr. Percy Warner, Woodford Green, Essex; Mr. Theodore M. Kendall, Sydney; Dr. Barnardo, London; Dr. J. Strange Biggs, Tooting; Our Paris Correspondent; Mr. E. Crickmay, Laxfield; Dr. E. Paget Thurstan, Southborough; Dr. D. Duncan Main, Hangchow, Shanghai; E. H. M., etc.

## BOOKS, ETC., RECEIVED.

Ambulance Work. By E. Lawton Roberts, M.D. London: H. K. Lewis. 1885.  
A Text-Book of Human Physiology. By Dr. L. Landois and W. Stirling, M.D., D.Sc. Vol. II. London: Griffiths and Co. 1885.  
The Essentials of Histology, Descriptive and Practical, for the Use of Students. By E. A. Schafer, F.R.S. London: Longmans, Green, and Co. 1885.

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

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