

was inadequate. As regarded those who received patients, there was not a single word in the Bill for their protection.

Dr. ROBERT BARNES thought it a very strong case, and said there were a number of medical men in the country who would not sign certificates.

Mr. SPANTON suggested that, in every instance in which a lunatic was certified by a magistrate, the medical practitioner should be exempt from any liability.

Dr. BUCKNILL considered it worthy the consideration of the Committee, whether the certificates of lunacy, as they existed, ought not to be abolished altogether, and the medical man put in the position of a medical expert witness. It could not have been done under the old act, before the magistrate was called in in all cases; but under the new act, calling the magistrate in in all cases, he did not see why the medical men should not be put in the position of a witness; a witness was privileged for all he said in good faith. The difference was this: if a medical man gave an opinion in a court of justice, or upon affidavit, that a patient was insane upon insufficient observation, he was not liable; in other cases he would be. He believed a man insane and offered to make an affidavit, but he would not give a certificate.

Dr. ALFRED CARPENTER: Dr. Bucknill would suggest that the magistrate should be a committing officer, and if any action arose, it should be against the magistrate; all the others should be witnesses; that was, he thought, a much more satisfactory way of dealing with it. Dr. Bucknill reminded them that Lord Shaftesbury opposed to the last the introduction of the magistrate. Lord Selborne's argument was, that the introduction of the magistrate would take the onus of the responsibility off from other people's shoulders.

The CHAIRMAN suggested that they should get the Subcommittee together as soon as possible immediately the Bill was printed, and draft a further report, with as complete a protection clause as possible, and get it moved as an amendment.

This suggestion was agreed to.

Dr. BUCKNILL thought it would be a very simple request to ask that the medical men should be placed in the position of ordinary witnesses.

Dr. MICKLE said the new Act would have given no protection to the medical men at Bethlem Hospital at all; any protection given would have been to the men who signed certificates.

The CHAIRMAN said the question was, whether there was a *bond fide* protection now for the signers of the certificates; they had agreed to endeavour to extend it to the receivers. Dr. Bucknill seemed to think not.

Dr. MICKLE said there was only a modified protection.

Dr. BUCKNILL said he would suggest that no action be brought against a medical man for giving an affidavit, unless he said that which was false; and he would put a man who signed a certificate in the position of a man who made an affidavit.

Dr. CARPENTER advocated that in any action, even with the authority of the Attorney-General, some pledge should be given to reimburse the medical man for the damages, if not proved against him. In the case of a pauper, the board of guardians would do so.

Dr. MICKLE pointed out that this precisely covered the ground of the resolution passed at Cardiff.

COLLECTIVE INVESTIGATION COMMITTEE.

LIST OF RETURNS RECEIVED DURING THE MONTH OF JANUARY, 1886.

Aberdeen Branch: III, J. Mackenzie Booth, M.D. (2); X, C. A. Arnold.
 Border Counties Branch: XII, H. A. Lediard, M.D., F.R.C.S.; XIII, T. B. Green; XIV, A. B. C., T. B. Green.
 Dorset and West Hants Branch: I, T. G. Parrott (2); II, G. S. Mahomed.
 East Anglian Branch: X, J. P. Wills (3); XIII, J. Montagu Day.
 Lancashire and Cheshire Branch: Liverpool District: XIV, A. B., G. Waller Steeves, M.D. Manchester District: III, D. J. Mackenzie, M.D. (3).
 Metropolitan Counties Branch: IV, A. Ogier Ward (2); X, J. Russell Harris, M.D., D. F. Buller Reardon; XIII, J. Harper, M.D., F. T. Taylor, M.B. (2); XII, Maurice Davis, M.D.
 North of England Branch: III, R. S. Peart, M.D. (3).
 North of Ireland Branch: X, R. Esler, M.D. (4).
 South-Eastern Branch: West Surrey District: X, W. Gripper, M.B.
 South Wales Branch: X, A. Sheen, M.D. (2); XIV, A. B. C., T. Hall Redwood, M.D.
 Egypt: Cairo: XI, F. M. Sandwith.
 Monte Video: I, IV (2), H. F. Parsons.

The Committee beg also to acknowledge the receipt (to February 22nd) of the following replies to the inquiry of the International Congress into the geographical distribution of certain diseases. The returns from some of the Branches have not yet been received.

Aberdeen Branch: 15.
 Bath and Bristol Branch: 55.
 Birmingham and Midland Counties: 0.

Border Counties Branch: 40.
 Channel Islands Branch: 4.
 East Anglian Branch: 72.
 East Yorkshire Branch: 33.
 Edinburgh Branch: 51.
 Glasgow Branch: 76.
 Gloucestershire Branch: 22.
 Lancashire and Cheshire Branch: Liverpool District: 42.
 Metropolitan Counties Branch: 176.
 Midland Counties Branch: Derby District: 24.
 Nottingham District: 29.
 North of England Branch: 45.
 North of Ireland Branch: 64.
 North of Scotland Branch: 35.
 Oxford Branch: 11.
 Reading Branch: 18.
 Shropshire and Mid-Wales Branch: 30.
 South-Eastern Branch: East Kent District: 48. West Surrey District: 14.
 East Sussex District: 30. West Sussex District: 9.
 South Midland Branch: 37.
 South of Ireland Branch: 28.
 South Wales Branch: 70.
 South-Western Branch: 64.
 Southern Branch: Isle of Wight District: 8.
 South Hants District: 12.
 Staffordshire Branch: 32.
 Thames Valley Branch: 20.
 West Somerset Branch: 17.
 Worcester and Hereford Branch: 29.

The Secretary to the International Committee begs also to acknowledge the receipt (to February 22nd) of the following returns from members of the profession, not members of the Association:

Metropolitan District (inquiry issued January 30th): 247.
 Scotland (inquiry issued February 6th): 124.
 Ireland " " " 121.

The issue of the inquiry will probably be completed at the time when this acknowledgment appears.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1886.

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 April 14th, July 14th, and October 20th, 1886. 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, March 25th, June 24th, and September 30th, 1886.

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

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 on Acute Rheumatism be sent in at as early a date as possible, as the printing of the Tables is in progress.

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

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.

THE CONNECTION OF DISEASE WITH HABITS OF INTemperance.—Additional replies are earnestly requested on the schedule issued with the JOURNAL of May 9th, 1885. Copies of the schedule may be had at once on application.

PROGNOSIS IN HEART-VALVE DISEASE, based on an examination of cases in which the lesion has existed for an unusual length of time without producing serious symptoms; THE EXTREME DURATION OF

INFECTIOUSNESS IN INFECTIOUS DISEASES. The Committee has proposed these two subjects for future inquiry, and has referred them to the Branches of the Association, in accordance with its regulations, with a view to preliminary discussion during the present year. Arrangements have also been entered into with the Section of Medicine of the Annual Meeting of 1886 to hold a discussion upon "Cases in which Disease of the Heart-Valves has been known to exist for upwards of five years without causing serious symptoms;" and with the Section of Public Health to hold a discussion on "The Duration of Infectiousness." The inquiry-papers, to be subsequently issued, will be based upon the information afforded in these Branch and general discussions.

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.

* * The COMMITTEE earnestly requests EARLY replies to the International Inquiry paper on the Geographical Distribution of certain diseases, at present being circulated in the Branches of the Association.

BRANCH MEETINGS TO BE HELD.

SOUTH INDIAN BRANCH.—Meetings are held in the Medical College, Madras, on the first Friday in the month, at 4.30 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.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held on Thursday, March 18th, at 8.30 p.m., at the London Hospital. A demonstration of patients suffering from Diseases of the Circulatory System will be given by Dr. Sansom, Physician to the Hospital. —JOSEPH W. HUNT, 101, Queen's Road, Dalston, Honorary Secretary.

NORTH WALES BRANCH.—The intermediate meeting, under the presidency of J. Lloyd-Roberts, Esq., M.B., will be held at the Hotel, Penmaenmawr, on Tuesday, March 9th. The following papers and communications have been promised: *Post Partum* Total Suppression of Urine, by John Roberts, M.D., Chester. On the Common Diseases of the Cervix Uteri, by F. Imbach, M.D., Liverpool. A case of Hæmipia, by Richard Williams, M.R.C.S., Liverpool. Collective Investigation, by W. Jones-Morris, M.R.C.S., Portmadoc. —W. JONES-MORRIS, Honorary Secretary.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above districts will be held at the Grand Hotel, Brighton, on Wednesday, March 24th. Mr. Hodgson will preside. Communications with respect to papers should be sent to the Honorary Secretary, T. JENNER VERRALL, 95, Western Road, Brighton.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting of the above district will be held at the Queen's Hotel, Upper Norwood, S.E., on Thursday, March 11th, at 4 p.m., H. G. Plimmer, Esq., of Norwood, in the chair. The business of the meeting will include the election of a new honorary secretary, and also the consideration of a communication received from the President of the East Anglian Branch (Essex District) relative to the formation of a Medical Defence Fund in connection with the British Medical Association. The following papers have been promised. Dr. William Duncan: On the Commoner Accidents attending Parturition; their immediate and remote effects, and their treatment. Mr. G. Buckston Browne: On the Treatment of Prostatic Retention of Urine. Members desirous of exhibiting, or reading notes of, cases, are invited to communicate at once with the Honorary Secretary. Dinner will be served at 6 p.m. precisely; charge, 7s., exclusive of wine. —J. HERBERT STOWERS, M.D., Honorary Secretary, 23, Finsbury Circus, E.C.

GLASGOW AND WEST OF SCOTLAND BRANCH: ANNUAL MEETING.

The annual meeting of this Branch was held in the Royal Infirmary, on Saturday, January 30th; Dr. JAMES MORTON, President, in the chair.

Business.—The report of the Council was received, and the office-bearers were elected. Dr. Donald Fraser, of Paisley, was appointed President-elect.

Communications.—The following communications were made.

1. Mr. MAYLARD read a paper on Dry Dressings.
2. Dr. MACGOWEN gave a demonstration on Radical Cure of Hernia, and showed Illustrations of Dry Dressings.
3. Dr. KNOX showed a patient on whom Fitzgerald's operation for Hernia had been performed.
4. Mr. H. E. CLARK exhibited several Cases: (a) Pulsating Tumour of Orbit, treated by ligature of the common carotid; (b) Compound Separation of Lower Epiphysis of Tibia, with demonstrations of the use of wood-wool in antiseptic dressings. (c) Tumour of the Breast in a male; (d) Renal Abscess, in which nephrotomy had been done, and where nephrectomy was contemplated.
5. Dr. WOOD SMITH showed (a) Case of Progressive Muscular Atrophy with Lateral Sclerosis; (b) Cases of Pityriasis Rubra; (c) Paroxysmal Hæmoglobinuria.

6. Dr. ROBERTSON: (a) Case of Purpura (Peliosis) Rheumatica; (b) Apparatus for the application of Heat and Cold at graduated Temperatures in diseases of Spinal Cord; (c) Blood in Anæmia, by Hæmacytometer; (d) Cases of Lead-Poisoning.

7. Dr. WALLACE ANDERSON: Cases of (a) Charcot's Joint-Lesion in Locomotor Ataxy; (b) Pseudo-hypertrophic Paralysis; (c) Atrophy of Lung.

These demonstrations were given at separate hours.

Luncheon was provided by the Directors of the Infirmary for the visitors; and, at the close of the demonstrations, the members dined at Maclean's Hotel.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

A MEETING was held, by the kind invitation of Dr. Adams, at Brooke House, Clapton, on February 18th: present, F. WALLACE, Esq., in the chair, and about thirty-five members and visitors.

Elephantiasis of Penis.—A case of elephantiasis of the penis and scrotum was shown by Dr. A. T. GIBBINGS. The patient had never been abroad, and the general opinion was that the case was not of the specific character associated with the presence of filaria.

Cases of Skin-Disease.—Dr. STEPHEN MACKENZIE gave a demonstration of patients suffering from skin-diseases, the following, among others, being shown: molluscum contagiosum (two cases); morphea (two cases); pemphigus (two cases); purpura rheumatica; lichen pilaris; lichen planus; lichen circumscribitus; seborrhœa; exfoliative dermatitis; tubercular eruption (syphilitic).—A most cordial vote of thanks was given to Dr. Mackenzie for his exceedingly instructive and interesting exhibition.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Pulmonary Lesions successfully treated by Terpene.—*The Influence of Operations on Tuberculosis.*—*Double Pneumonia treated with Pilocarpine.*—*Small-pox treated with Strong Doses of Opium and Hypodermic Injections of Ether.*—*The Action of the Liver on Alkaloids.*—*General News.*

DR. DESCROIZELLES, Physician to the Hospital for Children, has successfully treated with terpene a case he describes as pulmonary tuberculosis, or chronic bronchitis simulating tuberculosis. The patient was a boy, 8½ years old, small and delicate; he had been previously treated at the same hospital for pleurisy on the right side. He coughed, vomited, and spat blood, had night-sweats, completely lost his appetite, and was too weak to move. Very little could be learned concerning his antecedents. In the right infraclavicular region, there were dullness on percussion, a cavernous *souffle*, and subcrepitant *râles*. The sputa were abundant, both mucous and purulent, and mixed with blood. The axillary temperature rose to 38.6° Cent. (101.5° Fahr.). The pulse was 120, and respirations 40. The chest over the part affected was painted with tincture of iodine, and a gramme of phosphate of soda was given daily. The child grew worse, hæmoptysis occurred several times, and there was alternate diarrhœa and constipation. The dullness on percussion became more and more marked at the apex of both lungs, but especially on the right side, where moist *râles*, almost gurgling sounds, were heard, also a cavernous sound. On the left side, moist crackling sounds had replaced dry crackling sounds. The child grew weaker, and refused food; his cheeks were sunken and flushed; and death seemed imminent. Glycerine and creasote were substituted for phosphate of soda without any good result. Dr. Descroizelles then decided to administer terpene. Two grammes of this substance were dissolved in 40 grammes of alcohol and 20 of distilled water, and the child took three or four teaspoonsful of this mixture daily. A marked improvement followed; less sputa were expelled, and they were free from blood; the appetite increased, the general condition improved, and the patient became convalescent. Lime-phosphate and gentian wine were given instead of terpene. In the interval between the beginning of September and the middle of November, the pulmonary symptoms disappeared, and the auscultatory sounds were normal. The child was sent into the country, apparently re-established in health.

At a recent meeting of the Paris Surgical Society, an interesting discussion took place on the effect of surgical operations on the course of tuberculosis. M. Mahon, an army-surgeon, forwarded notes

healthiness of the army; but, in estimating that influence in this respect, it must be borne in mind that very marked improvement in the health of the army had manifested itself with the first advent of spring, ere the presence of the Commission on the scene could have operated. The excessive strain imposed on the troops by the military exigencies, and the want of adequate food and clothing during the winter, had been relieved by full supplies of both, and the spirit of the troops had been aroused by the prospect of an early re-opening of the batteries. When that took place, the whole aspect of affairs was changed, and a good state of health was established in an army that had landed with epidemic cholera in its train; had fought and conquered with that dire foe in its ranks; and then had passed a hard-worked and half-starved winter in the trenches outside Sebastopol. After the capture, another winter was passed in comfort and health; and when, in the following summer, the terms of peace were on the point of being settled, the Sanitary Commission was recalled. The report of its transactions was drawn up by Dr. J. Sutherland and Dr. Milroy.

In 1858, the National Association for the Promotion of Social Science appointed a Committee to inquire into the Practice and Results of Quarantine in all parts of the world. The late Earl of Shaftesbury was President, and Dr. Milroy was Honorary Secretary of that Committee. In April, 1859, a series of queries, prepared by it, was forwarded to the Foreign and Colonial Secretaries of State by Lord Shaftesbury, for circulation among the Consuls and Colonial authorities. The replies were placed at the disposal of the Committee, and the laborious task of examining, arranging, and digesting the information contained in them devolved on Dr. Milroy, as Secretary, and the results were communicated to the Board of Trade. These were published in Parliamentary Papers; the first, ordered to be printed August 25th, 1860, No. 568, "An Abstract of Regulations in force in foreign countries respecting Quarantine;" the second, ordered to be printed August 21st, 1860, No. 568-1, "Abstracts of Information concerning the Laws of Quarantine;" and the third, ordered to be printed August 6th, 1861, No. 544, "Papers relating to Quarantine." These papers contain information, not only regarding the laws and practice of quarantine, but also on the appearance and prevalence of the diseases for which it is imposed in various parts of the world. It is unnecessary to state that in them the views of the Epidemiological Society of London are fully displayed. Our readers have been indebted to Dr. Milroy, on various occasions, for able communications on his special subjects.

Eventually, a life-pension of £100 a year was granted to Dr. Milroy, in recognition of his various services. From that period, he devoted himself, in retirement, to his favourite studies and to literature. By his influence with the Royal College of Physicians, a committee was appointed to investigate the nature and imputed contagiousness of Leprosy and Yaws; and he was the author of the report of that committee, presented to Parliament in 1873. Fortunately, he had acquired by marriage a sufficiency, and was thus enabled to devote himself to his cherished studies. Always abstemious and economical, he found himself in a position to present to the College of Physicians the sum of £2,000, for the endowment of a Lectureship on Public Health and on Sanitation.

Dr. Milroy lived to the age of eighty-one, retaining to the last his mental faculties, as well as an active interest in social matters of a beneficial tendency. He died at Richmond, in Surrey, on January 11th, 1886, and was interred on the 15th, in Kensal Green Cemetery, beside the remains of his beloved wife, whom he had survived about three years.

He was a successful public benefactor, remarkable for his unostentatious and deferential character, by which he secured the confidence and esteem of those associated with him.

ROBERT DE'ATH, M.R.C.S.Eng., L.S.A., Buckingham.

THE sudden death of Mr. Robert De'ath is recorded, in his fifty-seventh year. He had visited a patient, and was dismounting from his horse, when he fell across the threshold of the door, and died as the result of cardiac syncope. He had been in practice for many years in the district, and held the offices of borough and district coroner, medical officer of health both for the borough and union, and many other public appointments. Mr. De'ath had taken a leading part in pleading for better cottage-accommodation for the poorer classes. He suffered great grief from the loss of his wife about six weeks ago, after a lingering illness; and this appears to have greatly depressed him.

VACCINATION.—Mr. T. Andrew Roberts, of Coningsby, public vaccinator, has been awarded a Government grant of £15 6s. for successful vaccination. This is the seventh time he has received it.

INDIA AND THE COLONIES.

INDIA.

SANITATION IN CALCUTTA.—The *Times* correspondent telegraphs: "I have often alluded to the question of sanitation in Calcutta, and have pointed out how that question, involving as it does an attempt to stamp out cholera in its birthplace, has a world-wide interest. A most important memorial to the Lieutenant-Governor of Bengal on that subject is now in circulation. It has been signed by the Chief Justice and other judges, the Bishop, the Catholic Archbishop, many of the clergy, the Advocate-General and the Bar, the leading merchants, the entire body of local physicians, and more than 1,000 inhabitants. It states that since 1881 cholera has swept away more than 20,000 people in Calcutta and its suburbs, that in some suburban wards the death-rate has stood at 70 in the 1,000; that during the decade of 1875 to 1884, out of a population of 237,000 in the suburbs, no fewer than half have perished. The memorial points out that this mortality is clearly traceable to defective sanitation. It expresses hearty concurrence with the Government policy of strenuous sanitary reform, and suggests certain legislative and other changes which the emergency renders necessary. It is to be hoped that the local Government will lose no time in dealing with this important subject."

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, February 13th, 6,083 births and 4,024 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's Weekly Return, which have an estimated population of 9,093,817 persons. The annual rate of mortality, which had been 22.1 and 22.2 per 1,000 in the two preceding weeks, further rose during the week to 23.1. The rates in the several towns, ranged in order from the lowest, were as follow:—Huddersfield, 14.7; Leicester, 15.3; Halifax, 15.3; Bradford, 15.7; Hull, 18.3; Oldham, 18.4; Plymouth, 18.4; Sheffield, 18.6; Leeds, 19.2; Bolton, 19.2; Birmingham, 19.6; Wolverhampton, 19.6; Salford, 20.7; Nottingham, 20.8; Portsmouth, 21.1; Bristol, 21.5; Sunderland, 22.1; Derby, 22.2; Brighton, 22.9; Birkenhead, 23.5; Liverpool, 24.4; Blackburn, 24.6; London, 24.9; Newcastle-upon-Tyne, 25.2; Norwich, 25.5; Cardiff, 29.0; Manchester, 29.1; and the highest rate during the week, 30.9 in Preston. The death-rate in the twenty-seven provincial towns averaged 21.5 per 1,000, and was 3.4 below the rate recorded in London, which, as before stated, was 24.9 per 1,000. The 4,024 deaths registered in the twenty-eight towns included 405 which were referred to the principal zymotic diseases, against 360 and 376 in the two preceding weeks; of these, 188 resulted from whooping-cough, 97 from measles, 46 from diarrhoea, 43 from "fever" (principally enteric), 30 from scarlet fever, 28 from diphtheria, and 3 from small-pox. These 405 deaths were equal to an annual rate of 2.3 per 1,000. The zymotic death-rate in London was equal to 2.8, while it did not average more than 1.9 per 1,000 in the twenty-seven provincial towns, and ranged from 0.0 in Halifax, and 0.5 in Preston and in Cardiff, to 4.1 in Plymouth, 4.2 in Portsmouth, and 6.4 in Blackburn. The deaths referred to whooping-cough, which had steadily increased in the four preceding weeks from 156 to 175, further rose to 188, and showed the largest proportional fatality in Salford, Brighton, and Portsmouth. The fatal cases of measles, which had been 75 and 78 in the two previous weeks, declined to 67 during the week under notice, and caused the highest death-rates in Portsmouth, Plymouth, and Blackburn. The 46 deaths from diarrhoea showed a further increase upon recent weekly numbers. The 43 fatal cases of fever exceeded by 13 the number returned in the preceding week; this disease was proportionately most prevalent in Norwich, Plymouth, and Blackburn. The deaths referred to scarlet fever, which had been 29 and 35 in the two previous weeks, declined to 30, and showed the highest proportional fatality in Birkenhead and Leicester. The 28 deaths from diphtheria, exceeded by 5 the number in the preceding week, and included 18 in London, 2 in Birmingham, and 2 in Huddersfield. The 3 fatal cases of small-pox recorded in the twenty-eight towns were all returned in Liverpool; no death from this disease occurred in London during the week under notice, although the death of a London resident from small-pox was recorded in the Metropolitan Asylum Hospital ship *Atlas*, situated outside Registration London. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had declined in the thirteen preceding weeks from 90 to 18, had further fallen to 11 on Saturday, February 13th; 1 new case was admitted to these hospitals during the week, against 4 and 1 in the two preceding weeks. The death-rate from diseases of the respiratory organs in London during the week under notice was equal to 6.6 per 1,000, and was below the average. The causes of 94, or 2.3 per cent., of the 4,024 deaths registered during the week in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

In the twenty-eight large English towns, including London, dealt with in the Registrar-General's Weekly Return, which have an estimated population of 9,093,817 persons, 6,081 births and 4,258 deaths were registered during the week ending Saturday, February 20th. The annual rate of mortality, which had increased in the three preceding weeks from 22.1 to 23.1 per 1,000, further rose during the week under notice to 24.4. The rates in the several towns, ranged in order from the lowest, were as follow:—Birkenhead, 15.3; Leicester, 16.4; Derby, 17.6; Sheffield, 18.1; Bristol, 18.4; Hull, 18.8; Preston, 19.1; Brighton, 19.3; Salford, 19.5; Bradford, 20.0; Newcastle-upon-Tyne, 20.9; Wolverhampton,

system were registered; they comprised 38 from bronchitis, and 9 from pneumonia. The deaths of 20 children under 5 years of age (including 15 infants under one year old) were ascribed to convulsions. Two deaths were caused by apoplexy, 2 by epilepsy, 20 by other diseases of the brain and nervous system (exclusive of convulsions), and 17 by diseases of the circulatory system. Phthisis or pulmonary consumption caused 25 deaths, mesenteric disease 4, and cancer 3. Three accidental deaths and 1 case of suicide were registered. In 42 instances the cause of death was "uncertified," there having been no medical attendant during the last illness.

In the week ending February 13th, 524 deaths were registered in the sixteen principal town-districts of Ireland. The average annual death-rate represented by the deaths registered was 31.6 per 1,000. The deaths registered in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000: Armagh, 20.7; Belfast, 26.3; Cork, 24.7; Drogheda, 33.8; Dublin, 38.0; Dundalk, 17.5; Galway, 23.5; Kilkenny, 21.1; Limerick, 39.1; Lisburn, 9.7; Londonderry, 37.4; Lurgan, 41.0; Newry, 24.6; Sligo, 14.4; Waterford, 27.8; Wexford, 29.9. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 2.9 per 1,000, the rates varying from 0.0 in Galway, Kilkenny, Drogheda, Wexford, Dundalk, Lisburn, and Armagh, to 10.3 in Lurgan; the 8 deaths from all causes registered in the last-named district comprising 2 from scarlatina. Among the 112 deaths from all causes registered in Belfast were 1 from scarlatina, 1 from whooping-cough, 1 from diphtheria, 2 from enteric fever, and 1 from diarrhoea; among the 38 deaths in Cork, were 2 from typhus, 1 from diphtheria, and 2 from diarrhoea; and the 21 deaths in Londonderry comprised 1 from each of the following diseases—whooping-cough, enteric fever, and diarrhoea. In the Dublin Registration District, the deaths registered during the week amounted to 261. Thirty-one deaths from zymotic diseases were registered in Dublin; they comprised 1 from scarlet fever, 8 from typhus, 10 from whooping-cough, 5 from enteric fever, 2 from erysipelas, etc. Sixty-three deaths from diseases of the respiratory system were registered; they comprised 40 from bronchitis and 7 from pneumonia or inflammation of the lungs. The deaths of 18 children under five years of age (including 17 infants under one year old) were ascribed to convulsions. Three deaths were caused by apoplexy, 16 by other diseases of the brain and nervous system (exclusive of convulsions), and 11 by diseases of the circulatory system. Phthisis or pulmonary consumption caused 34 deaths, mesenteric disease 7, and cancer 8. Seven accidental deaths were registered. In thirty-nine instances, the cause of death was "uncertified," there having been no medical attendant during the last illness.

HEALTH OF FOREIGN CITIES.

It appears from statistics published in the Registrar-General's return for the week ending January 16th, that the annual death-rate was recently equal to 27.4 in Bombay, and 43.2 in Madras. "Fever" mortality showed the largest excess in Bombay, and the deaths in this city also included 2 fatal cases of cholera. According to the most recently received weekly returns, the annual death-rate in twenty-one of the largest European cities averaged 27.0, and exceeded by 3.1 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 28.2, and showed a decline from the higher rate in the previous week; the 502 deaths included 21 from scarlet fever, 21 from diarrhoeal diseases, 18 from "fever," and 10 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged only 20.0, and ranged from 16.3 in Christiania, to 21.9 in Copenhagen; diphtheria and croup caused 7 deaths in Copenhagen, 7 in Christiania, and 4 in Stockholm. In Paris, the death-rate was 26.1, and showed a considerable increase upon the rates in recent weeks; the deaths included 44 from diphtheria and croup, 14 from typhoid fever, 14 from scarlet fever, and 5 from small-pox. The 219 deaths in Brussels also showed an increase, and were equal to a rate of 26.1; diarrhoeal diseases caused 20, and diphtheria and croup 6, deaths. In Geneva, the 29 deaths, including 2 from "fever," gave a rate of 20.9. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was equal to 28.0, the rates only ranging from 27.0 in Rotterdam to 28.2 in the Hague; diphtheria and croup caused 11 deaths in Amsterdam, and 3 in the Hague. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 28.0, and ranged from 22.4 in Dresden and 22.5 in Berlin, to 34.7 in Buda-Pesth, 36.8 in Prague, and 38.8 in Trieste. Small-pox caused 9 deaths in Vienna, 9 in Buda-Pesth, and 3 in Prague; diphtheria showed the most excessive mortality in Berlin, Breslau, and Hamburg. The death-rate was equal to 22.1 in Rome, and to 37.5 in Venice; small-pox caused 11 deaths in Venice and 5 in Rome; while 5 fatal cases of diphtheria and 3 of typhoid fever were also recorded in the latter city. In four of the largest American cities, the recorded rate did not average more than 19.6, and ranged from 16.5 in Baltimore to 22.4 in New York. Diphtheria and croup caused considerable mortality in each of these cities; and typhoid fever caused 6 deaths in Philadelphia, and 4 in Baltimore.

It appears, from statistics published in the Registrar-General's return for the week ending January 23rd, that the death-rate recently averaged 31.8 per 1,000 in the three principal Indian cities; it was 24.6 in Bombay, 27.4 in Calcutta, and 39.8 in Madras. Cholera caused 40 deaths in Calcutta, and diarrhoeal diseases, 49 in Calcutta, and 72 in Madras; the mortality from "fever" showed the smallest excess in Madras. According to the most recently received weekly returns, the annual death-rate per 1,000 persons estimated to be living in twenty-two of the largest European cities averaged 26.1, and was 3.7 in excess of the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 31.9, and exceeded the rates in previous weeks; the 568 deaths included 24 from "fever," 20 from scarlet fever, and 5 from small-pox. In three other northern cities—Copenhagen, Christiania, and Stockholm—the death-rate averaged 23.7, and ranged from 20.6 in Copenhagen, to 26.8 in Christiania; diphtheria and croup caused 6 deaths in Stockholm, while of the 66 deaths in Christiania, 16 resulted from diphtheria and croup, and 5 from scarlet fever. In Paris, the death-rate further rose to 26.4, and the deaths included 32 from diphtheria and croup, 21 from typhoid fever, and 12 from small-pox. The 200 deaths in Brussels were equal to a rate of 23.8, and included 8 from diphtheria and croup, and 3 from "fever." The usual return from Geneva does not appear to have come to hand. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 27.5, the rates ranging from 20.9 in the Hague to 30.0 in Rotterdam; in Amsterdam, 19 of the deaths resulted from measles, and 6 from diphtheria and croup. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 24.5, and ranged from 20.8 and 24.1 in Berlin and Dresden, to 31.1 in Trieste, and 34.7 in Prague. Small-pox caused 10 deaths in Vienna, 10 in Buda-Pesth, and 4 in Prague; diph-

theria showed the greatest mortality in Berlin, Breslau, and Munich. The death-rate averaged 29.4 in three of the principal Italian cities, and was equal to 27.3 in Rome, 28.6 in Turin, and 36.1 in Venice; small-pox caused 7 deaths in Venice, 5 in Rome, and 1 in Turin; diphtheria and croup caused 6 deaths in Rome, and 15 in Turin; and 6 deaths from typhoid fever were recorded in Turin. In four of the largest American cities, the mean recorded death-rate did not exceed 22.3, the several rates ranging from 17.2 in Baltimore to 24.5 in New York. Diphtheria caused considerable mortality in each of these American cities; 11 deaths from typhoid fever were recorded in Philadelphia, and 7 in New York.

It appears, from statistics published in the Registrar-General's return for the week ending January 30th, that the annual death-rate recently averaged 30.7 per 1,000 in the three principal Indian cities; it was 24.6 in Bombay, 32.6 in Calcutta, and 35.5 in Madras. Cholera caused 43 deaths in Calcutta, and other diarrhoeal diseases 39 in Calcutta, 26 in Bombay, and 61 in Madras; fever mortality showed the largest excess in Calcutta. According to the most recently received weekly returns, the annual death-rate per 1,000 persons estimated to be living in twenty of the largest European cities averaged 28.9, and exceeded by 6.8 the mean rate during the week in twenty-eight of the largest English towns. The death-rate in St. Petersburg was 33.2, and exceeded the rate in recent weeks; the 570 deaths included 22 from scarlet fever, 18 from "fever," and 18 from measles. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 20.4, and ranged from 16.7 in Copenhagen, to 27.6 in Christiania; diphtheria and croup caused 14 deaths in Christiania, 5 in Stockholm, and 14 in Christiania. In Paris, the death-rate was equal to 27.3, showing an increase upon the rates in recent weeks; the deaths included 47 from diphtheria and croup, 23 from measles, 12 from typhoid fever, and 6 from small-pox. The 222 deaths in Brussels, including 6 from diphtheria and croup, gave a rate of 26.5. In Geneva the 39 deaths, of which 1 resulted from small-pox, and 1 from typhoid fever, gave a rate of 28.1. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 27.7, the rates varying from 22.9 in the Hague, to 29.9 in Rotterdam; 193 deaths in Amsterdam included 24 from measles, and 12 from diphtheria and croup. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 30.4, and ranged from 23.5 and 24.0 in Dresden and Berlin, to 35.9 in Trieste, and 37.7 in Prague. Small-pox caused 15 deaths in Buda-Pesth, and 10 in Vienna; diphtheria showed the largest proportional mortality in Hamburg, Trieste, Breslau, and Berlin; and 11 fatal cases of "fever" occurred in Hamburg. The 166 deaths in Rome included 8 from small-pox, and 4 from diphtheria, and were equal to a rate of 26.2. In four of the largest American cities the recorded rate averaged 22.1, and ranged from 15.5 in Baltimore to 24.5 in New York. Diphtheria showed considerable mortality in each of these American cities, and typhoid fever caused 11 deaths in Philadelphia.

It appears from the statistics published in the Registrar-General's return for the week ending February 6th, that the death-rate recently averaged 30.7 per 1,000 in the three principal Indian cities; it was 24.6 in Bombay, 32.6 in Calcutta, and 35.5 in Madras. Cholera caused 35 deaths in Calcutta, and diarrhoeal diseases 52 in Calcutta, 22 in Bombay, and 47 in Madras; "fever" mortality caused the most excessive mortality in Calcutta. According to the most recently received weekly returns, the annual death-rate averaged 27.4, per 1,000 persons estimated to be living in twenty-one of the largest European cities, and exceeded by 5.2 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 32.7, and showed but slight decline from the high rate in the previous week; the 582 deaths included 28 from "fever," 23 from scarlet fever, and 15 from diphtheria. In three other northern cities—Copenhagen, Christiania, and Stockholm—the death-rate averaged 24.5, and ranged from 21.5 in Copenhagen to 27.7 in Christiania; the 68 deaths in the last named city included 12 from diphtheria and croup, and 6 from scarlet fever. In Paris, the death-rate was equal to 27.2, and scarcely differed from the rate in the previous week; 39 deaths resulted from diphtheria and croup, 15 from measles, 14 from typhoid fever, and 5 from small-pox. The 207 deaths in Brussels gave a rate of 24.7, and included 7 from diphtheria and croup, and 4 from "fever." The rate in Geneva was 29.5, and 1 death was attributed to typhus. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 24.2, and the rates ranged from 20.6 in the Hague to 24.9 in Amsterdam, where 21 of the 179 deaths resulted from measles. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 27.3, and ranged from 21.6 and 22.7 in Berlin and Hamburg, to 30.9 in Prague and 32.5 in Buda-Pesth. Small-pox caused 21 deaths in Buda-Pesth, 11 in Vienna, and 3 in Prague; diphtheria caused the greatest mortality in Berlin, Hamburg, Dresden, and Trieste. The death-rate was equal to 23.1 in Rome and to 34.3 in Venice; Small-pox caused 3, and typhoid fever 2 deaths in each of these Italian cities. In four of the largest American cities, the mean recorded death-rate was 22.1, the rates ranging from 15.5 in Baltimore to 24.5 in New York. Diphtheria, including croup, caused considerable mortality in each of these American cities; typhoid fever caused 11 deaths in Philadelphia.

MEDICAL NEWS.

MEDICAL VACANCIES.

The following vacancies are announced.

- ANCOATS HOSPITAL, Manchester.—Honorary Physician. Applications to S. Baron.
- BELGRAVE HOSPITAL FOR CHILDREN, 78, Gloucester Street, Warwick Square, S.W.—House-Surgeon. Applications by February 27th.
- BRISTOL ROYAL INFIRMARY.—House-Surgeon. Applications by March 6th, to the Secretary.
- BRITISH LYING-IN HOSPITAL, Endell Street, St. Giles's.—Physician to Out-patients. Applications by March 4th.
- CARLISLE UNION.—Medical Officer and Public Vaccinator. Salary, £20 per annum, and extras. Applications by March 3rd.
- CLIFDEN UNION.—Medical Officer for Workhouse and Fever Hospital. Salary, £60 per annum. Election on March 3rd.
- CLIFDEN UNION.—Medical Officer, Clifden Dispensary. Salary, £125 per annum, and fees. Applications to E. Kendall, Honorary Secretary, Ardagh Lodge, Clifden. Election on March 3rd.

DEVON AND EXETER HOSPITAL.—Surgeon. Applications by March 4th.

DROGHEDA UNION.—Medical Officer. Monasterboice Dispensary. Salary, £130 per annum and fees. Applications to B. R. Balfour, Honorary Secretary, Townley Hall, Drogheda. Election on March 2nd.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E. — Clinical Assistant. No salary. Applications by March 4th.

GREAT YARMOUTH HOSPITAL.—Resident Surgeon and Dispenser. Salary, £90 per annum.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon. Salary, £80 per annum. Applications to Reg. Haigh, Grosvenor Buildings, Liverpool, by March 10th.

LIVERPOOL NORTHERN HOSPITAL.—Resident House-Surgeon's Assistant. No salary. Applications by March 3rd.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Dental Surgeon. Applications by March 6th, to A. Craske.

PARISHES OF LOCHGOILHEAD AND KILMARICH.—Medical Officer. Salary, £100 per annum. Applications to Rev. J. M'Corkindale, Manse, Lochgoilhead, before March 10th.

PENZANCE UNION, Cornwall.—Medical Officer and Public Vaccinator. Salary, £36 per annum and extras.

PLYMOUTH INCORPORATION.—Dispenser. Salary, £80 per annum. Applications by March 3rd, to W. Adams, 7, Frankfort Street, Plymouth.

RADCLIFFE INFIRMARY, Oxford.—Consulting Dental Surgeon. Applications to the Secretary by March 10th.

ROYAL HANTS COUNTY HOSPITAL, Winchester.—House-Surgeon. Salary, £100 per annum. Applications by March 10th.

ROYAL INFIRMARY, Liverpool.—General Superintendent and Secretary. Salary, £250 per annum. Applications by March 3rd.

SEAMEN'S HOSPITAL SOCIETY, Greenwich.—Visiting Physician. Applications before March 5th to W. T. Evans.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Assistant to House-Surgeon. No salary. Applications by March 5th.

ST. HELEN'S FRIENDLY SOCIETY MEDICAL AID ASSOCIATION.—Medical Practitioner. Applications by March 1st.

STROUD GENERAL HOSPITAL.—Registered House-Surgeon. Salary, £80 per annum. Applications to J. Libby, Esq., Honorary Secretary, New Mills Court, Stroud, Gloucestershire.

WESTERN OPHTHALMIC HOSPITAL, 153, Marylebone Road, W.—Assistant Surgeon. Applications by March 1st.

WEST NORFOLK AND LYNN HOSPITAL.—House-Surgeon and Secretary. Salary, £100. Applications by March 13th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—Physician. Applications by March 1st.

YORK DISPENSARY.—Resident Medical Officer. Salary, £130 per annum. Applications by March 9th, to S. W. North, 84, Micklegate, York.

MEDICAL APPOINTMENTS.

BLENKARNE, W. L'Heureux, M.R.C.S., L.S.A., appointed Medical Officer to the Leicester Provident Dispensary, *vice* Henry Hargitt, M.D., resigned.

CHUBB, W. L., M.R.C.S., L.R.C.P. Edinburgh, appointed by the Secretary for War to be Visiting Surgeon for Shorncliffe, under the Contagious Diseases Acts, *vice* H. W. Hunt, M.R.C.S. Eng., resigned.

DODSON, Arthur E., L.R.C.P., M.R.C.S., appointed Medical Officer to the Wandsworth and Clapham Union Workhouse.

JOHNSON, G. H., M.R.C.S., L.R.C.P. Ed., appointed Surgeon and Agent to Her Majesty's Coastguard Station at Teignmouth.

OSWALD, Robert J. W., M.R.C.S. Eng., L.R.C.P. and S. Ed., etc., appointed Surgeon to the Royal South London Dispensary.

TISDALL, J., L.R.C.S. and P. Edin., late Assistant Medical Superintendent, West Derby Union Infirmary, Liverpool, appointed Medical Officer to the South Municipal District of the West Derby Union.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 6d., which should be forwarded in stamps with the announcements.

BIRTHS.

SPARROW.—On February 23rd, at "Haslemere," East Southsea, Hants, the wife of Dr. Gordon Sparrow, of a son.

SWEETING.—On the 23rd February, at 40, Charleville Road, West Kensington, the wife of R. D. R. Sweeting, M.R.C.S. Eng., S.Sc. Cert. (Cantab.), of a daughter.

THE ROYAL SOCIETY'S RELIEF FUND.—At a time when appeals are being made on behalf of the necessitous among the working class, there is another class of the necessitous which is likely to be overlooked—a class which does not, perhaps, at any time receive the attention which it deserves from the charitable—that of cultured men, scientific and literary, who have been reduced to poverty by misfortune, and whom, from their very sensitiveness to publicity, it is always difficult appropriately and effectually to assist. It is for this class that the Scientific Relief Fund of the Royal Society is designed. The fund dates from the year 1859, and the Council of the Royal Society takes charge of any sums contributed to it, and invests them, applying the interest in grants for the relief of such scientific men or of their families as may from time to time require and deserve assistance. Hitherto, the demands upon the fund have been far in

excess of its resources. An opportunity, however, has lately arisen of largely increasing the usefulness of the fund through a munificent offer of Sir William Armstrong, C.B., F.R.S. It is that Sir W. Armstrong will contribute a sum of £6,500 on certain conditions, the principal being that an equal sum is subscribed by other friends of science during the present year. In response to an appeal lately made, the Treasurer of the Royal Society has already received about £1,500 from their Fellows, and a handsome contribution of 500 guineas has just arrived from Mr. Ludwig Mond, but there is still a considerable sum to raise before Sir William Armstrong's offer can be secured. Grants from the fund are made only on the recommendation of a committee which investigates the cases, and applications have to be recommended by one of the chartered scientific societies.

SEAMEN'S HOSPITAL, GREENWICH.—The report presented at the fifty-sixth annual meeting of the Seamen's Hospital Society showed that, during the year, 1,551 patients had been under treatment, against 1,751 in 1884; and the number of out-patients relieved was 5,874, against 5,329. The average period of stay of each in-patient was twenty-eight days. The remodelling of the drainage of the hospital had been completed, and by these alterations the sanitary condition of the building and the health of the nurses had been materially improved. The building had been rearranged, and it now accommodated 258 patients, instead of 243 as formerly. Since the foundation, over a quarter of a million seamen of almost every nationality (including out-patients) had been relieved.

ALLEGED FATAL MISTAKE.—On Thursday night, February 18th, two women, both unknown to each other, went to a dispensary in the south of London, then in charge of an assistant to a well known practitioner, and asked to be supplied with some medicine. The preparation was supplied, and each woman went separately to her home. Both took the medicine, both were seized with convulsions, and both expired within an hour of each other. The deaths were duly reported to the authorities; but, upon inquiries being made at the dispensary, the assistant who prepared the medicine could not be found.

DEATH FROM HYDROPHOBIA.—The death of a boy, aged 6, from hydrophobia, has occurred at Brinscall, near Chorley. The deceased, the son of a quarryman, was bitten on the face by a dog on December 31st, and was attended by a surgeon. The wound healed up, and the child apparently became quite well again; but on Thursday night last he complained of sore throat. The medical man saw at once that the boy was suffering from hydrophobia, and stated that he would not recover. He did not appear to suffer acutely, but sometimes talked incoherently about the dog. He died on Friday evening. The jury returned a verdict in accordance with the evidence.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal Medical and Chirurgical Society, 8.30 p.m. Annual Meeting. Election of Officers and Council for 1886-87. President's Address.—Odontological Society of Great Britain, 8 p.m. Casual Communications by Dr. W. St. George Elliott and Mr. J. C. Foran. Dr. Dudley Buxton: Physiology of Nitrous Oxide.

TUESDAY.—Pathological Society of London, 8.30 p.m. Mr. Shattock: Congenital Cystic Kidney. Mr. Lockwood: Pistol-shot Wound of Cranium, etc. Sir W. Mac Cormac: Tumour of Palate. Mr. Bilton Pollard: Villous Tumour of Accessory Thyroid. Dr. Gulliver: Malignant Disease of Thyroid in Myxodema. Mr. Pitts: Ossifying Sarcoma of Radius. Dr. F. Taylor: Aneurysm of Septum Ventriculosum. Dr. S. West: Cases of Aortic Aneurysm (1) developing in Wall of Heart, (2) rupturing into Pulmonary Artery. Mr. Clutton (for Dr. Floyer): Congenital Skin-Tumour of Sigmoid Flexure. The following card-specimens will also be exhibited. Dr. Payne (for Dr. Jacob, of Leeds): Tumour of Finger. Mr. Pollard: Dermoid Cyst of Testicle. Dr. Lediard: 1. Sessile Ovarian Blood-Cyst; 2. Hernia reduced *en masse*; 3. Cancer of Rectum: Excision; 4. Cancer of Oesophagus: Gastrostomy. Dr. Turner: Hepatic Cells in Blood of Portal Vein. Dr. Carrington: Mitral and Tricuspid Stenosis. Mr. E. H. Fenwick: 1. Fibro-sarcomatous Polypi from Bladder; 2. Papilloma of Bladder. Mr. Makins: 1. Dislocation of Cervical Spine; 2. Carcinoma involving both Superior Maxillae. Dr. Drewitt: Heart and Pericardium from a Case of Rheumatic Nodules.

WEDNESDAY.—Obstetrical Society of London, 8 p.m. Specimens will be shown by Dr. W. S. A. Griffith, and others. Dr. Lewers: A Case of Circumscribed Sarcoma of Uterus and Vagina. Dr. Matthews Duncan: On Contraction, Inhibition, and Expansion of the Uterus. Dr. George Coates: A Case of Labour in a Primipara suffering from Mitral Disease. Dr. Amund Routh: A Case of Serous Perimetritis.

THURSDAY.—Harveian Society of London, 8.30 p.m. Mr. A. Q. Silcock: Cystic Sarcoma of Mesentery simulating an Ovarian Cystic Tumour.

FRIDAY.—West London Medico-Chirurgical Society, 8 p.m. Mr. Percy Dunn will show (1) Large Pulmonary Infarct; (2) Sarcoma of Testis and Cord; (3) Congenital Mitral Stenosis, with General Cardiac Hypertrophy; Weight of Heart, Twenty-seven Ounces. Brigade-Surgeon Curran: Collection of Drawings and Photographs illustrative of Venereal Disease and Goutre in the Himalayas. Mr. Swinford Edwards: On Urethral Fever, with Records of Three Fatal Cases. Mr. Hurry Fenwick: On the Precautions to be adopted in the Withdrawal of Residual Urine.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY	10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.
TUESDAY	9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department).
WEDNESDAY ...	10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Mary's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.
THURSDAY	10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-west London; Chelsea Hospital for Women.
FRIDAY	9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.
SATURDAY	9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS. —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.
GUY'S. —Medical and Surgical, daily, 1.30; Obstetric, M. Tu. 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, ex. 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. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; 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; Obstetrics, 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.

QUERIES.

PRACTICE IN CYPRUS.

EMIGRANT asks for some information about the chances of private practice in Cyprus, the nature of the climate, and any other information which would be valuable to one who is thinking of going there.

PAYING-PATIENTS IN HOSPITALS.

MR. F. W. L. HODDER asks if the London hospitals have rooms for pay-patients, and what is about the cost a week.

ELECTRICITY FOR EXOPHTHALMOS.

G. B. G. asks what kind of electrical treatment, and what form of battery, should be used in the treatment of exophthalmos.

MICROSCOPIC SPECIMENS FOR CLASS USE.

SIR,—I am holding a physiology class here in connection with the Science and Art Department at South Kensington. I have not the necessary time, however, to prepare my own microscopic specimens. I should be much obliged to any of your readers who could advise me where I could purchase specimens made to use, and not merely to sell. I should be still more grateful to anyone who has duplicate slides of the normal tissues, who would present them to my class, which is only composed of poorer students.—I am, sir, yours faithfully,

W. SYKES, Medical Officer of Health.

Mexborough, near Rotherham, Yorks.

ANSWERS.

HEALTH-RESORT FOR A PHTHISICAL PATIENT.

SIR,—In reply to the inquiry of "Associate," I would recommend Wiesen, in the Grisons, Switzerland, as one of the best health-resorts I know of for the purpose he requires.

After a personal experience, as an invalid, of the Riviera, St. Moritz, Davos, and Wiesen, I have the highest opinion of the climate of the latter place.—Yours truly,

M. D. E.

OBSTINATE CONSTIPATION.

IN reply to "A Member," MR. ARTHUR H. W. AYLING fears he will fail to discover any *modus operandi* except by means of drugs. Mr. Ayling has under care a retired Indian officer who for many years past has had severe chronic constipation; the various remedies tried have but caused uncomfortable results, such as diarrhoea, hard calcareous feces, tenesmus, etc. For the past two months, he has been administering podophyllin in the following form, with the production of a daily morning motion, of a proper consistency, and voided without pain: R Resinæ podophylli gr. iv; spiritus vini rectif. 3j; one teaspoonful to be taken in a cup of black coffee or tea every day at 6 P.M., until otherwise advised. It is necessary to stop the dose for a day or two at intervals.

MR. W. PROWSE (Clifton) recommends "A Member" to try the Prussian tincture of colocynt, or to make a simple tincture of that drug, by macerating an ounce of colocynt pulp in ten ounces of rectified spirit for ten days, and straining. The dose is five to ten minims, in half a wineglassful of water at bedtime, twice a week. The exact dose required by the patient in question should be carefully ascertained, by directing him to commence with the smaller or medium dose, say ten minims, if an adult; and gradually and slowly increase it, until the desired effect is produced, namely, one, and only one, fully formed motion. To obviate griping, which is occasionally caused at first use, it can be prescribed with syrup of ginger, or, better, with ten or fifteen grains of bicarbonate of soda, dissolved in a wineglassful of water, to be taken immediately after the colocynt.

TREATMENT OF WHOOPING COUGH.

IN answer to the inquiry of "E. W. P." in the JOURNAL of February 6th, page 278, several replies have been received.

DR. G. P. RUCCO says that, in his experience, the principal thing to be relied upon is antiseptic inhalation. Twenty years since, reasoning from the discoveries of M. Pasteur as to the existence of microscopic parasitic germs, and from the fact that pertussic children derived benefit from exposure to the fumes of gasworks, it occurred to him that carbolic inhalation would probably be beneficial in whooping-cough. He accordingly tried it successfully in the cases of his own children, and has continued to pursue the practice in like cases with the same happy results. Latterly, besides carbolic acid, he has used chlorine sanitas, and other parasiticides; but now, at the suggestion of Dr. R. J. Lee, he employs the oil of eucalyptus almost exclusively; it has the advantage of not requiring any apparatus, and of not being poisonous. A few drops are sprinkled on a pocket-handkerchief, and the patient is allowed to frequently inhale; at night-time, it is placed under the pillow. In three or four weeks, or less, seldom more in uncomplicated cases, the complaint will almost entirely vanish. No internal medicine is necessary in the majority of cases, except an occasional emetic to remove accumulated mucus. In future, however, he will try internally the pure terebene, recently recommended by Dr. Murrell for winter-cough, etc. When he feels the advent of a catarrh, he usually cuts its short by placing the eucalyptic handkerchief under his pillow at night; it greatly relieves the stuffiness of the nostrils and air-passages, and produces a most pleasant sleep. A very agreeable antiseptic perfume may be made by adding a drachm of eucalyptus oil to two ounces of lavender water.

DR. THOMAS DUTTON suggests a trial of a minim of Hewlett's liquor ergotæ with ten minims of glycerine in two drachms of water, for a child under three months, every three hours, and then according to age.

M.D. (London) has found much relief from the administration of one drop of liquor atropinæ, P.B., in a little water morning and evening, for two days. If the patient bears the drug well, a half-minim may be added at midday every two days. If it is gradually increased, the child can generally see to thread beads, or pick up a pin; and as long as the accommodation is sufficient for these purposes, the remedy should be steadily pushed. The above is applicable to children over eighteen months old. Adults require much smaller doses. In many cases, during the later stages, large doses of quinine have undoubtedly a powerfully beneficial action. A child eighteen months old can take a grain and a half, and a child 5 years three to three grains and a half, every three hours. If deafness come on, the drug must be discontinued for the time. A light-milk-diet is very desirable during the first three or four weeks, also a warm room.

A DEGREE IN MEDICINE FOR LONDON STUDENTS.

SIR,—Under the above heading, a correspondent (Mr. G. Birt, M.B.Lond.) writes, in the JOURNAL of January 30th, with reference to the University of London, stating that it is "the only university in the United Kingdom that is open to all, without residence at any particular college."

Now, sir, this is not a fact. In 1881, the Royal University of Ireland came into existence, taking the place of the old Queen's University, which was dissolved on account of the opposition of a section of the Irish people to it. One of the fundamental clauses in the Act of Parliament founding the Royal University, was the placing of all colleges on a level as regards its degrees. Accordingly, the Royal University of Ireland is identical in principle with the University of London. Its degrees are open to all comers. The standard of examination is rigid, namely, 50 per cent., and the examinations themselves are of an essentially practical character. The course for the medical degree includes the following examinations, namely, Matriculation, First University Examination in Arts, First Medical, Second Medical Examinations, and Degree Examination. Anatomy and Physiology are particularly stiff, and are required both at the "half" and the "degree."

The Royal University is endowed with £20,000 *per annum*, in addition to private endowments, and accordingly there are valuable exhibitions for competition.—I am, sir, faithfully yours,

HIBERNIA.

ERRATUM.

IN the JOURNAL of February 13th, under the heading of the pass-list of the Royal Colleges of Physicians and Surgeons of Edinburgh, Mr. Herbert Peck's surname was incorrectly spelt Peck.

MORTALITY FROM ROUND WORMS.

SIR,—The case related by Mr. Philip Birch, in the JOURNAL of February 6th, more than ever convinces me of the fallacy of prescribing one dose only of santonin, and expecting a favourable result. The children in this locality are infested with round worms, and I have had one or two deaths from what appeared to me to be "worm-fever" only. The number of worms passed in individual cases is surprising. In one case which I treated, a girl aged 13, after taking one dose of santonin, passed twenty by the month, nearly all in a lump, and over thirty by the rectum on the same day, and continued to pass some daily for a week. I have often found that four or five doses of santonin can be retained without any result when the worms are present; therefore I invariably put up six powders of from three to five grains each, according to the age, with a quarter of a grain of calomel in each, and order the first two to be taken twelve hours apart, and the rest every twenty-four hours; and, about four hours after the last, the patient takes a dose of castor-oil. I have never known any remain after this treatment.—I am, faithfully yours,

Pill, Somerset.

A. H. BOYS.

THE SPONTANEOUS EVOLUTION OF URINARY CALCULI.

SIR,—Allow me to add, in connection with my narrative of General Martine's case, that I have two specimens of this condition in my collection. They were both given to me, some years since, at Peshawur, the first by Mr. Sub-assistant-Surgeon Chetun Shah, a well known native practitioner, on whom the Government of India had just then conferred the distinction of Bahadur—a distinction, I may add, that is as much sought after in the East as the honour of knighthood is among ourselves; and the second by a private soldier of the (then) 72nd Highlanders. Both are, I think, well calculated to show the relative capacity or calibre of the urethra of the two sexes. They came into my possession under the following circumstances.

Knowing my weakness for such curiosities, Mr. Shah kindly presented me with the first of these, and he wrote, at my request, on the paper in which it was enclosed, that the woman, named Chikree, who passed it spontaneously during urination, was then 44 years of age; and he added, I think, that she had been a prostitute. Its weight was, at this time, 601 grains; but it was subsequently sawn through, and when I examined it again at Warrington, in April, 1879, it only weighed 478 grains, or two grains short of an ounce. It measured, at this time, 2½ inches in its longer diameter, and 1½ inches in its shorter one, that is, laterally. Hence it must have lost considerably, both in size and weight, as well by the "sawing" as by the friction, desiccation, etc., it has been since subjected to. Its shape is oblong, and it has a peculiar calcareous accretion on its sharper end, which is not unlike the stump of a broken bow-sprit. This was, doubtless, the medium through which it expanded this canal and by which it escaped through the urethral opening; and there was, I think, no after-dribbling or other ill consequence.

The second was presented to me, about the same time, by a Welshman, named George Jones, whose attention had been directed to it and me by, as I assume, the fact that I had just then successfully extracted a mulberry calculus from the bladder of one of his sergeants. (A report of this latter case appeared in the *Edinburgh Medical Journal*. It was the only one of its kind that I saw in the service.) It is bean-shaped, and weighs now 12 grains. It caused its owner terrible suffering on his long march from Umballa to Peshawur, during which he passed it, one day, after much straining and bleeding, in his "topper," a kind of bathing-machine-like bamboo structure, in which, hoisted on the top of a hackery, married soldiers travel in India; and I know that it weighed considerably more when I first got it. It, too, is the largest specimen of its kind with which I am acquainted.—I am, sir, your obedient servant,

Auriol Road, W.

WM. CURRAN.

P.S.—Having just come across another case of this kind, I hasten to send it to you, and to ask that it may be published. It occurs in Suetonius's description of the personal appearance, habits, or weaknesses of Augustus, the successor of Caesar, and runs as follows. After mentioning the spots, evidently syphilitic, which his (Augustus's) body was covered, Suetonius says that "questus est et de vesicâ, cuius dolore, calculus demum per urinam ejecit, levatur;" and this, being interpreted, means that "he (Augustus) complained also of his bladder, but was relieved from the pain of this, when the calculi it contained were finally expelled from it, along with the urine."

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The Management of Labour and of the Lying-in Period. Guide for the Young Practitioner. By Henry G. Landis, A.M., M.D. London: Charles Griffin and Co. 1886.

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