

Purcell, 71, Harcourt Street, Dublin; or any of the Co-Treasurers, or to the Honorary Secretaries—Professor E. D. Mapother, 6, Merrion Square, N., Dublin, and Dr. J. H. Chapman, 122, Pembroke Road, Dublin.

ROYAL COLLEGE OF PHYSICIANS.

The ordinary meeting of the Fellows was held on Thursday, January 27th, Sir W. JENNER, K.C.B., presiding.

The following gentlemen were admitted to the Membership: G. A. Machonachie, M.D. Aberdeen; J. A. Marston, M.D. St. Andrews; James Reid, M.D. Aberdeen; and F. J. Smith, M.B. Oxon.

The licence of the College was conferred on 85 gentlemen who have passed the required examinations.

In place of the outgoing members of the Council, Dr. Habershon, Sir E. Sieveking, Dr. Blandford, Dr. Sturges and Dr. J. E. Morgan were elected Councillors.

A communication was read from the Metropolitan Counties Branch of the British Medical Association, deprecating the exclusion of the Apothecaries' Society from the Conjoint Board, and advocating the admission of the Members of the College of Surgeons and the Licentiates of the College of Physicians to a share in the government of their respective Colleges.

The quarterly report of the Finance Committee, the annual report of the Examiners, and a report from the Committee of Management as to the staff of the new Examination Hall, were received and adopted.

On the motion of Dr. QUAIN, it was resolved: "That the resolution adopted by the College on June 29th be referred back to the Croonian Committee, to prepare the details of a scheme for carrying it into effect, and to submit such scheme to the College."

On the recommendation of the Council, it was resolved that the title of the Certificate in Hygiene at present given by the College shall be changed for that of a "Diploma in Public Health."

A report from the delegates of the two Colleges to consider and report as to the use which should be made of the unoccupied ground belonging to the Colleges jointly, in the rear of the new Examination Hall, was received and adopted. It recommended that the ground should be utilised for scientific purposes. Sir H. PITMAN gave notice of his intention to move a resolution on this subject at the next Comitia.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1887. 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 13th, July 13th, and October 19th, 1887. 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 24th, June 23rd, and September 29th, 1887.

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 being pursued on the following subjects

DIPHTHERIA, THE ETIOLOGY OF PHTHISIS,

THE VALUE OF HAMAMELIS, THE VALUE OF PURE TEREBENTH.

Memoranda on the above subjects, and forms for communicating observations on them, may be had on application.

The inquiries on OLD AGE, CANCER OF THE BREAST, and the CONNECTION OF DISEASE WITH HABITS OF INTemperance, are now closed.

A Report on the CHOREA Inquiry has been prepared by Dr. Stephen

Mackenzie; and will be published in the BRITISH MEDICAL JOURNAL as soon as the printing can be completed.

A Report on CENTENARIANS, prepared by Professor Humphry, was published with the JOURNAL of December 11th; a full Report on OLD AGE will follow.

Reports are in preparation upon the INQUIRIES made into ACUTE RHEUMATISM, DIPHTHERIA, CANCER OF THE BREAST, and HABITS OF INTemperance, and a Supplementary Report on PUERPERAL PYREXIA. All the above will be published in the JOURNAL as soon as completed. Tables of the Chorea and Acute Rheumatism cases will be published in separate form.

The Returns made to the GEOGRAPHICAL INQUIRY are being tabulated for report.

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 EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of the above District will take place at St. Bartholomew's Hospital, Chatham, on Friday, February 18th. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the District, A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than January 29th. Further particulars will be duly announced.—A. W. NANKIVELL, Honorary Secretary, St. Bartholomew's Hospital, Chatham.

EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held, by the kind invitation of Dr. Adams, at Brooke House, Upper Clapton, on Thursday, February 17th, at 8.30 p.m. The chair will be taken by T. Vere Nicoll, Esq. A demonstration of interesting cases of skin-disease will be given by Stephen Mackenzie, Esq., M.D.—J. W. HUNT, M.D., Honorary Secretary, 161, Queen's Road, Dalston.

PROCEEDINGS OF COUNCIL.

At a meeting of the Council, held at Exeter Hall, on Wednesday, January 19th, 1887, Present,—

Sir WALTER FOSTER, President of the Council, in the chair

Dr. W. Withers Moore, President, Brighton	Dr. O. Grant, Haverness
Mr. C. Macnamara, Treasurer, London	Dr. W. C. Gigg, London
Dr. G. B. Barron, Southport	Dr. Holman, Reigate
Mr. B. Barrow, Ryde	Professor G. M. Humphry, F.R.S., Cambridge
Dr. T. Bridgwater, Harrow-on- the-Hill	Mr. T. Vincent Jackson, Wolver- hampton
Mr. H. T. Butlin, London	Mr. T. R. Jessop, Leeds
Dr. A. Carpenter, Croydon	Mr. H. R. Ker, Halesowen
Dr. J. Ward Cousins, Ports- mouth	Dr. W. G. V. Lush, Weymouth
Mr. T. W. Crosse, Norwich	Mr. F. Mason, Bath
Dr. G. W. Crowe, Worcester	Dr. F. Needham, Gloucester
Mr. John Dix, Hull	Dr. C. Parsons, Dover
Dr. J. L. H. Down, London	Dr. R. Saundby, Birmingham
Dr. G. F. Duffey, Dublin	Dr. A. Sheen, Cardiff
Dr. W. A. EHiston, Ipswich	Mr. S. W. Sibley, London
Dr. C. E. Glascott, Manches- ter	Dr. E. M. Skerrett, Clifton
Dr. Bruce Goff, Bothwell	Dr. T. W. Trend, Southampton
	Mr. F. Wallace, London
	Mr. C. G. Wheelhouse, Leeds
	Mr. A. Winkfield, Oxford

The Minutes of the last meeting having been printed and circulated, the President of the Council asked if there were any objection to them, and, there being none, the minutes were signed as correct.

Read letters of thanks from Dr. C. M. Chadwick for the resolution passed by the Council in reference to his late father's services, and the esteem in which he was held by the Council.

Resolved: That the letter from Dr. C. M. Chadwick be received and entered upon the minutes.

Read letter from Dr. C. M. Chadwick relative to a portrait of his father for the Council room of the Association.

Resolved: That the President, President of the Council, the Treasurer, Mr. Vincent Jackson, and Dr. Holman be appointed a Committee to draw up an address of congratulation to Her Gracious Majesty on the celebration of her Jubilee, and to suggest any other steps for the celebration of that auspicious event which they may think desirable.

Resolved: That the 115 candidates whose names appear on the circular convening the meeting be and they are hereby elected members of the British Medical Association.

Resolved: That the minutes of the Journal and Finance Committee

be received and approved, and the recommendations contained therein carried into effect.

The minutes of the Journal and Finance Committee contain the report on accounts for quarter ending December 31st, 1886, amounting to £5,806 0s. 4d., and quarterly return, showing the total receipts for the year £22,540.

Resolved: That the minutes of the Premises Committee of November 12th and December 3rd be received and approved, and the recommendations contained therein be carried into effect.

The minutes of the Premises Committee contain the estimates from three contractors for the alteration of 4-9, Strand, and the recommendation that that of Messrs. Bywater be accepted.

Resolved: That the minutes of the Scientific Grants Committee of the 18th instant be received and approved, and the recommendations contained therein carried into effect.

The minutes of the Scientific Grants Committee contain consideration of application for scholarship, and recommendation that Mr. Watson Cheyne be reappointed for one year.

Resolved: That the minutes of the Arrangement Committee of the 18th instant be received and approved, and the recommendations contained therein carried into effect.

The minutes of the Arrangement Committee contain the arrangements for the annual meeting at Dublin, which will shortly be published.

Resolved: That the minutes of the Committee appointed to consider the future arrangements of business of annual meetings be received, and the further consideration postponed to a future meeting.

The minutes of the Committee appointed to consider the future arrangements of annual meetings made certain recommendations for improvements. The Committee will report in full when complete.

Resolved: That the minutes of the Committee appointed to consider the work of Collective Investigation of the 18th instant be received and approved, and the recommendations contained therein be carried into effect.

The minutes of the Committee appointed to consider the work of the Collective Investigation contain a full report by the Secretary to the Committee upon the work, and a recommendation that the Collective Investigation Committee be requested to report how the work can be carried on at less expense.

Resolved: That the minutes of the Committee for legal restraint of Habitual Drunkards of the 7th instant be received and approved, and the recommendations contained therein carried into effect.

The Habitual Drunkards Committee propose to form a deputation to the Home Secretary, with proposals for amended legislation.

Read report of Committee appointed to consider the subject of founding a society, in connection with the Association, for Medical Defence.

That the report of the Committee appointed to consider the question of a Medical Defence Association be received and approved, and published in the JOURNAL.

The report of the Committee appointed to consider the subject of forming a Medical Defence Society or fund in connection with the British Medical Association will be found below.

Whereupon an amendment was moved

That the consideration of the report be postponed.

The amendment having been put from the chair, the same was declared to be lost.

The original motion was then put, and declared to be carried.

REPORT OF COMMITTEE ON MEDICAL DEFENCE.

In accordance with the resolutions of the Council, held October 20th, 1886:—

Resolved: That the Committee (to consider Medical Defence) consist of the following gentlemen:—Dr. Holman, Dr. Elliston, Dr. Barron, Dr. Grigg, and Dr. Glascott, with the President of Council and Treasurer *ex officio*.

and

Resolved: That a sub-committee, to consider the proposal for the formation of a Medical Defence Society, be appointed to obtain further information with reference to the constitution and prospects of such a Society, and the nature of the work it will be capable of doing, and to consult with high legal authority on any scheme which may be finally approved of by the Committee, and to report to the Council at the next meeting.

The Committee met on Friday, January 7th, 1887, when the following members were present:—

Sir WALTER FOSTER, President
of the Council.

Mr. MACNAMARA, Treasurer.

Dr. HOLMAN was appointed Chairman.

Report of Provisional Committee, signed by Dr. Danford Thomas and Mr. William Armstrong, was considered, of which the following is a copy:—

TO THE PRESIDENT AND COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.

GENTLEMEN,—As we know that it is your attention to discuss the subject of Medical Defence at your next meeting, we ask leave to bring under your notice some points in connection therewith. We do this with more confidence as some of our committee have been asked by members of the Council to give a clear statement of our suggestions, and also to clear up certain points of doubt and difficulty. The need for some scheme of Medical Defence is daily becoming more urgent,

and we would impress upon you the fact that large numbers of your members have expressed themselves most favourable to the taking of some immediate combined action with the sanction and support of the British Medical Association.

We would suggest the following scheme for your consideration:—

1. That a "British Medical Defence Society" shall be formed, which shall take advantage of the organisation, and be strengthened by the support of the British Medical Association without, however, rendering that Association liable for any of its acts or liabilities.

2. That the Society shall provide legal and other assistance for all members who may be prosecuted or sued for any action done in connection with their work as medical practitioners, always providing that the General Committee approves of such assistance being given.

3. That the Society shall be governed by a General Committee and by branch Subcommittees.

4. That the General Committee shall consist of the President of the British Medical Association, *ex officio*, of one delegate from each Branch of that Association, and also an extra delegate from each Branch for every one hundred members of the Defence Society who are members of that Branch. This Committee shall manage all financial matters.

5. That each Branch Subcommittee shall consist of ten members, one of whom shall act as Local Honorary Secretary. These shall be appointed at the annual meeting of each Branch.

6. In case any member shall desire the assistance of the Society, he shall send in a full report of the case to the Local Secretary, who shall at once call together the Branch Subcommittee; the applicant shall then attend before the Subcommittee with such evidence, documentary and otherwise, as he may think necessary, and, after full investigation, the Subcommittee shall advise him as to whether they would recommend him to place his case before the General Committee or not; if they do, they will report to that Committee that they consider that assistance should be given; if not, it will still be open to the applicant to bring his case directly before the General Committee.

7. That the General Committee shall consider the reports from the Subcommittees or applications from the members; and, if they consider the cases suitable, shall give instructions for such legal and other assistance as they deem desirable to be given to the applicants.

8. That each Branch shall appoint a Solicitor, without salary, who, on a fixed moderate scale of charges, shall report on the evidence taken by the Subcommittee, and give them his assistance.

9. That a standing Counsel in London shall be appointed, who, at certain fixed charges, shall advise the General Committee, when required, as to the evidence taken by the Subcommittee.

10. That the subscription shall be 10s. 6d. per annum. One payment of £5 5s. shall, however, entitle to life-membership of the Society.

11. That the British Medical Association shall make an annual grant to the Defence Society.

12. That the central offices of the Society shall be at the offices of the Association, and that the announcements, etc., of the Society shall be inserted in the BRITISH MEDICAL JOURNAL free of charge.

The objections which the Committee have been asked to meet are chiefly the following:—

1. The difficulty of deciding as to the suitable cases for defence.

2. The effect upon the case of a defendant or prisoner if help were refused.

3. The method of meeting the expense of defending suitable cases.

1. The composition of the branch subcommittees would give them a knowledge of local circumstances, and also of the character and mode of life of the applicant. They would also be able, through the branch solicitor, to make independent inquiries if necessary. The branch solicitor would also make a report on the evidence for presentation to the General Committee. The General Committee, removed from the influence of local partialities or prejudices, and, if necessary, aided by the opinion of their counsel, would have a reasonable chance of arriving at a correct decision as to whether the case ought to be defended or not.

2. It has been suggested that it would be detrimental to a defendant or prisoner if, his case having been considered by the Defence Society, assistance were refused. This grievance may be removed either by the Subcommittee advising applicants whether they should lay their case before the General Committee or not; so that a defendant could properly say, if asked, that assistance had not been refused by the Defence Society; or by the Society, in cases where any doubt existed, giving a watching brief to a barrister on behalf of the Society to give any independent aid that he could. If it were known, as it would be, that a really guilty man would not be defended, those few would probably not bring their cases before the Society at all.

3. The provisional committee have ascertained that many solicitors of good repute would charge on a moderate fixed scale if they were appointed legal referees to the branches. It would also be open to the general committee to pay a certain portion of the expenses only, and it is not suggested that they should in any case pay damages; but more especially it is considered that the existence of this Society, with the moral force of the British Medical Association behind it, would do much to diminish the number of actions brought against members of the profession, and proper management from their commencement would prevent a large percentage of those that would be brought from going to trial.

The Committee feel strongly that, without taking any actual responsibility, the British Medical Association can do a great and glorious work in this matter, and trust that you will give these suggestions your earnest and favourable consideration.

Signed on behalf of the Provisional Committee,

G. DANFORD THOMAS, Chairman.

WM. ARMSTRONG, Hon. Sec.

And the following letter from Mr. Upton was read:—

[Copy.]

MEDICAL DEFENCE.

14, Austin Friars, London, E.C., December 21st, 1886.

DEAR SIR,—As I have said in conversation, I now confirm my view in reference to the enclosed circular; that it is better to leave it alone than, by trying to improve it, to give thereby a tacit sanction to the general principles which underlie it.

My own view is that if the Council do adopt those principles, they had better at once openly take up the Defence Movement themselves than allow others to practically make use of the Association, and allow it to bear all the responsibility, without the necessary power and control over the proceedings.

I am further of opinion that the proposed experiment has only to be tried, to fail on lines such as those suggested in the circular.—Yours faithfully,
F. Fowke, Esq. (Signed) JAMES R. UPTON.

The Chairman then read to the Committee a memorandum by Mr. Henry Martin Holman, solicitor, of 9, Angel Court, E.C.; also a case drawn to be laid before counsel, and the opinion of Mr. W. O. Hodges, barrister, of 3, Paper Buildings, Temple, which he had obtained for his own guidance.

I have gone carefully through all the papers, Articles of Association of the British Medical Association, and letters which you left with reference to the proposed Medical Defence Fund.

1. The first point to be considered is the legality of such an advance of funds by the British Medical Association to the Defence Fund. The only question of law which this advance appears to touch on is that of "maintenance." On looking up the authorities, I find the following definitions:—

Halliday, in his *Digest*, says: "Maintenance is properly an officious intermeddling in a suit which in no way belongs to one, by maintaining or assisting either party with money, or otherwise to prosecute or defend it."

Smith's *Common Law Manual*, No. 217, eighth edition, says: "The following contracts are illegal. . . . Contracts whereby a person who has no interest in a matter of litigation agreed to aid in it." (This is called maintenance.)

The question then arises whether a desire for the welfare of the profession is an interest within the meaning of the definition. The Incorporated Law Society prosecute on behalf of the profession both their own members and outsiders, but their proceedings are, I believe, regulated by their Charter, and I find that the National Cyclists' Union have undertaken and do undertake actions on behalf of members and non-members. The Railway Passengers' Protection Association also take up cases in this manner. And their interest is certainly no greater than yours. On the whole, though I think the advance can be made, a counsel's opinion both on this and the following point would settle the matter more satisfactorily.

2. Assuming the legality of such advance to be unquestionable, the second point is whether the Memorandum of Association permits it. I am inclined to think that subsections (d) (e) of Clause 3 of Memorandum are sufficiently widely drawn to admit of the advance, though the wording is open to question, as it goes round and round.

3. The form or method of the grant is of comparatively small importance—at least at present. Given that it can be made, and is to be made, the solicitor of the British Medical Association would see the matter properly carried through, and the interests of the Association securely guarded. The Association can limit their liability to the grant.

4. The so-called "moral" view in a court of law depends on the legal view. What is lawful is right. But outside this statement the question is a matter of personal opinion, and the supporters and opposers of the movement could put forward innumerable arguments in aid of their respective views. The fact of the Association and the Defence Fund having the same president, would not, I think, affect the case, as it in no way pledges the former.

5. And (lastly) to consider the proposed scheme from the common-sense point of view, and the results of its working as set out in Messrs. Danford Thomas and Armstrong's circular. As the arguments in its favour appear in the circular, it will be sufficient to consider the adverse view of the case.

It seems to me that the working of the scheme as at present drawn up would be productive of much more harm than good. Take the case of a medical man accused of *malpraxis*. What happens? The local committee meet to consider the application for assistance. There is the plaintiff's story and the defendant's story. How can the Committee, without the power to call witnesses or any other facilities which attend the case when in court, take upon themselves to pass a judgment on the case which, whether given rightly or wrongly, leaves them irresponsible, and in the latter case it would cause much mischief. It would be the greatest prejudice to the defendant's case were he or some witness placed in the box, and compelled to admit that the case was not thought a fit one for aid, for the facts remain the same in whatever terms the refusal be couched.

And in a case of doubtful clearness, if the defendant be properly represented, a watching brief seems to be a needless waste of money as his counsel will do all that is possible for him. Nor would it be likely to diminish the number of actions brought, if the persons bringing such charges were aware that there was a fund waiting, so to speak, to be shot at. Then, also, if the Committee, though believing honestly in the statements laid before them, were proved to have given facilities to a rogue to evade the punishment he deserved, such a state of affairs would undoubtedly prejudice the whole of the profession in the eyes of a large section of the public, who do not reason very closely—casting discredit not only on the Defence Fund itself, but also on the British Medical Association on whose support the Fund materially relies.

Another question arising is whether ill-feeling would not be generated among the members of the profession by the scheme. The local Committee, every man acting honestly according to his lights, may be of very different opinions as regards the merits of any case. The defendant may have personal friends as well as those with whom he does not work comfortably on the Committee, and a split on such a matter is not likely to lessen breaches among the profession.

Secondly, supposing the scheme to be modified, and aid only afforded after the decision of the Court has been given. The defendant, under such circumstances, would be in exactly the same position as he is at present, except that he has a hope of pecuniary assistance if successful. And, in this case, the utility of the Defence Fund is not apparent, as the *esprit de corps* of the profession has always caused its members to come forward with offers of as much, if not more, aid than the Defence Fund would afford, and this spontaneously, and without the trouble of committee meetings, reports, and votes of grants.

It is somewhat difficult to thoroughly go into the *pros* and *cons* of a scheme which is merely in embryo; the grant by the British Medical Association being almost the only clearly defined requisite. At least let the Defence Fund be organised and set in working order, and then, after trial, if it proves of real service to the profession, the grant from the British Medical Association might reasonably be applied for, but it is hardly fair to ask the Association to embark its funds in an untried speculation, the odium of which, if unsuccessful, will probably recoil as much on the Association as on any one else.

H. MARTIN HOLMAN.
9, Angel Court, E.C.

CASE.

Herewith are sent—

The printed memorandum of the Articles of Association of the British Medical Association.

Circular issued by Messrs. Danford Thomas and Armstrong in favour of the scheme of establishing a Medical Defence Fund.

At a meeting of the Council of the British Medical Association, held on the 20th day of October, 1886, it was (*inter alia*) resolved:

"That a Committee to consider the proposal for the formation of a Medical Defence Society be appointed to obtain further information with reference to the constitution and prospects of such a Society, the nature of the work it will be capable of doing, to consult with high legal authority on any scheme which may be finally approved of by the Committee, and to report to the Council at the next meeting."

And certain members of the Council were appointed and consented to act as such Committee.

The Committee wish to be certain of their position before going thoroughly into the matter, and

Counsel will please advise—

1. Whether the British Medical Association are enabled, under their Memorandum of Association, to make such a grant as is proposed in the circular, and, if so, whether by vote of Council, general meeting, or otherwise.

2. Whether if such grants can be and are made, the British Medical Association and the Defence Society will be held harmless; or whether, by taking up and prosecuting or defending actions of the kind set forth in the circular, they will render themselves, or either of them, liable to a charge of maintenance.

3. And generally on the effects of such proceedings as the proposed scheme entails as regards the British Medical Association itself.

OPINION.

1. I am of opinion that the British Medical Association are not able, under the Memorandum of Association, to make the proposed grant to the British Medical Defence Society, for the reason that such a grant would not come within any of the means by which the objects of the Association can be effected, as set forth in Art. 3 of said Memorandum of Association. Subsection (e) is the only clause which can by any possibility be said to enable the British Medical Association to make the proposed grant; but this clause must be construed according to the primary postulates of construction, in connection with those clauses preceding it, and, if this is done, the words "such other lawful things" in subsection (e) must have some reasonable limitation put upon them (*in re* German Date Coffee Company, L.R. 20, Ch. D., 169—188), and must be construed to mean such lawful things as are similar or analogous to those mentioned in subsections (a) (b) (c) and (d); and, if it is read with this limitation, I am of opinion that the proposed grant is not a means in any way similar or analogous to the means stated in the subsections above mentioned. Even if it is a means in aid of the objects of the Association at all, about which I am not at all clear, Article 4 of the Memorandum of Association does not carry the matter any further, but must be read subject to Article 3.

If, notwithstanding the above reasons, the British Medical Association determine to make such grant, it should be made in the way in which the grants of money for the ordinary purposes of the Association are made.

2. I am of opinion that neither the British Medical Association nor the British Medical Defence Society would be liable for maintenance; the British Medical Association, because it is not maintenance to make a grant to assist litigation not actually entered on (Hawk, Pl. of C. Bk. 1, Ch. 83, sec. 12), and for a legitimate object in which that Association is reasonably interested, either by way of a common interest with the person attacked (Hawk, Pl. of C. 7 Ed., p. 396, *Findon v. Parker*, 11 M. and W., 679), or by way of charity (*Harris v. Brisco*, L.R. 17 Q.B.D., 504).

These last reasons apply also to the case of the British Medical Defence Society, and subject to the Society assisting cases coming within the description of interest just above specified, they too would not be liable for maintenance.

3. For the reasons given in (1) of my opinion, I do not consider that it would be advisable for the British Medical Association to make the proposed grant, and for the further reasons that the Council would run the risk of Article 6 of the Memorandum of Association coming into operation, and also the risk of any dissenting member applying to the Board of Trade under Article 5 of the Memorandum of Association.

(Signed) W. OLIVER HODGES,
December 1st, 1886.

3, Paper Buildings, Temple.

The following letter from Mr. Upton was then read:—

(Copy.)

14, Austin Friars, London, E.C., January 13th, 1887.
DEAR SIR,—I have read the copy opinion of Mr. Oliver Hodges, herewith returned. I had myself intentionally abstained from expressing an opinion whether the proposed grant to the Medical Defence Association infringed the Memorandum of Association of the British Medical Association, because I felt that the point was at least doubtful, and that equally strong grounds existed for the British Medical Association declining to make the proposed grant, without raising the legal point; Mr. Hodges's opinion may be the right one, and, at any rate, there is a great deal to be said in favour of his argument; and, having obtained his opinion, I think that the Committee of which Dr. Holman is the chairman are at liberty to say that the Association have obtained an opinion of Counsel that the Memorandum of Association does not permit the grant in question to be made.—Yours faithfully,
F. Fowke, Esq. (Signed) JAMES R. UPTON.

Subsequently, the opinion of Mr. Hodges, and the various papers relating to the question, have been placed before the Attorney-General, Sir Richard E. Webster, Q.C., M.P., a copy of whose opinion is as follows:—

(Copy.)

The Attorney-General's Chambers, 2, Pump Court, Temple, E.C.,
January 15th, 1887.

I have looked through the enclosed papers and opinion, and all I need say is that I entirely concur in the opinion.

RICHARD E. WEBSTER.

Your Committee has to report that they cannot recommend the Council to take any steps for supporting a Medical Defence movement, as they are advised that any grant of funds would be *ultra vires* as defined by the Articles of the Association.

C. HOLMAN, M.D., *Chairman*.

INDIA AND THE COLONIES.

INDIA.

THE HEALTH OF CALCUTTA.—The report on the health of Calcutta for the third quarter of 1886, by Dr. Simpson, health-officer of the town, contains some matters of no small interest both from a scientific and sanitary point of view. The mean temperature of July, August, and September was lower than the average for the preceding twenty-four years. The humidity of the atmosphere throughout the quarter was greater than the average of the preceding twenty-four years. The barometric pressure was also higher. Food was cheaper than usual. Not only were the markets of the town carefully inspected, but the drug-shops and dispensaries were regularly visited, and all medicines found in a decayed state were destroyed. The total number of deaths registered under the head of fevers amounted to 847, the average of the preceding ten years being 936. The history of cholera during the quarter is full of interest. The total of deaths from this disease amounted to 230, a number higher than all the corresponding quarters of the last ten years, the decennial mean being 141. The greatest mortality from cholera during the quarter was in July, when it reached 95. It is interesting to note that the health-officer traces this to the arrival in that month of a number of infected pilgrims. We are glad to see this fact noted, more particularly as of late years there has been a disposition evinced in India not only to minimise, but entirely to deny that the movement of pilgrims and other bodies of men from infected localities is a factor in the propagation of cholera. The health-officer, it is satisfactory to see, was able in this instance to trace the disease to its starting-point, and to put his finger on the house in which the disease broke out; and he gives in his report a plan of the Bustee in which that house was situated. At page 225 of his recently published *Lectures on Tropical Diseases*, Dr. Maclean asks the question, "Is cholera a child of dirt?" After showing the close relationship between dirt and cholera in India, Dr. Maclean goes on, at p. 227, to say: "Nor, in this connection, can we shut our eyes to a fact as notorious as any fact can be—that, when cholera is in movement in Europe, it finds out cities and quarters of cities where the reign of dirt is supreme." Here, slightly abridged, is Dr. Simpson's description of the Bustee in which this outbreak originated. Its great importance is our excuse for its length. "The disease broke out in the hut No. 61 H. 1, which is situated well within the Bustee, and approached by a passage which is about four feet wide at first, gradually narrowing to a little over two feet. The hut occupies an area of two cottahs, twelve chittacks (equal to an area of 1,998 English square feet). The hut is divided into twelve compartments which open to a very limited court." The privy is described as common to the twelve compartments, its position is shown on the plan, and the washings from it "flow directly through a grated gully into the underground drain, also marked on the plan." Between compartments 10 and 12 is the well, "which, having no parapet, is subject to contamination from the surface drainage of the compartments, as well as from a surface drain immediately to the east; the drain leading from the privy joins a sewer on the north side of the hut. This sewer, when opened, was found to be nearly half full of sewage deposit. Let us now look how the disease spread. 1. A boy, aged 3½, in compartment No. 11, was the first attacked. He was taken ill on July 22nd, survived till the 25th, when he became worse and died. 2. A boy, aged 5, in compartment No. 12, took ill on the 24th and died next day. 3. A girl, aged 12, living in compartment No. 3, seized on the 27th and died on the 29th. 4. A woman, aged 30, fled in terror from compartments 4 and 5, where she lived with her sisters, to No. 6, distant 180 feet, a hut which occupied only 18 square feet. To this hut the scene of cholera was now changed; she was taken ill the day she fled and died at night, July 27th. 5. This woman's boy, aged 1 year and 2 months, was attacked after his mother's death; seized on the 30th, and died on July 31st. 6. Then the woman's sister, aged 35, was seized on the 30th, and died on August 1st. 7. A second sister took ill and recovered. 8. The woman's daughter, aged 10, who had helped to nurse her mother, brother, and aunts, was also attacked, but recovered." The health-officer details the measures adopted to check the disease; these were of the usual kind, and need not be specified. Here then, in this, the starting point of cholera, according to Dr. Simpson's report, were the following conditions: 1. A well with water hardly better than sewage; 2, drains with deposit in them emitting offensive gases; 3, filth both inside and outside the hut; 4, overcrowding of huts in the Bustee; 5, overcrowding of people in the huts. Dr. Simpson adds: "These conditions are to be found in most Busteas, and in an intensified

form in those where cholera most frequently appears. *They are all preventible.*" (The italics are ours.) The health-officer has the following passage, which supports in a remarkable way, not only the facts and opinions urged by Dr. Maclean in his published *Lectures* (*vide Lectures XII and XIII*), but, above all, the too often overlooked labours of the late Dr. Snow. We must quote the passage in full: "Sometimes it is said that well-water in the Bustee-lands is not used for drinking purposes. This may be true in cases where the filtered supply is laid on within the compound, or where it is close at hand; but when the nearest hydrant is at a distance of 100 or 200 yards or more, it is reasonable to suppose that the well-water is occasionally taken for drinking. At all events, the well-water is constantly used for washing utensils, for cooking purposes, and for personal ablution. One sees the inhabitants, while bathing, cleansing their teeth and washing their mouths with well-water, which is always impure (*vide Maclean*, p. 226), and if, as sometimes must be the case, contaminated with cholera-poison, is dangerous in the extreme." Again, "The recourse had to polluted well- and tank-water is, without doubt, a very fruitful cause of disease." In the concluding paragraphs of this report, the health-officer dwells on the condition of the underground drains, and the accumulation of sewer gas in them; on the filth of the huts and their surroundings, and the consequent pollution of the air; also on the effects of overcrowding. In another part of this most valuable and instructive report, the measures pressed on the attention of the Municipal Commissioners for remedying this terrible state of matters are described. We commend the above facts to the careful consideration of those who are never weary of sneering at sanitarians who seek to show that cholera is indeed "a child of dirt."

MORTALITY IN THE PUNJAB PROVINCE.—The official returns of the death-rate in some of the Punjab towns show that the mortality rate has been very high there. In the week ending November 20th, at Peshawur it was 104 per mille, at Palwal 74, at Umritsur 69, at Sonapat 64, and at Batala 60. The excessive death-rate at Peshawur was due to the prevalence of small-pox. There were two deaths from hydrophobia in the province during the week.

NAVAL AND MILITARY MEDICAL SERVICES.

OUR INDIAN TROOPSHIPS.

THERE are few who know much more about the fleet of transports that maintain the circulation of troops between England and its Eastern possessions than the fact that from the large number of soldiers sent out to India on board each of them on every voyage, and the equally large number of troops and invalids brought back from that country to England, as reported from time to time in the journals of the day, the transports must be vessels of enormous size; and even of those who have actually made a voyage on one or other of them, not many, perhaps, are aware of such matters as the cost of their maintenance, or are acquainted with the details of their management, and of the work done by them. Information on these particulars has been lately sent to us by Retired Brigade-Surgeon W. Curran, A.M.D., in an article entitled "The Inner Life and Economy of a Troopship." From this paper it appears that the fleet consists of five transports, each of which has a registered tonnage of 4,173 tons, while the nominal tonnage stands at 6,000 tons. Each of the five transports—which respectively bear the names of the *Crocodile*, *Euphrates*, *Jumna*, *Malabar*, and *Serapis*—is of 700-horse power, and the cost of the construction and equipment of the whole fleet amounted to £1,043,200, or to a sum, taking the average, of £208,640 for each vessel. To these sums must, however, be added a further charge of £880,577, for steam-tenders and boats for use in connection with the transports at Alexandria and Suez, and for the construction of the Suez Hospital, making a total outlay at starting of £1,204,854. It can be readily imagined that the current expenses, which chiefly fall on the Indian exchequer, of maintaining these five leviathans in repair, and of working them during the trooping and invaliding seasons, amount to a very considerable sum. Each vessel, while on its voyage, consumes about thirty-five tons of coal daily, part of this fuel being used for the distilling apparatus which produces on an average twenty-eight tons of distilled water *per diem*. The establishment of officers and men employed for working and for the service of the ship, when the full complement is on board, comprehends 18 officers and 245 subordinate officers and men, their daily pay amounting to about £20. The distance between Portsmouth and Bombay is stated to be 6,130 miles—3,168 miles from Portsmouth to Suez, and 2,962 from Suez to Bombay—so that, taking the average speed of these ships, including delays,

period in the twenty-eight large English towns. The highest zymotic death-rates in the Scotch towns during the week under notice were recorded in Aberdeen, Perth, and Glasgow. The fatal cases of whooping-cough, which had been 27 and 26 in the two preceding weeks, further declined to 20, of which 14 occurred in Glasgow, 3 in Edinburgh, and 2 in Aberdeen. The deaths referred to scarlet fever, which had been 18 in each of the two previous weeks, rose during the week under notice to 16, and included 9 in Glasgow, 3 in Aberdeen, 2 in Edinburgh, and 2 in Paisley. The 8 fatal cases of measles showed a further decline from recent weekly numbers, and included 7 in Glasgow. The deaths from diphtheria, which had been 12 and 5 in the two previous weeks, rose again during the week under notice to 8, all of which occurred in Glasgow. The 7 fatal cases of diarrhoea were fewer than in any recent week. The deaths referred to different forms of fever, which had been 7 in each of the two preceding weeks, declined during the week under notice to 5, and included 2 in Edinburgh, and 2 in Dundee. The death-rate from diseases of the respiratory organs in these Scotch towns was equal to 6.8 per 1,000 during the week, against 6.6 in London. The causes of 70, or nearly 12 per cent., of the 591 deaths registered in these Scotch towns were uncertified.

HEALTH OF IRISH TOWNS.

In the week ending Saturday, January 22nd, 455 deaths were registered in the sixteen principal town-districts of Ireland. The average annual death-rate represented by the deaths registered was 29.1 per 1,000 of the population. The deaths registered in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000: Armagh, 25.8; Belfast, 23.2; Cork, 30.9; Drogheda, 33.8; Dublin, 31.5; Dundalk, 17.5; Galway, 16.8; Kilkenny, 16.9; Limerick, 27.8; Lisburn, 24.2; Londonderry, 33.9; Lurgan, 51.3; Newry, 24.6; Sligo, 33.5; Waterford, 30.1; Wexford, 38.5. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 2.0 per 1,000, the rates varying from 0.0 in ten of the districts to 16.0 in Londonderry; the 19 deaths from all causes registered in that district comprising 9 from measles. Among the 100 deaths from all causes registered in Belfast are 2 from scarlatina, 3 from whooping-cough, and 3 from diarrhoea. The 4 deaths in Dundalk comprise 1 from enteric fever. In the Dublin Registration District, the births registered during the week amounted to 219, and the deaths to 218. The deaths represent an annual rate of mortality of 32.2 in every 1,000 of the estimated population; omitting the deaths of persons admitted into public institutions from localities outside the district, the rate was 31.5 per 1,000. There were but 15 deaths from zymotic diseases registered, being 19 below the average for the corresponding week of the last ten years, and 8 under the number for the week ended January 15th; they comprise 4 from scarlet fever (scarlatina), 1 from whooping-cough, 1 from diphtheria, 1 from ill-defined fever, 6 from diarrhoea, etc. The number of deaths from diseases of the respiratory system registered is 51, being 14 under the number for the preceding week, and 7 below the average for the third week of the last ten years; 41 of the 51 deaths were caused by bronchitis, and 6 by pneumonia or inflammation of the lungs. The deaths of 17 children (including 11 infants under 1 year old) were ascribed to convulsions. Twelve deaths were caused by diseases of the brain and nervous system (exclusive of convulsions), and 20 by diseases of the circulatory system. Phthisis or pulmonary consumption caused 25 deaths, mesenteric disease 5, and cancer 8. Ten accidental deaths were registered. In 45 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 22nd, that the annual death-rate recently averaged 32.2 per 1,000 in the three principal Indian cities; it was 20.8 in Bombay, 33.4 in Calcutta, and 41.3 in Madras. Cholera caused 94 deaths in Calcutta in the week ending December 11th, against 117 and 107 in the two preceding weeks; the deaths in Madras included 57 from diarrhoeal diseases; and "fever" mortality showed a considerably larger excess in Calcutta and Madras than in Bombay. According to the most recently received weekly returns, the annual death-rate averaged 20.7 per 1,000 persons estimated to be living in twenty-one of the largest European cities, and exceeded by 3.9 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 31.7, and exceeded the rate in preceding weeks; the 504 deaths included 20 from "fever," 11 from diphtheria, and 7 from small-pox. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 23.3, and ranged from 21.7 in Stockholm to 24.2 in Christiania; diphtheria and croup caused 16 deaths in Copenhagen, 7 in Stockholm, and 6 in Christiania; 3 fatal cases of scarlet fever were also reported in Christiania. In Paris, the death-rate was equal to 25.6, differing but slightly from the rate in the previous week, but exceeding by 2.6 the rate for the corresponding week in London; the deaths included 47 from measles, 37 from diphtheria and croup, and 24 from typhoid fever. The 176 deaths in Brussels, of which 4 resulted from "fever," gave a rate of 21.0. 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 24.1, the several rates ranging from 21.4 in the Hague to 28.1 in Rotterdam; the deaths in Amsterdam included 5 from diphtheria and croup, and those in Rotterdam 4 from scarlet fever. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 26.4, and ranged from 21.4 and 21.6 in Berlin and Dresden, to 35.3 in Breslau, and 36.4 in Hamburg. Small-pox caused 31 deaths in Buda-Pesth, "fever" 20 in Hamburg, and scarlet fever 11 in Buda-Pesth; diphtheria and croup showed the largest excess of mortality in Dresden, Hamburg, Prague, and Buda-Pesth. The mean death-rate in three of the largest Italian cities was 28.3, the several rates ranging from 26.8 in Rome, to 29.7 in Venice; small-pox caused 13 deaths in Rome, and 1 in Venice, diphtheria 6 in Rome and 9 in Turin, and "fever" 6 in Turin and 5 in Rome. The death-rate was equal to 40.9 in Cairo, and 37.6 in Alexandria; diarrhoeal diseases caused 100 deaths in Cairo and 53 in Alexandria; 14 deaths from typhoid fever occurred in Cairo, and 4 from diphtheria in Alexandria. In four of the largest American cities, the recorded death-rate averaged 26.3, and ranged from 16.6 in Baltimore to 28.0 in New York. Diphtheria and croup caused 41 deaths in New York, 20 in Brooklyn, 28 in Philadelphia, and 5 in Baltimore; 11 deaths from typhoid fever were recorded in Philadelphia, and 4 in Baltimore.

PROFESSOR HALLA, editor of the *Prüfer-Veröffentlichung*, died on January 12th at the age of 60.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the Diploma were admitted Members of the College at a meeting of the Court of Examiners, on January 20th, namely:

H. Hebblethwaite, Bradford, C. Nicholson, York, and R. W. Green, Leeds, students of Leeds General Infirmary; F. H. Taylor, Pyelard Road, N., and R. Hitchings, South Hackney, of London Hospital; M. G. Yunge-Bateman, Folkestone, L. H. Brown, Stamford Hill, C. S. Simpson, West Kensington, T. W. Turtle, Woodford, Essex, F. T. Frost, Bromley, J. S. Grose, Wadebridge, Cornwall, Lewis Powell, Crouch End, N., H. E. Charles, Swansea, and J. F. Rymer, "Pevensey," Croydon, of Guy's Hospital; W. Baigarnie, Scarborough, of St. Bartholomew's Hospital; J. Beadle, Middleton-in-Teesdale, and J. J. W. Farr, Earl's Court Road, of Charing Cross Hospital.

Four candidates were referred for three months, and 11 for six months. Three candidates passed in Surgery, and, when qualified in Medicine and Midwifery, will be admitted Members.

Admitted on January 21st.

H. Gravelly, L.S.A., Lewes, Sussex, A. P. Blenkinsop, L.R.C.P.Lond., 39, Hill-drop Crescent, N. W. R. Garroud, L.R.C.P.Lond., The Gables, Willesden Park, and E. R. St. Clair Corbin, M.B.Lond., 200, Stanhope Street, N.W., students of University College; J. Walls, L.S.A., Chapel Green, Wigan, of Manchester Royal Infirmary; A. L. Marshall, L.S.A., Leicester (of Cambridge (Addenbrooke's Hospital); R. W. Walsh, L.S.A., Shadwell, E., W. H. B. Brook, Lincoln, and C. P. Crouch, 35, Fellows Road, Hampstead, of St. Bartholomew's Hospital; E. B. Harris, L.S.A., Stoke Newington, S. Bueno de Mesquita, St. Mark's Street, E., and A. H. Williams, 9, Park Road, New Cross, of Guy's Hospital; H. P. Helsham, L.R.C.P.Lond., 35, Kirkdale, Sydenham, and L. A. Bidwell, L.S.A., 34, Lea Terrace, Blackheath, of St. Thomas's Hospital; J. D. Staple, L.S.A., Bayswater, of Westminster Hospital; R. J. Hamilton, 1, Princes Road, Liverpool, of the General Infirmary, Liverpool.

Two candidates were referred for three months, 9 for six months, and 1 for nine months. Five candidates passed in Surgery, and, when qualified in Medicine and Midwifery, will be admitted Members.

Admitted on January 24th.

T. A. V. Ford, L.S.A., Clifton, Bristol, G. C. FitzGerald, M.B.Camb., West Dulwich, students of St. Thomas's Hospital; W. M. Abbot-Anderson, M.B.Durham, Endsleigh Gardens, G. McShane, L.R.C.P.Lond., Southsea, F. P. Kitson, L.R.C.P.Lond., Maitland Park Villas, N.W., and J. Hamel, Clapham, of University College; E. G. Browne, L.R.C.P.Lond., 24, Bernard Street, W.C., and W. A. Evelyn, L.R.C.P.Lond., 16, Vincent Square, S.W., of Cambridge and St. Thomas's Hospital; E. T. Cook, L.S.A., Southsea, Hants, and W. R. Duncker, L.R.C.P.Lond., 79, Finsbury Park Road, N., of St. Bartholomew's Hospital; R. Bullock, L.R.C.P.Lond., Warwick, W. A. Loxton, L.R.C.P.Lond., 45, Belgrave Road, Birmingham, of Royal Infirmary, Manchester; J. F. Taylor, L.S.A., Blackheath, and H. T. Evans, Tredgar, of the London Hospital; H. B. B. Greene, Cheltenham, of Belfast, Dublin, Glasgow, and Westminster Hospitals; H. M. Brownfield, Rotherhithe, of Guy's Hospital; E. H. Hicks, L.S.A., Folkestone, of St. Mary's Hospital; W. Griffith, L.S.A., Highgate, of Melbourne, University College, and Middlesex Hospital.

Two candidates were referred for three months, and 10 for six months. Five candidates passed in Surgery, and, when qualified in Medicine and Midwifery, will be admitted Members.

Admitted on January 25th.

T. F. Parry, L.K.Q.C.P.I., Liverpool, student of Liverpool Infirmary; H. J. Wheeler, L.R.C.P.Lond., 21, Abingdon Villas, W., H. E. Mann, L.R.C.P.Lond., 59, West Cromwell Road, Kensington, and G. De V. Belson, L.R.C.P.Lond., 6, Albion Street, W., of St. George's Hospital; W. D. Calvert, L.R.C.P.Lond., Colchester, and J. A. Jones, L.R.C.P.Lond., Port Talbot, of London Hospital; J. Telfer Calvert, L.R.C.P.Lond., King's Road, Rochdale, of St. Thomas's Hospital; A. E. Vidler, L.S.A., Rye, Sussex, of St. Bartholomew's Hospital; A. M. Jolly, L.R.C.P.Lond., 4, Oppidans Road, of University College; R. B. Sidebottom, L.R.C.P.Ed., Manchester, of Manchester Royal Infirmary, and Middlesex Hospital; D. T. Key, L.S.A., Trinity Square, S.E., of Guy's and Westminster Hospitals; T. F. Holloway, L.R.C.P.Lond., West Kensington Park, and W. A. Slater, L.S.A., Green Lanes, N., of Guy's Hospital; F. C. Brodie, L.S.A., of Middlesex Hospital.

Two candidates were referred for three months, 3 for six months, 1 for nine months, and 1 for twelve months. Eleven candidates passed in Surgery, and, when qualified in Medicine and Midwifery, will be admitted Members.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At meetings of the President and Fellows held on Friday, January 7th, and Friday, January 14th, 1887, the following Licentiates in Medicine of the College, having complied with the by-laws relating to membership pursuant to the provisions of the Supplemental Charter of December 12th, 1878, were duly enrolled as Members of the College.

W. Frazer, F.R.C.S.I., Lic. Med. 1848, Dublin; W. Frazer, M.D. Univ. Dubl., Lic. Med. 1885, Elmhurst, Bournemouth (by examination); J. A. Haurahan, Lic. Med. 1871, Woodville, Hollymount, Co. Mayo; G. P. E. Nugent, M.B. Univ. Dubl., Lic. Med. 1885, Dublin (by examination).

At a quarterly examination for the certificate in Sanitary Science, held on Thursday and Friday, January 13th and 14th, the following candidate was successful.

W. Kiddle, M.B. Univ. Dubl., L.K.Q.C.P.

At the monthly examinations for the licences of the College, held on Monday, Tuesday, and Wednesday, January 10th, 11th, and 12th, the undermentioned candidates were successful.

For the Licences to Practise Medicine and Midwifery.—T. S. Campion, Dublin; H. G. Hughes, Holyhead; H. J. Matthews, Dublin; F. W. Monsell, Dublin; D. J. O'Loghlin, Ennistymon, Co. Clare; T. F. Parry, Liverpool; T. H. Wilson, Londonderry.

For the Licence to Practise Medicine only.—W. H. Haslop, Oldham, Lancashire; J. Schofield, Hawkshead, Lancashire.

For the Licence to Practise Midwifery only.—T. A. Connellan, Carrick-on-Shannon; T. Corkery, M.D., R.U.I., Bruree, Co. Limerick; W. E. MacFeeters, M.D., R.U.I., Raphoe, Co. Donegal.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise on Thursday, January 20th.

Arnold, Francis Sorell, M.R.C.S., 2, Bradmore Road, Oxford.
Blaker, Edward Spencer, M.R.C.S., 30, Marmora Road, Honor Oak, S.E.
Braddon, William Leonard, M.R.C.S., Upton-upon-Severn.
Lake, Richard, L.R.C.P., M.R.C.S., 6, Smith Square, Westminster

MEDICAL VACANCIES.

The following vacancies are announced.

ATHY UNION, Ballylinan Dispensary District.—Medical Officer. Salary, £120 per annum, and £18 per annum as Sanitary Officer, and fees. Applications by January 29th to W. Murphy, Esq., Aughanure, Ballylinan.

BEDFORD GENERAL INFIRMARY AND FEVER HOSPITAL.—Resident Surgeon. Salary, £100 per annum, with apartments and board, etc. Applications by February 3rd to the Secretary.

BIRMINGHAM GENERAL HOSPITAL, Jaffray Suburban Branch.—Resident Medical Officer. Salary, £150 per annum, with board, etc. Applications by January 29th to Henry Fox, Esq., R.N.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Assistant Physician. Applications by January 31st to the Secretary.

COUNTIES ASYLUM, Carlisle.—Junior Assistant Medical Officer. Salary, £80 per annum, with board. Applications by February 5th to Dr. Campbell, Garland's Asylum, Carlisle.

EYE, EAR, AND THROAT HOSPITAL FOR SHROPSHIRE AND WALES, Shrewsbury.—Surgeon. Honorarium, £150 per annum for three years. Applications by February 8th to the Secretary.

GREAT NORTHERN CENTRAL HOSPITAL, Caledonian Road, N.—Aural Surgeon. Applications by February 9th to the Secretary.

GREAT NORTHERN CENTRAL HOSPITAL, Caledonian Road.—Two Clinical Assistants. Applications by January 29th to the Secretary.

GREAT NORTHERN CENTRAL HOSPITAL, Caledonian Road, N.—Surgeon. Applications by January 29th to the Secretary.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident Clinical Assistants. Applications by February 19th to the Secretary.

HULL AND SCULCOATES DISPENSARY.—House-Surgeon. Salary, £150 per annum. Applications by February 1st to R. H. Barker, Esq., Temple Buildings, Bowlalley Lane, Hull.

LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer. Salary, £100 per annum, with board, etc. Applications by February 7th to the Medical Superintendent.

LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon. Applications by February 8th to the Honorary Secretary.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with board, etc. Applications by February 7th to the Chairman of the Committee.

NATIONAL ORTHOPÆDIC HOSPITAL.—Surgical Registrar and Anæsthetist. Applications by February 1st to the Secretary.

NORTH RIDING INFIRMARY, Middlesbrough-on-Tees.—House-Surgeon. Salary, £100 per annum, with board, etc. Applications by February 2nd to the Secretary.

ROYAL BERKS HOSPITAL, Reading.—Assistant House-Surgeon. Board and lodging. Applications by February 8th to the Secretary.

ROYAL PIMLICO DISPENSARY.—Attending Medical Officer. Applications by February 7th to the Secretary, 104, Buckingham Palace Road, S.W.

ST. BARTHOLOMEW'S HOSPITAL.—Assistant Physician. Applications by February 8th to W. H. Cross, Esq.

ST. PANCRAS AND NORTHERN DISPENSARY.—Honorary Physician. Applications by February 13th to H. P. Bodkin, Esq., 23, Gordon Street, Gordon Square, W.G.

SANITARY ASSURANCE ASSOCIATION.—Chief Medical Officer. Applications by January 31st to the Secretary, 3, Argyll Place, Regent Street, W.

WORCESTER GENERAL INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications by February 7th to the Secretary.

MEDICAL APPOINTMENTS.

APPLECK, J. O., M.D., appointed Examiner in Clinical Medicine to the University of Edinburgh, *vice* Byron Bramwell, M.D., resigned.

CAMSH, D. E. N., L.D.S. Dublin, appointed Honorary Surgeon-Dentist to the Brighton, Hove, and Preston Dispensary, *vice* W. L. Poundall, L.D.S. R.C.S. Eng., resigned.

CHEYNE, W. Watson, M.B., F.R.C.S., appointed Examiner in Surgery to the University of Edinburgh, *vice* J. D. Gillespie, M.D., resigned.

DEANE, Edward, L.R.C.P., M.R.C.S., late Assistant House-Surgeon, appointed House-Surgeon to the Royal Berks Hospital, *vice* G. A. Shackel, resigned.

GREENE, George Edward Joseph, L.R.C.S. and L.K.Q.C.P., Admiralty Surgeon, Medical Attendant Constab., and Surgeon Irish Lights, Kilmore, appointed Medical Officer for Ferns Dispensary, Enniscorthy Union.

GREENLEES, Thomas Duncan, M.B. Edin., Second Assistant Medical Officer, the Counties Asylum, Carlisle, appointed Assistant Medical Officer to the City of London Asylum, Stone, Dartford.

HILL, H. Gardiner, M.R.C.S., L.S.A., appointed Senior Assistant Medical Officer, Surrey County Asylum, Cane Hill, Parley, *vice* D. G. Thomson, M.D. Edin., resigned.

HURFORD, Charles, L.R.C.S.I., and L.M., L.R.C.P. Edin., appointed Surgeon to the Epping Union House, Epping, and Medical Officer and Public Vaccinator to the No. 5 District of the Ongar Union, Epping.

HUTCHINSON, A. Cayley, M.B., C.M., appointed Honorary Medical Officer to the Brighton, Hove, and Preston Dispensary, *vice* G. A. Bluet, M.D., resigned.

LITTLE, A. N., M.R.C.S., L.S.A., appointed Third Assistant Medical Officer to the Worcester County and City Lunatic Asylum.

PARRY-JONES, W. R., L.R.C.S., L.R.C.P. Edin., L.S.A. Lond., appointed Medical Officer to the Rhosddu Lodge, N. U. Order of Oddfellows, the Bridge House, Golden Lion, and Bowling Green Tontine Societies, and the Wrexham and District Colliers Tontine Society.

PATON, D. Noel, M.D., appointed Examiner in Physiology to the University of Edinburgh, *vice* Richard Caçon, M.D., resigned.

PATRICK, Robert, M.D. Dur., M.R.C.S., appointed Certifying Surgeon under the Factories Act, Bolton District.

PHILLIPS, C. D. F., M.D., appointed Examiner in Materia Medica to the University of Edinburgh, *vice* W. Murrell, M.D., resigned.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—MEDICAL SOCIETY OF LONDON, 8.30 P.M. Dr. J. Langdon Down (Third Lettsomian Lecture): On some of the Mental Affections of Childhood and Youth.

TUESDAY.—PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M. Mr. Bland Sutton: Genito-Urinary Diseases of Animals. Mr. D'Arcy Power: A Neglected Point in the Pathology of Colles's Fracture. Dr. Griffith: Extra-uterine Fecundation. Mr. Bruce Clarke: Subperitoneal Rupture of Bladder. Dr. Barling: Tubercular Tumour of Brain. Mr. Bilton Pollard: Multiple Perforative Necrosis of Skull, of Tubercular Origin. Dr. W. Edmunds: Horny Growth on the Hand.

WEDNESDAY.—OBSTETRICAL SOCIETY OF LONDON, 8 P.M. Specimens will be shown. Dr. Gibbons: Case of Unilateral Galactorrhœa. Annual Meeting: Election of Officers and Council. The President (Dr. Potter) will deliver the Annual Address.

THURSDAY.—HARVEIAN SOCIETY OF LONDON, 8.30 P.M. Mr. G. Buckston Browne: The Position and the Value of the Operation of Internal Urethrotomy. Sir W. MacCormac: The Suprapubic Operation in its application to Stone in Children.

FRIDAY.—WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 P.M. Living Specimens.—Mr. Keetley: (1) A Case of Arterio-Venous Aneurysm of Cavernous Sinus (?) after treatment by Compression; (2) A Case of Cholecystotomy. Case Specimens.—Mr. H. Percy Dunn: (1) A Large Intussusception from a Child; (2) Tuberculosis of the Spleen from a Child of three months; (3) Extensive Rupture of the Duodenum following a Kick from a Horse. Papers.—Dr. Thudichum: On the Nature and Operative Treatment of Hypertrophies and Tumours of the Nasal and Pharyngeal Cavity. Dr. Campbell Pope (for Dr. C. Suckling): A Case of Acute Multiple Nephritis following Diphtheria, and one of Unilateral Progressive Facial Atrophy.

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 announcement.

BIRTHS.

BALDING.—On January 24th, at Dane House, St. Alban's, the widow of Mortimer Balding, M.D. Cantab. (who died on November 23rd, 1886) of a son.

BECK.—January 25th, at Fitzroy House, Botanic Avenue, Belfast, the wife of Dr. Fred E. Beck, of a daughter.

OMAN.—At 4, Strada Mezzodi, Valletta, Malta, on January 13th, the wife of N. Oman, Esq., M.D. Edin., of a daughter.

MARRIAGES.

JESSOP-ROGERS.—On January 27th, at St. Pancras Parish Church, by the Very Rev. the Dean of Gloucester, assisted by the Rev. J. E. Rogers, Vicar of St. Peter's, Tunbridge Wells, Edward Jessop, M.R.C.S., L.R.C.P., of Bridgegate, Retford, to Ada, youngest daughter of Thomas Arnold Rogers, of 23, Endsleigh Street, Tavistock Square.

PRAIN-THOMSON.—At Calcutta, on January 24th, David Prain, Surgeon, F.M.S., to Margaret, second daughter of the Rev. W. Thomson, M.A., Minister of Belhelvie, N.B.

SIMON-WILLANS.—On January 26th, at Christ Church, Lancaster, by the Rev. Canon Fleming, B.D., assisted by the Rev. F. C. Cursham, M.A., Vicar of Cropwell Butler, Notts, Robert M. Simon, M.B., M.R.C.P., of Clarendon Road, Edgbaston, Birmingham, to Emily Maud, younger daughter, of William Henry Willans, Esq., of 23, Holland Park Kensington, and Miss Clara Seaton, Devon. No cards.

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, 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, Tu., 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, M., 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.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

QUERIES.

DR. A. H. F. CAMERON (10, Shell Road, Liverpool) is anxious to obtain information as to the working of *crèches*, or day-nurseries, during the last two years, and what effect the depression of trade has had on the attendances. Any information on the general subject will be thankfully received.

THE M.R.C.S. EXAMINATION.

VINDEX writes: A friend of mine recently presented himself for the final examination in surgery. At the *visd voce* examination he was asked to measure for a truss, a feat which he could not perform, as he was neither a tailor nor an instrument maker. He answered five out of six questions in the paper, "spotted" all the pathological specimens shown, and also the "cases." The result was that he has been "referred for six months." The Secretary of the College of Surgeons will not give any definite explanation of this unfortunate event, though my friend is anxious to know if his want of skill with the measuring-tape unfitted him for the duties of a surgeon. The fairness of such an examination I leave to your readers' judgments.

ANSWERS.

STAMMERING.

SURGEON HENRY S. JACKSON, R.N., informs us that Mr. Beasley forwards his book on stammering on application to him at his residence Green Bank House Hall Green, near Birmingham.

DRY BRACING LOCALITIES IN ENGLAND.

BRIGADE-SURGEON R. W. ORTON (Newcastle-under-Lyme) writes: "Blackheathen" might, perhaps, induce his patient to visit Bournemouth, and remain there for some few weeks at least. In a case with which I am acquainted, the patient suffered from painful and irregular evacuations, with hemorrhoids from time to time, all probably attributable to biliary derangement, if nothing worse, and arising from residence in tropical climes. He was so unwell before winter set in, that he determined to try a milder clime, and went to Bournemouth in November, and stayed till the middle of December. He derived considerable benefit from it, and the good effect has, so far, been lasting. It was sunny, and the soil so quickly dried, that exercise was practicable except when it was actually raining.

DR. LUCAS (Ramsgate) writes: I should advise "Blackheathen" to recommend to his patient to try the climate of Bournemouth, or Torquay or Bath, or a winter trip to India, staying at Cairo *en route* on the return.

DR. J. P. WILLS (Bexhill, near Hastings) writes: In reply to "Blackheathen," I would draw his attention to Bexhill, near Hastings. It is as dry, or drier, than Eastbourne, equally bracing, but not exposed in the same way to the east winds, and while it enjoys the same amount of sunshine as Hastings, it is not at all relaxing. The soil is, for the most part, Tunbridge Wells and Ashdown sand, and the neighbourhood abounds in pretty walks and drives. I should be happy to give "Blackheathen" further particulars.

DETECTION OF TUBERCLE BACILLI.

CAREY COOMES, M.D., writes: In addition to the instructions given by Dr. Hamill in the JOURNAL of January 15th, I would recommend that the magenta solution be held over the spirit lamp for two or three minutes, while the cover glasses are immersed. Fifteen to twenty minutes are needed for effectual staining when the magenta fluid is cold. The washing in distilled water is not of importance, and the immersion in dilute nitric acid should not exceed ten minutes; two or three minutes will usually be enough. I have employed chrysoidin hitherto, acting on the instruction given by Dr. Gibbs in 1882, but this is not material. After drying the cover-glass, I have usually dipped it in absolute alcohol, dried it once more, and dropped on it either dammar varnish, or balsam softened in chloroform. The whole process need not occupy more than half an hour, of which only fifteen minutes are taken up in the manipulations.

MR. WATSON CHEYNE tells me that it is better to omit the use of alcohol before the balsam is placed on the cover-glass. I have a $\frac{1}{2}$ immersion with which the spores in the bacilli can be seen; but, in well stained preparations, the bacilli can be seen with a good $\frac{1}{2}$ inch, with B or C eyepiece. The substage condenser is most useful in work of this kind. Mine consists of two plano-convex lenses in a brass mount, which slips into the ring on the under side of the stage.

D. H. G. writes: Thanks to Dr. H. Gibbs, "M.B." will find the staining of tubercle bacilli very simple, and only occupying about ten minutes. Procure from Beck and Beck, Cornhill, a bottle of their double stain (cost one shilling) with full directions on it, but I would advise the fluid being at once warmed in the watch-glass over the spirit-lamp. I have also found it best to spread with a needle the sputum over the cover-glass evenly as thin as possible; if rubbed between two glasses it is apt to be lumpy.

PULSATILLA.

MR. GERARD SMITH writes with regard to the advice of Dr. Brunton to use pulsatilla for orchitis, that in his text Dr. Brunton says under "Pulsatilla" that "its therapeutic value is not great," and that it is "supposed to be a diaphoretic and emmenagogue"; but, in his *Indexes of Diseases and Remedies*, he gives pulsatilla in small doses for epididymitis (not orchitis only, as I had supposed). As a fact, a large section of the profession have used this drug successfully for many years in orchitis; but, never having heard of a report of such success in the JOURNAL, I thought it well to call the attention of the readers to it. I may mention that pulsatilla also inflames, or at least acts specifically upon the ovaries, producing pain and throbbing, with dysmenorrhœa, for which disorder it is often found to give great relief.

HOOKLESS CYSTICERCUS IN MAN.

DR. JOHN LUCAS (Ramsgate) writes: With reference to this subject, I desire to note that I have noticed these in Upper Burma, in Europeans as well as in natives, and ascribed it to the eating of affected beef.

A CORRESPONDENT writes: In reply to "Aliquis" in the last JOURNAL, I would suggest that any letter under cover to Sir C. R. McGrigor, Bart., 25, Charles Street, St. James's Square, London, would be duly forwarded to Surgeon General R. Bowen.

UNQUALIFIED MEDICAL PRACTICE IN GLASGOW.

J. L. writes: Amongst the numerous letters on unqualified practice which have lately appeared in the columns of your valuable JOURNAL, I have seen none commenting on a form of that evil which prevails here to a considerable extent. I refer to the employment, by the medical officer of health, of unqualified men in medical inspection. These men, sanitary inspectors, in addition to their ordinary duties, examine sick persons, diagnose cases, and remove them to the fever hospital without putting any medical man to the trouble of seeing or certifying. Now this system may be convenient and cheap, but I submit that it is not just to the poor portion of the public, on whom alone it is practised, nor to the profession, neither is it worthy of a rich and enlightened community like Glasgow to effect the paltry saving of a medical fee by the encouragement of unqualified practice in what appears to me to be one of its worst forms.

A QUALIFIED ASSISTANT'S WAGES.

E. B. S. writes: I quite agree with your correspondent, "F. T. S.," in his remarks on the advertisement in a medical paper from a physician, for a qualified medical assistant who, in addition to working morning and afternoon in the surgery, and doing midwifery at night, was expected to act as tutor to the advertiser's two children, for three hours daily, for the handsome remuneration of £30 per annum and half midwifery fees. I am pleased to think that this generous physician will be some little time filling up the vacancy in his household, as I notice that an advertisement, evidently from the same person, was in a medical paper of December 4th, 1886. Here the advertiser makes it a *sine qua non* that the assistant should be a university man in addition to his other qualifications. Surely no words are too strong to condemn offers to a qualified (university) member in our profession of a salary which an ordinary plain cook would refuse with scorn.

TREATMENT OF BILIOUS HEADACHE.

DR. C. R. ILLINGWORTH writes: Speaking from a bitter personal experience of bilious headache, I find the biniodide of mercury the best remedy. I give a quarter of a grain in pill at bedtime, or during the day, and repeat it in four or six hours if necessary.

THE POISONOUS MEAL NEAR CARLISLE.

DR. RICHARD LOWTHER writes: It may not have occurred to those engaged in the investigation of this case to direct their attention to the brine or liquor in which the salt beef was boiled to ascertain the absence of septic germs or bacilli in that fluid. Books on cookery state that the pickle will keep good for a considerable time, and may be repeatedly used to pickle meat, providing it be boiled up occasionally, and a little salt added. If the pickle or liquor had become tainted from age, or inattention to the above instructions, is it not possible it might team with septic bacilli, which would make the meat highly dangerous? We know that the temperature of boiling water is not sufficiently high to destroy certain septic germs in certain stages of their development.

SINGULAR EXAMPLE OF ARREST OF DEVELOPMENT.

A CORRESPONDENT sends us the following notes of a case which came under his notice.

When a student in connection with a maternity hospital in Scotland recently, he was called to attend an out-door midwifery case. The patient was a multipara, and after a short first stage, extending about fifty minutes or an hour, a very powerful uterine contraction brought the child into the world, and this was followed, almost without a pause, by the expulsion of the placenta. The mother believed herself to have reached full time, and the size and weight of the infant were only to a very slight extent less than those of an average child born at full time. The limbs were perfectly developed, and the head and face were normal, except that the right side was possibly a little larger than the left. The thorax and abdomen, however, presented a rather singular appearance. The sternum was totally absent, and the ribs, whilst quite normal behind, only came forward to what should have been the vertical line of the nipple. The integuments of the thorax also stopped short at that line, so that the thoracic cavity was quite open in front. The lungs were collapsed, and occupied the back part of the chest. The heart was in the usual fetal position, and beating vigorously, and its action could be thoroughly observed. The diaphragm was incomplete in front in the neighbourhood of the middle line. The abdomen was still more patent than the thorax, its integuments coming forward only to the anterior superior spinous process of the ilium below, and the end of the false ribs above. The chief abdominal viscera were well developed with the exception of the bladder and the pelvic portions of the sexual apparatus, which were either entirely absent, or so small as to escape detection. The liver was of large size, and its "ligaments" so much lengthened, that it rested between the thighs of the child. The anus was absent, and no traces of external genito-urinary organs were to be seen. The body, with the placenta attached, was laid close to the fire, and for the long period of sixty-five minutes, without any other visible sign of life, the heart continued to pulsate, growing slower and more feeble until at length it stopped. It is much to be regretted that it was found impossible to obtain the body for examination.

H. R. RUCKLEY.—The suggestion has been handed to the managers of the meeting.

ERRATUM.—In announcing the appointment of Mr. Oliver as Junior House-Physician to Charing Cross Hospital in the JOURNAL of January 8th, the name was erroneously given as "W. Pye Oliver" instead of "C. Pye Oliver."

ERRATUM.—Dr. James Blake desires to call attention to an error in his memorandum on the Open-Air Treatment of Consumption, which was published in the JOURNAL of January 15th. The death-rate from consumption of the Indian children in California when brought up in the ways of civilised life is given as 5 per cent. instead of 65 per cent.

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

Dr. Edwards, London; Dr. F. Warner, London; Dr. Creighton, London; Dr. R. J. Orton, Newcastle-under-Lyme; Mr. T. Horne, Stockton-on-Tees; Mr. E. T. Thompson, Coventry; Mr. A. Stewart, Stoke-on-Trent; Mr. S. J. Moody, Bingham; Dr. A. F. Bampton, Plymouth; Mr. F. W. Chandler, Derby; Dr. Pye-Smith, London; Dr. Balfour, Edinburgh; Mr. R. Clement Lucas, London; Dr. J. Lucas, Ramsgate; Dr. C. J. White, Rochester; Dr. S. Dickey,

Belfast; Dr. J. Carrick Murray, Stranraer; The Secretary of the Sanitary Committee, Exeter; Dr. J. Langdon Down, London; Dr. H. H. Ashdown, Edinburgh; Dr. Joseph Rogers, London; Mr. A. Lloyd, Rhyl; Mr. R. L. Head, Wimbledon; Dr. A. Teevan, Ballarat, Victoria; Mr. J. E. Gabb, Cheltenham; Mr. W. N. Risdon, South Norwood; Mr. J. F. Herring, Atherstone; Dr. Phillips, Edinburgh; Dr. Goodhart, London; Mr. W. Buchanan, Chatham; Dr. H. Hamilton, London; Dr. Horace Dobell, Bournemouth; Staff-Surgeon A. W. Russell, Kingstown; Mr. W. A. Evans, Wolverhampton; Dr. Oman, Valetta, Malta; Mr. W. Smith, Edinburgh; Dr. J. Beddoe, Bristol; Mr. A. C. Dutt, Morpeth; Professor Stirling, Manchester; Mr. F. W. Gregson, Blackburn; Mr. A. F. Mickie, London; Dr. E. B. Smith, Twickenham; Mr. E. Deane, Reading; Mr. W. Sykes, Mexborough; Mr. G. Smith, London; Dr. C. Haig Brown, Godalming; Mr. R. A. Doyne, Oxford; Dr. H. J. Brauford, Brighton; Mr. W. Blackett, London; Mr. M. Jackson, Barnstable; Dr. W. E. Steavenson, London; Dr. Brailey, London; Dr. H. Orfeur, Torquay; Dr. Hoogenstraaten, Batavia; Mr. W. A. Thomson, Amptill; Dr. Maxwell, Woolwich; Mr. R. B. Ruddock, Clifton; Mr. O. Andrew, Clifton; Dr. J. P. Wills, Bexhill; Mr. R. Pool, Shrewsbury; Dr. J. W. Moore, Dublin; Dr. Grant Bey, Cairo; Dr. E. Clifford Beale, London; Captain D. Brander, Pitgaveny, N.B.; Dr. M. D. Makuna, Treherbert; Mr. R. C. Harrison, Ealing; Mr. R. Greene, Berry Wood; Dr. J. Blake, London; Mr. F. R. O'Grady, Swinford; Dr. J. Johnstone, Bolton; Mr. W. E. C. Nourse, Exeter; Mr. H. C. Barnett, Fremantle, West Australia; Mr. H. S. Jackson, Walmer; Mr. J. McLemon, Glasgow; Mr. Watson Cheyne, London; Mr. George Eastes, London; Mr. Lennox Browne, London; Mr. A. C. Dixey, Dover; Dr. T. Pike, Malvern; Dr. G. Harley, London; Mr. J. G. Shea, Chesterfield; Mr. J. Wykes, London; Mr. R. Middlemore, Birmingham; Mr. G. Greene, Kilmore; Dr. T. Clark, Minehead; Dr. Maguire, Wolverton St. Mary; Mr. A. Packman, Sheffield; Mr. W. Jones Morris, Portmadoc; Mr. Whitehead, Manchester; Mr. R. Savage, London; Surgeon L. T. Nash, Dublin; Dr. Tatlam, Salford; Messrs. Cassell and Co., London; Dr. H. Tomkins, Leicester; Dr. Coombe, Maldon; Dr. T. F. Grimsdale, Liverpool; Messrs. Street and Co., London; Mr. J. Musworth, Liverpool; Mr. A. W. Mayo Robson, Leeds; The Secretary of the Great Northern Central Hospital, London; Mr. W. L. Cullen, Hawick; Dr. Willoughby, London; Mr. E. Haxell, Brighton; Miss J. Bourne, Coventry; Mr. O. R. Travers, St. Leonard-on-Sea; Surgeon-General Bowen, Wellington; Mrs. E. Eaton, Leamington; Mr. A. Thomson, Huntley; Messrs. Burroughs, Wellcome, and Co., London; Mr. W. S. Watson, London; Mr. J. Robertson, Edinburgh; Mr. W. H. Greening, London; Mr. W. P. Kiall, Bristol; Dr. D. W. Aitken, Edinburgh; Mr. F. P. Atkinson, Surbiton; Mr. A. G. Barrs, Leeds; Mr. A. H. Griffith, Manchester; The Honorary Secretary of the Association of Members of the Royal College of Surgeons, London; Mr. C. Franklin, Putney; Mr. O. Hehner, London; Dr. Raiton, Manchester; Dr. Barnardo, London; Mr. P. S. Price, Treorky; Mr. Shirley Murphy, London; The Executive Committee of the Jacob Testimonial Fund, Dublin; Mr. M. Thompson, Limerick; Dr. Grimshaw, Dublin; Mr. A. E. Blacker, Bristol; Dr. F. E. Beck, Belfast; Mr. J. Wright, Stonebridge, etc.

BOOKS, ETC., RECEIVED.

Massage as a Mode of Treatment. By William Murrell, M.D., F.R.C.P. Second Edition. London: H. K. Lewis. 1887.

What to do in the Cases of Poisoning. By William Murrell, M.D., F.R.C.P. Fifth Edition. London: H. K. Lewis. 1887.

Researches upon the Venoms of Poisonous Serpents. By S. W. Mitchell, M.D., and Edward T. Reichert, M.D. Published by Smithsonian Institute, Washington City. 1887.

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