

can cut; and then I think it is better to give two or three small nicks than one larger incision.

As to the cause of death—the patient died of pure shock, being an old and feeble woman, as there was nothing either in the operation itself or in the state of the bowels to have justified such a termination. But the records of these cases show a very great mortality; for out of 25 recorded cases recognised during life, 17 were subjected to operation, 8 were relieved by taxis, but only 5 altogether were saved by the two methods of treatment. Possibly it is to the late recognition of the disease, and therefore the absence of early operations found to be so important in other forms of hernia, that the high mortality is due. It is, therefore, in the direction of improved diagnosis that we may look for progress in the management of this disease; and I may remind you that a rectal or vaginal exploration should not be omitted in doubtful cases, as it is by this means that in more than one case the diagnosis has been established.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

MENIÈRE'S VERTIGO AND THE SEMICIRCULAR CANALS.

IN the article on this subject in the JOURNAL of April 5th, I read: "The influence of labyrinthine impressions on the maintenance of equilibrium of the body is now generally believed to have been demonstrated by the experiments of Flourens on the semicircular canals of pigeons, and to have been confirmed by the pathological researches of Menière. Indeed, all textbooks contain the doctrine that destruction of these canals produces definite and special disturbances of equilibration which render any proper co-ordination of locomotion impossible."

Will you permit me to call your attention to two short quotations. I wrote in 1883, in Holmes's *System of Surgery*; in 1873, in *Lectures on Diseases and Injuries of the Ear*, as follows:

1. "The experiments of Flourens, which at one time were thought to have settled the functions of the semicircular canals in regard to the maintenance of the equilibrium of the body, have since been controverted, so it seems improbable that this portion of the labyrinth is the seat of the lesion. As a matter of experience, when the giddy attacks cease the hearing suffers no further loss. Considering the association of vomiting with the giddiness, also the fact that irritation of the tympanum will often cause the patient to vomit suddenly without feeling any nausea; that irritation of the pneumogastric nerve causes unsteadiness of gait, as well as nausea or vomiting, and that the auditory and pneumogastric nerves are intimately connected at their origin, it seems quite possible that the giddiness and sickness in these cases may be due to reflex action of the pneumogastric, excited by some lesion situate on the course of the auditory nerve, or to some disturbing cause at the point of origin of these nerves."

2. "A circumstance which points very strongly to the fact that injury of the brain substance proper rather than to the semicircular canals is productive of inability to walk or run in a forward direction is one which I have, in common with many others, observed when a rabbit or hare is shot. Sometimes a few pellets only enter the brain, and the animal at once begins to run round and round in a small circle many times, and then tumbles down and stops, then he begins again running round in a circle at a great pace. Excepting by the entrance of the few pellets in the brain he does not appear to be injured. As he is approached he attempts to get away, but these attempts only result in his again running in the same circle. He is then caught and killed. I have noticed this phenomenon times out of number for many years, and have found that the few shots have not damaged the ear at all; what, then, about the semicircular canals?"

My daily experience leads me to believe that, in the minds of some, "Menière's disease" covers a good many conditions. I am content to be without a name for a train of symptoms with which I am very familiar, unless and until I can point to their origin. In

some cases I believe that I can, in many I know that I cannot; and I share this inability with others for whose powers of observation I have a great respect. If we are able to exclude the semicircular canals it is something, and if we confess our ignorance it leaves us in a position to learn, whilst to vainly clutch at the semicircular canals and pronounce "Menière's disease" is to court the confidence of ignorance.

W. B. DALBY, M.B.
Savile Row, W.

AN UNDETECTED CASE OF COLOUR BLINDNESS.

A NOTABLE case of colour blindness, occurring in an officer serving in the Mercantile Marine Service, has quite lately come to my notice. My notes are not so full as I could wish, but as the case has an important bearing on the question raised by Mr. Bickerton in his instructive paper on Colour Blindness, as to the Inefficiency of Board of Trade Tests, I shall be glad if you will give it insertion in the JOURNAL.

J., an officer of standing in the British Marine Company, was unconscious of the full extent of his colour sense, until accidentally meeting with a friend. He entered into an animated conversation with him, before the window of a druggist's shop, in which was displayed the commonly known coloured glass globe bottles. The friend remarked upon the dazzling effect of the light, and brilliantly coloured bottles, and I replied, "the light is constantly bright, but the colours you speak of are a confused mass to me, and all pretty much alike." "You must be colour blind," retorted my friend. "I have been told before that I do not see colours as other people see them, but whatever the defect may be, I had no difficulty in passing the colour test examination of the Board of Trade, so it cannot be very great. I never once made a mistake about reds and greens." Upon being further questioned, he said to me "the difference between a red and a green is palpable enough; the red is the fuller, while the green is decidedly the fatter." I can easily see this in the dark, meaning thereby at night, and I do not think I have ever mistaken one for the other when in charge of my ship.

Such is the sum and substance of this gentleman's knowledge of colour. He could give no other apparently, and as he naively remarked, "it had pulled him through at the Board of Trade examination." No one can doubt that had he been properly or more carefully tested, had a blue-green coloured glass, one orange, or a violet, or had Holmgren's wools been presented to him, the nature of his colour defect would have been quickly detected. I do not think I ever before met with so perverted a colour sense as in this case, for J.'s only idea of the difference between red and green appeared to be comprised in the vague terms of "fulness" and "fatness."

Bedford Square.

JABEZ HOGG.

A DIFFICULT CASE OF TURNING RENDERED EASY BY PLACING PATIENT IN THE GENU-PECTORAL POSITION.

I was called some time ago, by an experienced midwife, to see a primipara in labour at term; she saying a hand was presenting. I found not only a hand, but also a foot and the head, the last being impacted in the pelvis, having forced down before it the posterior segment of the partially dilated os and cervix uteri, which it was injuriously compressing between itself and the promontory of the sacrum. The membranes had been ruptured a long while before I saw her, and the uterine contractions were nearly incessant. Patient declined chloroform and, being on her left side, after attaching a tape to the presenting foot, I did what I could with the left hand in the vagina towards pushing the head above projection of sacrum, but without success. It then occurred to me that if I put her in the knee-chest position, so as to allow the womb and its contents by virtue of their weight to fall forward and downward, turning might be made easier. This I did, with the satisfaction of finding that I was enabled to complete the operation with the greatest ease imaginable; very slight pressure of the head with simultaneous traction on the leg being alone required. The child, which was of average size, was as might have been expected, stillborn.

I am not aware if this method has been suggested or practised in similar cases before, and have not found it described in those textbooks which I have at hand.

I report it in the hope that it may serve others as well as it has done myself.

Chesterton Road, W.

EDWIN T. ENSOR, M.D.

INFLUENZA AND RHEUMATIC FEVER.

Two cases of subacute rheumatic fever as a sequela of influenza have fallen under my observation.

The first case was that of a married man of middle age, in whose family history there was no evidence of a rheumatic taint, and who had himself never suffered from that disease. He was taken ill about the end of January of this year with a typical attack of influenza, with great pain in the head and eyes. His daughter was taken ill at the same time in the same way, and it should be mentioned that at the time influenza was very rife in the place where he lived. In two or three days the attack subsided, and he came downstairs feeling better as regards the general *malaise* and headache, but complained of pain down the right arm and leg. The brachial plexus was tender, and there were tender points over the nerves of the arm and over the external popliteal. I regarded this as a neuritis or neuralgia left by the influenza, but on my next visit in two days' time I found the patient laid up in bed with great pain in the right elbow, knees, and right ankle. The joints were swollen, reddish and hot, and the tongue covered with a thin white fur, and there was the usual sour-smelling perspiration; temperature about a degree and a half above normal, and pulse-rate in accordance. To cut a long story short, from that time till the end of March he suffered from subacute rheumatism in most of his joints. There were two relapses, and the joint affection seemed peculiarly obstinate to treatment, though his general condition all along was satisfactory, and he often expressed himself as feeling quite well except for the pain in the joints.

The second case was a married man of middle age, who had had previously an attack of "rheumatism" of short duration. In the first week of February he was attacked with influenza, with catarrh of eyes and nose. He was treated with quinine, and got so far well as in a day or two to go out, but on February 8th I was summoned, and he said he had "caught a fresh cold." He had had some shivering, and there were pains in the joints. At that time there was nothing to be seen or felt in the joints, but, guided by the former case, I put him on salicylate of sodium. On the 10th the pains were worse, and the knees and one ankle swollen, with a good deal of pain in the sole of one foot. The tongue was thickly covered with a white fur, and the temperature about 101° F. The whole attack was sharper than in the previous case, and the debility and anæmia were much more marked, though the patient was quite convalescent by the first week in March.

JAMES E. BLOOMFIELD, B.A. Oxon., M.R.C.S. Eng., etc.

Sevenoaks.

VENESECTION IN PUERPERAL ECLAMPSIA.

I WAS called on the evening of December 14th last to see A. N., who was seven months and a half gone in pregnancy. I found her suffering from constipation, sickness, foul tongue, etc. There were no specially suspicious symptoms, and, thinking that she might be suffering from an ordinary "bilious" attack, I prescribed accordingly. On the following morning at 6.30 I was again called to see her, and was informed that she had had a fit. I saw her again at 11 A.M., and she had a violent epileptic seizure while I was present. I immediately put her upon 20 grains of chloral and 20 grains of pot. bromid. every four hours, and, later on, gave a hypodermic injection of half a grain of morphia. In spite of that, however, the fits increased in violence, and became so frequent that by the morning of the 16th she had had twenty-five seizures. For twenty-four hours she had been gradually lapsing into a comatose condition, and the intervals between the fits were so short that they almost ran one into the other. There was no indication of labour, and the foetal heart could be heard beating distinctly. Temperature 103°; pulse 120. She had not micturated for twenty-four hours, and, on passing the catheter, only a small quantity of smoky, ammoniacal, and albuminous urine came away. Bearing in mind accounts of similar cases in the JOURNAL, I determined to perform venesection, and accordingly took away 8 to 10 ounces of blood from the median cephalic vein. The fits immediately ceased, but she lay unconscious for three days. During that time the urine was drawn off with the catheter, but the quantity was extremely small, and had the same characteristics as mentioned above. The bowels were confined and extremely tympanitic; both conditions were relieved by turpentine enemata. The temperature oscillated between 97° and 100°; the pulse was bad, scarcely ever being below 130, and occasionally being almost uncountable. The breath smelt horribly of urine. There were no

symptoms of paralysis beyond slight ptosis of the left eyelid. On the 20th consciousness began to return, and from that time the symptoms gradually disappeared, and she recovered strength rapidly. The fetus was still alive. All went well until January 2nd, when I noticed that she had slight twitching of the fingers of the left hand. Fearing that the convulsions might return, I determined to induce premature labour. Having, therefore, dilated the os with laminaria tents and Barnes's bags, I gave her chloroform, turned, and delivered her of a male child, which lived about six hours. She made an excellent recovery, and is now enjoying better health than she has had for years. She had never been known to have fits before, but there was a history of "fainting attacks." My chief object in giving this account is to emphasise the value of venesection. My experience of such cases happily is not large, but in those with which I have been brought in contact the result of "clearing out the uterus" during the acute stage has been so fatal that I was tempted in the present instance to adopt a different course. If labour had set in, or if the foetus had died, I should, of course, have had no option but to deal with it at once in the ordinary way. It is generally said that the hæmorrhage produced by the induction of labour acts in the same way as that caused by an ordinary venesection, but unfortunately that has not been my experience. J. ELLIS CRISP, M.R.C.S. Eng., etc.

Corsham, Wilts.

THE SUPPORT OF THE PERINEUM.

It is not my intention to enter into the argument as to whether the perineum should be supported or not. It is sufficient for me that, as a general rule, an attempt is made to support it, or, as Playfair puts it, to effect relaxation. Direct pressure on the distended perineum has been shown to induce increased uterine action, and favour rather than prevent rupture. To obviate this disastrous result it has been recommended to lay the palm of the hand on the perineum, with the thumb and fore finger one on each side of the vulvar opening, so as by gentle pressure forward to induce relaxation of the perineum. Whether or not it is hoped to support the perineum by making the palm for the time, as it were, a part of it, a certain amount of pressure is necessary in order to produce this adhesion of palm to perineum, that enables the operator to push the perineum forward. This pressure must be more or less directed upwards in the long axis of the patient's body. Without a certain amount of such pressure the hand will slip forward without carrying the perineum with it.

I venture to think that two dangers attend this necessary pressure, even when gentle, to which sufficient attention has not been called. One is, that the thumb and finger be allowed to slip apart on the slopes of the projecting head, and aid in rending asunder the edge of the perineum. Another is that the palm, especially if pressure be applied while the forehead is passing, forces the back part of the perineum upward behind the projecting head, and pulls the anterior part too quickly over the projection.

My excuse for calling attention to these points is that I consider them real dangers, and that we can avoid them best when we recognise them.

DUNCAN J. MACKENZIE, M.D.

Glossop, near Manchester.

THE SURGICAL ASPECT OF HEPATIC ABSCESS.

IN reply to the question asked by Surgeon Nichols, Medical Staff, in the JOURNAL of February 1st, as to the proper course of procedure in the case of a man spitting up a large hepatic abscess, and doing so effectively, opinions will no doubt differ according to the experience of different observers. That abscesses of the liver opening into the lung do sometimes end favourably is undoubted, but in my experience such a termination is unfortunately very rare. It has happened that during the past two years, while in charge of the station hospital at this station, I have had a somewhat large experience of hepatic abscesses, and among them four cases where the abscess opened into the lung. The first three of these were left to Nature, no interference being deemed advisable; all ended fatally, the patients dying from exhaustion, as usually happens in such cases, after weeks or months of misery. The fourth case, of which I append a few brief notes, speaks for itself.

Private P., Cheshire Regiment, was admitted to the Station Hospital from the Central Gaol, Rangoon, where he was undergoing a term of imprisonment for some military offence on September 23rd, 1888. While in prison no notes of his case were made, but his medical history sheet showed that while on field

service in Upper Burmah shortly before, he suffered from dysentery. He was treated for hepatitis in the gaol infirmary, when during a severe attack of coughing he brought up a quantity of pus, which was at once seen to be from an abscess in the liver opening into the lung. The medical officer of the prison applied for and obtained the man's release, and sent him to the station hospital.

On admission, he was extremely emaciated, and so weak as to be scarcely able to sit up in bed. He was spitting up from 4 to 6 ounces of thick pus of a greenish or slightly chocolate tinge daily, which came up after very severe fits of coughing, which left him quite exhausted. Temperature on the evening of admission 102.6° , normal the following morning, the patient being bathed in perspiration. In the evening it was 104° . On the next evening, the 25th, it was again 104° ; profuse sweating during the night. On the evening of the 26th it was 103° . There was in addition to the sweating severe diarrhoea, which could not be checked, both together exhausting the patient so much, that it was impossible he could last very long in the condition he was in.

After a consultation it was determined to open the abscess externally. There was no pointing, and nothing to guide us as to the position of the abscess. On the morning of the 27th the aspirating needle was passed in, and after one or two attempts, passing the needle in different directions, pus was discovered. The needle was withdrawn and a trocar and cannula inserted. Guided by this the opening was enlarged sufficiently to admit a medium-sized drainage tube, through which the pus flowed freely. In all, about 12 ounces came away. The cavity was syringed with an antiseptic through the tube. The patient complained of a good deal of pain, and was very restless after the operation, and vomited several times during the day, probably due to the chloroform which was administered. The temperature, which every evening since admission varied between 102.8° to 104° , remained normal. The following morning it was 99° , very slight sweating, and the same evening 100° . From this time to the end of the case the temperature never went above 101° , and was usually below that, except once, when, as the result of the tube getting blocked, it went to 101.6° .

From the moment the abscess was opened externally no pus was expectorated; the cough gradually ceased; the sweating and diarrhoea, which before was so troublesome, stopped, and the patient gained in flesh and strength.

After October 9th the temperature never rose above normal. The discharge continued to come away through the tube in diminishing quantity, ultimately ceasing altogether, and the opening closed. The man left the hospital quite well, but as it was the invaliding season he was sent to England for change.

After the experience gained from this case, and seeing the condition of the lung on *post-mortem* examination of the fatal cases, I would always, if possible, open the abscess externally in all cases similar to this one, and I consider the earlier this is done the better the chance of the patient's recovery.

Rangoon, Burmah. J. A. GORMLEY, M.D., Surgeon-Major
Medical Staff.

ON THE ANTISEPTIC AFTER-TREATMENT OF VACCINATION.

UNDER this heading on page 478 of the JOURNAL Dr. C. W. S. Barrett records his belief that postvaccinal "bad arms" are due to postvaccinal septic infection. As compared with Dr. Barrett's, my own experience in vaccination is small, and limited to private practice; but as it distinctly supports his conclusions, and is, I fancy, somewhat peculiar, it may be worth relating.

Being of opinion that the "dangers of vaccination" arise from sources other than the lymph introduced, I am in the habit of employing the following precautionary measures:—

1. The lymph (Renner's calf) reaches me on the day I intend to use it.
2. The instruments, the unopened tube, and the patient's arm are washed in a disinfectant.
3. I make in four places small scratches and valvular punctures with a Graefe's cataract knife charged with the lymph.
4. Most important of all, I never lose sight of the arm until the spots are quite dry, then I powder with bismuth and apply dry lint.
5. The nurse is directed to lave the part daily in a stream of tepid water after the second day, and to let no sponge come near it.

It happens, possibly as a result but certainly as a fact, that I can recall only one case of inflamed arm during the past six years, and this was an exception strongly corroborative of Dr. Barrett's contention, for the child, whose arm and shoulder ultimately suppurated, had been exposed bare-armed to a current of sewer gas. I am well aware that the processes I choose to employ in my private practice, involving as they do the expenditure of a large amount of time and attention, are inapplicable to the class of patients who most require them, namely, the poor of our large cities; but, as Dr. Barrett says, the authorities would do well to consider means for the prevention of septic infection of vaccination wounds made at their public stations. I beg to submit the suggestion that a thin coating of collodion, which would fall off about the time the papules begin, might serve this purpose.

It cannot be denied that in hospital and dispensary practice one is called upon to prescribe for a far too large number of children suffering from postvaccinal troubles. The mothers, fortified by their neighbours' unstinted opinions, refer these ailments to the operation itself, though doubtless due to their own mismanagement. The extreme importance of Dr. Barrett's unassuming memorandum on the neglected side of this question deserves appreciation, and my object in writing is rather to elicit than to offer suggestions. ALFRED LEACH, M.B., M.R.C.P.Ed.,
Assistant Physician Italian Hospital.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

GUY'S HOSPITAL.

CASE OF STRANGULATION OF THE BOWEL THROUGH A HOLE IN THE MESENTERY.

(Under the care of W. ARBUTHNOT LANE, M.S., F.R.C.S., Assistant-Surgeon Guy's Hospital, and the Hospital for Sick Children, Great Ormond Street.)

C. J., boy, aged 10, was admitted on March 12th, 1890.

About 4 A.M. on March 10th he had been seized suddenly with violent pain in the lower part of the abdomen, immediately above the symphysis and in the middle line. Within a few minutes of the onset of the pain he began to vomit, and continued to do so at intervals till his admission. He was given a dose of castor-oil and poultices were applied. He was then seen by a medical man, who diagnosed "stoppage" and gave a soap enema.

On the morning of March 12th he became very collapsed, and the material vomited was faecal. Nothing had been passed by the rectum since the onset of the attack. He had five doses of castor-oil and four enemas. There was no history of any injury, or of previous inconvenience or discomfort, and the attack came on while the boy was asleep.

On admission, the child was apparently in a dying condition. The pulse was 140 and hardly perceptible, and the temperature 97° . The abdomen was distended, and there was some definite resistance to be felt beneath the right rectus below the level of the umbilicus. No tumour or induration could be perceived in the right iliac fossa. The abdomen was not very tender to manipulation. The child said that he did not feel any pain, though previous to his admission he had had constant pain, with frequent exacerbations.

Though the boy was in such a collapsed condition, in the face of the short history, the apparent absence of any trouble about the appendix, and the resistance felt beneath the right rectus, I determined to operate without a moment's delay.

The extremities and thorax were carefully sheathed in cotton-wool, and alcohol was injected. Chloroform had almost at once to be replaced by ether, as under its influence no pulse could be felt. When the child became unconscious, a very definite tumour, of considerable size and prominence, occupied the position of the resistance already described. It was resonant on percussion. The abdomen was opened by a suitable T-shaped incision over the tumour, and a considerable quantity of somewhat foul-smelling, bloody fluid escaped from the peritoneal cavity. A mass of intestine, of a dark bluish colour, and covered by flakes of lymph

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

NOTICE OF QUARTERLY MEETINGS FOR 1890. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on July 16th, and October 15th, 1890. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, June 25th, and September 4th, 1890.

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.

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.*

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting of this Branch will be held at Croydon on Thursday, May 8th.—P. T. DUNCAN, M.D., Honorary Secretary, Croydon.

OXFORD AND DISTRICT BRANCH.—The next meeting of the Branch will be held on Friday, April 25th, at 3.15 P.M., in the Radcliffe Infirmary, Oxford. Gentlemen are requested to send to the Honorary Secretary, W. LEWIS MORGAN, 42, Broad Street, Oxford, notice of any papers to be read, or cases shown, on or before April 14th.

BORDER COUNTIES BRANCH.—The next meeting of the Branch will be held at Lockerbie on the afternoon of Friday, April 26th. The hour of meeting will be notified on the circulars. There will be a dinner after the meeting. Notice of papers and cases to be read to be sent as soon as possible to the Honorary Secretary, JAMES ALTHAM, M.D., Birkbeck House, Penrith.

METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.—A meeting of the above District will be held on Friday, April 25th, at the Prince's Hall, Baling. The chair will be taken by Dr. Ord, President of the Branch, at 8.30 P.M. Dr. Clement Godson will read a paper on Cancer of the Cervix Uteri.—C. A. PATTEN, Honorary Secretary, Marpool House, Baling, W.

SOUTH-WESTERN BRANCH.—The annual Meeting of the Branch will be held at the Ilfracombe Hotel, Ilfracombe, on Wednesday, May 21st, 1890, under the presidency of Dr. Edwyn Slade-King, D.P.H. Notices of motions or communications to be intimated to the Honorary Secretary without delay, and it will facilitate arrangements if members will inform the Honorary Secretary as soon as possible if they hope to be present at the meeting, and join the excursion proposed to be made on the following day. The following motion was passed at the Council meeting on May 2nd, 1888: "That inasmuch as the annual meeting assumes more or less the character of a day of recreation, and with a view of encouraging the district meetings, the business of the annual meeting shall be confined to the President's address, the business of the Branch, the exhibition of cases or of specimens with notes, and the annual dinner." Those members who have not yet paid their subscriptions are reminded that they became due in advance on January 1st.—P. MAURY DEAS, Honorary Secretary, Wonford House, Exeter.

SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.—The annual meeting of this District will take place on Thursday, April 24th, at the Pier Hotel, Ryde, at 4 P.M.—ROBERT ROBERTSON, M.D., Secretary.

SOUTHERN BRANCH: SOUTH-EAST HANTS DISTRICT.—The next ordinary meeting will be held at the Grosvenor Hotel, Queen's Gate, Southsea, on Thursday, April 24th, 1890, at 4.30 P.M. The chair will be occupied by the President (W. F. Brook, Esq.). Members who are desirous of introducing patients, exhibiting specimens, or making communications, are requested to signify their intention at once to the Honorary Secretary, J. WARD COUSINS, M.D., Riversdale, Kent Road, Southsea.

EAST ANGLIAN BRANCH: ESSEX DISTRICT.—The next meeting of the members of the Essex District will be held (by permission) in the Town Hall, Haverhill, on Friday, May 2nd, 1890, at 2 P.M. Dr. J. Sinclair Holden, President of

the East Anglian Branch, will preside. Messrs. Tandy and Hargrave invite the members and their friends to lunch at the Town Hall, at 12.45 P.M. Business of the meeting.—2 P.M., to elect an honorary Secretary for the year 1890. To arrange the place and date of the next meeting. Medical Defence Union.—Dr. Mead (Newmarket) will give a short report of the work of the Union for the past year. The following papers have been promised:—Dr. J. Sinclair Holden (Sudbury): A few remarks on Exalgine. Professor Latham (Cambridge): On the Treatment of Megrim or Sick Headache. Mr. R. Harrison, F.R.C.S. Eng. (London): On the Selection and Use of Catheters and other Instruments for Enlarged Prostate. Mr. B. L. Tandy (Haverhill): On a Case of Intestinal Obstruction, Laparotomy, followed by Abscess Recovery. H. J. Hargrave, M.B. (Haverhill): Notes of a Suppurating Hydatid of Liver. W. J. Burleigh-Robinson, M.B. (Halstead): On the Induction of Premature Labour by Rapid Dilatation, especially in its relation to Pneumonia.—C. E. ABBOTT, Honorary Secretary, Braintree.

SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.

THE quarterly meeting of this district took place on January 30th, 1890; T. A. BUCK, M.B., in the chair.

Abuse of Out-patient Departments.—The resolutions referred from the Council on the subject of the abuse of out-patient departments of public charities were discussed. Resolutions 1, 4, and 5, and Resolution 6 as applied to these, were approved; Resolutions 2 and 3 were disapproved of.

Communications.—Dr. BUCK gave an interesting paper on a successful case of Ovariectomy.—Dr. GROVES initiated a discussion upon Russian Influenza, in which all present took part.—Mr. COOMBS introduced the subject of the Action of Sulphonol, which was discussed.

Dinner.—The members dined together afterwards.

BATH AND BRISTOL BRANCH.

THE fifth ordinary meeting of this Branch was held at the Grand Pump Room Hotel, Bath, on Thursday evening, April 10th; W. J. FYFFE, M.D., President, in the chair. Thirty-six members were present.

New Members.—The following gentlemen were elected new members of the Association and Branch: Dep. Surg.-Gen. EVES, M.R.C.S., Clifton; Dep. Surg.-Gen. HERBERT, M.D., Clifton.

Card Cases.—A case of Disseminated Uratic Tophi Deposits resembling Xanthema in some parts of the body. By H. W. FREEMAN, F.R.C.S.I. The case was discussed by Drs. SHINGLETON SMITH, MARKHAM SKERRITT, and H. F. H. GOODBRIDGE.—A case of Cervical Caries. By R. J. H. SCOTT, F.R.C.S. Ed.

Papers.—The following papers were read: 1. Painful Micturition in Women. By A. E. AUST LAWRENCE, M.D.; which gave rise to a discussion, in which Drs. BRABAZON, MARKHAM SKERRITT, HANDYMAN, MICHELL CLARKE, WALDO, and Messrs. WAUGH and PAGAN LOWE took part.—2. Ulcerative Endocarditis. By H. WALDO, M.D. Dr. GOODBRIDGE spoke on the subject.—3. Remarks on a case of Acute Goitre occurring during the Puerperal Period. By McD. ELLIS, M.D. Observations on the subject were made by Dr. AUST LAWRENCE.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

AN ordinary meeting of this Branch was held in 198, Union Street, Aberdeen, on Wednesday, March 19th, 1890, at 8 P.M., Dr. GORDON in the chair.

Nomination.—The minutes of last meeting being read and approved, Dr. Lindley M. Scott, Bury View, Aberdeen, was nominated for ballot at next meeting of the Branch.

New Member.—Dr. A. Rudolf Galloway, 203, Union Street, Aberdeen, was balloted for, and unanimously admitted a member of the Branch.

A report of the scientific part of the proceedings will be found at p. 901.

ABSTRACT OF PROCEEDINGS OF COUNCIL.

At a numerously attended meeting of the Council, held in the Council Room at the offices of the Association, 429, Strand, W.C., on Wednesday, April 16th, 1890, Dr. BRIDGWATER, President of the Council, in the Chair, it was

Resolved: That the financial statement for the year ending December 31st, 1889, as certified by the auditors, be approved and published in the JOURNAL, in accordance with By-law 26.

The remainder of the proceedings of the Council will appear in next week's JOURNAL.

BRITISH MEDICAL ASSOCIATION.

FINANCIAL STATEMENT FOR THE YEAR ENDING DECEMBER 31st, 1889.

BALANCE SHEET.

DR.	LIABILITIES.	£ s. d.	CR.	ASSETS.	£ s. d.	£ s. d.
To Subscriptions paid in advance		667 6 3	By Subscriptions—Amount due		1,227 12 0	
„ Advertisements ditto		359 13 8	„ Advertisements—Amount due		3,058 8 0	
„ Publishing ditto		11 19 7	„ Sundry Sales—Amount due		109 4 1	
„ Library		300 0 0	„ Due from Hastings Memorial Fund		8 15 0	
„ Contributors		602 14 1	„ Lease		4,500 0 0	
„ Reporting		30 9 0	„ „ Agar Street Premises... ..		3,200 0 0	
„ Engraving		75 4 5	„ Alterations of Premises		4,278 17 2	
„ Printing Journal		250 17 6	„ Furniture and Fixtures at cost		1,898 15 1	
„ Paper for Journal		683 14 8	„ Library and Fixtures... ..		510 4 0	
„ Miscellaneous Printing		50 14 6	„ Plant and Type at cost		1,898 0 7	
„ Inebriates Committee		6 16 0	„ Interest due on Investments		325 8 0	
„ Reference Committee		50 8 0	„ INVESTMENTS		19,569 7 6	
„ Therapeutic Committee		200 0 0	„ Cash, namely:—			
„ Stationery		35 3 11	London and Westminster Bank on current			
„ Coal and Coke		1 4 0	account		1,914 14 8	
„ Repairs		12 9 0	Ditto, on deposit		3,000 0 0	
„ Legal Charges and Architect's Fees		64 5 10	Ditto, at Office		42 1 0	
„ Wood Fund		25 0 0				4,956 15 8
„ Rates, Taxes, and Insurance		144 13 6				
„ Plant and Type		101 11 11				
„ Sundries... ..		22 16 5				
„ Office Furniture and Fixtures (Electric Lighting)		124 12 0				
TOTAL LIABILITIES...		3,821 14 3				
„ Depreciation—as at 31st Dec. 1888		1,347 10 11				
Lease, 18 years, one-eighteenth of	4,500 0 0 =	250 0 0				
Lease, 16 years, one-sixteenth of	3,200 0 0 =	200 0 0				
Alterations, one-eighteenth of	4,278 17 2 =	237 14 3				
Furniture, 15% on...	1,898 15 1 =	284 16 3				
		2,320 1 5				
„ Plant Depreciation and Renewal Fund as at December						
31st 1888		193 3 10				
„ Add for 1889		250 0 0				
		443 3 10				
„ Surplus Account, namely:—						
Balance on January 1st, 1889		35,617 12 11				
Profit for 1889 brought from Revenue Account		3,338 14 8				
„ BALANCE, being total of excess of assets over liabilities		38,956 7 7				
		£45,541 7 1				£45,541 7 1

Revenue or Profit and Loss Account for Year ending December 31st, 1889.

	£ s. d.		£ s. d.
Editorial Expenses (Salaries, Contributions, } Engraving, and Reporting)	4,525 16 6	Subscriptions	13,994 7 2
Expenses of Journal (Printing, Postage, and Paper)	13,758 2 9	do. former years	81 15 9
Office Expenses (Rent, Taxes, Office Postage, etc.)	2,398 6 7	Advertisements (less discounts and allowances)	12,910 0 5
Office Salaries and Wages	2,167 1 0	Sundry Sales of Journal	1,379 0 1
Association Expenses (Scientific Grants, Scholarships, } Expenses of Committees, etc.)	2,204 2 9	Collective Investigation Record Sales	4 9 3
Plant Depreciation Fund	250 0 0	Sundries—Reading and Binding Covers... ..	92 15 5
Provision towards redemption of expenditure on Alteration of } Premises, Lease of Premises, and Furniture and Fittings }	972 10 6	Reprints	95 2 8
	26,276 0 1	Interest on Investments	694 18 2
Subscription Losses from death	386 16 0	Scientific Grants unused and returned	199 14 11
	26,662 16 1	Sale of Waste, etc.	13 6 9
Profit for Year carried to Balance Sheet	3,338 14 8	Discount on Printing, Paper, etc.	536 0 2
	£30,001 10 9		£30,001 10 9

STEWART FUND.

£579 invested in 4 per cent. Caledonian Railway Debenture Stock, in the name of the British Medical Association.

	£ s. d.
1889.	
Jan. 1. To Balance brought down	93 3 11
Dec. 31. „ Interest one year on £579	22 11 8
	£115 15 7
1889.	
Aug. 17. By Award (Dr. Klein, F.R.S.)	52 10 0
Dec. 31. By Balance carried down	63 5 7
	£115 15 7

MIDDLEMORE FUND.

£500 invested in 4 per cent. North British Railway Debenture Stock, in the name of the British Medical Association.

	£ s. d.
1889.	
Jan. 1. To Balance brought down	74 1 4
Dec. 31. „ Interest one year on £500	19 10 0
	£93 11 4
1889.	
Dec. 31. By Balance carried down	93 11 4
	£93 11 4

HASTINGS FUND.

£477 invested in 4 per cent. London and North Western Railway Debenture Stock, in the name of the British Medical Association.

	£ s. d.
1889.	
Dec. 31. To interest one year on £477	18 10 6
„ Balance carried down	2 6 4
	£20 16 10
1889.	
Jan. 1. By Balance	20 16 10
	£20 16 10

We have examined the foregoing Accounts with the Books and Vouchers of the Association, and find the same to be correct.

PRICE, WATERHOUSE, & CO.,
44, Gresham Street, E.C.

29th March, 1890.

and national disaster, then, I think, the sooner it is settled once and for ever against that effete institution the better.

It is not the so-called "military instincts," or rather, the unreasoning and stupid prejudices of one official, however highly placed or connected, or of any other subordinate and inspired functionaries, that ought to be regarded, but hard facts, reason, common sense, past experience and knowledge, not only of what our own army needs to render it as efficient as possible, but what other armies—for example, those of France, Italy, Switzerland, and the United States—have found it necessary to do towards this end; and all these have found it necessary to accord to their medical officers military rank, title, and command.

Hitherto the attitude, so to speak, of my dear old comrades the medical officers of the army, has, I regret to think, been an absurdly humble one. Had they as a body, and the civil profession with them, asserted themselves much more than they have done, I cannot but think that their position to-day would have been greatly superior to what it is. In future I do hope that there will be less of "bated breath and whispering humbleness" in their struggle for a more tolerable existence and a higher usefulness.

No profession has a better right to hold up its head manfully and self-respectingly, or to speak right out and demand a position second to no other class of officers in the army.

THE COCKADE.

COCKADE.—We cannot say whether it is customary or correct for retired volunteer officers to continue to use the cockade; but we know of nothing to the contrary. These things are mainly matters of taste; the majority of volunteer officers retiring as captains or surgeons would probably drop both the cockade and the military title.

BARRACK IMPROVEMENT.

OBSERVER remarks: Concerning the expenditure of four millions on barrack accommodation we have heard nothing as to whether the improvement of hospitals is included. If many of our barracks are bad, the hospitals at the same stations are usually worse. It is a matter to be kept in mind.

*As effete barracks and hospitals are, in most instances, in close juxtaposition, it stands to reason that the rebuilding of the one involves that of the other.

INDIA PAY.

A CORRESPONDENT suggests that the candidates who lately came forward for the Medical Staff, in the belief that Mr. Stanhope could hardly set aside the recommendations of his own Commission, should petition for due recognition of pay for rank in India. If refused, it would open the eyes of the schools. If candidates really understood the small amount of pay they receive in India few of them would go there.

LEWIS MEMORIAL FUND.

We are requested by Sir Thomas Crawford to invite the attention of the subscribers to the Lewis Memorial Fund to the statement of accounts, which will be found in our advertising columns.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF GLASGOW.—The following gentlemen have passed the first professional examination for the degrees of M.B. and C.M.:—

W. T. Ainsworth, T. Armstrong, E. Bidie, J. E. Bow, F. Brown, W. Campbell, R. J. Carroll, T. Colvin, W. Copland, W. J. Couper, A. Crawford, J. S. Davies, M.A.; P. F. Dewar, W. W. Don, J. Donald, G. A. Eadie, J. D. Finlay, H. N. Gardiner, T. Hamilton, J. B. Hartley, J. Harvie, J. Hunter, M.A., B.Sc.; H. E. Jones, J. Lang, J. B. Littlejohn, H. C. Marr, P. Marshall, J. B. Millar, J. R. M'C. Miller, M.A.; J. Milroy, E. J. Morris, J. Morrison, J. H. MacArthur, W. M'Call, G. M'Feat, J. M. M'Lauchlan, D. M'K. MacRae, J. A. Naismith, J. Pearson, A. Ramsey, A. Robertson, M.A.; H. M. Robertson, H. Robertson, J. A. Robertson, G. G. Russell, M. W. Symington, R. Tennent, J. Thomson, J. P. Thomson, P. Thomson, A. Webster, T. Wright.

The following have passed the second professional examination:—

J. Aitken, J. A. Aitken, P. Aitken, E. Beck, D. F. Brown, W. L. Brown, G. B. Buchanan, J. W. M. Buick, J. D. Davies, D. S. Dewar, R. S. Dickson, J. Don, M.A.; W. Duncan, D. W. Girvan, A. Graham, P. N. Grant, J. A. Harrison, W. B. Hastings, E. Henderson, N. S. Jeffrey, O. G. Jones, N. Keith, H. Lawrie, J. Marr, R. J. Marshall, J. K. Muir, W. C. Murray, A. C. M'Arthur, D. D. Macdonald, D. N. Macfarlane, J. A. Macintosh, A. J. M'Kechnie, W. J. M'Kendrick, G. M'Lauchlan, P. G. M'Reddie, H. J. Rankin, J. Robertson, R. C. Robertson, M.A.; W. D. Rose, A. T. Scott, M.A.; W. N. Sime, A. E. Smith, P. M. Smyth, D. R. T. Strong, G. N. Turner, C. F. Wylie.

The following have passed the third professional examination, including, in the cases marked with asterisks, the subject of Pathology:—

C. A. Alexander, J. G. Bain*, J. F. Barr, B.Sc.; T. Berry, D. Brown, D. Christie, A. Cluckie*, C. E. Cochrane, W. Colvin, D. Coutts*, E. Davies, R. G. Dick, H. C. Donald, J. G. Duncanson, W. B. O. Ferguson, R. Hamilton, D. Harries, W. S. Harrison, J. J. Hood, F. W. E. Hutchinson, J. Johnson, J. M. M. Kerr, R. R. Kilpatrick*, G. Lamb*, C. Lavery, A. H. Lucas, C. B. Lucas, R. Moir, S. Macbirtne, R. J. Mackay, P. M'Ritchie*, J. H. Naismith, W. A. Neish*, R. J. Nevill*, C. O'Neill, W. Park (Rutherglen), J. G. Ronald, R. H. Rothery*, A. G. Sanders, R. Sharp*, J. Stirling, M.A.*; C. Symington, G. M. E. Thorp*, D. Watson, R. Wilson*.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on April 9th, namely:

E. Miskin, E. M. Hainworth, C. L. B. Stares, A. R. O. Milton, and W. G. Sutcliffe, of St. Thomas's Hospital; R. C. Bennett, J. Jones, F. Deas, F. W. Wesley, and R. J. Wait, of University College; K. Lawson, W. A. Dixon-Whiteman, W. H. Johnson, and A. E. Bodington, of Middlesex Hospital; J. A. Morgan, N. R. J. Rainier, and J. W. Willson, of Charing Cross Hospital; J. H. Collins and J. J. Grace, of St. Bartholomew's Hospital; F. Hazell, of Guy's Hospital; W. Turner, of King's College; E. L. Payne, of St. Mary's Hospital; and A. J. Temperley, of London Hospital.

Passed in Anatomy only.

A. A. Rostant and R. F. Symons, of St. Thomas's Hospital; M. C. O'Brien, of St. Mary's Hospital; W. B. Collier and S. E. Gill, of St. Bartholomew's Hospital; W. C. C. Park, of Guy's Hospital; and C. H. Fanting, of London Hospital.

Passed in Physiology only.

E. W. Cross, of St. Bartholomew's Hospital.

Passed in Anatomy and Physiology on April 10th.

M. Randell, M. J. Williams, and H. S. Beadles, of University College; C. W. Curtis and H. C. Thomson, of Middlesex Hospital; J. L. Morton, C. M. Rhodes, and A. J. Ortlepp, of St. Mary's Hospital; H. C. French and A. R. MacGregor, of King's College; S. F. St. D. Green, F. E. Greenwood, and P. A. Bradshaw-Isherwood, of St. Bartholomew's Hospital; J. L. Prain, G. J. Arnold, and J. W. Hewett, of St. Thomas's Hospital; S. L. J. Stegall, of Charing Cross Hospital; H. G. Felkin and A. H. Conder, of London Hospital; and C. G. Godfrey, of Melbourne University.

Passed in Anatomy only.

J. C. S. Matthews and R. K. Bayley, of St. Mary's Hospital; H. C. Roberts, J. G. Schewer, and R. M. Russell, of London Hospital; E. S. Humphry and E. Kennington, of St. Bartholomew's Hospital.

Passed in Physiology only.

A. E. Ridsdale, of St. Thomas's Hospital; E. Clowes, of Charing Cross Hospital; and F. A. Stevens, of King's College.

Passed in Anatomy and Physiology on April 11th.

R. H. Ritchie, of Guy's Hospital; C. G. Spencer and A. W. Kirkpatrick-Picard, of University College; E. S. Cardell, L. W. Rolleston, and A. H. Buck, of St. Bartholomew's Hospital; J. S. Collier, of St. Mary's Hospital; W. A. Pinner and A. Strange, of London Hospital; H. H. Woods, of Charing Cross Hospital.

Passed in Anatomy only.

H. M. Moore, of St. Thomas's Hospital; O. C. Maurice and H. B. Ellerton, of St. Mary's Hospital; E. A. Rogers, of King's College; and F. W. Rock, of St. Bartholomew's Hospital.

Passed in Physiology only.

E. B. Barber and C. S. Simpson, of London Hospital; W. R. Barrett, of Charing Cross Hospital; P. McK. C. Wilmot, of Guy's Hospital; and B. A. Castellote, of Middlesex Hospital.

ROYAL COLLEGE OF SURGEONS.—At the last meeting of the Council of the Royal College of Surgeons, Messrs. W. M. Crowfoot and F. W. Jowers were elected by ballot to the Fellowship of the College under Section 5 of the Charter of the 15th Victoria, applicable to Members of the College of twenty years' standing. Mr. Willett moved, by permission of the Council: "That the whole question of the instruction of students in ophthalmic surgery, and of the manner in which the subject should be tested, certified, or otherwise approved, be referred to the Court of Examiners to consider and report thereon to the Council."

ROYAL COLLEGE OF SURGEONS IN IRELAND: BARKER ANATOMICAL PRIZE.—The President and Council of the College give notice that two prizes for the years 1889 and 1890, each of the value of twenty guineas, will be competed for on Tuesday, July 1st. These prizes are open to all medical students, and will be awarded for the best dissections, superficial and deep, of (1) the dorsum of the foot, and (2) the popliteal space, subject to conditions which may be obtained on application to the Curator.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Monday, April 14th.

Vaccination Returns.—Mr. MATTHEWS, in reply to Mr. BRADLAUGH, said the return of persons imprisoned for non-compliance with the Vaccination Acts was by inadvertence incomplete; the return would be supplemented with the missing particulars at the earliest possible date.

English Practitioners in Switzerland.—The House went into Committee of Supply on the Civil Service Estimates. On the vote to complete the sum of £407,909 for Diplomatic and Consular Services, Dr. FARQUHARSON asked the Under-Secretary whether there was any likelihood of a relaxation of the extremely inconvenient regulations restraining British medical men from practising in Switzerland.—Sir J. FERGUSON said it was no doubt a hardship on our fellow-countrymen in Switzerland that they could not always avail themselves of the services of British medical men, but the medical profession was a close one in all European countries. In Switzerland Her Majesty's Government had

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, April 12th, 839 births and 591 deaths were registered in the eight principal Scotch towns. The annual rate of mortality in these towns, which had declined from 23.7 to 24.1 per 1,000 in the eight preceding weeks, further fell to 22.3 during the week under notice, but exceeded by 2.2 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Leith and Greenock, and the highest in Edinburgh and Glasgow. The 591 deaths registered in these towns during the week under notice included 96 which were referred to the principal zymotic diseases, equal to an annual rate of 3.7 per 1,000, which exceeded by 1.7 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Greenock, Edinburgh, and Glasgow. The 287 deaths registered in Glasgow included 24 from measles, 20 from whooping-cough, and 3 from diphtheria. In Edinburgh, 7 fatal cases of measles, 3 of whooping-cough, and 2 of scarlet fever were recorded. Six deaths resulted from measles in Dundee. The death-rate from diseases of the respiratory organs in these towns was equal to 4.9 per 1,000, against 4.5 in London.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, April 5th, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 25.3 per 1,000. The lowest rates were recorded in Dundalk and Sligo, and the highest in Belfast and Waterford. The death-rate from the principal zymotic diseases averaged 3.0 per 1,000. The 180 deaths in Dublin during the week under notice were equal to an annual death-rate of 26.6 per 1,000 (against 30.9 and 25.9 in the two preceding weeks), the rate for the same period being 16.7 in London and 23.4 in Edinburgh. These 180 deaths included 17 which resulted from the principal zymotic diseases (equal to an annual rate of 2.5 per 1,000), of which 6 were referred to measles, 5 to different forms of "fever," and 3 to whooping-cough.

DUTIES OF POOR-LAW DISTRICT MEDICAL OFFICERS.

PARISH DOCTOR OF A DISTRICT asks whether it is his duty to attend a number of paupers who have lately come to reside in his district, but who belong to, and receive relief from, other parishes.

. We should think it is, as he has probably undertaken to attend all paupers resident in his district when called on to do so by order of relieving officer or overseers.

POOR-LAW MEDICAL OFFICERS AND SUPERANNUATION ALLOWANCE.

M.D. asks whether in the case of a union medical officer applying for a pension if it is necessary to resign the appointment before doing so? also whether the votes of the guardians must be unanimous; or if the question can be decided by the majority?

. The medical officer must resign before the question of superannuation can be properly discussed by the guardians. The majority present at the meeting, after formal notice has been given, can decide. The decision of the guardians is subject to the confirmation of the Local Government Board.

MEDICAL NEWS.

PROFESSOR OLLIER, of Lyons, was elected an honorary member of the German Surgical Society at its meeting on April 10th.

THE second meeting of the French Congress for the Study of Tuberculosis will be held at Paris in July, 1891.

A GERMAN contemporary speaks of Succi, the fasting man, as a "hunger virtuoso."

A RETURN just issued shows that the number of children vaccinated during the past quarter in Leicester was only 23 out of about 1,200 born.

THE New Hospital for Women will open to out-patients only after the bazaar, which begins April 29th, not 24th, as announced. The wards will be open for in-patients in June.

THE grand fancy bazaar in aid of the funds of University College Hospital, to be held in the grounds of University College, will be opened by the Duchess of Fife on Thursday, June 5th, instead of June 4th, as previously announced.

ON April 20th, the German Society of Psychiatry and Diseases of the Nerves will hold a ceremonial meeting in the hall of the University of Berlin, in memory of its former President, the late Professor Westphal.

AT the Surgical Congress recently held at Berlin, it was announced that the German Emperor had contributed 100,000 marks (£5,000) towards the new Langenbeck Institution, which is to be the general home of the medical societies of the Prussian capital.

FINES amounting to upwards of £21 were on Wednesday last imposed by the magistrate at the Southwark Police Court on the owner of a house near Blackfriars Road for failing to comply with the order of the sanitary authority to put the premises in proper sanitary condition.

"It's an ill wind that blows nobody good." The proverb is somewhat musty, but it has recently received a striking illustration, if it be true, as stated in a foreign medical journal, that Dr. Knorr, the discoverer and patentee of antipyrin, cleared more than £200,000 (?) during the late epidemic of influenza.

MEDICAL charities have, by the death of Mr. Junius S. Morgan, lost a liberal contributor. Quite recently he gave the munificent donation of £10,000 to augment the failing resources of Guy's Hospital, in addition to the two sums of £5,000 contributed to the National Pension Fund for Nurses; and many other institutions shared Mr. Morgan's liberality.

WE are informed that the management of the Sanatorium for Consumptives, at Görbersdorf, in Silesia, founded and conducted by the late Dr. Brehmer, has been undertaken by Dr. Felix Wolff, who was chief assistant to Professor Curschmann during his tenure of the office of director of the Hamburg General Hospital.

LITERARY INTELLIGENCE.—It is announced that a new medical journal, entitled *Zeitschrift für Psychologie und Physiologie der Sinnesorgane*, will shortly be published by Leopold Voss, of Hamburg. The editors, Professors H. Ebbinghaus and A. König, will have the assistance of Professors von Helmholtz, Hering, Preyer, Exner, von Kries, and other distinguished specialists.

PROFESSOR CARL JACOB LOEWIG, the oldest teacher of chemistry in Germany, died at Breslau on March 27th, at the age of 87. He was originally a druggist, but qualified as *Docent* in Chemistry at Heidelberg in 1830, and was called to Zürich as Professor in 1833. From Zürich he was summoned, some twenty years later, to Breslau, to take the place of Bunsen.

PRESENTATION.—Mr. James Gibson, M.B.Glas., of West Vale, near Halifax, has been presented by the lady members of his ambulance class with a very handsome marble timepiece, and by the male members with a silver-mounted walking stick, a cigar case, and a silver match box, in recognition of his valued services.

HONOURS TO MEDICAL MEN IN ITALY.—Professor Paolo Mantegazza, Senator of the Kingdom of Italy, and Professor Alfonso Corradi, of Pavia, have been named Grand Officers of the Order of the Crown of Italy; and Dr. Francesco Morano, Professor of Ophthalmology in the Royal University of Naples, has been created a Knight of the same Order.

THE Portuguese Government has ordered by a decree, dated March 13th, that saccharin, whether alone or mixed with any other product, shall be sold by chemists only on the prescription of a legally qualified medical man. Every contravention of this enactment, as well as the employment of saccharin in the manufacture of sweetmeats and drinks, is made punishable by definite penalties.

PROFESSOR KOCHER, the well-known surgeon of Berne, has been elected an honorary member of the Medical Society of London, not, as stated in a paragraph which has gone the round of the German medical press, of the British Medical Association. Professor Kocher is said to be the first Swiss practitioner since the encyclopædic eighteenth century luminary, A. von Haller, on whom the honorary membership of the Medical Society has been conferred.

GRATEFUL PASSENGERS.—In gratitude for their deliverance from the perils of the voyage in the Inman liner *City of Paris*, the passengers, before landing, subscribed £600 as a thank offering, and appointed a committee to decide upon its application. It is understood that the committee have decided to hand over £400 to the Seamen's Hospital, Liverpool, for its general purposes, and to endow with the balance a bed in the same institution for sick American sailors.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—A bronze medal and ten guineas will be awarded in July, on conditions to be obtained from the Honorary Secretary, to any assistant medical officer of any lunatic asylum (public or private), or of any lunatic hospital in the United Kingdom, for the best dissertation on any clinical or pathological subject relating to insanity. Particulars can be obtained of the Honorary General Secretary, Dr. Fletcher Beach, Darenth Asylum, Dartford.

ON Saturday, April 12th, Dr. Harvey received a most gratifying testimonial from the English colony in Boulogne-sur-Mer, which town he is about to leave in order to practise in London. At a meeting of a very representative character, presided over by the

British Consul (Mr. Bonham), he was presented with some very valuable plate and a purse containing one hundred and forty guineas, as a substantial recognition from his friends of the value of services rendered during his twenty years of professional life in Boulogne.

News has reached this country of the death of Surgeon A. C. Thompson, of the 10th Bombay Light Infantry, who was killed by a tiger while shooting in the Bhosawal Forest, in the neighbourhood of Poona. The deceased was born in 1856, studied medicine at the Ledwich School and the Meath Hospital, Dublin, and became L.R.C.S.I. in 1877, and L.K.Q.C.P. and L.M. in 1879. In the latter year he entered the Indian Medical Service.

REGISTERED PLUMBERS FOR DEVON AND CORNWALL.—A meeting was last week convened by the Mayor of Plymouth for the purpose of promoting a branch for Devon and Cornwall of the Plumbers' Guild, by which examinations may be held and certificates granted. The Master and Secretary of the Worshipful Company of Plumbers were present, the former (Mr. Bishop) gave an address, and a resolution, moved by the Earl of Morley, affirming the desirability of establishing a western branch of the Plumbers' Guild, was adopted. Subsequently resolutions were passed appointing a council representing the operative plumbers, the master plumbers, and the general public in about equal proportions.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At a quarterly meeting of the members of the Yorkshire Branch of this society, held on April 9th, Dr. Thomson, Sheffield, read a paper entitled "A Recent Outbreak of Typhus Fever in Sheffield." He pointed out as a curious fact that the cases occurred when there was a large amount of influenza and pneumonia in the town, and he suggested that there might be a predisposing cause to the three classes of malady, probably meteorological. The president, Dr. Cameron, of Leeds, said the ground upon which Dr. Thomson based this supposition was exceedingly small. The influenza had spread all over the country, but he had only heard of typhus occurring at Sheffield at the same time. Dr. McIntock said there had been certain meteorological conditions during the past few months which had very greatly affected the public health, and which he was quite convinced were not yet understood.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.—At the February meeting of the Bradford Medico-Chirurgical Society, Dr. A. Bronner showed a patient on whom he had operated for abscess of the mastoid antrum. After remarks from Drs. Major, Walker, and Horrocks, Dr. Goyder referred to a case in which fatal meningitis was induced by an abscess which had caused no previous symptoms beyond a chronic discharge from the ear. Dr. Rabagliati related a fatal case of intestinal obstruction caused by a band extending from the vermiform appendix to the ileum. Surgical interference had been deemed inadvisable because the patient was pregnant and there were no urgent symptoms, flatus being passed *per anum* up to the last. The indications for operation in such cases were discussed. Dr. H. Bronner alluded to the beneficial effect which washing out the stomach with the siphon, as recommended by Kussmaul, sometimes had in ileus. Drs. W. G. Burnie, Walker, and Farrow also took part in the discussion. Dr. McIntock, medical officer of health for Bradford, read a paper on the recent outbreak of typhoid in the borough, which was discussed by Drs. Rabagliati, Goyder, Howe, and Burnie.

THE case of *Martin v. Stubbs* was heard in the Queen's Bench Division, before Mr. Justice Day and a special jury, on April 15th. Both parties were medical men practising in Hammersmith. According to the opening statement of plaintiff's counsel, the action was to recover damages for alleged libel contained in a death-certificate given by the defendant, which attributed the death of a man named Coleman to an overdose of turpentine administered by the plaintiff. The plaintiff stated in evidence that he found the deceased, Coleman, suffering from flatulent colic, and administered to him a grain of opium, and subsequently two teaspoonfuls of turpentine in hot water. The dose mentioned in the *Pharmacopœia* was 3 iv. The defendant stated in evidence that he saw the deceased on the following day; he found him suffering from abdominal pain and distension, and he was passing only a very small quantity of urine; blood was subsequently detected by the microscope in the urine passed. The patient sank and died, and the defendant communicated with the coroner, who refused to hold an inquest. The defendant then gave the certificate. Evidence as to the probable effect of a dose of two teaspoonfuls of turpentine was given by Drs. D. W. Finlay,

Cecil Y. Biss, and Thomas Stevenson, called by the plaintiff, and by Drs. Lauder Brunton and Collins, called by the defendant. The judge, in summing up, dealt with the facts of the case, and said that there was no doubt that the certificate was given on a privileged occasion, because it was the defendant's duty to give a certificate, and unless the jury found that he was actuated by malice and a desire to injure the plaintiff, they must find a verdict in defendant's favour. In considering whether the defendant acted maliciously or not they must look at all the facts of the case. The jury, after consultation, found a verdict for the plaintiff, and assessed the damages at £200.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.**—A vacancy exists in the Honorary Acting Out-patient Staff. Applications to the Honorary Secretary, Mr. Russell Jolly, 43, Waterloo Street, Birmingham, by April 28th.
- BOLTON INFIRMARY AND DISPENSARY.**—Junior House-Surgeon. Double qualification. Salary £100 per annum (increasing to £150, by £10 annually) with furnished apartments, board, and attendance. Applications to be addressed to Mr. Kevan, Honorary Secretary, 12, Acresfield, Bolton, by April 26th.
- BROMPTON AND KNIGHTSBRIDGE PROVIDENT DISPENSARY,** 12, Hans Road, S.W.—Two Medical Officers, with medical and surgical qualification, and resident in the district. Applications to the Honorary Secretary by April 19th.
- CHORLTON-UPON-MEDLOCK DISPENSARY,** Manchester.—Resident House-Surgeon. Double qualification; unmarried. Salary, £100 per annum, with furnished rooms and attendance. Applications to the Secretary before April 21st.
- EAST LONDON HOSPITAL FOR CHILDREN,** Shadwell, E.—House-Physician. Board and lodging; no salary. Applications to Ashton Warner, Secretary, by May 1st.
- EDINBURGH CITY POORHOUSE.**—Medical Officer (Resident). Salary, £80 per annum. Applications to G. Greig, Inspector, 2, Forrest Road, Edinburgh, by May 1st.
- GENERAL INFIRMARY,** Leeds.—Two House-Physicians (one for six and one for twelve months). Board, lodging, and washing. Applications to the Secretary to the Faculty, 19, Queen Street, Leeds, by April 19th.
- GENERAL INFIRMARY,** Leeds.—Two House-Surgeons. Board, lodging, and washing. Applications to the Secretary to the Faculty, 19, Queen Street, Leeds, by April 19th.
- GENERAL INFIRMARY,** Leeds.—Resident Officer at the Ida Hospital. Appointment for six months, with honorarium of £25. Board, lodging, and washing in the Infirmary. Applications to the Secretary to the Faculty, 19, Queen Street, Leeds, by April 19th.
- HENDON RURAL SANITARY AUTHORITY.**—Sanitary Medical Officer. Salary, £100 per annum. Applications, endorsed "Application for Sanitary Medical Officer," to be sent to W. A. Tootell, Clerk, Edgware, by April 21st.
- LANCASTER COUNTY ASYLUM,** Whittingham.—Experienced Pathologist. Salary, £200 per annum, with board, lodging, washing, and attendance. Applications to Dr. Wallis, the Medical Superintendent.
- LONDON COUNTY ASYLUM,** Colney Hatch.—Medical Superintendent. Salary, £1,000 per annum, with a furnished house, coals, gas, etc. Age not to exceed 50. Double qualification. Must have had similar experience. Applications (on forms furnished) to be sent in by April 23rd to the clerk, R. Partridge, London Asylums Committee Office, 40, Craven Street, Strand.
- METROPOLITAN HOSPITAL,** Kingsland Road, E.—Assistant Physician; Fellow or Member of the Royal College of Physicians, London. Applications to C. H. Byers, Secretary, by April 28th.
- METROPOLITAN HOSPITAL,** Kingsland Road, E.—Physician; Fellow or Member of the Royal College of Physicians, London. Applications to C. H. Byers, Secretary, by April 28th.
- NORFOLK AND NORWICH HOSPITAL,** Norwich.—Assistant to House-Surgeon. Must possess one qualification. Appointment for six months only. No salary, but board, residence and washing. Applications to the House-Surgeon, H. C. Nance, by April 22nd.
- NORTH-WEST LONDON HOSPITAL,** Kentish Town Road.—Medical Officer. Salary, £50 per annum, with board, residence, and washing. Appointment for six months. Application to the Secretary by April 25th.
- NORTH-WEST LONDON HOSPITAL,** Kentish Town Road.—Assistant Medical Officer. No salary, board, residence, and washing. Appointment for six months. Applications to the Secretary, by April 25th.
- OWENS COLLEGE,** Manchester.—Senior Demonstrator in Physiology. Salary £150 per annum. Applications by April 28th to the Registrar, Henry Wm Holder, M.A.
- PADDINGTON GREEN CHILDREN'S HOSPITAL,** London, W.—House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by April 22nd.
- PAROCHIAL BOARD OF KIRKPATRICK,** Durham.—Resident Medical Officer. Salary £20 per annum, exclusive of the cost of medicine. Applications to the Inspector of Poor, Parochial Board Office, Kirkpatrick, Durham Dalbeattie, by April 30th.
- QUEEN'S HOSPITAL,** Birmingham.—One House-Physician. Salary, £50 per annum, tenable for one year. Double qualification. Applications to the Secretary by April 24th.
- QUEEN'S HOSPITAL,** Birmingham.—One House-Surgeon. Salary, £50 per annum, tenable for one year. Double qualification. Applications to the Secretary by April 24th.

QUEEN'S HOSPITAL, Birmingham.—One Obstetric and Ophthalmic House-Surgeon. Salary, £10, tenable for six months, with board, lodging and washing. Applications to the Secretary by April 24th.

RANGOON MUNICIPALITY.—Health Officer. Salary, Rs. 600 per mensem, rising by annual increments of Rs. 50 to Rs. 1,000. Private practice debarred. Applications to J. Short, Secretary, Rangoon Municipality, by June 1st.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square.—Honorary Physician. Applications to Frank Stokes, Secretary, by April 21st.

ST. MUNGO'S COLLEGE, Glasgow.—Applications are invited for two Lectureships in the College on Public Health. Applications to Henry Lamond, Secretary, by April 23rd.

ST. SAVIOUR'S UNION, Surrey.—Second Assistant Medical Officer to the Union Infirmary, East Dulwich Grove, Champion Hill, S.E. Salary, £100 per annum, with furnished apartments, board, and washing. Age not to exceed 28. Applications to Howard C. Jones, Clerk's offices, John Street West, Blackfriars Road, S.E., by April 24th.

VESTRY OF CLERKENWELL.—Analyst under the Sale of Food and Drugs Acts. Salary, £100 per annum. Applications to Robert Paget, Vestry Clerk, Vestry Hall, Clerkenwell, by April 24th.

WALSALL AMALGAMATED FRIENDLY SOCIETIES MEDICAL ASSOCIATION.—Resident Medical Officer. Married. Salary, £200 per annum, with unfurnished residence. Applications to the Secretary, James Kimberley, 61, Williams Street, Walsall, by April 22nd.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Junior House-Surgeon; fully qualified. Salary, £50 per annum, with board and residence. Applications to the Honorary Secretary at the Institution by April 28th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician. Appointment tenable May 12th to September 30th. Eligible for election to the office of House-Surgeon for six months from October. Board and lodging. Applications by May 8th to R. J. Gilbert, Secretary Superintendent.

WESTERN MEDICAL SCHOOL, Glasgow.—Lecturer on Surgery. A fellowship qualification in surgery necessary. Applications to J. N. Morton, Secretary, 62, Vincent Street, Glasgow.

YORK COUNTY HOSPITAL.—Senior House-Surgeon, duly qualified. Salary, £100, with board and residence. Candidates to state whether, if elected, they would be willing to take the Assistant's post (he being a candidate for the appointment). Applications to C. E. Pinfold, Secretary, by April 22nd.

MEDICAL APPOINTMENTS.

BANNATYNE, G. A., M.B., C.M.Glasg., appointed Assistant Medical Officer to the Greenwich Parochial Asylum and Poorhouse, Smithston, *vice* H. J. Younger, M.B., resigned.

BINGHAM, John J., M.D.St.And., L.R.C.P.Edin., L.M., M.R.C.S.Eng., appointed Medical Officer to the Alfreton District of the Belper Union, *vice* Dr. T. L. Roberts, deceased.

BRYANT, E. M. R., L.S.A., appointed Assistant House-Surgeon to the Metropolitan Hospital, Kingsland Road.

DEVEREAUX, W. C., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Birmingham General Hospital, *vice* J. G. Crump.

DODD, H. Work, F.R.C.S., appointed Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital.

DRYLAND, John Winter, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Kettering Local Board.

DUPLEY, J. Gardner, M.D.Cantab., M.R.C.P.Eng., appointed Consulting Physician to the Metropolitan Hospital, Kingsland Road, on his resignation of the post of Physician, after twenty-three years' service.

EATON, James Wm., L.R.C.P., M.R.C.S., reappointed Medical Officer of Health to the Bingham Rural Sanitary Authority.

FROST, W. Adams, F.R.C.S., appointed Surgeon to the Royal Westminster Ophthalmic Hospital, *vice* Mr. James Rouse, retired.

GOW, William J., M.D.Lond., M.R.C.S.Eng., M.R.C.P.Lond., appointed Obstetric Physician to the Metropolitan Hospital, Kingsland Road, *vice* Albert J. Venn, M.D.Aberd., M.R.C.P.Lond., resigned.

GREENWOOD, Major, jun., M.D.Brux., L.R.C.P., D.P.H., appointed Medical Officer for the Haggerston West District, St. Leonard, Shoreditch.

HANDS, Arthur, L.R.C.P., M.R.C.S., appointed Vaccination Officer for the Wednesfield District of the Wolverhampton Union.

HOOD, George, M.D.Edin., reappointed Medical Officer for the Tow Law Union District.

JOHNSTONE, Geo. Warrack, L.R.C.P.Edin., L.M., L.F.P.S.Glasg., reappointed Medical Officer of Health to the Orrell Urban Sanitary District for one year.

JONES, Hugh R., M.A., B.Sc.Cantab., appointed Honorary Assistant-Surgeon to the Liverpool Hospital for Cancer and Skin Diseases, *vice* Dr. George Westby.

JOY, Fredk., Wm., L.R.C.P.Edin., L.M., M.R.C.S.Eng., reappointed Medical Officer of Health to the Theford Rural Sanitary District.

KEYT, Frederick, M.B., C.M.Aberd., appointed Third Assistant Medical Officer to the Kent County Asylum, Barming Heath, Maidstone, *vice* W. E. St. L. Finny, M.B., resigned.

KING, Preston, B.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.S.A., appointed Resident Medical Officer to the Bath General or Royal Mineral Water Hospital, *vice* Charles T. Griffiths, L.R.C.P.Lond., M.R.C.S.Eng.

LEON, John T., B.Sc.Lond., F.I.C., F.C.S., appointed to the post of Demonstrator of Chemistry and Assistant Lecturer on Physics to St. Mary's Hospital Medical School.

LIMERICK, Wm. S., L.R.C.P. L.R.C.S.Edin., reappointed Medical Officer of Great Crosby Urban Sanitary Districts.

LONG, Richard W., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Shap District and the Workhouse of the West Ward Union, *vice* W. Stephen, A.M., M.D.

MCCOLL, John Henry, L.D.S., appointed Honorary Surgeon-Dentist to the Leicester Infirmary, *vice* Mr. William Tibbits, resigned.

MARTIN, A. W., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the Gorton Urban Sanitary District.

MASON, William, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the St. Austell Urban Sanitary District.

NEWMAN, Henry, M.R.C.S., L.S.A., appointed Medical Officer of Health to the Hadley Urban Sanitary District, Cosford Union, *vice* A. T. B. Atkins, M.R.C.S.Eng., deceased.

PARKER, G. D., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Metropolitan Hospital, Kingsland Road.

RAYMENT, Edward Wm., M.B.Edin., C.M., appointed Medical Officer for the 2nd District of the Pewsey Union, *vice* T. Clarke, resigned.

SELBY, Dr. P., appointed Medical Officer and Public Vaccinator to the 4th District of the Faversham Union and Medical Officer for the Infectious Hospital.

SEMPLE, Dr., Queensferry, appointed Medical Officer to the Parish by the Dalmeny Parochial Board.

SHADWELL, St. Clair B., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Walthamstow Urban Sanitary Authority.

STANLEY, Hubert, M.B., B.S.Camb., appointed House-Physician to the Metropolitan Hospital, Kingsland Road.

TAYLOR, John William, M.D., D.Sc., Scarborough, appointed an additional Examiner in Medical Jurisprudence and Public Health (2nd B.Sc. in Public Health), University of Edinburgh, *vice* Dr. David Page, deceased.

WARTERS, W. A., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Riddings and Ironville District of the Belper Union.

WEBSTER, W. H., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., appointed House-Surgeon to the Morpeth Dispensary, *vice* G. Geo. Gidley, L.R.C.P., M.R.C.S., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—The adjourned discussion on Mr. Meredith's paper on The Present Position of Abdominal Surgery will be opened by Mr. Lawson Tait.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Dr. Alexander Haig : Salicin compared with Salicylate of Soda as to Effect on the Excretion of Uric Acid and Value in Acute Rheumatism, with some deductions as to the causation of the disease.

WEDNESDAY.

HUNTERIAN SOCIETY, 8 P.M.—Dr. Herman : On Cases of Amenorrhoea from Mental Shock and with Mental Depression. Mr. Bidwell : On the Treatment of Erysipelas by Hypodermic Injection.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8 P.M.—Dr. Jacques Bertillon (Chief of the Municipal Statistical Department of Paris) : On Epidemic Influenza in France. Dr. George Rice : Notes on an Outbreak of Influenza in a Poor-law School.

FRIDAY.

CLINICAL SOCIETY, 8 P.M.—Mr. W. H. Battle : A Case of Tubercular Ulceration of the Bladder; Suprapubic Cystotomy; Recovery. Dr. Finlay : A Case of Rheumatic Pericarditis with Delirium. Mr. E. A. Barton : A Case of Gastric Ulcer; Symptoms of Perforation; Peritonitis; Abscess bursting into Bowel; Recovery. Dr. W. S. Colman and Dr. James Taylor : A Case of Raynaud's Disease, not associated with Hæmoglobinuria, in which there were Local Changes in the Blood.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in current issue.

BIRTH.

SYMONDS.—April 11th, at 26, Weymouth Street, Portland Place, W., the wife of Charters Symonds, M.S., F.R.C.S., of a son.

MARRIAGES.

TERRY—TERRY.—On April 8th, at St. Edmund's, Northampton, by the Rev. H. B. Hull, B.D., assisted by the Revs. Canon Hughes and W. E. Terry, Florence L., eldest daughter of W. Terry, Esq., of Northampton, to Henry George Terry, M.R.C.S., L.S.A., of 16, Green Park, Bath.

TOMKINS—SHETTON.—At the Parish Church, Kidderminster, on April 10th, Henry Tomkins, M.D., B.Sc., Medical Officer of Health, Leicester, to Jane, daughter of the late W. W. Shetton, J.P., Dane's Hill, Leicester.

DEATHS.

FORBES.—At his residence, 8, Johnstone Street, Bath, on March 17th, in his 94th year, Surgeon-General John Forbes, F.R.C.P.Lond., Inspector-General of Hospitals, Madras Presidency.

PEEL-YATES.—On April 8th, at Sunnyside, Grouville, Jersey, Walter Peel-Yates, Esq., M.R.C.S.Eng. (of Egyptian Lodge, St. Helier's), in his 44th year.

IN MEMORIAM.

VARDON.—In loving memory of Evelyn Vardon, Esq., M.D., who died at Rome April 17th, 1889. R. I. P.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—M., 3; Th. 2.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 1.30; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Chelsea.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., W. F., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W. 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetric), W., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M. 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu., S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days.*—M., 2, Tu. 2.30.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45, o.p. 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W. 2.30.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 2; o.p., W., 1.30; Eye, M. Tu. W. Th. F., 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu., F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, 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, 429 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.

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

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*.

Queries, answers, and communications relating to subjects to which special departments of the JOURNAL are devoted, will be found under their respective headings.

QUERIES.

M. B. M. ASSOCIATION asks for precise directions for filling capillary tubes with vaccine lymph from the infant's arm.

M.D. would feel greatly obliged if a brother practitioner would recommend a recent manual or medium-sized book on the horse, and its management in health and disease.

B. C. writes: Can any of your readers kindly give treatments of case of choreic movements, left arm, with some loss of sensation? The cause (worms) has been removed, but the case has not improved under treatment. Age, 15.

M. O. H. asks for information or references to any literature respecting the influence of fish in keeping in check the growth of weeds in fresh water reservoirs for town supply.

MR. J. H. G. GREENHALGH (London) writes: Will you recommend me two or three works which treat clearly and concisely of medico-legal questions and matters of frequent occurrence of which it is desirable that the profession should have legal knowledge? A friend of mine is appointed surgeon to the police, and wants some legal work to which immediate reference may be made in an emergency and at other times. Works on medical jurisprudence are too technical, and often not to the point.

** We cannot quite make out what is wanted. Works on legal matters written by lawyers are not generally so written as to be "understood" of the people, and certainly are not likely to be less technical than the medico-legal effusions of medical men, some of which, at any rate, are not very technical. We have submitted this letter to a professor of medical jurisprudence and to a lawyer, but neither is able to suggest any work that would be likely to be of service.

PEDICULI CAPITIS.

T. M. W. asks: What is the best solvent for the cement with which the nits of pediculus capitis are glued to the hairs?

ANSWERS.

THE information furnished does not appear to supply sufficient material for a differential diagnosis.

A. N.—Inquiries with regard to the conditions of the prize essay of the Paris Academy of Medicine on infant feeding should be addressed to M. le Secrétaire de l'Académie de Médecine, Rue des Saints Pères, Paris.

DR. ST. CLAIR THOMSON: Such a handle as that required is pictured and described in Dr. W. E. Stevenson's *Electrolysis in Surgery*, and can be obtained of Messrs. J. Coxeter and Son, 4 and 6, Grafton Street, Gower Street, London, W.C.

M.B.'S AND THE TITLE OF DR.

LINUS.—Our correspondent will find the point he raises dealt with in an answer published in the JOURNAL on October 26th, 1889, p. 962. It would appear that though, by the courtesy of the profession and the public, it is usual to address an M.B. of Oxford or Cambridge (except within the University precincts) as Doctor, it is considered in better taste that the holder of the degree should not describe himself as "Dr." on his visiting card or doorplate.

F.R.C.S. ENG. EXAMINATION.

SURGEON, BENGAL MEDICAL SERVICE, asks for advice as to the most suitable books to read up for the F.R.C.S. (of England) in the following subjects: (1) physiology; (2) comparative anatomy and physiology; (3) surgical anatomy and pathology.

** 1. Kirkes's *Handbook*, or Dr. Gerald Yeo's or Mr. Power's *Manual* will be sufficient for the examination. 2. Professor H. J. Bell's *Manual* is excellent. 3. Sufficient details on surgical anatomy will be found in Gray's *Anatomy* and in the surgical textbooks of Erichsen, Bryant, Holmes, Walsam, Drutt, etc. Billroth's *Lectures on Surgical Pathology*, or Bowley's *Manual* of the same subject, should be read.

CONVALESCENT HOMES.

DR. ARTHUR E. T. LONGHURST (Grosvenor Place, S.W.) writes: Early in February a patient of mine, convalescent from double pleuro-pneumonia, was sent to the convalescent home at Eastbourne, and I saw her yesterday on her return, much improved in health; but there are a few circumstances connected with her stay in that institution which I think are well worthy your attention as bearing upon the treatment of the patients and the general management of such convalescent homes.

1. I was surprised to find that, neither on her arrival, during her stay, or on her leaving, was any physical examination made as to her condition.

2. Nor was her weight taken.

3. No cod-liver oil, Farrish's food, hypophosphites, or other medicinal restorative was given.

4. The diet was said to be poor; meat very tough; butter so bad that it spoiled the bread, and my patient scraped it off, preferring to eat the bread dry; the breakfast being only bread and butter, with tea or coffee; the dinner, tough meat with potatoes, and other vegetables occasionally, but these latter were omitted during Lent; pudding or soup occasionally, and a pint of malt liquor. Tea: bread and butter and tea or a cup of milk. Supper varied; sometimes cold meat, soup, or pudding and beer; but, as my patient said, beer and pudding did not agree, so either one or other must be left; and cold meat and beer does not, in my opinion, seem a suitable meal at night for a convalescent from severe and acute pleuro-pneumonia.

That no physical examination of my patient was ever made is to me surprising; and the weight taken on the arrival and departure of each patient, with temperature record and other observations on the general health, would surely be of interest, and result in some useful statistics as to the effect of a stay at the institution on different classes of disease as compared with similar institutions at other seaside homes.

Fortunately my patient was able and permitted to buy milk, eggs, and other articles of food, without which, and limited to the ordinary diet of the home, she says she is quite sure that she would not be so well as she is. Of course the diet scale may be modified for special cases, and I hope it is; but nevertheless it appears to be defective, especially on the following points:—

1. As to quantity of food provided.

2. As to quality.

3. As to that provided at the several meals, especially the breakfast and supper; for the former, an egg, a little porridge, a pint of milk, and sometimes bacon in addition to the bread and butter, should be given.

4. A similar meal at supper instead of meat and beer.

Judicious changes of the kind mentioned would, I think, add little, if at all, to the cost, and, if they did slightly increase the cost per head, and at the same time, with suitable medical restoratives, hasten the convalescence and thus allow an earlier return to work and a greater number of patients to pass through the institution during the year, surely the expense would be justifiable.

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

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BOOKS, ETC., RECEIVED.

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