

of the second growth proceeded with on that day, but I saw him again two days later, and on that occasion removed it with the loop. The pain of this operation, in spite of the fact that cocaine had been injected into the mass as well as sprayed on its surface, was very severe. I call particular attention to this as an American writer has recently expressed the opinion that the removal of hypertrophied tonsils with the galvano-caustic loop is a much less painful method than when the tonsillotome is employed. I heard nothing of this patient for over a year, but shortly before last Christmas his father called on me and said that his son had enjoyed excellent health since the operation, and that his voice was quite strong and clear. A microscopic examination of the four bodies removed showed that they all presented the usual characteristics seen in hypertrophied tonsils. I think it will be admitted that the case was a very unusual one in the fact that the supernumerary tonsils were bilateral and symmetrically placed below the normal glands, from which, however, they were separated by the posterior palatine fold, and an interval of half an inch.

I have another case of supernumerary tonsil at present under treatment. The patient is a child of about 10, and has the normal tonsils slightly hypertrophied. In this case the supernumerary tonsil is single, and is situated in the middle line immediately behind the uvula. A rhinoscopic examination showed that it has no connection with Luschka's tonsil, which is quite separate, but is also hypertrophied. In this case the friends of the child object to the growth being removed by the loop at one sitting, I am, therefore, gradually destroying it by repeated cauterisations with the galvano-cautery.

I have made a rather extensive search in the libraries, and have not been able to find more than three similar cases recorded. The most recent instance is a case reported by Dr. Carroll Morgan, at the annual meeting of the American Laryngological Association last year, and in his paper he also refers to the only two other examples I have been able to find, namely, those of Jurasz. None of these cases, however, was bilateral or symmetrical. It would be interesting to inquire how it is that when hypertrophy of the adenoid tissue scattered over the mouth and pharynx takes place, it seems usually to occur in definite situations, and so rarely in other places which one might think were exposed to exactly the same influences.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

TRACHEOTOMY UNDER DIFFICULTIES.

I was called on the morning of April 29th to see J. E., a fish-monger, aged about 30 years, who has for years suffered from chronic laryngitis, and found him voiceless and with considerable dyspnoea, an acute condition having evidently supervened upon his ordinary chronic inflammation, attributable, I think, to exposure to the east winds, and undue indulgence in whisky. I ordered sinapisms externally to the throat, a purge, inhalation, and medicine, and calling again in the afternoon, found him much relieved. But on passing the house about 8 P.M., I was called in and told he was dying. I found him unconscious on the bed, lips and extremities blue, pupils dilated, conjunctivæ insensitive, breathing stridulous, ribs drawn in during inspiration, pulse scarcely perceptible, and in fact at the point of death. There was evidently nothing for it but tracheotomy.

I accordingly despatched messengers for a tube, bronchitis kettle, etc., but as the man was every moment becoming worse, I found I could not wait for the arrival of the tube, and was at my wit's end for a substitute, till, having examined all the available pipe stems, and found nothing suitable, I suddenly thought of a quill toothpick. I cut the end off this, and having opened the trachea with my penknife, inserted the quill, and was delighted to find that it answered admirably, the patient being immediately relieved. There was some difficulty in obtaining a large silver tube, and I consequently had to hold the toothpick in position for an hour. On the arrival of the silver tube, with the assistance of my principal, Mr. Lowsley, I enlarged the opening in the trachea, and inserted the tube, and so far the patient is doing well.

The toothpick was an ordinary quill, luckily of largish bore, and the chief difficulties I experienced in maintaining a supply of air were in avoiding, during his struggles, jamming the end against the posterior wall of the trachea on the one hand, and pulling it out altogether on the other, but as long as he remained quiet with his neck bent over the side of the bed, and his head low, he obtained an excellent supply of air.

Reading.

H. HARVEY NORTON, L.R.C.P., M.R.C.S.

EPITHELIOMA PRIMARILY AFFECTING THE TONSIL.

THE case reported by Dr. Downie in the JOURNAL of May 3rd recalls to my mind a similar one occurring in a woman, the only case I have seen in my practice.

Mrs. D., aged 42, married, consulted me in October, 1889. Since her last confinement the previous month, she had never been well. The child lived one month, and she had to keep her room for five months. She looked ill, with a lemon-yellow complexion, and complained of sore throat, with shooting pains radiating from the left tonsil, and occasional difficulty in swallowing. The left tonsil was uniformly enlarged, not fixed, granular surface; no other enlarged glands. Ten weeks previously there was nothing the matter with her throat. For years she had been very pale, but was better in this respect when I first saw her. Almost choked when she tried to swallow food, which must be liquid. After three weeks' tonic treatment she improved in her general health, and the tonsil was decidedly reduced in size, but the pain continued. In ten days the tonsil had again much increased in size, and I was doubtful as to its nature; but as she expressed a great wish that something should be done, I excised a portion of it, and the operation was twice repeated within a period of three weeks. Portions removed were examined microscopically and much epithelial tissue found. Subsequently the case progressed rapidly towards a fatal termination; the tonsil became sloughy, increasing considerably in size, the pain and difficulty of swallowing increased, and in another six weeks, on January 19th, 1890, she died from exhaustion.

Cardiff.

ALFRED SHEEN, M.D.

ECTOPIC PREGNANCY IN THE LEFT FALLOPIAN TUBE: RUPTURE (?)

On April 24th I was asked in an off-hand sort of manner to "look in" and see Miss X., which I did in a few minutes after the message, and found the girl (aged 17) in bed. Her mother's account was that she had been "out of sorts" for two or three days, which, she said, was the girl's own blame, as "she had been constantly eating raw rice and sucking citrate of magnesia." She did not seem to think her daughter's illness was anything worse than a colic due to these. The previous history was therefore scanty, but I learned that the girl (who worked in a mill) had complained on the previous evening of very severe pain in the abdomen, which had come on suddenly and had kept her awake all the night.

On examining her I found the girl in a state of collapse, with fluttering, barely perceptible pulse, sighing respiration, pallid lips, and quite the appearance of a person after a severe hæmorrhage. The abdomen was distended, hard, and most prominent on the left of the umbilicus. There had been amenorrhœa for eight weeks, and I got out of her with some gentle persuasion that she had had intercourse with a young man about two months before.

On vaginal examination there was great pain when I tried the bimanual method. The os uteri was very small. The left fornix was filled up with a semi-firm substance, and seemed distended all round the left side as the pain was so severe. I could not discover anything farther. There was no hæmorrhage from the uterus.

The diagnosis I made was (1) left Fallopian tube pregnancy of seven or eight weeks; (2) rupture the night before with internal hæmorrhage; and (3) when I was called in acute peritonitis and perimetritis. This case, if seen before rupture occurred, would in all probability not have been diagnosed as above, owing to the girl at first denying any possibility of pregnancy. A *post-mortem* examination would have cleared up matters very much, but could not be obtained.

CHAS. J. R. MCLEAN, M.D., M.S.

Yeadon, Leeds.

POISONOUS EFFECTS OF EXALGINE.

THE curious effects observed by Dr. Ainslie Johnston after the exhibition of small doses of exalgine serve to bring into prominence the intolerance manifested by certain persons for many of

these derivatives of the coal tar series, and for which it is always necessary to be prepared; hence the necessity for always beginning with small doses, as recommended by Professor Fraser.

I have now used exalgine in quite a number of cases of neuralgia, in doses of from one to three grains; and, while I have had every reason to be satisfied with the relief obtained, I have not so far been unfortunate enough to have to record the slightest disagreeable, still less alarming, effects as the result of its administration.

ALFRED S. GUBB.

Gower Street, W.C.

REPORTS

ON

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

STATION HOSPITAL, HONG KONG.

A CASE OF RUPTURE OF THE DUODENUM.

(By Surgeon M. T. YARR, Medical Staff.)

I AM indebted to the kindness of Deputy Surgeon-General Pater-son and Surgeon-Major Barrow for permission to publish this case.

Patient—a boyish-looking soldier of somewhat delicate physique, aged 22 years—while walking from his barrack room in a half-sleeping condition on the morning of August 30th, fell on to a stone landing from a height of 7 or 8 feet, and was found groaning there about five minutes after by some of his comrades, who at once brought him to hospital. I found him moaning with pain referred to a point immediately above the pubes, and complaining of being unable to micturate, although intensely desiring to do so. Examination showed a slight contusion of the abdomen immediately above the umbilicus, with great tenderness on pressure in the same situation; contusions—none severe—on left wrist, temple, and left side of face; face flushed; pulse full and bounding; extremities warm; temperature 99°. The suprapubic pain was almost entirely relieved by catheterisation with a No. 10 catheter, which passed with ease, and drew off nearly a pint of perfectly normal urine; large light poultices were applied to the abdomen, beef-tea and milk given in small quantities frequently, and a mixture containing tinct. opii in hourly doses. During the day the suprapubic pain and desire to micturate returned at intervals of from two to three hours, and were relieved by catheterisation, small quantities of normal urine being drawn off; intense thirst soon became a prominent symptom, and was relieved to some extent by powdered ice; these were the most distressing features of the case on the first day. Temperature at 7 P.M. 101°, skin warm and moist, face flushed and anxious, pulse full but irregular. An enema of soap and water was given at 9 P.M. without any effect.

August 31st. Patient slept in snatches during the night; intense thirst continues; urine had to be drawn off at 3 A.M. owing to recurrence of suprapubic pain. To-day the chief symptoms are nausea, retching, great thirst, and pain—slight at first but severe towards night—about an inch above and to the right of the umbilicus. Pulse still full and strong, face flushed but with a drawn expression, skin moist, temperature morning and evening 99.8° and 101.2°. Mixture, brandy and powdered ice continued; given $\frac{1}{2}$ gr. morphine hypodermically at 9 P.M. owing to abdominal pain. Passed urine twice to-day; suprapubic pain seems to have disappeared.

September 1st. Slept well, but wakened at 7 A.M. with a severe rigor, temperature rising rapidly from 101° at 7 A.M., to 104° at 11 A.M.; great pain and tenderness over entire abdomen (more marked in right and left hypochondriac and epigastric regions); slight distension in the morning, becoming more marked during the day; legs drawn up, face flushed and anxious—all the usual symptoms of peritonitis. Patient was kept under the influence of morphine the entire day, receiving $1\frac{1}{2}$ grain hypodermically in the twenty-four hours. Small quantities of brandy, milk, and powdered ice administered and retained, although there was great nausea. Passed urine without any assistance several times in the course of the day, and at 9 A.M. a small, liquid, brownish-yellow stool, without any pain or straining. The clothes were supported off the abdomen, to which hot spongiopiline, sprinkled with tinct. opii, was applied. Temperature at 9 P.M. 105°.

September 2nd. Patient is now vomiting small quantities of almost pure bile at brief intervals; thirst continues intense; distension much increased; pain masked by morphine. I punctured the small intestine about the juncture of the left lumbar and umbilical regions with a hypodermic needle, giving vent to a small quantity of gas, with slight temporary relief. Passed three copious liquid brown stools in the twenty-four hours. Pulse considerably weaker to-day, and extremities cold. Temperature morning and evening 103.8° and 99°. Towards night the amount of bile vomited increased, as much as 8 ounces being vomited at one time. No faecal smell.

September 3rd. Patient had a restless night, but free from pain; this morning pain has entirely disappeared, but collapse is now marked; temperature 97°, pale drawn face, cold extremities. Small quantities of brandy, essence of beef, and milk given every fifteen minutes. He gradually sank, and died quietly, conscious to the last, at 4 P.M.

NECROPSY PERFORMED FIFTEEN HOURS AFTER DEATH.—*External Appearances:* Body fairly well nourished; rigor mortis present, but not markedly; *post-mortem* staining on loins, buttocks, and shoulders; abdomen distended; contusions on abdomen, left wrist, temple, and left side of face. *Internal Appearances:* (a). Abdomen: A large amount of foetid gas escaped on opening, and nearly two pints of peritoneal fluid, containing numerous flocculi of lymph were removed. The small intestine was enormously distended, the distension beginning about the middle of the ileum, and increasing gradually from below upwards till it stopped abruptly at the duodenum; the peritoneum intensely congested, and the surface of the intestine dotted here and there with flakes of partly adherent lymph. A rupture about the size of a sixpenny piece was found after a careful and difficult search in the anterior surface of the duodenum, immediately below the entrance of the ductus choledochus communis and pancreatic duct; not more than half an ounce or three-quarters of an ounce of faeces had escaped through it, the whole being surrounded, and the intestine at this point tightly constricted, by an organised mass of peritoneal effusion. The stomach, enormously distended, contained 12 ounces of almost pure bile; large intestine normal, small containing nothing but gas. Liver intensely congested and friable, weighing 67 ounces; spleen congested, otherwise normal; kidneys normal; pancreas congested; bladder normal, nearly empty. (b). Thorax: Considerable hypostatic congestion of both lungs, which were also compressed by the upward pressure of the abdominal viscera; right side of heart full of dark liquid blood, otherwise normal. (c). Cranium: Not opened.

REMARKS.—As will be seen from perusal of the signs and symptoms, the diagnosis was from the first extremely obscure. The most typical symptoms enumerated by Sir W. Mac Cormac in his work on *Abdominal Section*—the prolonged and profound shock, small and quick pulse, hurried respiration, temperature normal or sub-normal—were all conspicuous by their absence. We can all be wise after the event; but at the many and anxious consultations held on the first day and afterwards, the question of abdominal section was discussed and not considered justifiable in the presence of the symptoms, which it must be remembered were then the only guides. The history of the accident causing the rupture—a not very serious fall—and the external injuries, which were of a trivial nature, gave us no clue as to the occurrence of so grave a lesion as rupture of the bowel; while the notable absence of collapse until the day of death led us to take a hopeful view of the case. In the three cases quoted by Sir William Mac Cormac in his book, the injuries causing the rupture were of a much graver nature.

The case is a very instructive one, as we learn from it that shock must not be regarded as an invariable concomitant of serious abdominal injury; the rapidity with which the peritoneal effusion became organised is also, I think, remarkable. Rupture of the duodenum without external injury appears to be a rare accident; in the few books of medical reference available here I can only find three recorded cases, though doubtless there are others.

A LARGELY attended "parade" of friendly, benefit, temperance, and trade societies was held on Saturday last in Hyde Park, on behalf of the Morley House Conalescent Home, an institution founded in 1883 in connection with the Hospital Saturday Fund, and which has since been managed by a committee of working men.

perhaps, some connected with the special hospitals, desired to see a reform.

UPON the Committee resuming their sitting on Thursday, Mr. BOUSFIELD stated that he had up to five years ago been an active member of King's College Hospital. Since then he had not attended so often, but was still acquainted with all the work of the hospital. It was his strong opinion that there was a want of organisation generally amongst hospitals, and in particular in regard to the out-patient departments. At King's College Hospital during his active connection with it there was an inquiry as to that department, and an officer was appointed to ascertain the position and circumstances of the out-patient applicants, with the result that there was a great diminution in the number of applicants. Inquiries made some years ago showed that some of the patients were treated very hurriedly; but, on the other hand, a very considerable time was given to certain other cases which were considered interesting and valuable to the medical school. He agreed with Sir Spencer Wells, Sir William Ferguson, Mr. Timothy Holmes, and others, that the patients ought to be subject to some machinery before they were allowed to go to the out-patient departments. Hospital physicians were much afraid of any change, as they were most anxious that important cases should not be dropped. He considered that the out-patient departments should be used more for consultative cases. The general hospitals with medical schools attached were, as a rule, economically and well managed. The data upon which the accounts were based were different, and the returns of the hospital committee as to cost of beds was not quite reliable. There should be some common system of treating accounts. He held the opinion that it would be a wise thing to map out London into territorial areas for hospital purposes. General hospitals were not working together, nor with the special hospitals or dispensaries in their districts. The provident dispensaries should be affiliated with the general hospitals.

Lord SANDHURST: Would not the removal of hospitals for territorial purposes be a gigantic undertaking?

The WITNESS: It would be a serious matter, but St. Thomas's was removed. The great increase in the value of land in certain parts would make the removal in some cases less difficult. There should undoubtedly be some central body (perhaps like the Charity Commissioners) to exercise some control over the hospitals. Special hospitals had been formed very much to the detriment of large general hospitals. Infirmaries should be used as far as possible for the promotion of medical education.

In answer to the ARCHBISHOP OF CANTERBURY, the WITNESS expressed the opinion that subscribers' letters might be done away with in the case of general hospitals without affecting the practice at all. He said also that his remarks as to the weak points in the out-patient departments applied also to casualties. Gradually all objection to entering the infirmaries was passing away. What was desired was to make the infirmaries State-aided hospitals, rather than Poor-law institutions. He was in favour of admitting clinical teaching at the Poor-law infirmaries. It would raise the character of the infirmaries and be very valuable for the progress of medical knowledge, because so many cases available for teaching were now excluded from ordinary hospitals. If there was some system of payment there would be no difficulty in providing additional hospital accommodation for London if necessary. What was required was a reorganisation of existing beds. That would do much to mitigate any pressure. As to the question of the areas for any redistribution of hospitals, the Poor-law areas should be adopted, but the position of the hospital must be considered. The lock hospitals should be affiliated to the general hospitals, and students should have the advantage of visiting the hospitals without bringing the two buildings together. There would be some difficulty in the way of carrying out a territorial scheme, but that should not stand in the way of a general reform of the medical charities, which were made for the public and for the poor, and mere vested interests should not stand in the way of a really sound reform. As to the support of hospitals and other charities, he could not say it was absolutely wrong, although it was contrary to sound principle, for a person to send his servant to a hospital for relief, paying something for the relief. Some of the hospitals, no doubt, required a good deal of improvement in regard to sanitary matters. The sanitary wisdom of a few years ago was the sanitary folly of to-day in some cases. The medical staff at King's College were all unpaid, but he could not say whether there was any remuneration to the staff at other hospitals. The surgeons certainly

did not provide their own instruments. They were provided by the hospital. The latest improvements in surgical instruments were adopted at the large general hospitals, as the medical school authorities were anxious to improve the teaching. At the small hospitals such advance and improvement would probably not come so soon as at the large institutions. Undoubtedly the experiments made were for the benefit of the public as well as for the medical school and the patients. After speaking of the system of admission of patients at the lying-in hospitals, the witness gave evidence as to the objects of the Metropolitan Provident Medical Association, and said that they had not been met by the general hospital authorities in the endeavour to support an organised system of provident dispensaries. Both lay and professional individual members had looked with favour on the movement, but the medical officers generally had prevented any definite scheme of co-operation. There were now 15 of the provident dispensaries, but the progress of the system had been slow. The number of sham dispensaries had done them harm, and there was a certain class of practitioners practising among the poor at low ready money fees. They had started so-called medical provident societies, which were not provident in any sense, and scandals had from time to time occurred at those places, so that persons had been prejudiced against real dispensaries. The remuneration of medical men at provident dispensaries was taken out of the contributions of the members, and last year £1,955 was divided amongst 71 medical men. It would, he considered, be a good thing if all midwives were registered under some society.

Lord LAMINGTON: You talk of low-priced medical practitioners; but they cannot practise without a diploma.

The WITNESS: Many cases have come out in which medical men who are qualified have opened these doctors' shops, which, however, have been worked to a considerable extent by unqualified assistants, and the medicine is very bad. It is very difficult to prosecute, but I see that the medical profession are taking steps now. A great deal of valuable material for clinical teaching now runs to waste, and it would be very desirable that the hospitals of the Metropolitan Asylums Board should be made available for medical instruction.

Colonel MONTEFIORE was shortly re-examined as to the method of making up the accounts of hospitals, and urged that there should be a uniform system. He also corrected his previous evidence by stating that at several of the hospitals without schools there was some payment by the patients.

MEDICAL DEFENCE UNION.

METROPOLITAN DIVISION.

A MEETING of the Executive Committee was held at the offices of the British Medical Association, 429, Strand, on Thursday, May 8th, Dr. FANCOURT BARNES in the chair.

A letter was read from Dr. Mead, of Newmarket, acknowledging in appropriate terms the vote of thanks passed by the Committee to him at the last meeting for the great trouble he had taken and the amount of time and energy he had expended in organising the Branch.

The HONORARY SECRETARY (Dr. Campbell Pope) reported the very satisfactory progress of the Branch in numbers. The number of members up to date in the Metropolitan Division was 442.

Dr. BATEMAN made a statement calling attention to the immense numbers of unqualified men practising in the metropolis to the great injury of the profession, and gave several instances of a flagrant nature.

Dr. DE HAVILLAND HALL proposed, and Dr. MASTERS seconded, a resolution that the Honorary Secretary be empowered to call a meeting to discuss an alteration in the Medical Act with a view to the better protection of the public, and to afford greater security for practitioners in the exercise of their calling. This was carried unanimously, and it was determined to lay any resolutions passed by the proposed meeting before the General Council of the Union and the Parliamentary Bills Committee of the British Medical Association.

TO CORRESPONDENTS.

OUR correspondents are reminded that prolixity is a great bar to publication and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early insertion. We are compelled to return or hold over a great number of communications chiefly by reason of their unnecessary length.

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SOME REMARKS ON THE IMPORTANT CHANGES WHICH WILL BE EFFECTED BY THE LUNACY ACTS AMENDMENT ACT. 1890.

Presented by **F. BAINBRIDGE, Esq., M.R.C.S., Gattenside, Hereford.**

ST. GEORGE'S HOSPITAL REPORTS. 5 vols. (To complete series.)

Presented by **THOS. MACLAUGHLIN, Esq., L.R.C.P., Londonderry.**
HUNTER'S HUMAN GRAVID UTERUS. New Sydenham Society. 1851.

Presented by **HERBERT W. PAGE, Esq., M.C., M.B., London.**
RANKING'S ABSTRACT OF THE MEDICAL SCIENCES. 44 vols. 1851-1872. (To complete series.)

Presented by **WILLIAM ROBINSON, Esq., M.D., Stanhope, Darlington.**
ENDEMIC GOÏTRE OR THYREOCELE. 1885.

Presented by **W. J. STEPHENS, Esq., L.R.C.P., Brighton.**
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CARPENTER (W. B.). A Manual of Physiology. 1846.

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BRAITHWAITE'S RETROSPECT OF MEDICINE. 40 vols. Vols. 9 to 48. (To complete series.)

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THE MEDICAL ANNUAL. 1880.

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Leçons sur la Grippe de l'Hiver. 1889-90.

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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-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.

STAFFORDSHIRE BRANCH.—The third general meeting of the present session will be held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, May 29th. Mr. T. Vincent Jackson, the President, will take the chair at 3 o'clock.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The annual meeting for the election of officers will be held at the Royal Forest Hotel, Chingford, on Thursday, June 5th, at 6 P.M. At 6.15 the members and their friends will dine together under the presidency of Dr. Ord, President of the Branch, who will be supported by several past presidents and other leaders of the profession. Further particulars will be announced.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, N.E.

METROPOLITAN COUNTIES BRANCH.—The annual meeting and dinner will take place at the Holborn Restaurant on June 10th.—**NOBLE SMITH**, 24, Queen Anne Street, W.; **H. RADCLIFFE CROCKER**, M.D., 121, Harley Street, W., Honorary Secretaries.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—The annual general meeting for the election of officers and committee for the ensuing year, will be held at the Holborn Restaurant, at 6.30 P.M., on Wednesday, May 28th. The annual dinner, the price of which will be 7s. 6d. per head, exclusive of wine, will take place subsequently in the Duke's Saloon, at 7 P.M., the chair being taken by Dr. Ord, President of the Branch.—**R. PERCY SMITH**, Honorary Secretary, Bethlem Royal Hospital.

MIDLAND BRANCH.—The annual meeting will be held at Lincoln on Thursday June 12th. Gentlemen desirous of reading papers or exhibiting cases are requested to communicate before May 26th with **W. A. CARLINE**, M.D., Lincoln, Honorary Secretary.

EAST YORK AND NORTH LINCOLN BRANCH.—The annual meeting of this Branch will take place on Wednesday, June 4th, at 1 P.M. With a view to increasing the interest in the meeting, the Council have determined to have a luncheon instead of a dinner, to take place between the business part of the meeting and the papers. Gentlemen who wish to give papers, show cases, or propose resolutions, are requested to communicate not later than May 25th with **E. P. HARDY**, Honorary Secretary, 80, Spring Bank, Lincoln.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The annual meeting of the above District will be held at the Kent and Canterbury Hospital, Canterbury, on Thursday, May 22nd, at 4 P.M., Mr. H. O. Preston in the chair. A tea will take place at the hospital at 5 P.M. Agenda (2 P.M.): Dr. Sheppard has kindly consented to take the members and friends round the Cathedral; (4 P.M.) the usual business of the annual meeting.—**W. J. TYSON**, Honorary Secretary of the District, 10, Langhorne Gardens, Folkestone.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—A meeting of the above District will be held at the Calverley Hotel, Tunbridge Wells, on Thursday, May 22nd. Meeting at 3.30 P.M. Dinner at 5.30 P.M., charge 6s., exclusive of wine. Cleland Lammiman, Esq., will preside. The following papers, etc., are promised:—**Mr. Alban Doran**: Inflammation of the Uterine Appendages: its Medical and Surgical Treatment. **Dr. Gorham**: Some Points in the Science of Light and Colours Demonstrated by the Rotation of Coloured Sectors. **Dr. Christopher Vise**: Chorea. **Mr. Manser** and **Mr. Watson** will show cases. **Mr. Lammiman**: Cases of Recovering Aneurysm of the Aorta, and of Serre's Operation for the Removal of the Lower Lip and Restoration.—**T. JENNER VERRALL**, Honorary Secretary, 97, Montpellier Road, Brighton.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this District will be held at St. Bartholomew's Hospital, Chatham, on Thursday, May 29th, at 3.30 P.M., Deputy Surgeon-General J. H. Jeffcoat in the chair. The dinner will take place at the Bull Hotel, Rochester, at 6 P.M., charge 6s. 6d., exclusive of wine. To facilitate the arrangements, gentlemen who intend to dine are particularly requested to signify their intention to the chairman, Deputy Surgeon-General J. H. JEFFCOAT, Newlands, Maidstone Road, Rochester, not later than May 27th. All members of the South-Eastern Branch are entitled to attend this meeting and to introduce professional friends. Communications.—**Mr. F. Bowrenan Jessett**: Some Observations on the Surgical Treatment of Intestinal Obstruction. **Mr. F. W. Fenfold**: Notes on a Case of Aortic Aneurysm, with specimen. **Mr. A. G. Foulerton**: Notes of a Case of Scleroderma: exhibition of patient.—**A. W. NANKIVELL**, Honorary Secretary of the District, St. Bartholomew's Hospital, Chatham.

DORSET AND WEST HANTS BRANCH.—The next meeting will be held at Ringwood on Tuesday, May 20th. The business meeting will be held at the White Hart Hotel, at 2.45 p.m. Discussion: The Cause and Treatment of Hemorrhoids. Communications: **Dr. McLean**: On the Epidemic of Fever at Portland during 1889. **Dr. Lawrie**: On the Application of Electricity by Apostoli's Method in Uterine Diseases. **Dr. Macdonald**: Remarks explanatory of the Lunacy Act, 1890. **Dr. Greves**: Case of Aneurysm of the Third Part of the Arch of the Aorta (specimen). Specimen:—**Dr. Lawrie**: Uterine Polypus. Drive to Somerley at 6 P.M. Dinner at 7.30 P.M., charge 6s. each, without wine. Members intending to be present are requested to communicate with Mr. Dyer by Saturday, May 17th.—**WILLIAM VAWDREY LUSH**, M.D., Weymouth; and **C. H. WATTS PARKINSON**, Wimborne, Honorary Secretaries.

EAST ANGLIAN BRANCH.—The annual meeting will be held at the Norfolk and Norwich Hospital, Norwich, on Thursday and Friday, June 19th and 20th. Notices of communications should be sent to **Dr. BARNES**, Eye; **Dr. ABBOTT**, Baintree; and **Dr. BEVERLEY**, Norwich, Honorary Secretaries.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.—The ordinary meeting of the Branch will be held at 198, Union Street, Aberdeen, on Wednesday, May 21st, at 8 P.M., Mr. Fowler, President, in the chair. Business:—Minutes, etc. **Dr. Watt**, Turiff: 1. Dislocations in Early Life. 2. Notes on a Case of Colotomy. **Mr. Alexander Reith**: Exhibition of a New Microtome. **Dr. Beveridge**: Case of Clubfoot treated by Huter's Modified Operation. **Dr. Mackenzie Booth**: Exhibition of Spinal Tumour, Successfully Removed from Cervical Region in a Child.—**ROBERT JOHN GARDEN** and **J. MACKENZIE BOOTH**, Honorary Secretaries.

BRITISH GUIANA BRANCH.

The last quarterly meeting of this Branch was held on April 17th, the President, Surgeon-General R. GRIEVE, M.D., occupying the chair. The following were also present: **Drs. Anderson, Hill, Veendam, Kennedy, Wallbridge, Williams, Ferguson, Castor**, and

Kennard. The minutes of the preceding meeting were read and confirmed.

Financial Report.—The report showed that at the beginning of the year there was a balance in hand of \$62, and subscriptions received raised that amount to \$129 32. The total expenditure reached \$171 23, leaving a balance of \$258 09. The report was adopted.

Yellow Fever.—**Dr. WALLBRIDGE** read a paper on yellow fever, which he described as a communicable disease due to a specific germ. Since 1881, last year was the only one in which yellow fever had been entirely absent from Georgetown. The most susceptible people were the Swedes, Norwegians, Danes, Germans, and Portuguese, black races, as was well known, enjoying complete immunity. He thought a heavy rainfall was always associated with a spread of yellow fever from infected cesspits. The lower contents of the cesspits, which had been subjected to the tropical heat, moisture, and lack of air, were stirred up and brought to the surface, and so flowed into fresh places. To guard against that, he would strongly recommend all such places to be thoroughly disinfected.—**Dr. FERGUSON**, in moving a vote of thanks to Dr. Wallbridge, spoke of the insanitary conditions in Georgetown. No one could visit the closets of the poorer people without being shocked at the existing system. It simply consisted of a hole dug in the closet, and that was drained out by another hole near the closet. Then it was covered with mud, which was dug over and over again, and it was difficult to see how these could be disinfected.—**Dr. ANDERSON**, in seconding the motion, said he would like Dr. Wallbridge to explain why there had been no yellow fever between 1868 and 1881.—**Dr. CASTOR** suggested that the incidence of the disease should be displayed in a map.—**The CHAIRMAN** said he had all along held that yellow fever was a communicable disease. There was absolute proof that the infected places, say cesspools or sewers, unless they were thoroughly cleared out, might remain infected for years, and there would be outbreaks year after year, which could only be accounted for in that way. He concluded by conveying the thanks of the meeting to Dr. Wallbridge.

Typhoid Fever in Georgetown.—**The CHAIRMAN** said that the question of cesspits brought to his mind another disease as to the existence of which in Georgetown he had till then had some doubt. That doubt had now been removed. A patient had recently been in the hospital suffering from what appeared to be typhoid fever; the diagnosis was confirmed by *post-mortem* examination.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

The third meeting of this District was held at the Great Northern Central Hospital, Holloway Road, N., on Thursday, May 8th, 1890; **Dr. BRIDGWATER**, J.P., Vice-President of the District, in the chair.

Communications.—**Mr. R. H. STEWART**, F.R.C.S.E., read a paper on Post-Nasal Growths, with illustrative cases, and showed new instruments for the various operations.—**Dr. BEEVOY** exhibited a case of Locomotor Ataxy without ataxy in a man who had since become blind.

Votes of Thanks.—Votes of thanks were passed to the gentlemen who had read papers, to the Chairman, and to the House Committee of the hospital for their kind reception.

NORTH OF ENGLAND BRANCH.

The spring meeting was held at Sherburn Hospital, by the kind invitation of the Master of the hospital and of Dr. Booth, on Thursday, May 8th, at 3.15 P.M. Sixty members were present.

Specimens.—The following specimens were shown: **Dr. HUME**: A Coccygeal Cyst, causing symptoms of coccygodynia; also an Ovarian Cyst.—**Dr. DRUMMOND**: Pathological Specimens.—**Mr. WILLIAMSON**: Eyeball from a case in which the Optic Nerve was Divided by a Puncture.—**Mr. MORISON**: Meckel's Diverticulum; Ovaries and Tubes from a case of Hydrosalpinx.—**Dr. MURPHY**: A Hypertrophied Clitoris, removed by operation.

Papers.—The following papers were read: **Dr. HUME**: A Case of Ununited Fracture of the Ulna, successfully treated by grafting with rabbit bone. The case was discussed by **Drs. GOWANS, ARMSTRONG, and MORGAN**.—**Dr. DRUMMOND**: On the Prognosis in Croipous Pneumonia. **Drs. HEDLEY WILLIAMS, GALLOWAY, and GIBSON** took part in the discussion which followed.—**Dr. MURPHY**: Notes on a Case of Nephro-lithotomy.

Dinner.—After the meeting the members of the Branch, to the number of fifty, were entertained by the Master of the hospital and

Dr. Booth.—The **PRESIDENT**, in the name of the Branch, thanked the Master and Dr. Booth for their kindness.—Afterwards the the members were conducted through the hospital, the church, and the grounds.

METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.
A MEETING of the above District was held at the Victoria Hall, Ealing, on Friday, April 25th; Dr. ORD took the chair. Fifteen members were present.

Paper.—Dr. CLEMENT GODSON read a paper on Cancer of the Cervix Uteri.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.
A MEETING of this District was held at the Greyhound Hotel, Croydon, on May 8th, Dr. PARSONS SMITH, of Addiscombe, in the chair. The minutes of the previous meeting were read and confirmed.

Heart Disease.—Dr. J. MITCHELL BRUCE showed specimens of heart disease, with microscopical sections illustrating them. The specimens included: Acute Endocarditis; Valvular Disease and its Results; Adherent Pericardium (including one enormous heart, which weighed 38 ounces); Syphilis (showing the pathological changes caused by this disease from obstruction of the coronary arteries by obliterative endoarteritis and its later results, through dilatation of the heart, leading to mitral regurgitation and cardiac dropsy); Dilatation and Tricuspid Regurgitation; Aneurysm of the Aorta; Ulcerative Endocarditis; Aneurysm of the Aortic Valve with Rupture.

Myxœdema.—Dr. H. MONTAGU MURRAY exhibited two cases of myxœdema and made remarks upon the features of the disease, such as the subnormal temperature, defective circulation, mottled skin, dark tints on the hands and feet, absence of the thyroid gland, masses of fat in the supraclavicular and infraclavicular regions, defective working of nearly all the functions, and feebleness of the mental powers. He showed photographs of the cases, and stated that warmth was the Alpha and Omega of treatment.—Dr. PARSONS SMITH, COLES, and T. H. GALTON made observations on the disease, the latter pointing out that a temporary residence in Switzerland caused, in some cases, an enlargement of the thyroid.

Muscular Atrophy.—Dr. J. FLETCHER LITTLE described the treatment of the forms of muscular atrophy, emphasising the need for early remedial measures to keep up as far as possible the nutrition of the affected parts. Besides maintaining the temperature and circulation, it was important to promote the flow of lymph from the lymph spaces, and for these purposes pressure, massage movements, as well as percussion, were needed, and the early use of electricity.

Nitrous Oxide as an Anæsthetic.—Mr. MORGAN HUGHES read a paper on the administration of nitrous oxide gas, showing the recent modifications in the apparatus used and the precautions necessary in giving the anæsthetic.

Dinner.—After the meeting eighteen members and visitors (including the Mayor of Croydon) dined together.

BRITISH MEDICAL ASSOCIATION.

FIFTY-EIGHTH ANNUAL MEETING.

THE fifty-eighth Annual Meeting of the British Medical Association will be held at Birmingham on Tuesday, Wednesday, Thursday, and Friday, July 29th, 30th, 31st, and August 1st, 1890.

President: C. G. WHEELHOUSE, F.R.C.S., J.P., Consulting Surgeon, Leeds General Infirmary, Cliff Point, Filey.

President-elect: WILLOUGHBY FRANCIS WADE, B.A., M.B., F.R.C.P., J.P., Senior Physician, Birmingham General Hospital, 27, Temple Row, Birmingham.

President of the Council: THOMAS BRIDGWATER, M.B., LL.D., J.P., Harrow-on-the-Hill.

Treasurer: CONSTANTINE HOLMAN, M.D., J.P., Reigate.

An Address in Medicine will be delivered by Sir B. WALTER FOSTER, M.D., M.P., Senior Professor of Medicine, Queen's College, Birmingham.

An Address in Surgery will be delivered by LAWSON TAIT, F.R.C.S., Surgeon, Birmingham and Midland Hospital for Women Birmingham.

An Address in Therapeutics will be delivered by WILLIAM HENRY BROADBENT, M.D., Physician to St. Mary's Hospital, London.

The scientific business of the meeting will be conducted in twelve Sections, as follows, namely:

A.—MEDICINE AND THERAPEUTICS.

President: Sir DYCE DUCKWORTH, M.D.

Vice-Presidents: E. RICKARDS, M.B.; D. DRUMMOND, M.D.

Hon. Secretaries: ISAMBARD OWEN, M.D., 40, Curzon Street, Manchester; W. C. W. SUCKLING, M.D., 103, Newhall Street, Birmingham.

B.—SURGERY.

President: T. H. BARTLETT, F.R.C.S.

Vice-Presidents: BENNETT MAY, F.R.C.S.; J. G. SMITH, M.B.

Hon. Secretaries: F. A. SOUTHAM, F.R.C.S., 13, John Street, Manchester; F. MARSH, F.R.C.S., 34, Paradise Street, Birmingham; H. G. BARLING, M.B., F.R.C.S., 85, Edmund Street, Birmingham.

C.—OBSTETRIC MEDICINE AND GYNÆCOLOGY.

President: T. SAVAGE, F.R.C.S.

Vice-Presidents: C. J. WRIGHT, M.R.C.S.; J. MURPHY, M.D.

Hon. Secretaries: J. K. KELLY, M.D., Park Villa, Crosshill, Glasgow; C. E. PURSLOW, M.D., 192, Broad Street, Birmingham.

D.—PUBLIC MEDICINE.

President: A. HILL, M.D.

Vice-Presidents: J. B. WELCH, M.B.; A. S. UNDERHILL, M.D.

Hon. Secretaries: L. C. PARKES, M.D., 61, Cadogan Square, S.W.; S. BARWISE, M.B., Clough View, Blackburn.

E.—PSYCHOLOGY.

President: F. NEEDHAM, M.D.

Vice-Presidents: S. H. AGAR, L.K.Q.C.P.; E. B. WHITCOMBE M.R.C.S.

Hon. Secretaries: J. WIGLESWORTH, M.D., Rainhill, near Prescott; E. LEWIS ROWE, L.R.C.P., Borough Asylum, Ipswich.

F.—ANATOMY AND PHYSIOLOGY.

President: D. J. CUNNINGHAM, M.D.

Vice-Presidents: W. H. GASKELL, M.D., F.R.S.; B. C. A. WINDLE, M.D.

Hon. Secretaries: F. J. ALLEN, M.B., Mason College, Birmingham; W. P. HERRINGHAM, M.D., 13, Upper Wimpole Street, W.

G.—PATHOLOGY.

President: D. J. HAMILTON, M.B.

Vice-Presidents: C. A. McMUNN, M.D.; G. SIMS WOODHEAD, M.D.

Hon. Secretaries: S. DELÉPINE, M.B., 6, Chapel Place, Cavendish Square, W.; G. F. CROOKE, M.D., Edmund Street, Birmingham.

H.—OPHTHALMOLOGY.

President: D. C. LLOYD OWEN, F.R.C.S.

Vice-Presidents: H. EALES, M.R.C.S.; J. B. STORY, M.B.

Hon. Secretaries: H. E. JULER, F.R.C.S., 77, Wimpole Street, W.; E. W. W. WHITE, M.B., 72, Newhall Street, Birmingham.

I.—DISEASES OF CHILDREN.

President: A. H. CARTER, M.D.

Vice-Presidents: W. THOMAS, M.B.; W. PYE, F.R.C.S.

Hon. Secretaries: H. HANDFORD, M.D., 14, Regent Street, Nottingham; A. FOXWELL, M.B., 47, Temple Row, Birmingham.

J.—LARYNGOLOGY AND RHINOLOGY.

President: J. ST. S. WILDERS, M.R.C.S.

Vice-Presidents: C. J. SYMONDS, F.R.C.S.; A. E. GARROD, M.D.

Hon. Secretaries: E. H. JACOB, M.D., 12, Park Street, Leeds; SCANES SPICER, M.D., 28, Welbeck Street, W.

K.—OTOLOGY.

President: C. WARDEN, M.D.

Vice-President: G. W. HILL, M.D.

Hon. Secretary: R. K. JOHNSTON, M.D., 22, Lower Baggot Street, Dublin.

L.—DERMATOLOGY.

President: JONATHAN HUTCHINSON, F.R.S., P.R.C.S.

Vice-Presidents: MALCOLM A. MORRIS, F.R.C.S. Ed.; H. RADCLIFFE CROCKER, M.D.

Hon. Secretaries: E. G. SMITH, F.R.C.S. Edin., 41, Newhall Street, Birmingham; T. COLCOTT FOX, M.B., 14, Harley Street, Cavendish Square, W.

Honorary Local Secretaries:

R. SAUNDBY, M.D., 83A, Edmund Street, Birmingham.
 JORDAN LLOYD, F.R.C.S., 22, Broad Street, Birmingham.
 A. HARVEY, M.B., 358, Wheeler Street, Lozells, Birmingham.

PROGRAMME OF PROCEEDINGS.

TUESDAY, JULY 29TH, 1890.

9.30 A.M.—Meeting of 1889-90 Council.
 11.30 A.M.—First General Meeting. Report of Council. Reports of Committees; and other business.
 8.30 P.M.—Adjourned General Meeting from 11.30 A.M. President's Address.

WEDNESDAY, JULY 30TH, 1890.

9.30 A.M.—Meeting of 1889-91 Council.
 10 A.M. to 2 P.M.—Sectional Meetings.
 3 P.M.—Second General Meeting. Address in Medicine by Sir B. WALTER FOSTER, M.D., M.P.
 9 P.M.—Reception by the Worshipful the Mayor of Birmingham in the Council House.

THURSDAY, JULY 31ST, 1890.

9.30 A.M.—Meeting of the Council.
 10 A.M. to 2 P.M.—Sectional Meetings.
 3 P.M.—Third General Meeting. Address in Surgery by LAWSON TAIT, F.R.C.S. Presentation of the Gold Medal for Distinguished Merit to Surgeon T. H. Parke, A.M.S.
 7 P.M.—Public Dinner of the Association.

FRIDAY, AUGUST 1ST, 1890.

10.20 A.M. to 1.30 P.M.—Sectional Meetings.
 3 P.M.—Concluding General Meeting. Address in Therapeutics by W. H. BROADBENT, M.D.
 9 P.M.—Reception by the President of Mason College and Mrs. Lawson Tait.

SATURDAY, AUGUST 2ND, 1890.
Excursions.

THE ANNUAL MUSEUM.

In connection with the fifty-eighth annual meeting of the British Medical Association, the Museum and Exhibition will be held in the Queen's College, Paradise Street, Birmingham, close to the building in which the sectional meetings will be held. The Museum will be arranged in the following Sections:—

SECTION A.—Food and Drugs, including Antiseptic Dressings and other Chemical and Pharmaceutical Preparations. (Honorary Secretary, Dr. Stacey Wilson, 65, Temple Row, Birmingham.)

SECTION B.—Pathology, comprising Casts, Models, Diagrams, Apparatus, Microscopical and Spirit Preparations, etc. (Honorary Secretary, Dr. G. F. Crooke, 2, Edmund Street, Birmingham.)

SECTION C.—Anatomy and Physiology, comprising Special Dissections, Methods of Preparation, Drawings, Models, and Microscopic Preparations. (Honorary Secretary, Dr. A. E. Mahood, Queen's College, Birmingham.)

SECTION D.—Instruments and Books, including Appliances, Ambulance, Medical, Surgical and Electrical; Microscopes and Microtomes. (Honorary Secretary, Mr. Gilbert Barling, M.B., F.R.C.S., 85, Edmund Street, Birmingham.)

SECTION E.—Sanitary Appliances. (Honorary Secretary, Dr. A. Bostock Hill, 14, Temple Street, Birmingham.)

To Non-Professional Exhibitors.

In consequence of the increasing cost of these exhibitions, charges will be made to exhibitors (other than members of the medical profession), according to the space occupied.

Regulations Regarding Exhibits.

1. Intending exhibitors must communicate with the Secretaries of each Section in which they propose to exhibit, and a brief description of each exhibit for insertion in the Museum Catalogue must be in the hands of the respective Secretaries before June 29th.

2. All exhibits should be addressed to the "Secretary of the Museum, British Medical Association, Queen's College, Birmingham," with the name of the Section for which they are intended. Packages should not be addressed to a firm's representatives at the Museum.

3. Communications on general matters connected with the Museum to be addressed to the Museum Secretary, Mr. Gilbert Barling, M.B., F.R.C.S., 85, Edmund Street, Birmingham.

All communications respecting advertisements in the Museum Catalogue must be made to Mr. Edward B. Lawley, Queen's College, Birmingham.

GILBERT BARLING, M.B., F.R.C.S. Hon. Sec.
 BERTRAM C. A. WINDLE, M.A., M.D., Chairman.

SPECIAL CORRESPONDENCE.

PARIS.

Treatment of Rheumatic Paralysis.—The Vasomotor Nerves in Erysipelas.—Ophthalmological Congress.—Pseudo-Diphtheria of Scarlet Fever.—New Asthesiometer for Leprosy.—Influenza and Surgical Operations.—Moist Heat as a Sterilising Agent.—A Too Candid Chemist.

DR. JULES MASCAREL, in a paper read before the Paris Biological Society, stated that rheumatic facial paralysis disappears in 40 to 48 hours when treated by acupuncture combined with a weak induced current. The current should not be applied longer than from four to five minutes, and its intensity should be regulated by the susceptibility of the patient. The treatment should be applied before food is taken, or two or three hours afterwards. Dr. Mascarel has adopted this treatment about eight or ten days after the onset of the paralysis; if the affection be of older date, he thinks it probable the results may not be so good.

M. Roger is engaged in a series of researches to determine the influence of the vasomotor nerves on the evolution of erysipelas. He inoculated eight rabbits under the ears with the streptococcus of erysipelas, and removed the superior cervical ganglion of one side. He observed that paralysis of the vasomotor nerves at first appears favourable to infection, but ultimately the ear on the side where the sympathetic has been cut quickly recovers, whereas the ear of the opposite side remains affected for a longer period. M. Roger also observed that paralysis of the vasomotor nerves is particularly favourable to diapedesis. This fact is of great importance now that M. Metchnikoff has defined the part played by the leucocytes in resisting microbial invasion of the organism.

At the Congress of the French Ophthalmological Society, M. Panas read a paper on abscesses of the frontal sinuses. He has studied this affection on different patients, none of whom exhibited any previous affection of the nasal fossæ, but there was one symptom which was invariably present, namely, violent pain in the track of the infraorbital and nasal nerves. M. Luys has three times cured blepharospasm with rotatory mirrors. M. Gillet observed that suggestion is equally efficacious; M. Guende had seen an obstinate case of blepharospasm cured after hypnotism had been practised two or three times. M. Kalt observed that these cures are not persistent, and suggested it would not radically cure blepharospasm which had been treated ineffectually by other means.

MM. Bourges and Wurtz have carefully studied the pseudo-diphtheria of scarlet fever in the wards of the Trousseau Hospital. In consequence of the severe sore throats which occurred during the evolution of the fever the little sufferers were removed from the fever ward to the diphtheria pavilion. A bacteriological examination of the false membranes revealed the presence of the streptococcus pyogenes, either pure or mixed with microbes incidental to suppuration, but in no instance did they succeed in detecting the presence of the Klebs-Löffler bacillus special to diphtheria. In two cases of pharyngitis, with false membranes occurring later on in the course of the fever, the bacillus of diphtheria was detected in the false membranes. One of the children with false membrane presenting streptococci, who was placed in the diphtheria pavilion, was seized with croup and died. MM. Wurtz and Bourges conclude from their experiments that sore throat in the early stage of scarlet fever, however serious the symptoms may be, is not generally diphtherial, therefore children with scarlet fever should not be placed with those suffering from diphtheria.

At the Society of Dermatology and Syphiligraphy M. Quinquaud communicated the results of his recent researches on leprosy. He has had a dynamometric æsthesiometer made in accordance with his directions, which demonstrates the modification of sensibility in its different degrees occurring in leprosy. M. Quinquaud has detected the presence of Hansen's bacillus at the onset of these symptoms.

M. Verneuil considers that operations should not be performed during an attack of influenza. At a recent meeting of the Academy of Medicine he mentioned a case which he believed ended fatally because the operation (removal of a tumour from the breast) was not deferred until an attack of influenza had passed away. The patient, who was 44 years of age, was operated on

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons, 5,323 births and 3,586 deaths were registered during the week ending Saturday, May 10th. The annual rate of mortality in these towns, which had declined from 20.9 to 20.8 per 1,000 in the three preceding weeks, further fell to 19.2 during the week under notice, a lower rate than in any week since November last. The rates in the several towns ranged from 10.5 in Huddersfield, 12.5 in Leicester, 13.8 in Wolverhampton and 14.4 in Bristol to 26.2 in Sheffield, 27.4 in Derby, 31.3 in Manchester, and 32.3 in Newcastle-upon-Tyne. In the twenty-seven provincial towns the mean death-rate was 20.9 per 1,000, and exceeded by 3.6 the rate recorded in London, which was only 17.3 per 1,000. The 3,586 deaths registered during the week under notice in the twenty-eight towns included 403 which were referred to the principal zymotic diseases, against 400 and 418 in the two preceding weeks; of these, 151 resulted from whooping-cough, 108 from measles, 44 from scarlet fever, 43 from diphtheria, 36 from diarrhoea, 21 from "fever" (principally enteric), and not one from small-pox. These 403 deaths were equal to an annual rate of 2.2 per 1,000; in London the zymotic death-rate was 2.5, while in the twenty-seven provincial towns it averaged 1.9 per 1,000, and ranged from 0.0 in Cardiff, 0.4 in Bristol and in Nottingham, and 0.6 in Huddersfield to 2.7 in Bolton, 3.0 in Sheffield, 3.9 in Salford, and 7.8 in Derby. Measles caused the highest proportional fatality in Birmingham and Derby; scarlet fever in Preston and Halifax; and whooping-cough in Newcastle-upon-Tyne, Oldham, Plymouth, Bolton, Sheffield, Derby, and Brighton. The mortality from "fever" showed no marked excess in any of the towns. Of the 43 deaths from diphtheria recorded during the week under notice in these towns, 25 occurred in London, 8 in Salford, 4 in Newcastle-upon-Tyne, 3 in Manchester, and 2 in Norwich. No fatal case of small-pox was registered during the week under notice, either in London or in any of the twenty-seven provincial towns; and 2 small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday, May 10th. These hospitals contained 1,014 scarlet fever patients on the same date, against 1,052 and 1,037 at the end of the two preceding weeks; 115 cases were admitted during the week, against 83 and 84 in the two previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 3.5 per 1,000, and was slightly below the average.

HEALTH OF SCOTCH TOWNS.

In the eight principal Scotch towns, 893 births and 697 deaths were registered during the week ending Saturday, May 3rd. The annual rate of mortality in these towns, which had been 26.0 and 24.2 per 1,000 in the two preceding weeks, rose again to 26.9 during the week under notice, and exceeded by 6.3 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 Greenock and Perth, and the highest in Dundee and Glasgow. The 697 deaths registered in these towns during the week under notice included 104 which were referred to the principal zymotic diseases, equal to an annual rate of 4.0 per 1,000, which exceeded by 1.8 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Paisley, Dundee, and Glasgow. The 337 deaths registered in Glasgow included 22 from whooping-cough, 21 from measles, 5 from scarlet fever, and 3 from "fever." In Edinburgh, 6 fatal cases of measles, and 5 of whooping-cough were recorded. Ten deaths resulted from measles in Dundee, and 2 from diphtheria in Leith. The death-rate from diseases of the respiratory organs in these towns was equal to 6.2 per 1,000, against 3.8 in London.

HEALTH OF IRISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, April 26th, were equal to an annual rate of 25.7 per 1,000. The lowest rates were recorded in Armagh and Newry, and the highest in Lurgan and Waterford. The death-rate from the principal zymotic diseases averaged 2.7 per 1,000. The 149 deaths registered in Dublin during the week under notice were equal to an annual rate of 22.0 per 1,000 (against 24.5 and 26.5 in the two preceding weeks), the rate for the same period being 18.5 in London and 19.8 in Edinburgh. The 149 deaths in Dublin included 8 which resulted from the principal zymotic diseases (equal to an annual rate of 1.2 per 1,000), of which 3 were referred to whooping-cough, 2 to measles, and 2 to "fever."

During the week ending Saturday, May 3rd, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 23.7 per 1,000. The lowest rates were recorded in Newry and Kilkenny, and the highest in Lurgan and Drogheda. The death-rate from the principal zymotic diseases averaged 2.3 per 1,000. The 172 deaths registered in Dublin during the week under notice were equal to an annual rate of 25.4 per 1,000 (against 26.5 and 22.0 in the two preceding weeks), the rate for the same period being 18.1 in London and 21.1 in Edinburgh. These 172 deaths included 13 which resulted from the principal zymotic diseases (equal to an annual rate of 1.9 per 1,000), of which 4 were referred to different forms of "fever," 3 to diphtheria, and 2 to whooping-cough.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

MEETING OF CONVOCATION.

At the meeting of Convocation, on May 13th, Mr. H. E. Allen, LL.B., was re-elected Clerk of Convocation.

The CHAIRMAN stated that since the report of the Annual Committee had been drawn up, a letter from the Lord President of the Council, dated April 10th, had been received by the Senate, inquiring whether the University proposed now to present a petition for a new charter, on the lines recommended by the Royal Commission, and stating that, as petitions on the subject were pending before the Privy Council, it was important that no further

delay should take place. The Chairman also notified the receipt by the Senate of a "protest" (to which were attached 595 signatures, mostly those of undergraduates of the University who are still students at the various London and provincial hospitals) in disapproval of the proposals respecting the examinations for the medical degree of the University. On the ground that the proposed changes, if effected, would act injuriously towards those who had been induced to follow the curriculum advised by the University in the past, the memorialists protested "against the new departure of the University in relaxing the requirements in arts and science from those who seek its coveted titles." The Chairman further said that a conference had been held with the authorities of University and King's Colleges, whose objections to the Senate's scheme of reorganisation were to be considered that week, together with the results of the conference of the Senate with the delegates of the Royal Colleges of Physicians and Surgeons. At that conference, the delegates of the Royal Colleges had exhibited a most fair and amicable spirit, which augured well for a happy conclusion of the question, so far as it affected those bodies. He trusted, in conclusion, that on June 24th, when another meeting of Convocation was to be held for the election of a member of the Senate in the place of Mr. Thiselton Dyer, that he might have something definite respecting the future of the University to lay before the meeting.

The report of the Annual Committee was received.

Sir P. MAGNUS moved the reception of the interim report of the Special Committee on the Constitution of the University, an abstract of which was published last week. He gave a detailed account of the various steps by which the present position of the question of the reorganisation of the University had been reached, and stated that nearly every important reform in the University had had its origin in Convocation. In fact, twelve years ago resolutions had been passed by Convocation in favour of reforms very similar to those now contemplated; and he thought that if the Senate had adopted those resolutions there would not have been any sign of that severe crisis through which the University was now passing and which was paralysing its action at the present juncture. The Commissioners thought that the University should restrict its area of action to the metropolis, and should not affiliate provincial colleges. This view was so strongly opposed by the Committee that it had been given up in the latest scheme. The Committee further deprecated the views of the Commissioners that the matriculation examination should be passed at the constituent colleges, and in this point also the Committee's views had prevailed. The Committee had further induced the Senate to place in their scheme the proposal to accept gifts, grants, etc., and to obtain power to appoint professors and lecturers, by which clause the University would be assisting the higher education of London. He considered, finally, that Convocation would be wise to make concessions to University and King's Colleges, in order to prevent the establishment of a second university, which would be a great calamity, though at the same time the cause of higher education in London would suffer if such great concessions were made as practically to hand over the university, bound hand and foot, to those two Colleges. The University itself, it must be remembered, had something very valuable to offer those Colleges in its very high prestige, and it owed it to itself and to the public not to part with its charge of the B.A. and other examinations unless it was quite certain that those to whom the charge was handed over would not lower the value of the degrees.

Dr. W. J. COLLINS seconded the proposition.

Mr. T. TYLER thought it was to be regretted that the Senate had not adopted the recommendation of the Royal Commission, and arranged with Convocation for a scheme for the reorganisation of the University.

Dr. T. B. NAPIER was surprised that members of Convocation took so little interest in this important question. He hoped the University of London would remain the only university in London, and not become the mere handmaid of University and King's Colleges. The higher education of London required that it should still retain its high position.

After some remarks from Mr. W. T. LYNN and another member, the proposition was carried *nem. con.*

Sir P. MAGNUS next moved: "That the Special Committee be reappointed, with power to confer with the Senate with respect to the schemes now under consideration for the reconstitution of the University." He understood that University and King's Colleges did not intend to press their claims, and did not think that

if they did do so Convocation would be prepared to adopt their proposals. He had also been surprised that the Senate had continued the negotiations with the Colleges for so long a time, and expressed a fear lest the Privy Council might take the matter into their own hands if the negotiations were still further protracted. Dr. COLLINS seconded the proposition.

Mr. T. TYLER moved a resolution postponing the motion, which, however, was ultimately agreed to.

Mr. J. E. H. COTTON moved: "That Convocation approves of the formation of reading societies by members of the University, to meet in the University building, with the ultimate object of proceeding to higher degrees, or simply of pursuing a course of advanced study." This proposition was seconded by Mr. PIPER, and carried.

Dr. W. J. COLLINS moved: "That in view of the recent changes made in the examination in subjects relating to the public health, this House respectfully urges upon the Senate the equity of conferring the degree M.D. (State Medicine) upon those who had previously been awarded the diploma in public health." Mr. HOARE seconded this proposition, which, on the motion of Mr. E. S. WRYMOUTH, was referred to the annual committee.

Dr. SANSOM proposed: "That this House disapproves of any such change in the regulations of the University as would reduce the standard of attainment for degrees in the faculty of medicine to a relatively lower level than that for degrees in the other faculties." He said that he did not wish to reduce the criterion of knowledge for the medical degrees, though the methods of procedure at the examinations might possibly be altered. It was most undesirable that there should be two grades for a Doctorate of the University of London, and he strongly deprecated the calling of the present doctors of medicine "M.D. (honours)." Dr. M. BAINES, Dr. W. J. COLLINS, and others supported the proposal, which was carried.

The CHAIRMAN announced the names of graduates elected to form the Annual Committee. In the Faculty of Medicine the following were appointed, namely:—M. Baines, M.D.; W. J. Collins, M.D., M.S.; J. Curnow, M.D.; G. Eastes, M.B.; H. G. Howse, M.S.; H. Morris, M.B.; R. Neale, M.D.; W. Hale White, M.D.

CAMBRIDGE UNIVERSITY.

It is understood that the honorary degree of LL.D. will be offered to Sir Andrew Clark, F.R.S., President of the Royal College of Physicians, and to Mr. Jonathan Hutchinson, F.R.S., President of the Royal College of Surgeons. The day of the recitation of prize exercises, or *Comitia Maxima*, which falls this year on June 10th, will probably be chosen for the conferring of honorary degrees on these and other distinguished men.

THE meeting of the distributors of Crane's Charity, which makes grants for medical attendance and nursing to poor scholars of the University, is fixed for Tuesday, May 20th. Applications are to be made through the College tutors.

At the Congregation on Thursday, May 8th, the following were admitted to the degree of M.B. and B.C.: F. W. Saunders, B.A., Trinity (*Thesis*, Paroxysmal Hæmoglobinuria); Eliot Curwen, B.A., St. John's College (*Thesis*, Hepatic Cirrhosis).

ON May 5th, the last matriculation of the year, thirty-six students were enrolled. This brings the total number admitted during the year to nearly 1020, a larger number than has ever hitherto been recorded.

THE lectures delivered before the University by Dr. Francis Warner, under the auspices of the Teachers Training Syndicate, on The Growth and Means of Training the Mental Faculty, have been published at the University Press.

UNIVERSITY OF DUBLIN.—At the first summer commencement (*comitia æstiva priora*) held in Trinity Term on May 7th, 1890, the following degrees were conferred in the Examination Hall of Trinity College by the University *Caput* in the presence of the Senate:

Baccalaureus in Medicinâ, in Ch'irurgiâ, et in Arte Obstetriciâ.—W. R. Miller.

Magister in Artibus.—J. F. W. Tatham, M.D.

Doctores in Medicinâ.—A. J. Campbell, W. R. Miller.

CONJOINT BOARD IN ENGLAND.—The Conjoint Examining Board in England has adopted a revised synopsis of subjects for the first Conjoint Examination in Chemistry and Chemical Physics. A comparison of the present with the past synopsis shows the following chief differences: 1. The arrangement of the subjects under

five heads—*a*, Chemical Physics; *b*, Inorganic Chemistry; *c*, Metals; *d*, Organic Chemistry; *e*, Practical Chemistry. 2. The complete enumeration under the head of "Metals" of such of their compounds as are required to be known. 3. The introduction of a few fresh subjects, of which all the important ones are underlined. 4. The omission of the alkaloids morphine, quinine, strychnine, and of certain inorganic substances of less interest to the medical student. The new synopsis appears to be more orderly arranged, and has the advantage of stating more definitely the substances, etc., which will be treated in the examination. It will come into force on and after May 1st, 1891.

ROYAL UNIVERSITY OF IRELAND.—Medical Degrees Examination, May, 1890. The Examiners have recommended that the following should be adjudged to have passed the Examination:

Upper Pass Division.—J. A. Browne, B.A., Queen's College, Belfast; *Eleonora L. Fleury, London School of Medicine for Women, and Royal Free Hospital, Gray's Inn Road, London; J. Hennessy, Queen's College, Cork; T. J. Lenehan, B.A., Carmichael College, and School of Physic, Trinity College, Dublin; A. B. Mitchell, Queen's College, Belfast; J. R. Steen, Queen's College, Galway, and Edinburgh University; J. J. Tracy, Queen's College, Cork.

Those marked with an asterisk may present themselves for the Further Examinations for honours.

Pass.—J. Alexander, School of Physic, Trinity College, Dublin; J. Bennett, Queen's College, Belfast; W. A. Bullen, Queen's College, Cork; J. Caldwell, Queen's College, Belfast; F. A. Craig, Queen's College, Belfast; R. Creighton, B.A., Royal College of Surgeons and Carmichael College; S. de la Roche, L.H.C.E., School of Physic, Trinity College, Dublin; W. W. Duff, Queen's College, Belfast; R. H. Elliott, Queen's College, Belfast; T. Gash, Queen's College, Cork; D. Jamison, B.A., Queen's College, Belfast; P. H. Keary, Carmichael College; J. A. Kelly, Queen's College, Belfast; J. McGennis, Queen's College, Galway, and Catholic University School of Medicine; J. McNamara, Catholic University School of Medicine; J. S. Morrow, B.A., Queen's College, Belfast; P. J. Murphy, Catholic University School of Medicine; M. C. Staunton, Catholic University School of Medicine; J. Young, Queen's College, Cork.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the First Professional Examination, in Anatomy and Physiology, at a meeting of the Board of Examiners on May 12th, namely:

T. Carwardine, student of Middlesex Hospital; H. L. Lack, of King's College Hospital; C. H. D. Morland, of St. George's Hospital and Durham University; A. W. Peake and D. C. Rayner, of Bristol School of Medicine; and T. R. Taylor, of Guy's Hospital.

Ten candidates were referred for six months.

Passed on May 13th:

T. W. Beazeley, of Queen's College, Birmingham; J. G. Clegg and W. P. Montgomery, of Owens College, Manchester; A. E. Mahood, of Trinity College, Dublin and Birmingham; W. Selby and N. O. Wilson, of St. Bartholomew's Hospital; and R. H. A. Whitelocke, of Glasgow and Edinburgh Universities.

Thirteen candidates were referred for six months.

Passed on May 14th:

H. W. Armstead and C. P. Lukis, of St. Bartholomew's Hospital; and H. A. Ballance, of University College Hospital.

Thirteen candidates were referred for six months.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the stated Examinations for the Licences of the College held on Monday, Tuesday, and Wednesday, May 5th, 6th, and 7th, 1890, the undermentioned registered medical practitioners were successful:

J. G. Boyce, L.R.C.S.I., Bristol; S. Gillman, L.R.C.S.I., Rathmines, Dublin; T. H. Hannigan, L.R.C.S.I., Drumcollogher, co. Limerick; D. Harris, M.R.C.S., Beaconsfield, Cape of Good Hope; M. O'Reilly, L.R.C.S.I., Coombe Hospital, Dublin.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The following gentlemen, having passed the necessary examination for the Fellowship, have been admitted by the President (Dr. Meldon) Fellows of the College:

T. S. Burnett, L. and L.M., R.C.S.I., Deputy Inspector-General of Hospitals and Fleets, R.N.; F. J. Doyle, L.R.C.S.I. and L.K.Q.C.P.I., Surgeon I.M.S.; F. T. Skerrett, L.R.C.S.I. and L.K.Q.C.P.I., Surgeon A.M.S.; J. Williamson, M.B. and Mast. Surg., Univ. Aberd., Surgeon-Major A.M.S.; C. J. Holmes, M.D., M.Ch., Royal Univ., Irel., Surgeon A.M.S.; and R. R. Leeper, L.R.C.S.I., L.K.Q.C.P.I.

The following gentlemen passed the first half of the examination for Fellowship:

P. R. Dillon, L.K.Q.C.P.I., L.R.C.S.I.; and P. W. Maxwell, M.D. Edin., M.B. and Ch. Edin., M.R.C.S. Eng., L.K.Q.C.P.I.

The following gentlemen having passed the necessary Dental examination have been admitted Licentiate in Dental Surgery of the College:

S. A. T. Coxon (Wisbech), A. L. Harrington (Rochford), H. Hudson (Birmingham), T. Nottingham (Hull), and Mr. G. A. Story (Canterbury).

The following gentleman, having passed the necessary Public Health examination, has been granted the Diploma in Public Health of the College:

A. C. Maybury, M.R.C.S.Eng., L.S.A.Lond.

MEDICAL NEWS.

LADY WIMBORNE is, we learn, about to establish a new cottage hospital at Poole for the benefit of the poor of the town.

A NATIVE gentleman of the Rangpur district in India has given 20,000 rupees towards the cost of completing the Lowis Sanitarium at Darjeeling.

THE next (eighth) meeting of the Italian Surgical Society will be held at Rome in 1891. At the recent meeting at Florence it was decided to establish a journal devoted to Italian surgery.

THE Royal visit of Her Royal Highness the Princess Louise to Torquay was a great success. At the reception at the theatre, Mrs. Richardson, the wife of Dr. J. B. Richardson, presented Her Royal Highness with a magnificent bouquet.

THE "Petitions Committee" of the Bavarian Chamber of Deputies has declined to submit to the Chamber the petition of the German Ladies' Association of Leipzig, asking that the medical and teaching professions should be thrown open to women.

AT the "commencement" of the Meharry Medical College for Negroes, held on February 27th, diplomas in medicine were granted to fifteen candidates. Two "coloured persons" at the same time received diplomas in dentistry and one in pharmacy.

DR. L. W. POPOW, Professor in the University of Warsaw, was on April 14th appointed to the Chair of Therapeutics in the Military Medical Academy of St. Petersburg, left vacant by the death of Professor Botkin.

THE Chenango County Poor House and Lunatic Asylum, near Norwich, New York, was on May 7th destroyed by fire, thirteen persons (including eleven idiots) being burned to death. The fire, which broke out in the idiot department, is said to have been caused by one of the inmates trying to light a lamp.

SANITARY PLUMBING.—During last week there was a large attendance at the Guilds Institute of Plumbers, not only from London and the suburbs, but from Oxfordshire, Hertfordshire, Salop, Cambridge, Suffolk, Staffordshire, Berkshire, etc., who presented themselves for registration. Two-thirds of the candidates succeeded in passing the full examination.

IN accordance with resolutions passed by the Brussels Academy of Medicine, the Belgian Government is about to forbid public *séances* of hypnotism. All who, "outside the lawful exercise of the art of healing," hypnotise girls aged less than 18 years or persons in a demented state, will be punished with fines and imprisonment.

THE Holiday Colonies Association of Munich completed the first decade of its existence with the close of last year. During that time 1,718 children have been sent to the country for three or four weeks; in 1889 alone as many as 434 were thus enabled to enjoy a beneficial change of air. It is satisfactory to learn that all sections of society in the Bavarian capital show a steadily increasing interest in the good work of the Association.

CYSTIC DEGENERATION OF THE BRAIN.—Pick (*Arch. f. Psychiatrie u. Nervenkrankh.*, Bd. xxi) has made a careful study of eight cases in which multiple cysts were found in the brain. In his account of their character, position, and varieties, and also in his opinion that they are due to dilatation of the perivascular lymph spaces, he confirms the views of previous authors; and he considers that the obstruction causing the dilatation of the spaces is due to some congenital mischief.

THE FIELDS OF VISION IN HYPNOTISM.—In a paper which appeared in the *Neurologisches Centralblatt* for April 15th, Moravosik records the curious case of a hysterical woman, aged 23, whose fields of vision could, during the waking condition, be considerably enlarged by various peripheral stimuli, such as the application of warmth to the skin, or a tuning fork to the ear; and,

during the hypnotic state, a sad suggestion narrowed the field and a cheerful suggestion considerably enlarged it.

THE ladies of Austria are making a determined effort to carry the medical citadel by storm. On May 7th another petition was presented to the Austrian House of Deputies by Dr. Jaques on behalf of the Vienna Ladies' Association praying for the admission of women to the classes of the medical and philosophical faculties in the various Austrian universities. The petition bears the signatures of 3,619 ladies, including the members of the Association for the Extension of Female Education, the Association of Viennese Housewives, governesses, school teachers, etc.

RUSSIAN PUNISHMENTS FOR ADULTERATION.—Severe measures have recently been taken by the Russian Government against adulteration and the sale of injurious substances as food. Persons convicted of these offences will be liable to a fine of 300 roubles (£48), or to imprisonment for three months. For a second offence these penalties will be doubled, and a third conviction will entail the loss of civil and political rights. Mr. Bright's doctrine of *caveat emptor* evidently finds no favour in the eyes of the Czar. Our own "free and enlightened" country might with advantage take a hint from such truly benevolent despotism.

HEREDITARY HYPOSPADIAS.—In the May number of the *Revue Biologique du Nord de la France*, M. P. Delplanque publishes a curious example of family proclivity to hypospadias. In the father, aged 45, the opening of the meatus is merely situated rather more to the under aspect of the penis than usual, but the deformity is well marked in three of his sons, aged respectively 11½, 9, and 8. Next in age come three daughters, all perfectly well formed, and, lastly, a fourth son, recently born, who presents the same abnormality as his elder brothers.

PROFESSOR MAGNUS VON HUSS, one of the leaders of the medical profession in Sweden, died at Stockholm on April 22nd, in his 73rd year. He had taken a prominent part in the organisation of hospitals and in the improvement of medical education. He was the author of several valuable works on professional subjects, the best known among them being a treatise on *Chronic Alcoholism*, for which he was awarded the Monthyon prize by the French Académie des Sciences, and another on the *Endemic Diseases of Sweden*.

THE French Medical Press Association has finally decided that a general "boycott" of the Berlin Congress by the medical profession of France would be inadvisable. The reasons given for this wise step are characteristic. It is pointed out that the Congress is, in fact, a French institution, the first meeting having been held in Paris; and, furthermore, that it would not be seemly for Frenchmen to leave the Belgians, Swiss, Spaniards, and Italians, most of whom only speak French, helpless in a Babel of German and English.

MEDICAL FACULTY OF BUENOS AYRES.—The number of students in the medical faculty of the University of Buenos Ayres during 1889 was 430, being an increase of 8 as compared with the preceding year. Of these, 66 were foreigners and 46 were women. Of the latter, one went through the ordinary curriculum of a fourth year's student, and the others attended the obstetric classes. Between March 1st, 1889, and the corresponding date in 1890, 43 degrees of doctor of medicine were conferred. The faculty has asked the Government for a grant of 60,000 pesos (about £12,000) for the erection of new buildings.

INTERNATIONAL MEDICO-LEGAL CONGRESS.—Mr. Clark Bell, the President of the New York Medico-Legal Society, and the moving spirit of the late Congress in that city, is determined that the next Congress shall be a great success, and his arrangements for the meeting in 1892 are consequently in a very forward state. He has succeeded in securing the countenance of the American Government in support of the Congress, and there can be little doubt that the letter of Mr. Blaine expressing his personal sympathy with the objects and purposes of the meeting will bring in many adherents. At the Congress of 1889 some 400 members were enrolled, and it may be confidently anticipated that the June meeting in 1892, which will also be held in New York, will see a very considerable increase over that number. Mr. Clark Bell has of course been nominated to the post of President, and Dr. M. Ellinger to that of Secretary, and a goodly list of vice-presidents has already been published. The office of the Medico-Legal Society is 57, Broadway, New York, where all communications respecting the Congress may be addressed to one of the officers.

PRESENTATION.—Dr. W. J. Richardson, who has been conducting classes at Keighley in connection with a branch of the St. John Ambulance Association, has been presented by the members of his class with a case of surgical instruments and an electric battery. It was stated that 34 females had passed out of the 39 who had entered, and of 42 males examined 35 had been successful.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BARNWOOD HOUSE HOSPITAL FOR MENTAL DISORDERS**, near Gloucester.—Junior Assistant Medical Officer. Salary, £100 a year, with board, lodging, and washing. Applications to Dr. Needham, Medical Superintendent.
- BIRMINGHAM LYING-IN CHARITY**.—Honorary Medical Officer. Applications to Cranmer Gell, Secretary, 71, Newhall Street, by May 19th.
- BOROUGH OF BOLTON**.—Medical Officer of Health and Public Analyst. Salary, £400 per annum. Applications to R. G. Hennell, Town Clerk, Town Hall, Bolton.
- BRIGHTON AND HOVE LYING-IN INSTITUTION**.—House-Surgeon, unmarried and under 30 years of age. Salary, £120 per annum, with furnished apartments, coal, gas and attendance. Applications to Burgess Smith, Secretary, 76, West Street, Brighton, by May 30th. Election June 6th.
- BRIGHTON, HOVE AND PRESTON DISPENSARY**, Queen's Road, Brighton. —House-Surgeon. Double qualifications. Salary, £140 per annum, with furnished apartments, coals, gas, and attendance. Applications by May 27th to the Assistant Secretary, J. W. Stride. Appointment on June 3rd.
- BRISTOL GENERAL HOSPITAL**.—Assistant-Physician Accoucheur. Applications by May 27th to the Secretary, W. Thwaites.
- BRISTOL GENERAL HOSPITAL**.—Ophthalmic Surgeon. Applications by May 27th, to the Secretary, W. Thwaites.
- CANCER HOSPITAL (FREE)** Brompton, S.W. — Assistant House-Surgeon and Registrar. Salary, £50 per annum, with board and residence. Applications to the Secretary by May 19th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL**, 233A, Gray's Inn Road. House-Surgeon, qualified. Rooms and board. Applications to the Secretary by June 7th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST**, Victoria Park, E.—House-Physician. Board and residence and allowance for washing, but no salary. Applications to the Secretary personally or by letter any day.
- CROYDON GENERAL HOSPITAL**.—House-Surgeon, single. Salary, £100, increasing to £120, with board and residence in the hospital. Applications to the Secretary, Alfred G. Roper, by June 2nd.
- ENNISTYMON UNION**.—Ennistymon Dispensary. Medical Officer. Salary, £100 per annum and fees. Applications to Mr. Henry P. Reilly, Honorary Secretary. Election on May 24th.
- GREAT BERKHAMSTED RURAL SANITARY AUTHORITY**.—Medical Officer of Health. Salary to be settled by Joint Committee. Application to H. M. Turner, Clerk to Rural Sanitary Authority, Watford.
- HANTS COUNTY ASYLUM**.—Third Assistant Medical Officer. Doubly qualified. Age not to exceed 27; unmarried. Salary, £100 per annum, increasing to £125. Applications to the Committee of Visitors, Knowle, Fareham, by May 21st.
- HARTLEPOOL UNION**.—Medical Officer and Public Vaccinator for the District of Greatham. Salary (exclusive of extras), £30 per annum. Applications to George Kilvington, clerk, West Hartlepool, by May 28th.
- KENT COUNTY LUNATIC ASYLUM**, Chatham, near Canterbury. —Second Assistant Medical Officer; must be registered. Salary, £120 per annum, with furnished apartments, board and attendance. Applications with testimonials by May 19th, to Allen Fielding, solicitor, Canterbury.
- LANCASTER INFIRMARY AND DISPENSARY**. — House-Surgeon. Unmarried. Doubly qualified. Salary, £30 per annum with residence, board, attendance, and washing. Applications, on forms to be obtained, must reach the Secretary by May 31st.
- LONDON COUNTY ASYLUM**, Colney Hatch, N.—Assistant Medical Officer. Salary, £150 per annum, rising £5 annually to £180, with board, furnished apartments, and washing. Single, not more than 35 years of age; doubly qualified. Applications (on forms furnished) to R. W. Partridge, Clerk to the Asylums Committee, 40, Craven Street, Strand, by May 22nd.
- LONDON COUNTY ASYLUM**, Colney Hatch, N.—Junior Medical Officer. Salary, £120 per annum, rising £5 annually to £150, with board, furnished apartments, and washing. Single, not more than 35 years of age; doubly qualified. Applications (on forms furnished) to R. W. Partridge, Clerk to the Asylums Committee, 40, Craven Street, Strand, by May 22nd.
- LONDON COUNTY COUNCIL**.—Medical Officer for District D of the First Brigade. Must be a qualified Surgeon. Remuneration at the rate of 20s. per annum for each man in the force (present number 73), to include cost of medicine and appliances. Applications to be addressed to the Clerk of London County Council, endorsed "Application for post of Medical Officer" by May 22nd.
- MAGDOLESFIELD GENERAL INFIRMARY**.—Junior House-Surgeon. Doubly qualified. Salary, £70 per annum, with board and residence in the institution. Applications to Chairman, House Committee, by May 17th. Election May 30th.
- MATER MISERICORDIE HOSPITAL**, Dublin.—Resident Surgeon. Must be a duly registered physician and surgeon. Salary, £50 per annum, with furnished apartments, attendance, light, and fuel. Applications to the Secretary of the Medical Board by June 1st.
- NORTH LONDON CONSUMPTION HOSPITAL, HAMPSTEAD AND LONDON**.—Resident Medical Officer, double qualification. Honorarium, £40 per annum, with rooms and board. Applications to Lionel Hill, M.A., Secretary, 216, Tottenham Court Road, London, W., by May 19th.

NORWICH FRIENDLY SOCIETIES' MEDICAL INSTITUTE.—Resident Dispenser, qualified. Salary, £75 per annum. Applications to Secretary, Ivy House, Lady's Lane, Norwich, by May 27th.

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.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—House-Surgeon, required by July 1st. Must possess some knowledge of ophthalmic surgery. Applications to T. Beattie-Campbell, Secretary, by June 1st.

SALFORD ROYAL HOSPITAL.—Honorary Medical Officer for the Pendleton Branch Dispensary. Double qualification. Applications to Alexander Hay, Secretary, by May 18th.

WALLASEY DISPENSARY.—Assistant or Junior House-Surgeon, to visit and dispense. Unmarried; must devote his whole time to the duties. Salary, £30 per annum, with furnished apartments, coal, gas, and attendance. Applications by June 22nd to the Honorary Secretary, Mr. William Heap, Elm Mount, Penkett Road, Liscard, Cheshire.

WEST SUSSEX, EAST HANTS, AND CHICHESTER GENERAL INFIRMARY AND DISPENSARY.—House-Surgeon. Salary, £80 per annum, with board, lodging and washing. Applications to the Secretary. The Infirmary, Chichester, by June 11th.

MEDICAL APPOINTMENTS.

- BARKER**, Frederick, L.R.C.P., M.R.C.S., appointed Resident Medical Officer to the Lincoln United Friendly Societies.
- BECKER**, J., M.B. Edin., C.M., L.R.C.P. Lond., appointed Medical Officer to the 1st Ward of the Colchester Union.
- BOTT**, Henry, L.R.C.P., M.R.C.S., reappointed Medical Officer of Health to the Brentford Urban Sanitary District.
- BOYD**, James Paton, M.B., C.M., appointed Junior House-Surgeon to the Royal Hospital for Sick Children, *vice* R. Barclay Ness, M.A., M.B.
- CULLEN**, Dr., appointed Medical Officer to the Carrickmacross Workhouse.
- DE DENNE**, T. V., M.R.C.S., L.R.C.P., appointed Certifying Factory Surgeon to the Cradley Heath and Old Hill District, *vice* Hugh R. Ker, F.R.C.S. Ed., resigned.
- ERKINE**, ROBERT, M.D. Qu. Univ. Irel., M.Ch. and L.M., reappointed Medical Officer of Health to the Camborne Local Board.
- FARR**, Septimus Briggs, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health to the Andover Urban Sanitary Authority.
- FAULKE**, Herbert Charles, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the 3rd District of the Lendin and Winstree Union.
- HAGG**, Alexander, M.A., M.D. Oxon, F.R.C.P., appointed Physician to the Metropolitan Hospital, *vice* J. G. Dudley, M.D. Cantab., made Consulting Physician.
- HASLETT**, W. J., M.R.C.S. Eng., L.R.C.P. Lond., appointed Junior House-Surgeon to the Poplar Hospital, London, E., *vice* J. C. H. Dickinson, B.A., M.B. Cantab., resigned.
- HEATON**, Charles J., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Cancer Hospital, Brompton, *vice* George H. O'Reilly.
- HOBBS**, J. L., L.R.C.P. Edin., L.M., M.R.C.S., reappointed Medical Officer of Health to the Bromsgrove Rural Sanitary Authority.
- HODGSON**, Dr., appointed Medical Officer for the Cropedy District of Banbury.
- HOLLIS**, Elphinstone, M.D. Edin., reappointed Medical Officer and Public Vaccinator for Woodbridge.
- HUBBARD**, F. E., L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., reappointed Medical Officer to the Diss (Norfolk) Local Board of Health.
- HUSBAND**, C., M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Ripon City Council.
- JONES**, Dr., Belle Vue, Hiram, appointed Deputy Coroner to the Southern Division of Breconshire.
- KENT**, Charles A., B.Sc., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the Infirmary of the St. Olave's District.
- LAWSON**, H. A., L.R.C.P. and S. Edin., appointed Medical Officer to the City Poorhouse, Edinburgh, *vice* William Lundie, M.B., C.M., M.A., B.Sc.
- LISTON**, Henry, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Southwick District of the Sunderland Provident Dispensary.
- LIVETT**, H. W., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health to the Wells Urban Sanitary District.
- LUCAS**, R. H., M.R.C.S., L.S.A., appointed Assistant Medical Officer to the Suffolk General Hospital.
- MACLURE**, Herbert W., M.B., M.S., M.A. Camb., appointed Junior House-Surgeon to the Western General Dispensary, Marylebone Road, *vice* O. Kloster, M.B. Edin.
- MORISON**, John, M.D. Edin., M.R.C.S. Eng., D.P.H. Camb., appointed Medical Officer of Health to the St. Albans Rural Sanitary District, *vice* Dr. W. Thompson.
- NESS**, R. Barclay, M.A., M.B., appointed House-Surgeon to the Royal Hospital for Sick Children, Glasgow, *vice* James Watson, M.B., C.M., resigned.
- O'FLAHERTY**, George W., L.M., M.R.C.P. Edin., L.S.A., M.R.C.S. Edin., appointed Assistant Medical Officer to the Down District Lunatic Asylum, *vice* E. E. Moore, M.D., T.C.D.
- PRIDEAUX**, T. E. P., L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Wellington Rural Sanitary Authority.
- RISDON**, William Newt, M.D. Lond., L.R.C.P., M.R.C.S., appointed Second Medical Officer to the Sun Life Assurance Office.
- ROBINSON**, Alfred, M.D., appointed Deputy Medical Officer of Health to the Rotherham Town Council.

ROBINSON, George Henkell Drummond, M.R.C.S., L.R.C.P., M.B.Lond., appointed House-Physician to the West London Hospital, Hammersmith Road.
 RYGADE, Reginald, L.K.Q.C.P.I., L.R.C.S.I., appointed Medical Officer to the Middleton Cheney District of Banbury.
 TEIXEIRA, João, L.R.C.P. and S.Edin., L.F.P. and S.Glas., appointed Assistant House-Surgeon to the West Ham Hospital, Stratford.
 WIGN, George William, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Methley Urban District.
 YEARSLEY, P. Macleod, M.R.C.S., L.R.C.P.Lond., appointed Clinical Assistant to the Aural and Skin Departments, Westminster Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: On External Diseases of the Eye. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. Edmund Owen: Concerning the Epiphyses.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Mr. Bruce Clarke: 1. Spontaneous Fracture of Renal Calculus. 2. Calcifying Sarcoma of Breast. Mr. James Berry: Fibrochondroma of Tongue. Dr. Rolleston: 1. Tubercular Strictures of Colon. 2. Volvulus of small Intestine. Dr. Colcott Fox: Bones from a case of Scurvy. Dr. Joseph Griffiths: 1. Carcinoma of Testis with Growth into the Inferior Vena Cava. 2. Simple Necrosis of Lumbar Vertebrae. Dr. Samuel West: Tumour in Portal Fissure growing into Vena Cava and Heart. Dr. Walter K. Sibley: Psorospermia in relation to Tumour Formation. Mr. T. Nunn: Cystic Disease of Breast complicated with Cancer. Dr. Handford: 1. Nephritis in Enteric Fever. 2. Polyp of Large Intestine. Dr. Hale White: Contracted Granular Kidney in young persons. Dr. Wheaton: Actinomycosis in a Child. Dr. Wethered: Intestine in Psoriasis (tropical diarrhoea). Dr. Sidney Martin: Thrombosis of Innominate, Jugular, and Subclavian Veins causing Chylous Ascites. Dr. Delépine: Hemianopsia with softening of Left Cuneus. Mr. L. Bidwell: Fibroid Polypus of Trachea. Dr. Peeke Richards: Aneurysm and Embolism of Middle Cerebral Artery. Card Specimens.—Dr. Hale White: Dermoid Cyst attached to the Pericardium. Dr. Handford: 1. Carcinoma of Lung. 2. Contracted Granular Kidneys in a Child. Mr. Hurry Fenwick: Unusually large Urethral Calculi. Mr. A. F. Voelcker: Retroperitoneal Teratoma. Mr. Shattock: 1. Separation of Radial Epiphysis. 2. Necrosis in Ossifying Chondroma.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 2 P.M.—Dr. R. Percy Smith: On Dementia. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: On Acne.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Cecil Y. Biss: On the Diagnosis of Pleural Effusions. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Q. Silcock: On Ophthalmoscopic Cases.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7 P.M.—Mr. W. B. Tripp: Rainfall of the Globe. Mr. W. H. Dines: On Pressure Phenomena.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.—Mr. E. M. Nelson: Micrometric Measurements with the Microscope.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, W.C.—Dr. Howard H. Tooth: On Affections of the Cranial Nerves. The New Infirmary, Paddington, 5 P.M.—Dr. Broadbent: Clinical Lecture on Medical Cases. 5 P.M.—Dr. Savill: Post-Mortem Examinations.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 11 A.M.—Dr. R. Percy Smith: Clinical Demonstration. Hospital for Consumption, Brompton, 4 P.M.—Dr. Cecil Y. Biss: On the Treatment of Pleural Effusions.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. F. R. Fairbank: A case of Retention of Urine from a Hydatid Cyst in the Pelvis. Mr. G. R. Turner: A case of Thyroid Tumour apparently Malignant which almost disappeared after Tracheotomy, and subsequently on re-growth was undoubtedly Sarcomatous. Mr. Bruce Clarke: A case of Urethral Stricture four years after Electrolysis. Encysted Vesical Calculi: three operations by Lithotripsy and three by Suprapubic Lithotomy, one of which was performed through the Peritoneum. Mr. H. H. Taylor: Cases illustrating the treatment of Phthisis by the Inhalation of Superheated Air.

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.

MARRIAGES.

BUCKLEY-BRUNNER.—On April 22nd, at Witton Church, Cheshire, T. W. Buckley, M.R.C.S.Eng., The Poplars, Thrapston, to Grace, eldest daughter of John T. Brunner, M.P., Winnington Old Hall, Northwich, and 9, Ennismore Gardens, S.W.

MARSDEN-LILLY.—On the 7th inst., at Christ Church, Hampstead, N.W., by the Rev. G. F. Head, vicar, Thos. Marsden, M.D., Bridgwater, to Agnes Maude, daughter of Edw. Lilly, J.P., Bridgwater.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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.D. asks for information as to any cases of alcoholism of many years' duration in women who had been cured by any other means than by external restraint.

GRATES.

DR. J. H. SCOTT, M.K.Q.C.P. (Camberley, Surrey), writes: Will "A. T. W." kindly give the name and address of the makers of the "Sandringham Grate," recommended in the JOURNAL of May 3rd.

SURGEON would feel grateful to any member for advice as to the best way to harden and prevent objectionable perspiration from the feet. Alum, bismuth, lin. belladon., boric acid, have all been used with but little result. So great is the heat from the feet that even expensive shoes crack and become useless after about six weeks' wear. Any advice about a ventilating shoe would be very acceptable.

ANSWERS.

A COUNTRY PRACTITIONER.—The question is not a medical one.

A MEMBER.—The Library of the British Medical Association is at present one for reference, and not a lending library.

MEDICUS (Dublin).—The English service in lunatic asylums is much the same as in the lunatic asylums of Ireland. The appointment of assistant medical officers usually rests with the medical superintendent. Promotion as a rule is slow, and political influence is happily of little account. Much depends upon individual effort and ability.

NATIONAL TEMPERANCE LEAGUE.—The Aubanel prize essay, by M. Paul Sollier, entitled, *Du Rôle de l'Hérédité dans l'Alcoolisme*, may be obtained at the office of the *Progrès Médical*, 14, rue des Carmes, Paris, or from MM. Lecrosnier et Babé, Place de l'École de Médecine, Paris.

NOTES, LETTERS, ETC.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.

MR. ROBERT FREEMAN (Secretary) writes: I am desired to send you a copy of a resolution passed by the Council at their last meeting, namely: "That the best thanks of the Council of the Royal Medical Benevolent College be given to the Editor of the BRITISH MEDICAL JOURNAL, for his kind advocacy of the claims of the pensioners and foundation scholars of the College."

ERRATA.—The following errata occur in Dr. V. D. Harris's paper in the JOURNAL of May 10th: P. 1062, column 2, line 26, for "1 to 5" read "1 to 0.5"; p. 1063, Table No. 3, omit "cannula trocar"; p. 1063, Table No. 10, for "bend" read "laud"; p. 1063, column 2, line 13 from bottom, for "operation" read "observation."—In the same number, p. 1068, col. 2, line 8, for "Corkey" read "Cockey."—Dr. Fredk. H. Alderson, referring to the report of the last meeting of the Harveian Society, says:—Please in my reply correct the words "post partum" for "ante partum." In all my cases of placenta previa I have never had any flooding afterwards or any severe bleeding. I would also be glad to add in reply to Dr. Boxall I never advocated the removal of the fetal part of the placenta, but that it was certain lobes (cotyledons) of the maternal face of the placenta, that is, the uterine and not the foetal surface that had been removed.

AN APPEAL.

SURGEON-GENERAL W. CAMPBELL MACLEAN, C.B., M.D., writes: I have before me letters of a very distressing nature describing the destitute condition of an unfortunate member of our profession. There is a strong and well founded dislike, and something more, on the part of members of our honourable profession to vendors of secret remedies. Warburg, the author of the well known febrifuge that goes by his name, lay for many years under this reproach; but this reproach has long been taken away by the publication of the formula.

Be this as it may, through every channel open to me I have proclaimed the value of this remedy in malarial fevers, and honestly believe that it has saved a great many valuable lives. At the advanced age of 86, with a helpless widowed daughter and two children in bad health, Dr. Warburg now struggles in distress for the merest necessities of life.

I am requested to say that subscriptions will be received in aid of this afflicted family by the Hon. Sydney Holland, 44, Bryanston Square, London, W., who will see that the money is applied in the best way for their relief.

VINEGAR IN URTICARIA.

DR. W. H. BROWNE (Aldbrough, Hull) writes: I notice an article in the JOURNAL of May 3rd respecting the external use of vinegar for urticaria, by Mr. J. S. Swain. May I point out that I have been in the habit of using for a number of years a 50 per cent. solution of toilet vinegar for this form of skin irritation; it is a most elegant and satisfactory preparation, and in the case of children acts like a charm.

Again, in my own case, I often suffer from a species of eczematous urticaria of the hands, from the handling of various powerful explosives in my labora-

tory, and the first application alone is often sufficient to stop all further irritation.

It is a well known fact, in some country districts, how much people suffer from that minute insect called the "harvest bug," the remedies for which, preventative and curative, are legion; in the majority of cases the preventative treatment is useless, but after the insect penetrates the skin (the so-called bite) the application of toilet vinegar in an undiluted form is one of the best applications that can be applied, and soon gives relief to the intolerable burning and itching sensation, which is particularly distressing in the case of children.

ANTISEPTIC AFTER-TREATMENT OF VACCINATION.

MR. ROBERT CAPES, M.R.C.S. Eng. (Kingston-on-Thames) writes: Dr. C. R. Illingworth, in his memorandum to you on this subject in the JOURNAL of May 3rd, says: "No more than two small lines should be made.....Of course if the operator be a public vaccinator he will put four such marks on the child's arm." May I, through the medium of the JOURNAL, ask the reason of this. In Shaw's *Manual of Vaccination Law*, p. 23, it is stated "that of those having two vaccine cicatrices 4.70 per cent. of the small-pox cases treated in the Highgate Small-Pox Hospital died; of those having four or more vaccine cicatrices only 0.55 per cent. died." If, as it seems reasonable to conclude from these statistics, the protective power of vaccination increases with the number of cicatrices, why should private patients be less protected than those who seek the services of the public vaccinator? At this time, when the opposition to vaccination is daily becoming stronger, medical men ought to do all in their power to carry it out efficiently, for every case of failure is but another stone torn from the foundation of this grand discovery. If two places are sufficient, then why should the poor be compelled to submit to four; but if it is a fact that four cicatrices are more protection, the course to be adopted seems plain. I feel sure that Dr. Illingworth, with his ten years' experience as a public vaccinator, must be able to throw considerable light on this subject, and give an opinion the weight of which will be felt by all who read it. What we want to know is whether four vaccination cicatrices are a better protection than two; whether there is more risk run in vaccinating in four places than in two; and, if so, whether the risk is equal to, or greater than, the benefit derived.

DR. C. R. ILLINGWORTH (Accrington) writes: In reply to Mr. Barrett, permit me to say that he cannot prove his assertion that "inflammation due to the incision should follow upon the first day."

Again, public vaccinators are obliged by law to make at least four marks, whilst private practitioners need only make half a one for the most "successful" vaccination possible.

With regard to instruments, "taste" should be set aside for "efficiency with least mutilation of the patient," and a couple of needles put through a phial cork compare very favourably with some eight or ten instruments I have seen.

I find that a mixture of carbolic acid and borax ointment, applied on the eighth day, effectually prevents erysipelatous or erythematous mischief, and it is most easily applied.

PATHOLOGICAL SOCIETY OF LONDON.

MEMBER writes: The suggestions of the Council of the Society to which you referred recently were adopted at a special general meeting held on Tuesday, May 6th. In the course of the discussion reference was made to the question of the *Transactions*. The Pathological, like all the other old metropolitan societies, excepting the Obstetrical, arranges its archives by each medical year. There are sundry advantages in publishing *Transactions* by the calendar year. The annual volume issued by a Society is at least as important as its meetings. It is constantly used for reference. Nothing is more irksome to workers and writers than the danger of misleading readers by misquoting the number or year of a volume. This accident is very liable to occur when *Transactions* are arranged by the medical year if the date on the back of each volume only represents the first half of that year. Thus the volume marked 1885 does not include papers read in the autumn of that year. In the case of the Obstetrical Society this source of error is impossible, as the volume marked 1885 is devoted to papers, etc., read between January and December in that year, inclusive. It is doubtful, however, if the other societies will imitate this practice, as the change from the old system would involve great, though temporary, inconvenience.

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

Professor R. Koch, Berlin; Our Vienna Correspondent; W. T. Brook, M.B., Oxford; Dr. C. R. Illingworth, Accrington; Mr. E. P. Hardey, Hull; Mr. T. Bell, Uppingham; Dr. R. J. Garden, Aberdeen; W. J. Richardson, M.B., Keighley; Mr. S. McBoyd, Southport; Dr. F. Beach, Dartford; Mr. W. H. Browne, Aldbrough; Mr. W. Sturges, Beckenham; Mr. G. H. Corbishley, Macclesfield; Dr. Ward Cousins, Southsea; Mr. A. E. Fletcher, London; The Secretary of the Children's Country Holidays Fund, London; E. A. Edelsten, M.B., York; Dr. R. Neale, London; Dr. O. Wood, London; Dr. E. Seaton, London; Dr. J. Anderson, Ulverston; Dr. G. H. Mackenzie, Edinburgh; Mr. G. B. Masson, Saxlingham; Dr. A. W. Edis, London; Dr. W. T. G. Robinson, Poole; Mr. R. Black, Brighton; Dr. G. Thin, London; Dr. J. W. Moore, Dublin; Dr. J. Morrison, St. Albans; The Registrar of the Royal College of Surgeons in Ireland, Dublin; Sir William Roberts, London; Messrs. T. Christy and Co., London; Dr. R. P. Smith, London; Dr. Saundby, Birmingham; Mr. J. W. Leng, London; Mr. R. Sleman, London; Dr. Major Greenwood, London; Dr. T. D. Reed, Montreal; Dr. Munk, London; Dr. R. W. Burnet, London; Dr. H. Page, London; Dr. F. W. Wade, Birmingham; Mr. T. Walley, Edinburgh; Mr. Jonathan Hutchinson, London; Messrs. Charles Griffin and Co., London; Mr. L. Wickham, Paris; Sir James Paget, London; Messrs. Blondeau and Cie., London; F.R.C.S.; Mr. W. J. Hardy, London; Mr. J. Odling, London; Mr. P. R. Stevens, Staplehurst; Mr. E. Denison, Leeds; Mr. A. F. Williams, Guilsbrough; Mr. Gerard Smith, Upper Clapton; T. D. Poole, M.B., Poulton-le-Fylde; Mr. L. Mark, London; Mr. P. E. Hill, Crickhowell; Mr. B. L. Tandy, Haverhill; Mr. J. H. Scott, Camberley; M.S.; Our Egyptian Correspondent,

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