

cream, and the lining membrane was covered with thick granular-looking villous projections. The right tube was apparently free from malignant disease, but both ovaries showed foci of commencing cancerous disease, and in the cervix uteri also there was commencing cancer. Some parts of the affected tube showed, on microscopic examination, the characters of scirrhus cancer, other parts showed a growth more adenomatous in type. In the mucous membrane were seen spaces filled with a large number of polymorphous epithelial cells with large nuclei. The projections on the mucosa were covered by several layers of epithelial cells, with deeply-stained nuclei, and some of these cells were proliferating. In the centre of some of the villous growths were small spaces filled with closely-packed cancerous cells. Scattered at intervals in the muscular coat were large spaces, some of which were densely filled with polymorphous cells, and there were also smaller spaces similarly filled. Lying in the stroma between the spaces were epithelial cells arranged singly or in twos and threes, and immediately around the large spaces small round cells infiltrated the stroma. The growth was most marked in the lower part of the tubal wall at the spot where the folds of the broad ligament separated to embrace it, and outside the muscular layer at this part were several masses of

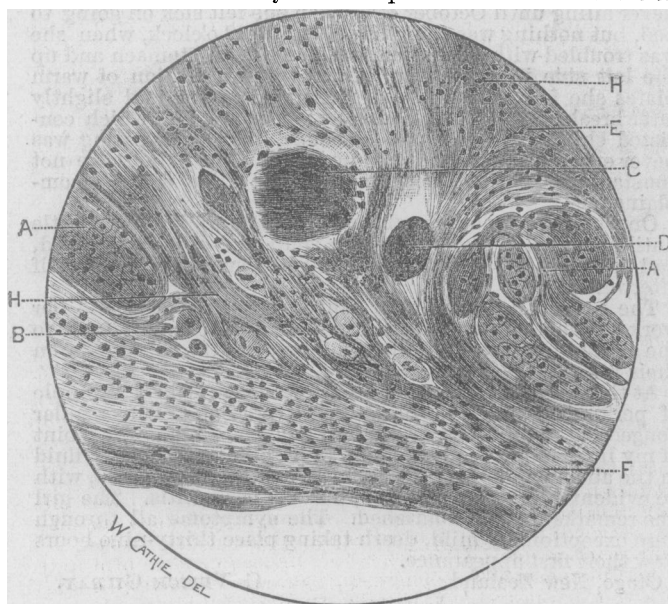


Fig. 7.—Cancer of the Fallopian tube. $\times 320$ diameters. A, wide spaces filled with epithelial cells; B, epithelial cells lying singly or in twos and threes in the stroma; C, transverse section of bundle of muscular fibres; D, small space filled with epithelial cells; E, small round cell infiltration; F, muscular fibres; H, fibrous stroma.

epithelial cells, with the central cells arranged in a tubular manner. Possibly these were tubules of the parovarium which had become affected. Their lumen was lined by cubical epithelial cells. In Doran's case of primary cancer of the tube similar and similarly situated structures were seen, which were not by him regarded as parovarian; they were lined by ciliated columnar epithelial.⁹ Cancer of an adenomatous type was seen in both ovaries, and there was commencing malignant disease of the cervix. The isthmus of the right Fallopian tube showed cells of a suspicious nature, probably cancerous. The patient, who was married but sterile, was 35 years of age, although she looked 50, and for two years before death had suffered from dysmenorrhœa.

We have hesitated whether to classify this condition as primary or secondary in the tube, and it is always difficult to decide such a question. The malignant disease in the abdomen (of the pylorus, etc.) was far advanced, but so was the cancerous disease of the tube, and further dysmenorrhœa was a symptom complained of before any other. On the whole we are inclined to place this case among the secondary can-

cerous affections of the tubes, and we are the more led to this conclusion by the fact that in the only three cases of undoubted primary cancer of the tubes recorded the ages of the patients differed markedly from that in our case. In these three cases, of which one was reported by Sânger, of Breslau,¹⁰ the second by Orthmann,¹¹ and the third by Doran,¹² the age of the patient varied from 46 to 51, and Doran suggests that there is a distinct relationship between the onset of the menopause and the appearance of malignant disease of the tubes. The patient in our case was only 35. In connection with this subject, Schroeder¹³ states that in cancerous disease of the ovaries the tubes remain long unaffected, and in two of our cases this was strikingly verified, for in both of these specimens the ovaries were undoubtedly the seat of primary cancerous disease, and yet the tubes were found, on microscopical examination, to be perfectly healthy.

Cysts in the Peritoneal Covering of the Tubes.—In about 15 per cent. of the cases examined small cysts were found in the peritoneal covering of the tubes; these varied in size from that of a pea to that of a bean, and the smaller ones were frequently arranged in clusters. Some of the cysts contained a clear, limpid, yellowish fluid, but others were found to be filled with a yellow, gelatinous, semi-solid material, which, before the cysts were pricked to allow of its escape, gave to them a very hard and firm consistence. Had this last-named variety of cyst been felt during life the laparotomist might easily have been led to mistake them for malignant nodules upon the tube, and the resemblance was the more marked from the fact that they were usually arranged in groups and always small in size. On microscopic examination the semi-solid contents were found to consist of colloid masses and epithelial cells undergoing colloid degeneration. The smooth lining wall of the cysts was probably covered by endothelial cells, for such cells were seen in the contents, although none were to be distinguished *in situ*.

In only one pair of infantile tubes was there a pathological condition, and this was in the 7 months syphilitic infant. Many of the tubal folds were adherent at their apices, forming transverse bands, and in the muscular wall were a few deposits of small round cells exactly resembling those found in the liver and other organs in this infant. These were the syphilomata of Parrot, and the so-called miliary gummata of other authors.

[Many of the observations and statements made in the above paper are taken from the M.D. theses of Drs. Ballantyne and Williams, the former of which gained a gold medal and the Gunning-Simpson Prize in Obstetrics, and the latter a gold medal, at the University of Edinburgh.]

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

THE TREATMENT OF DIPHTHERIA.

For the purpose of this note, I need only profess myself of the number of those who regard diphtheria as a specific exanthem, the local manifestations of which appear, of course, after the general infection. For this reason I attach little importance to the tonsillar and pharyngeal troubles (though, of course, their occurrence in the larynx constitutes an accidental complication of the greatest danger); and I disregard, as not only useless but as positively mischievous, the measures generally adopted by those who, fearing systemic infection from what they view as the primary seat of the disease, are chiefly concerned with the repeated removal, by means of solvents, etc., of the diphtherial membrane. Nor need I give reasons—for they will occur to all—why, with my views, the indications for therapeutic treatment that suggested themselves comprised a germicide, an antipyretic, iron, iodine, soda.

The immediate results of the adoption of this treatment were more than gratifying. It is true I have only eight cases

¹⁰ *Centr. f. Gyn.*, 1886, p. 601.

¹¹ *Op. cit.*

¹² *Lancet*, 1888, i, p. 879.

¹³ *Ziemssen's Cyclop. of Pract. Med.*, vol. 10.

⁹ *Trans. Path. Soc. Lond.*, vol. xxxix, 1888.

to quote, these being all that have come into my hands during the two years and a half that I have practised this method; and for this reason I should not now offer my experience were I not personally convinced that at this time its employment would be the means of saving life.

My eight cases were verified by the presence of membrane on pharynx and tonsils, and albumen in the urine. The drugs are very simply combined in the following formula: R. Sodii salicyl. ʒij, syr. ferri iodid. ʒss., ag. ad. ʒvi. M. One tablespoonful (for an adult) in a wineglass of water every hour till the physiological effect of the salicylate manifests itself by the "noises in the head;" afterwards sufficiently often to maintain this effect. For children, of course, the dose is proportionately diminished in quantity, but not in frequency. The diet is, after the universal practice, supporting and stimulating. In my experience, this method, if started early in the disease, will abort it in from twenty-four to forty-eight hours, and at any stage will at once modify its virulence.

In none of my cases has the larynx been invaded; none have been followed by paralysis, and there has been no death. This formula has also given the best results in acute tonsillitis and scarlet fever, and it has been of much service in chronic tonsillar enlargement.

Ross.

E. M. KNAPP.

FRACTURE OF ANTERIOR SUPERIOR SPINOUS PROCESS OF THE ILLIUM.

I NOTICED with interest Mr. J. N. Eustace's communication in the BRITISH MEDICAL JOURNAL of December 27th, 1890, on a case of fracture of the anterior superior spinous process of the ilium. I do not, however, quite agree with him that this fracture is of very rare occurrence *per se*.

In September, 1889, I was in attendance on a man over 50 years of age, who had complete separation of the anterior superior spinous process and displacement downwards from slipping on the pavement and striking the iliac crest against a low stone wall. Nine years ago, I was called to see a coal miner who had sustained a similar fracture, but without displacement, from falling violently against a trolley while working underground. Both cases did well.

Elgin, N.B. FRANCIS WM. GRANT, B.Sc.(Edin.), M.D.

ANTIFEBRIN IN TYPHOID FEVER.

IN reference to Mr. Readman's note on this subject in the BRITISH MEDICAL JOURNAL of November 29th, 1890, I should like to add a word of warning to those that have been spoken before as to the dangerous nature of the drug. Like your correspondent, I was charmed with its action in a case of typhoid occurring in a lady, aged 49 years, whom I treated nearly five years ago. She came badly through an attack of typhoid of nearly a month's duration, and after about eleven days of low temperatures had a relapse, the temperature running to 104° and higher in the evenings. Twenty-grain doses of quinine did not bring it down when repeated hourly, and I turned to antifebrin, which at that time was coming into vogue in this country. Four-grain doses every hour kept the temperature often at normal, and usually below 101°. This treatment was continued over three weeks, and with the exception of a condition of collapse following the administration of the drug on one occasion, but soon relieved by a large dose of brandy, the patient had no bad symptoms from its use. After a prolonged period of utter prostration, delirium, and for several nights together convulsions, the patient made an excellent recovery. Since then I have used the drug largely, but never in doses of more than six grains. But last winter I attended a lady, aged 35, in an attack of typhoid, to whom I gave the drug in four-grain doses, but who was made extremely ill by it. Otherwise she had no bad symptom, her temperature keeping below 103.5° F. in the evening, and her pulse good, and though she vomited milk she did not do so when it was peptonised. At the end of the second week, however, her pulse, which had been 110, suddenly ran to 135 per minute, becoming small and rapid; and Dr. Eddison, who kindly saw the patient with me, suggested that we should give a grain of antifebrin every hour instead of the larger dose at longer intervals. The patient, however, continued to grow worse; the temperature was unaffected by the

drug in smaller doses, and in the third week peritonitis supervened, and she died.

I may be wrong, but I could not help feeling in my own mind that the sudden change in her condition was due to the use of this drug, and that it would have been better to have treated the high temperature by other and less dangerous means. I would submit that where antifebrin is exhibited it should be used with extreme caution, that three grains is a sufficient dose to commence with until we find the particular susceptibility of the patient to the drug, and that where the patient is profoundly influenced by a comparatively small dose we should discontinue the use of a remedy which may be fascinating, but which is not easily controlled.

Riley, Kirkburton. G. A. HAWKINS-AMBLER, M.R.C.S.

SIMPLE GASTRIC ULCER: PERFORATION: DEATH.

ON October 6th, 1890, I was called to visit a farmer's daughter, a girl of 17, who had been complaining slightly of colicky pains, with nausea and a tendency to vomit. On arriving an hour after, I found that the patient had died suddenly about two hours before, and just a quarter of an hour after the father had left for me. His statement, corroborated later by the mother, was that his daughter had always been very healthy, never ailing until October 4th, when she felt sick on going to bed, but nothing was thought of it until 12 o'clock, when she was troubled with pains passing across the stomach and up the left side into the arm. After the application of warm plates she fell asleep. Next morning she vomited slightly after breakfast, and occasionally at other meals, which consisted chiefly of tea, gruel, or soups, but the vomiting was never excessive and contained no blood. The pains were not constant, and shifted from time to time; thirst was also complained of.

On October 6th she was able to be up and walk about a little until noon, when she took some soup and tea, went to bed, and felt very easy, but died suddenly an hour and a half afterwards.

The patient had been at a dance on October 2nd, did her work as usual on October 3rd and 4th, in the evening drove to the station to meet her father, and helped him to unyoke on their return.

At the *post-mortem* examination I found a typical example of perforating ulcer of the stomach presenting the regular gouged-out appearance, and large enough to admit the point of my little finger easily. There were fully two quarts of fluid in the abdomen, apparently just the food she had taken, with no evident admixture of blood, but no peritonitis. The girl was remarkably well nourished. The symptoms all through were exceptionally mild, death taking place thirty-nine hours after their first appearance.

Otago, New Zealand.

G. VEITCH GILRAY.

A SIMPLE METHOD OF EPIDERMIC GRAFTING.

I LATELY had under my care a child, aged 9 years, who had sustained an extensive burn of the buttocks and thighs through her skirts having caught fire. The skin was destroyed posteriorly from the lower third of the thighs to the lumbar region, excepting the skin in the fold of the nates and around the anus. She suffered much from shock, and was excessively nervous and timid, so that the dressing of this large sore was an ordeal to both patient and surgeon. As soon as the sloughs had separated and a healthy granulating surface was established, grafts were taken from the mother's arm, a fair proportion of which were successful. But the procedure was regarded by the child as formidable, and increased the terror which each dressing occasioned. As soon as the nervousness of the child was sufficiently overcome to allow of it, I adopted the following method, which I wish to recommend. I took as grafts portions of the newly formed epidermis, with a corresponding portion of the recently covered granulating surface from the margin of the ulcer, where the epidermis was still transparent, and transferred them to central portions of the sore. This was done painlessly, or even without the patient being aware of it, by clipping out portions with a small and sharp pair of blunt-pointed scissors, each graft being just large enough to ensure that in transplanting if the epidermic surface was kept outwards, and the deeper part of the excised portion in appo-

sition with the granular surface. In order to do this the ulcer must of course be already in a rapidly healing condition, so as to afford a sufficient margin of transparent epidermis from which to excise the grafts. The mode of dressing which I adopted was to cover the whole surface with Lister's protective, and then apply an antiseptic dressing in sufficient quantity to allow it to be left for three days, and to keep the discharge from putrefaction during that time. The surface was washed with warm saturated boracic acid solution at each dressing. This method has several advantages: there is no sticking of the dressing, both patient and surgeon are spared frequent changes of dressing, healing takes place rapidly, and the grafts are left undisturbed long enough to take. At each change of dressing a few grafts may be clipped from the edge of the ulcer or from previous grafts, and the patient scarcely be aware that anything more than the usual change of dressing has been effected. The grafts are more likely to take than when portions of the whole thickness of the skin are used.

Other surgeons, unknown to me, may have practised this method without thinking it of sufficient importance to make it known. But so simple and painless a method of hastening cicatrisation in these tedious cases seems to me worthy of more general adoption.

Wigton, Cumberland. THEOBALD A. PALM, M.A., M.D.

MALARIAL CIRRHOSIS OF THE LIVER.

DR. SAUNDY, in his valuable paper published in the *BRITISH MEDICAL JOURNAL* of Dec. 27th, 1890 on cirrhosis of the liver, describes the malarial variety. There is, he says, an absence of ascites. As regards the absence of ascites and the unusual presence of jaundice, my experience is somewhat different. One case will suffice. About three years ago I saw a gentleman who had been fifteen years in India, and who, during the greater part of that period, suffered from intermittent fever, and for five years from enlargement of the liver. He was a man of temperate habits, particularly for the last ten years, but reckless in other respects—often exposing himself up to the knees in water under a powerful sun, in the pursuit of game. Eventually, as the result of a bad chill, ascites appeared. When I saw him on return to London he was very thin, his liver was enlarged, there was much ascites, and his skin was a greyish yellow; he still had attacks of fever. As the result of frequent tapplings he improved so much that his recovery seemed not improbable, but owing to prolonged exposure to cold the fever, the congestion, the ascites, and the œdema of the extremities all reappeared, and he died soon after, about ten months from the time I first saw him.

There could be no doubt but that this was a case of post-febrile tropical cirrhosis, for he was a perfect type of the so-called malarial saturation. Of the other cases I could not be sure that fever was the sole cause, for alcohol may have lent a helping hand. The congestion which precedes the enlargement is not generally acute, and is often not noticed, and, as I pointed out years ago when in Burmah, fevers are frequently followed by enlargement of the liver in the European, and but rarely in the native, the spleen in the dark races being the organ to suffer. This is, I think, due to a certain predisposition to hepatitis among Europeans, owing to the effect of heat, alcohol or unsuitable food, which the acclimatised, vegetable-eating, and more temperate native escapes. Those who suffer from ascites due to malarial cirrhosis should at once return to Europe, where, under the influence of a temperate climate and the avoidance of chill, they may hope to lose their fevers, and, with tapplings, also their ascites, if not their hepatic enlargement. They would also do well to winter in the Riviera, where they can get out in the day, and where, though it is cold about sunset, the temperature of the house is one of great equability.

D. H. CULLIMORE, M.D., M.R.C.P.Lond.

Welbeck Street, W.

MUNIFICENT GIFTS TO EASTERN COUNTIES CHARITIES.—An anonymous donor has forwarded two bank notes for £1,000 each to the Essex and Colchester Hospital and the Eastern Counties Asylum for Idiots respectively. Similar munificent anonymous donations were received by the two institutions last year.

REPORTS

ON

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

MANCHESTER ROYAL INFIRMARY.

SPINA BIFIDA OCCULTA: NO PARALYTIC SYMPTOMS UNTIL
SEVENTEEN YEARS OF AGE: SPINE TREPHINED TO
RELIEVE PRESSURE ON THE CAUDA
EQUINA: RECOVERY.

(Under the care of Mr. JONES.)

J. L., aged 22, came to England twelve years ago. On his arrival here he worked in a mackintosh manufactory for a year. Leaving this he found employment at cap making, and worked a treadle sewing machine on an average for ten hours a day for five years. This occupation he was obliged to abandon on account of severe cramps in the left leg—the one he worked the treadle with. For two years he was unemployed, the leg becoming more and more helpless.

In September, 1888, he was admitted as a surgical in-patient, suffering from talipes equino-varus of the left foot. The foot was inverted, its inner border forming an angle of about 120 degrees with the internal surface of the tibia. The cuboid and astragalus were unduly prominent on the dorsum and outer side of the foot, the arch of which was considerably increased. There was also atrophy of the extensor muscles, but no loss of sensation. The movements of the ankle joint were very limited and painful. To rectify the position of the foot, the head of the astragalus and the posterior part of the cuboid were removed, afterwards the tendo Achillis was divided, and the foot brought as near the normal position as possible. Healing of the wound progressed very slowly, in marked contrast to what was seen in subsequent operation wounds of the right foot. In November the patient was sent to Cheadle with the wound healed and the foot in fairly good position. In January, 1889, he left Cheadle, being able to walk imperfectly. Very soon he began to experience severe burning pain in the sole of the left foot, which was speedily followed by discharge from several points. Some of these healed, while others broke out. About the end of July he observed that his right foot began to give him pain. The pain was of a burning character, similar to what he had experienced in the left foot. He went to a chemist who supplied him with a lotion, but previous to its application he removed several pieces of bone from the sinus in the sole of the left foot, immediately behind the fifth metatarsophalangeal joint. In October he was readmitted into the infirmary, suffering from perforating ulcers on both feet, also with the right foot in a state of talipes equino-varus. There was an unusual amount of muscular wasting in both legs. Dr. Ross was now asked to see him, with the view of, if possible, determining the cause of the paralysis. On examination of the back a spina bifida occulta was found in the upper part of the sacral region. The patient was transferred to the medical side of the hospital for treatment by Dr. Ross. His condition, as detailed in the medical report of November 23rd, 1889, may be described in the following terms: He was troubled with cramps in the legs, but not so frequently as formerly. On tapping the spinous processes of the vertebrae patient experienced pain, which was first noticed at the first dorsal, and increased in intensity down to the fifth lumbar. There was general wasting of the muscles of the left leg, and, to a slighter degree, of those of the right limb. Constant fibrillar contraction in the muscles of the back and legs.

Reflexes (1) superficial: (a) Plantar reflexes lost in both feet; (b) gluteal reflex very slight, especially on the left side; (c) cremasteric, abdominal, epigastric, erector spinæ, and scapular reflexes well marked. (2) Deep: Patellar tendon reflex lost in both legs.

Patient is a long while in micturating after he has determined to make water. He is unable to walk owing to the muscular weakness and the pain in his feet, especially in the situation of the old ulcers, which have now healed. Pressure of the soles induces pain of a burning character.

the epidemic is not stated. The absence of such measures would be very discreditable to the sanitary authority of a place like Southend, where sanitary precautions and vigilance of the highest order are needed to prevent the dissemination of infectious disease, liable to be imported at any time by the crowds of day excursionists and visitors who flock there in the summer months. A moderate estimate of the day excursionists gives the number as averaging 2,000 daily, whilst the number of resident visitors at the height of the season is said to be 20,000, and those of a class, be it understood, not particularly convinced of the necessity of taking any precautions themselves against acquiring or spreading infection.

Dr. Thresh discusses and excludes the agency of milk and of water in disseminating the disease. The Water Company appears to have taken all proper precautions to prevent any possibility of pollution of its wells and water mains. Although all the samples of water submitted to analysis were pronounced pure and free from any dangerous contamination, it is a very remarkable circumstance, of which no explanation is offered, that the samples (taken from the deep wells in the chalk) exhibit a hardness of only 3 grains per gallon, whilst the chlorine amounts to over 20 grains per gallon. That water from deep borings in the chalk should be so soft and contain so large an amount of chlorides is certainly very unusual. Dr. Thresh has no doubt as to the disease having been principally disseminated by means of specifically infected sewer air, and he exhibits an interesting table contrasting the Southend outbreak with those at Kidderminster, Beverley, and Longton, which were undoubtedly due to infected water supplies. The total number of cases occurring in Southend from the beginning of January to the end of October, 1890, was 156, of which the case mortality was only 3.85 per cent. Sixty cases of the fever occurred in 1889.

It is somewhat remarkable that there has been recently an unusual amount of typhoid fever at Leigh, Shoebury, Southchurch, Rochford, and other places in Essex on the north bank of the Thames—a prevalence greater than in other parts of Essex. This is worth bearing in mind, in view of the pollution of the river by the metropolitan sewage discharge at Barking and Crossness, and the emptying of thousands of tons of liquid sludge every week from the sludge ships somewhere off the Nore.

We do not think, however, that Southend is entitled to complain much of the pollution of the Thames by the London sewage, or to attribute its troubles to this cause, in view of the admittedly defective condition of its own sewers, and the discharge of its liquid refuse so close to its own shores. There can be no doubt that defective local conditions have played a part in the recent epidemic of typhoid fever, and to apply a prompt remedy for the defects brought to light is the first duty of the sanitary authority. We are glad to learn that this is the view of the Local Board, which now has under consideration a scheme of sewerage for a new part of the district that will intercept some of the sewage, and provide relief for the existing congested sewers, whilst it is also proposed to remove two of the defaulting sewer outlets to prevent the possibility of sewage being cast back upon the beach. Dr. Thresh's urgent recommendation to consult a skilled sewage engineer upon the whole question is also assented to.

MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE SOCIETY.

THE quarterly Committee meeting of the Medical Sickness, Annuity, and Life Assurance Society was held on Wednesday, January 14th, at 38, Wimpole Street. The founder of the Society, Mr. Ernest Hart, presided, and there were present: Dr. G. E. Herman and Mr. S. W. Sibley (Treasurers), Dr. F. De Havilland Hall, Messrs. F. Wallace, E. Bartlett, G. W. Crowe (Worcester), J. Brindley James, and Dr. J. Pickett. It was stated that 40 new proposals had been received during the quarter, which, after allowing for deaths and lapses, gave a net increase of 26, and brought the total effective membership to 1,109. The severe weather had exercised a perceptible influence on the number of sickness claims, and 20 members were now in receipt of weekly payments on account of complete inability to practise owing to sickness or accident, £642 having been paid under this head during the quarter, which

was, however, well under the amount anticipated and provided for in the calculation of the tables. During the quarter, £2,500 of Canada 4 per cent. Incubated Stock had been purchased as an investment at a cost price of 105½. The balance accumulated as the result of economy in administration and the honorary services of the officers and Council had enabled the Committee to easily pay the premium on this (£137 10s.) out of the Management Fund, and the stock thus stood to the credit of the assurance funds as a 4 per cent. investment bought at par.

The annual return for the Registrar of Friendly Societies had been prepared, and showed a net increase in the number of members of 105, after allowance being made for the death of 5 members, and the loss of 29 from other causes. The income for the year to the premium funds was £11,098, against £10,096 in 1889; the expenditure from the same funds for the year being £3,953; namely, £2,986 for sickness pay, £800 for payments on the deaths of insured members, £135 surrender values to members withdrawing, and £40 as an annuity premium paid to the representatives of members dying before the age at which their annuity would have commenced.

The sickness payments had been considerably increased owing to the epidemic of influenza in the first quarter of the year, this adding to the cost by £584; while, from the same cause, 252 members in all (nearly 1 in 4) had been disabled from practice, as compared with 152 in the preceding year. In face of these extraordinary cases, the sickness for the year had been less than that provided for in the tables. The rigid economy in management had been fully maintained, the whole charge on the premium income being under 4 per cent., a ratio that will compare most favourably with any similar organisation, and is, indeed, unparalleled, although the work is certainly largely more intricate and difficult than that of ordinary assurance. The saving accumulated in the Management Fund, owing to care and a very large amount of honorary work, has reached £3,327 in less than seven years. The following are the increase of reserves in each of the funds during 1890: Sickness, £3,762; annuity, £3,136; life assurance, £247; and management, £541. The total increase is £7,686 for the year and the funds of the Society now amount to £44,403, of which £43,100 are invested in the names of the trustees—Mr. Ernest Hart, Dr. W. M. Ord, Mr. J. R. Upton (Solicitor), and Sir T. Spencer Wells—for the sole benefit of the members, the remainder being at the bankers' (the Union Bank of London) to meet current charges as they arise. Full particulars as to the work and position of the Society, with copies of the first valuation report of the Consulting Actuary (Mr. F. G. P. Neison, F.I.A.), forms of proposal, prospectuses, etc., may be obtained (post free and without charge) of the Secretary, Mr. C. J. Radley, 26, Wynne Road, Brixton, London, S.W.

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 1891. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on April 15th, July 8th, and October 21st, 1891. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, March 26th, June 18th, and September 30th, 1891.

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.

NORTH OF IRELAND BRANCH.—The winter meeting of this Branch will be held in the Royal Hospital, Belfast, on Thursday, January 29th, at 4 P.M. Gentlemen who wish to bring any subject before the meeting will kindly communicate as early as possible with JOHN W. BYERS, M.D., Honorary Secretary, Tower Crescent, Belfast.

BATH AND BRISTOL BRANCH.—The third ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday evening, January 28th, at 7.30 P.M., A. B. BRABAZON, M.D., President. The following communications are expected: 1. Nelson C. Dobson: A Series of Twenty-five Abdominal Operations. 2. J. Wilding, M.B.: Aneurysm of the Arch of the Aorta opening into the Trachea, with Specimen. 3. J. P. Bush: A Case of Intussusception treated by Operation. 4. C. F. Pickering: Cases of Arthrectomy.—E. MARKHAM SKERITT, R. J. H. SCOTT, Honorary Secretaries, Clifton.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—The next meeting will be held at Guy's Hospital on Wednesday, February 4th, at 8.30 P.M. A paper will be read by Dr. Frederick Taylor on Ulcerative Endocarditis. Clinical cases from the wards of the Hospital will be shown.—HECTOR W. MACKENZIE, M.D., Honorary Secretary, 77, Lambeth Palace Road, S.E.

FORMATION OF THE BURMAH BRANCH.

A MEETING was held on October 14th, 1890, at the office of the Principal Medical Officer, Rangoon District. Present: The Right Rev. the Bishop of Rangoon (J. M. Strachan, M.D., D.D.), Drs. Sibthorpe, Sinclair, Wight, Robinson, Gray, Leslie, Sellick, Pedley, De Souza, and Sutherland. A letter was read from Dr. Johnston, stating his regret at being unable to attend the meeting.

Preliminary Arrangements.—The BISHOP OF RANGOON was voted to the chair, and the following resolutions were put to those present: It was proposed by Deputy Surgeon-General C. SIBTHORPE, and seconded by Dr. DE SOUZA: "That steps should be taken to establish a Branch of the British Medical Association in Burmah, from the 1st January, 1891, its head quarters to be in Rangoon."—Carried. It was proposed by Surgeon E. O. WIGHT, M.S., and seconded by Dr. SUTHERLAND: "That this Branch be called the Burmah Branch."—Carried. It was proposed by Surgeon G. W. ROBINSON, M.S., and seconded by Surgeon E. O. WIGHT, M.S.: "That a Provisional Committee and Secretary be appointed to draw up by-laws for the Branch, and submit them to another meeting."—Carried. It was proposed by Dr. PEDLEY, and seconded by Dr. DE SOUZA: "That the Committee shall consist of the following members: Drs. Sibthorpe, Leslie, Sutherland, Robinson, and Pedley; and that the Secretary shall be Dr. Sutherland."—Carried. It was proposed by Surgeon J. LESLIE, I.M.S., seconded by Surgeon SELICK, I.M.S.: "That those present and those wishing to join the Branch Association shall pay to the Secretary the sum of Rs. 2 each, to cover cost of printing, stationery, postage, and books."—Carried. It was proposed by Dr. SUTHERLAND, and seconded by Surgeon G. W. ROBINSON, M.S.: "That a circular shall be sent by the Provisional Secretary to all medical men registerable under the Medical Act in the province, informing them of these resolutions, and asking them to join the Branch."—Carried. Dr. DE SOUZA proposed a "Vote of thanks to the Chairman."—Carried.

A second meeting of the proposed Burmah Branch was held on December 15th, 1890. Deputy Surgeon-General C. SIBTHORPE in the chair.

By-Laws.—The by-laws were read. It was proposed by Surgeon-Major O. BAKER, and seconded by Surgeon Woods: "That the by-laws be accepted."—Carried.

Conduct of Meetings.—The rules for the conduct of the meetings were read. It was proposed by Surgeon-Major O. BAKER, and seconded by Surgeon DAVIS: "That they be passed with the addition of Rule No. 11."—Carried.

Recognition of Branch.—It was proposed by T. F. PEDLEY, M.D., and seconded by Surgeon DAVIS: "That the Provisional Secretary inform the General Secretary of the British Medical Association of the desire of medical men in the province to form a Branch in Burmah, and that steps should be taken to have the Branch recognised."—Carried.

SPECIAL CORRESPONDENCE.

LEEDS.

Licensing of Schoolrooms for Entertainments.—*The late Mr. A. F. McGill.*

At the adjourned inquest on the victims of the Wortley calamity the verdict of the jury contained a rider not referred to in the note published last week, but which is deserving of attention. It runs as follows:—"We recommend that the licensing authority should consider the advisability of withdrawing the resolution as to the free use of schoolrooms for such entertainments, in order that the provision may be made in licences for protection of the public as on other licensed premises, and especially with a view to safeguarding children of tender age whose services are used for attracting audiences."

At a meeting held in the Leeds Infirmary on Friday, the desirability of establishing some memorial of the late Mr. A. F. McGill was considered. Several gentlemen having spoken in eulogistic terms of the deceased surgeon, it was proposed to perpetuate his memory by instituting a prize in surgery to be competed for by the students at the Yorkshire College. It was stated that this memorial would be in the form most in consonance with the wishes of Mr. McGill. This proposal met with unanimous acceptance, and an influential committee was appointed to work out the details.

MANCHESTER.

Cancer Pavilion and Home in connection with the Proposed Owens College Hospital.—*The Southern Hospital.*—*Epidemic of "Pink Eye" amongst Horses.*—*Manchester Medical Society.*—*Hospital Sunday.*

In a recent issue of the BRITISH MEDICAL JOURNAL it was announced that a large plot of ground in the vicinity of Owens College had been given to the Council of the College as a site for a hospital, to be called the College Hospital. It is proposed forthwith to begin with the organisation of a Cancer Pavilion and Home, which, it is hoped, will ultimately form a branch of a large general hospital for Owens College. For the present one of the large buildings already on the estate will be utilised, but it is considered essential that ere long entirely new buildings should be erected. The objects of this institution are threefold: 1. The treatment of cancer patients; (2) the study of the disorder and remedies; (3) the provision of a home for incurable patients. Each of these three objects is to be pursued in connection with Owens College and under the supervision of the professors and lecturers in its medical school. Nearly £11,000 have already been subscribed towards the scheme, £5,000 having been generously given by the legatees of the late D. Procter.

Within a short period, also, it is contemplated that the Southern Hospital—at least the department for women and children—should be transferred to a site on the College Hospital estate. It is widely held that increased hospital accommodation is urgently needed in Manchester, and, as has been announced, the managers of the Royal Infirmary propose to enlarge the present infirmary by the addition of one hundred and twenty beds. It becomes a question for the citizens of Manchester whether this is the best way of solving the problem of increased hospital accommodation. Negotiations, it is stated, are taking place between a committee of the Owens College Council and the Managers of the Royal Infirmary with a view, if possible, to utilise the College Hospital estate for the best interests of the suffering poor, and to promote in the highest degree the cause and progress of medical education in Manchester.

An epidemic of what is popularly known as "pink eye" is at present raging among the horses in this neighbourhood. It

UNIVERSITIES AND COLLEGES.

CAMBRIDGE.

BOARD OF STUDIES.—The Special Board for Medicine have elected Sir George Murray Humphry, Professor of Surgery, to be a member of the General Board of Studies until December 31st, 1894.

CLERK-MAXWELL STUDENTSHIP.—Candidates for this studentship in Experimental Physics are requested to send their names to Professor Thomson, 6, Scroope Terrace, Cambridge, by February 21st.

DEGREES.—At the congregation on Thursday, January 15th, the following degrees were conferred:—M.B. and B.C.: Walter Winslow, B.A., Caius (thesis, *The Causes of Death in Enteroica*); Robert Stanley Thomas, B.A., Jesus (thesis, *Typhilitis*); Jernyn Francis (Gillett), B.A., Sidney (thesis, *Treatment of Pneumonia by the Ice-bag*); William Hubert Sale Fosbery, B.A. (thesis, *Adhesions of Ovarian Cysts*).

MEDICAL BOARD.—Joseph Griffiths, M.A., M.D. Edin., Assistant to the Professor of Surgery, has been nominated an additional member of the Special Board for Medicine until December 31st, 1891.

LONDON.

A MEETING of Convocation was held on January 20th; Dr. F. J. Wood, chairman, presided.

Revised Scheme for the Reconstitution of the University.—The CHAIRMAN informed the meeting that a protest from 300 Fellows of the Royal College of Surgeons opposing the scheme had been presented. He said that the Committee of the Senate who had taken the matter in hand had now completed their revision of the scheme, which would be placed on the table of the Senate at the meeting of that body next day (Wednesday). It would then probably be ordered to be printed and placed before the members of the Senate, and afterwards be discussed at a special meeting of the Senate. He expected the Privy Council would decline to accept the scheme until it had received the assent of all the parties concerned in it.—It was afterwards proposed by Dr. W. J. COLLINS, seconded by Dr. S. THOMPSON, and resolved: "That the Clerk of Convocation be requested to make application to the Senate for their latest revised scheme for the reconstitution of the University as soon as it may be completed, and that he be instructed to post a copy of the same forthwith to every member of Convocation." Dr. Collins thought the scheme should not go to any other body before it came to Convocation.—The CHAIRMAN thought there was every disposition on the part of the Senate to send the scheme to Convocation at the earliest possible date; but whether that date would be before the scheme was sent to the Colleges he could not say. The Colleges had not yet approved of it as revised. The Senate had gone far beyond the recommendations of the Royal Commission in order to meet the requirements of the Colleges, and undoubtedly desired to have the scheme carried out, and that as quickly as possible.

Report of the Annual Committee.—Dr. W. J. COLLINS presented the report and moved its reception. This was seconded by Dr. O'REILLY, and carried unanimously.

Diplomates in Public Health.—Dr. W. J. COLLINS moved the adoption of the following motion recommended by the Annual Committee: "That in view of the recent changes made in the examination in subjects relating to Public Health, this House respectfully urges upon the Senate the equity of conferring the degree of M.D. (State Medicine) upon those M.D.s who had, previously to 1889, been awarded the diploma in Public Health, and upon those M.B.s who had, previously to 1889, been awarded the diploma in Public Health, and who shall subsequently pass in the Mental Physiology of the M.D. Examination." He remarked that the D.P.H. Examination was founded in 1875, and remained in vogue until 1889, when it was made a branch of the M.D. Examination. The former title (D.P.H.) was, therefore, now obsolete, and those gentlemen who had taken it had an unmarketable degree. They desired the M.D. (State Medicine) degree, having formerly passed an examination equal to that now required for it. Two of the graduates who had obtained the D.P.H. were Bachelors of Medicine; it was urged that they should have the M.D. (State Medicine) degree upon passing the examination in

Mental Physiology of the present M.D. degree, that being the only subject of the M.D. Examination in which they had not been hitherto examined.—Dr. S. THOMPSON asked if there was any precedent for such a proposition.—Dr. COLLINS said that there was one in the case of matriculation. Formerly, women were simply allowed to pass an examination in Arts, and were not admitted to Matriculation. When women were admitted to this examination, those who had formerly passed in Arts were allowed to rank amongst matriculated students. This question of the diplomates in Public Health was, therefore, not only one of equity, but also of precedent.—Dr. M. BAINES seconded the proposition, which was carried unanimously.

Examiners for the Matriculation Examination.—Mr. H. A. NESBITT moved: "That, in the opinion of Convocation, it is desirable that special examiners should be appointed to conduct the Matriculation examination."—Dr. NAPIER seconded the proposition.—Mr. TYLER proposed as an addition to the motion: "That the questions of the honours division at Matriculation and of moderators be referred back to the Annual Committee."—Mr. LYNE seconded the amendment.—Mr. FITCH defended the present system. The numbers to be examined being very great, the Senate had already appointed assistant examiners, who first examined the papers and then reported to their chiefs. The chiefs then examined the papers of all those proposed for the honours division and of those whom it was proposed to reject. The questions also, before being actually set, were always submitted to certain members of the Senate supposed to be specially conversant with their subjects, and these members often proposed the omission or amendment of the questions about to be set. He thought it also better that there should be uniformity from the lowest to the highest grades, and that, therefore, the same examiners should set all the papers. Every examining paper, too, should not only find out the good moderate men who had done enough to pass, but should also contain a few stiff questions that would enable the higher student to exhibit his knowledge and stimulate him to higher work.—The discussion was continued by Mr. THORNTON, Dr. WEYMOUTH, Dr. O'REILLY, and Mr. PAUL.—Dr. SILVANUS THOMPSON thought examination papers should not only find out the two things mentioned by Mr. Fitch, but should also discover the ability of the examinees as well as the amount of knowledge they had gained. He thought the University would gain if special examiners for the Matriculation examination were appointed.—Mr. HINTON, Mr. GERRARD, and Sir P. MAGNUS having spoken, Mr. NESBITT replied.—Mr. TYLER withdrew his amendment, whereupon the original proposition was carried by a large majority.

The House shortly afterwards adjourned.

EDINBURGH.

STUDENTS' REPRESENTATIVE COUNCIL.—At a statutory meeting of this Council, held on January 17th, a letter was read from the Lord Rector (Mr. Goschen) with reference to the appointment of the Rector's Assessor to the University Court. A clause in the Universities (Scotland) Act of 1889 recognises the interest of the Council in the appointment of that Assessor, and Mr. Goschen requested that two or three suitable names might be put before him. In response to this the name of Lord Stormonth Darling was proposed and unanimously agreed to; no other name was suggested.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on Thursday, January 15th:

D. S. Owen, A. J. Russell, A. E. Kennedy, and H. P. V. Wiggins, students of London Hospital; F. E. Reynolds and J. E. H. Davies, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; A. W. Quait, of St. Thomas's Hospital; A. Murdock, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology; J. A. Procter and J. P. Atkinson, of King's College; A. W. Denny, of Charing Cross Hospital; A. H. M. Hood and H. Witham, of Westminster Hospital; and J. D. Sellar, of St. Mary's Hospital.

Passed in Anatomy only.

W. H. Read, of Grant Medical College and King's College; J. J. Culmer and A. Alexander, of Guy's Hospital; E. C. Fern, of St. Thomas's Hospital; W. E. E. Powles, of London Hospital; C. W. Williams and D. D. Brown, of St. Bartholomew's Hospital.

Passed in Physiology only.

J. B. Bettington and G. H. Steele, of Guy's Hospital; H. W. Clarke, of St. Mary's Hospital; G. R. Hannon, of King's College; F. W. J. Goodhue, of St. Thomas's Hospital; C. Corben, of St. Bartholomew's Hospital; and P. C. Spark, of Charing Cross Hospital.

Passed in Physiology only on January 16th.

B. E. Church and P. T. Jones, of St. Bartholomew's Hospital; C. M. Welburn, A. W. C. Lindsay, C. M. Smith, and J. A. Edsell, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology; H. Andraee, of University College; W. F. C. Dowding and H. N. N. Dodd, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; E. E. S. Silver, J. G. B. Coleman, E. S. Tuck, and A. B. Creak, of Guy's Hospital; W. Pell, G. E. Kinnersley, F. W. Mason, and W. G. Macauley, of St. Thomas's Hospital; G. R. Swinhoe, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology; F. Whitelaw, of St. Mary's Hospital; G. E. Williams, of London Hospital; W. H. Gossage, of Westminster Hospital; and C. M. S. Farnum, of King's College.

Passed in Anatomy only on January 13th.

F. B. Webster.

OBITUARY.

GEORGE GULLIVER, M.A., M.B.Oxon., F.R.C.P.,

Senior Assistant Physician to St. Thomas's Hospital, and Physician to the London Fever Hospital.

DR. GEORGE GULLIVER, whose premature death we announced with much regret in the *BRITISH MEDICAL JOURNAL* of January 17th, was born at Windsor in 1851. He was the only son of the late Mr. Gulliver, F.R.S., at one time surgeon to the Royal Horse Guards, who was distinguished for his classical researches on the blood, lymph, and chyle, and who contributed largely to other subjects in physiology and to various branches of natural history. He was also a member of the Council of the Royal College of Surgeons, professor of comparative anatomy and physiology to the College, and Hunterian orator. It is of interest to note that the home of the Gullivers was at Banbury in Oxfordshire, where Dean Swift records that he had seen the tombs and monuments of the Gullivers.

Dr. George Gulliver was educated at King's School, Canterbury, and subsequently entered at Pembroke College, Oxford. He took his degree of B.A. in 1873, obtaining a first class in the natural science school. He was a friend and pupil of the late Professor Rolleston, and under him he acted as Demonstrator of Anatomy. On the recommendation of Professor Rolleston, Dr. Gulliver, whilst an undergraduate, was appointed Naturalist to the Transit of Venus Expedition. On his return he contributed to the *Philosophical Transactions* a "Report on the Zoology of the Island of Rodriguez," for which he received the thanks of the Royal Society. In 1875 he entered as a student at St. Thomas's Hospital, and four years later he was admitted a Member of the Royal College of Surgeons, and took the degrees of M.A., M.B.Oxford. Later, he served as Clinical Assistant to the Hospital for Consumption, Brompton, and to the City of London Hospital for Diseases of the Chest. At both these institutions he formed friendships which were only ended by his untimely death. His marked professional attainments and his personal qualities were soon recognised at St. Thomas's Hospital. During the years 1880 and 1881 he held the joint offices of Resident Assistant Physician and Medical Registrar. He was elected Assistant Physician in 1882, and two years later, when Mr. Charles Stewart transferred his services to the College of Surgeons, he was appointed Lecturer on Comparative Anatomy, a post for which he was eminently fitted by his early associations with his distinguished father, and subsequently by his studies at Oxford. He was elected a Fellow of the Royal College of Physicians in 1886, his Membership dating 1881.

In July, 1883, Dr. Gulliver was despatched by the Foreign Office to Egypt, where cholera was epidemic. He was attached at first to the Ibrahim Pacha Hospital at Cairo, but shortly afterwards, at his own request, he was transferred to Assouan to supervise the reorganisation of sanitary matters. On his return he read a valuable paper on the "Etiology and Pathology of Cholera" before the Epidemiological Society.

Dr. Gulliver was a Fellow and Member of various medical and scientific societies, to which he occasionally contributed. Among his writings may be mentioned Syphilitic Ulceration of Trachea, Cysticerci of Brain, Malignant Growth of Thy-

roid in Myxœdema, which appeared in the *Transactions of the Pathological Society*. To the *St. Thomas's Hospital Reports* he contributed the Statistical Medical Reports for 1880 and 1881, and papers on Ulcerative Endocarditis after Acute Pneumonia, and Gangrene of Lung. In 1888 he contributed a paper on the Structure of Pelomyxapelistris to the *Journal of the Royal Microscopical Society*. A few weeks before his death he had agreed, at the request of a firm of publishers, to write a treatise on fevers, a task for which his position as Physician to the London Fever Hospital gave him unrivalled facilities.

Dr. Gulliver was an excellent clinical observer and physician, and took a keen interest in his work as demonstrator of morbid anatomy at St. Thomas's Hospital. Outside his purely professional work his chief scientific study was comparative anatomy. His knowledge of this subject was thorough and essentially practical. He loved to spend his Sunday afternoons at the gardens of the Zoological Society, of which he had long been a Fellow. There he would entertain his intimate friends with pithy and quaint comments on the nature and habits of the various animals. He was well versed in English literature, and was the possessor of much general knowledge. He was deeply interested in ecclesiastical architecture, for which, no doubt, he acquired a taste when resident at Canterbury.

Dr. Gulliver was a man of retiring and reserved manners. His opinions, however, on persons and things were usually very pronounced, though he rarely gave expression to them in public. This was due, partly to his dislike for public disputation and partly to motives of generosity. To his personal friends, however, he would express himself with characteristic brevity and point, and would defend his views with skill and tenacity. In his friendships no man was more staunch, and few could rival him in hospitality and generosity. He was very popular with those who knew him well, and at the Savile Club, where he was a frequent visitor, his loss will be keenly felt by a large circle. Within the last year he had been elected a member of the Athenæum Club.

Dr. Gulliver was of medium height and spare build, and, although not robust, enjoyed good health up to the time of his fatal illness. He was taken suddenly ill on January 3rd, and there is little doubt that the malady was due to the extreme severity of the weather. It was soon apparent that the disease was acute pneumonia, and to this he succumbed on January 11th, the eighth day from the onset. Five days later he was laid by the side of his father in the ancient churchyard of Nackington, a hamlet near Canterbury. The burial service was read by the Rev. J. Grant Mills, the Hospitaler of St. Thomas's Hospital. Among those present to honour his memory were Mr. Nettleship, the Dean of the Medical School of St. Thomas's Hospital; Mr. Makins, the Vice-Dean; Dr. Sharkey, Mr. Bernard Pitts, Mr. Ballance, Dr. Hadden, and Dr. Gogarty, physician to the Kent and Canterbury Hospital.

Dr. Gulliver was unmarried. His aged mother, whose constant companion he was, survives to mourn his loss.

THOMAS GRAHAM BALFOUR, M.D., F.R.C.P., F.R.S.,
Surgeon-General (Retired).

DR. GRAHAM BALFOUR, whose death we regret to have to announce, was born on March 18th, 1813. He came of a family well known in the neighbourhood of Edinburgh, settled at Pilgrimage House between Edinburgh and Leith; one of its members, Dr. Balfour's great grandfather, was a well known professor in the University of Edinburgh. Graham Balfour, almost as a matter of course, was sent first to the High School of Edinburgh, and afterwards to the University; for a short interval, however, he attended the then newly established Academy. During his undergraduate days in the University, the great men who had earned for Edinburgh the title of the modern Athens, or had at least maintained its right to that proud designation, were still to be seen in its streets—Walter Scott, Jeffrey, Cockburn; and among the holders of chairs in the University were Wilson, Alison, Chalmers, and Christison, the last named still a young man.

During this period of his life Graham Balfour made himself acquainted with many of the most picturesque parts of Scot-

the mean rate in the provincial towns, among which it was highest in Birmingham, Birkenhead, Sunderland, and Preston. The 781 fatal cases of diphtheria were equal to an annual rate of 0.30 per 1,000, against 0.20 and 0.21 in the preceding two quarters; this rate exceeded that in any corresponding quarter on record. In London the rate of mortality from diphtheria was as high as 0.42 per 1,000, while it averaged only 0.20 in the twenty-seven provincial towns, among which, however, this disease showed excessive fatality in Newcastle-upon-Tyne, Manchester, Salford, Norwich, and Portsmouth. The 720 deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of fever) were equal to an annual rate of 0.28 per 1,000, which, although it showed a further increase upon the exceptionally low rates in the preceding two quarters, was below the average in the corresponding periods of the previous eight years. In London the rate of mortality from "fever" during the quarter under notice was 0.23 per 1,000, while it averaged 0.31 in the twenty-seven provincial towns, and was highest in Leeds, Portsmouth, Salford, and Birkenhead. Not a single case of small-pox was registered during the three months ending December last, either in London or in any of the provincial towns; and only one small-pox patient was under treatment during the quarter in the Metropolitan Asylum Hospitals.

The rate of infant mortality in the twenty-eight towns, measured by the proportion of deaths of children under one year of age to registered births, was equal to 189 per 1,000, and considerably exceeded the rate in the corresponding period of any year on record. In London the rate of infant mortality was 175 per 1,000, while it was as high as 201 in the twenty-seven provincial towns, among which it ranged from 147 in Portsmouth, 154 in Derby, 158 in Hull, and 163 in Newcastle-upon-Tyne to 221 in Salford, 228 in Halifax, 248 in Oldham, 249 in Blackburn, and 286 in Preston.

The causes of 1,261, or 2.2 per cent., of the deaths registered in the twenty-eight towns during the fourth quarter of 1890 were not certified, either by registered medical practitioners or by coroners. The proportion of uncertified deaths in London was 1.0 per cent., while it averaged 3.1 in the twenty-seven provincial towns, among which it ranged from 0.7 in Sunderland, 0.9 in Derby, and 1.0 in Portsmouth, in Plymouth, and in Leeds to 4.3 in Preston and in Hull, 5.2 in Sheffield, 5.6 in Halifax, and 7.0 in Liverpool.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 10,010,426 persons, 6,077 births and 5,240 deaths were registered during the week ending Saturday, January 17th. The annual rate of mortality in these towns, which had been 28.7 and 28.1 per 1,000 in the preceding two weeks, further declined to 27.3 during the week under notice. The rates in the several towns ranged from 14.9 in Hull, 17.7 in Derby, 19.0 in Nottingham, and 19.1 in Brighton to 29.9 in Bristol, 34.4 in Preston, 35.0 in Manchester, and 35.2 in Halifax. In the twenty-seven provincial towns the mean death-rate was 25.8 per 1,000, and was 3.4 below the rate recorded in London, which was 29.2 per 1,000. The 5,240 deaths registered during the week under notice in the twenty-eight towns included 404 which were referred to the principal zymotic diseases, against numbers increasing from 472 to 485 in the preceding three weeks; of these, 141 resulted from measles, 113 from whooping-cough, 54 from scarlet fever, 35 from diphtheria, 32 from "fever" (principally enteric), 29 from diarrhoea, and not one from small-pox. These 404 deaths were equal to an annual rate of 2.1 per 1,000; in London the zymotic rate was 1.8, while it averaged 2.3 in the twenty-seven provincial towns, among which it ranged from 0.2 in Hull, 0.5 in Derby, 0.7 in Plymouth, and 1.1 in Portsmouth to 3.8 in Oldham, 4.2 in Salford, 4.4 in Preston, and 5.0 in Halifax. Measles showed the largest proportional fatality in Leeds, Bolton, Oldham, Halifax, and Preston; whooping-cough in Preston, Huddersfield, Sunderland, Leicester, Salford, and Birmingham; and "fever" in Norwich. The mortality from scarlet fever showed no marked excess in any of the large towns. Of the 35 deaths from diphtheria recorded during the week, 23 occurred in London, 3 in Manchester, 2 in Birmingham, and 2 in Salford. No death from small-pox was registered during the week, either in London or in any of the twenty-seven provincial towns; and one small-pox patient was under treatment in the Metropolitan Asylum Hospitals on Saturday, January 17th. These hospitals contained 1,434 scarlet fever patients on the same date, against numbers declining from 2,024 to 1,483 at the end of the preceding ten weeks; 106 new cases were admitted during the week, against 101 and 89 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 11.8 per 1,000, and considerably exceeded the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, January 17th, 884 births and 729 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 20.1 to 28.8 per

1,000 in the preceding five weeks, declined again to 27.8 during the week under notice, but was 0.5 per 1,000 above the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Leith and Edinburgh, and the highest in Glasgow and Paisley. The 729 deaths registered in these towns during the week under notice included 53 which were referred to the principal zymotic diseases, equal to an annual rate of 2.1 per 1,000, which corresponded with the mean zymotic rate during the same period in the large English towns. The highest zymotic rates were recorded in Glasgow, Paisley, and Greenock. The 364 deaths registered in Glasgow included 12 which were referred to whooping-cough, 6 to measles, 3 to scarlet fever, and 3 to diphtheria. Two fatal cases of diphtheria occurred in Edinburgh, and 4 of measles in Greenock. The death-rate from diseases of the respiratory organs in these towns was equal to 8.7 per 1,000, against 11.8 in London.

HEALTH OF IRISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, January 10th, were equal to an annual rate of 31.1 per 1,000. The lowest rates were recorded in Dundalk and Drogheda, and the highest in Dublin and Lurgan. The death-rate from the principal zymotic diseases averaged 2.4 per 1,000. The 244 deaths registered in Dublin were equal to an annual rate of 36.0 per 1,000 (against 31.3 and 40.6 in the preceding two weeks), the rate for the same period being 29.1 in London and 20.1 in Edinburgh. The 244 deaths in Dublin included 15 which were referred to the principal zymotic diseases (equal to an annual rate of 2.2 per 1,000), of which 6 resulted from whooping-cough, 4 from typhoid fever, and 2 from diphtheria.

"UNFIT FOR HABITATION."

D.P.H. CANTAB. writes: As the medical officer of health for a large combined district, I must contest most strongly that a house which is "unsafe from want of stability" is undoubtedly "so dangerous.....as to be unfit for habitation." If this is not so the rural medical officer of health has no power to procure the closure of such a house, unless it be admitted that it is "premises in such a condition as to be a nuisance or injurious to health."

The Housing of the Working Classes Act (Section 30) does not require that a house shall be "so dangerous" to health, but only "so dangerous" as to be unfit for habitation, before it becomes my duty to represent it to the sanitary authority. It is clear that Section 4, Subsection (b), makes it the duty of the medical officer of health to condemn on account of conditions some of which are there set out, and are of a sanitary character "injurious to health," whilst Subsection (a) authorises him to condemn, on account of other conditions which are not set out, and which, it is fair to assume, need not be of a sanitary character, such as defective stability, described simply by the words "unfit for habitation," regardless of their being "injurious to health" from any cause whatever.

I trust the metropolitan medical officers of health will not attempt to define any minimum requirements, for, if they do, such requirements will simply be handed over to property owners and their lawyers to carp at. Let each medical officer of health condemn anything that he thinks fit, and not be afraid to do so. When the magistrate—bred in the lap of luxury, and not with feelings blunted by the constant inspection of the dens of the poor—comes to inspect the place, depend upon it he will not be slow to grant a closing order.

The fact, as stated by you, that a year ago three houses in an East End parish were closed by the magistrate when he visited them, although the medical officer of health thought them in fair order, thoroughly supports my contention.

DIPHTHERIA AND MILK SUPPLY AT SURBITON.

DR. F. P. ATKINSON (Surbiton) writes: I learn that the Metropolitan Dairy Protection Association, on learning that the slight outbreak of diphtheria at Surbiton was said to be due to milk, communicated with the officials of the London County Council, and they immediately set about making inquiries with regard to the supply of the milk in question. The Council, I am given to understand, are now satisfied that the milk has arrived in London in a sound condition, so that, supposing this to be correct, we have no other alternative but to fall back upon the conclusion that defective drainage in some way or other was the chief cause of the epidemic.

INDIA AND THE COLONIES.

INDIA.

THE MEDICAL SERVICES OF INDIA.

For years past the Government of India has been engaged in the congenial task of cutting down the administrative ranks of the two medical services. The work goes on apace. The last operation in this direction has been the reduction of two deputy surgeons-general in the Army Medical Staff and two in the medical department of the Indian army. The duties of the reduced officers are to be taken in all second class districts by brigade-surgeons.

The first scheme of the authorities was to make the brigade-surgeons have charge of the station hospitals at headquarters and be medical advisers to the officers in command, but not to be considered in the strict sense of the term administrative officers; the deputy surgeons-general

from the nearest first class district having, in addition to their own duties, to visit the second class districts for boards and inspections. This scheme was not communicated to the surgeons-general of either service until it was made public. As usually happens when this course is followed, this "cheap" scheme was found to be "nasty;" it would not work.

The second scheme is believed to be that the brigade-surgeons are to be administrative officers in the second class districts—in other words, to do the duty of deputy surgeons-general on a reduced salary. This means a stoppage of promotion and so much money taken from the department.

Another scheme is on foot, rumours of which have been in the air for some time. This is to reduce the number of the medical service of India, to convert it into a purely civil service, and to hand over the medical duties of the native army to the Army Medical Staff in addition to their own duties without additional pay. This is surely a flagrant breach of faith. We do not see how such extra duties can be imposed on the Medical Staff in this manner in the face of the terms under which many entered the British army. It is equally a gross injustice to the sister service, inasmuch as under this scheme its members, reduced to a civil department, can never hope to enjoy the advantages held out to them in the Government prospectus, the document on the terms of which they entered the service. We cannot see how a scheme of this kind can be made retrospective without, as we have said, a distinct and quite intolerable breach of faith. At all events, it is our plain duty to make the information that has reached us known in the schools, and, above all, to stimulate the medical members of the House of Commons to elicit the facts of the case, as affecting both services, by questions addressed in the proper quarter.

CREMATION.—The supporters of cremation in England will, no doubt, be encouraged to learn that the practice, which was hitherto confined to Hindus in India, is now being introduced among the Buddhists in that country and in Ceylon.

MEDICAL AID FOR WOMEN.—The year's work of the National Association for Providing Female Medical Aid for the Women of India, judging from the second report which has just been issued, has been of a highly satisfactory character. Four scholarships (three in London and one at Edinburgh) are offered this year to ladies who will qualify themselves for the association, and two ladies—namely, Miss A. Baumler, M.D., and Miss C. N. Grahame, M.D., have recently gone to take up their duties in India. Ladies serving the fund are likely in future to be kept "in waiting" in India for a time before receiving their definite appointment, an arrangement which will enable them to study languages, as well as native customs and prejudices.

MEDICAL NEWS.

AN exhibition of £30 in natural science at Sidney Sussex College, Cambridge, has been awarded to E. M. Corner, of Epsom College.

A SYNOPSIS of the additions made in 1890 to the *British Pharmacopœia* of 1885 has been issued as a supplement to the Messrs. Martindale and Westcott's *Extra-Pharmacopœia*.

DR. A. P. BRUBAKER has been appointed Professor of Materia Medica and General Therapeutics in Jefferson Medical College, in succession to Dr. Bartholow.

WE hear with pleasure that the Swiss Federal diploma, which gives the right of practice, has been granted to Dr. Holland, of St. Moritz. This act on the part of the Swiss authorities ends satisfactorily a long controversy.

MR. T. BEDFORD BOLITHO, M.P., has sent to the West Cornwall Infirmary his scheme for a convalescent home in memory of his deceased father. He proposes a first endowment of £10,000 for eight beds, and adds that more money is available to make the Edward Bolitho Convalescent Home thoroughly useful.

DR. NICHOLAS SENN has resigned the professorship of Surgery and Surgical Pathology in Rush Medical College, Chicago.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The quarterly Court of Directors of the Society was held on Wednesday, January 14th, at 20, Hanover Square. The President, Sir James Paget, presided. Five new members were elected; the resignations of two accepted, and the deaths of two reported. An application for a grant was received from a widow, and assistance was given her. It was resolved to distribute £1,418 10s. among the 64 widows, 15 orphans, and 3 orphans on the Copeland Fund now receiving grants. The expenses of the quarter were £80 5s. 6d. The Treasurer announced that a sum of £360 had been given in presents to the widows and orphans at Christmas, and that one orphan had through age ceased to be eligible for further grants.

THE BRITISH GYNÆCOLOGICAL SOCIETY.—At the annual meeting of this Society, which took place on Thursday, January 8th, Dr. Routh delivered his valedictory address as President, and the election of officers for the ensuing year was proceeded with. Dr. Grigg was elected President; Dr. Edis, Treasurer, *vice* Dr. Bantock; and Drs. Fenton and Dickenson, Secretaries. The annual report, brought up by the Treasurer (Dr. Bantock), showed that, in spite of unusually heavy expenses for the current year—partly in consequence of the change of residence and partly in connection with legal proceedings against recalcitrant Fellows for unpaid subscriptions—the financial condition of the Society was eminently satisfactory, as was also the steadily increasing number of home and foreign members. Dr. Grigg will deliver the inaugural address, on taking the chair as President, on Thursday, January 22nd.

ODONTOLOGICAL SOCIETY.—At the annual general meeting of the Odontological Society, on Monday, January 12th, Mr. Felix Weiss, President, in the chair, the following officers for the year 1891 were elected:—President: S. J. Hutchinson, M.R.C.S., L.D.S. Vice-Presidents (Resident): J. Stocken; David Hepburn; T. H. G. Harding; (Non-resident) W. Bowman Macleod, Edinburgh; J. H. Redman, Brighton; R. T. Stack, Dublin. Treasurer: Thomas Arnold Rogers. Librarian: Ashley Gibbings. Curator: Storer Bennett. Editor of the *Transactions*: Walter Coffin. Honorary Secretaries: J. Ackery (Council); W. A. Maggs (Society); F. Henri Weiss. For foreign correspondence: Councillors (Resident): C. S. Tomes, F.R.S.; Willoughby Weiss; W. H. Woodruff; W. Hern; F. Newland Pedley; C. J. Boyd Wallis; F. J. Bennett; Cornelius Robbins; E. G. Betts; (Non-resident) M. de C. Dickinson, St. Leonards-on-Sea; A. A. de Lessert, Aberdeen; Alex. Fothergill, Darlington; W. B. Bacon, Tunbridge Wells; H. B. Mason, Exeter; Mordaunt A. de C. B. Stevens, Paris; T. S. Carter, Leeds; Edmund Binns, Middlesbro'; W. S. Woodburn, Glasgow.

THE NEW PHILADELPHIA POLICLINIC.—The new buildings recently constructed for the Philadelphia Polyclinic and College for Graduates in Medicine have been designed with the view of combining a number of special clinics under one roof in such a way as to facilitate post-graduate teaching of a strictly practical nature. The building is constructed of brick and terra cotta; it has a frontage of 96 feet and a depth of 143 feet. The arrangements for heating and ventilation are most complete, and a special feature—which may be commended to the attention of English architects—is that all the corners in the building are rounded so as to leave no place for the familiar little dust-heaps to accumulate. The Polyclinic is at present lighted with gas, but it is intended to have electric illumination as soon as there are sufficient funds for the purpose. It may be well to add that the institution, which is said to be the only one of its kind in the States, does not exist solely for the educational benefit of medical men. Since the opening of the Polyclinic, in 1883, something like 30,000 poor patients have been treated in the twelve special departments of which it is composed. In 1889 the number of new cases was 4,607, and the further visits of old patients amounted to 18,006. There is therefore no lack of clinical material for post-graduate teaching in Philadelphia.

MEDICAL VACANCIES.

The following Vacancies are announced :

- BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Junior House-Surgeon ; double qualifications. Applications to Joseph Eastwood, Secretary, 15, Richmond Terrace, Blackburn, by January 27th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** 238a, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coals, and lights provided. Applications to the Secretary by February 7th.
- CHARING CROSS HOSPITAL.**—Assistant Surgeon ; must be F.R.C.S.Eng., and reside within three miles of the Hospital. Applications to Arthur E. Reade, Secretary, by January 28th.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Physician to the Out-patient Department. Applications to A. C. Davis, Secretary, by February 2nd, of whom application forms can be obtained.
- CITY HOSPITAL FOR INFECTIOUS DISEASES,** Newcastle-upon-Tyne.—Resident Medical Assistant. Salary, £50 for first year, and, if re-appointed, £70 for second year, with board, lodging, and washing. Applications to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne, by February 28th.
- CITY OF LONDON LUNATIC ASYLUM,** near Dartford, Kent.—Assistant Medical Officer, unmarried, not less than 25 years or more than 35 years of age. Salary, £150 per annum, with board, lodging, washing, and attendance. Applications addressed to the Visiting Committee to be sent to the Clerk, Henry F. Youle (of whom the forms of application can be obtained) by February 3rd.
- CITY OF WORCESTER.**—Medical Officer of Health. Full particulars to be obtained of Samuel Southall, Town Clerk, Guildhall, Worcester, to whom applications should be sent by January 26th.
- COUNTY COUNCIL OF AYRSHIRE.**—County Medical Officer ; must not hold other appointments or engage in private practice, and must reside in Ayr. Salary, £450 per annum. Applications to Chas. G. Shaw, County Clerk, County Buildings, Ayr, by February 2nd.
- COUNTY OF DUMFRIES.**—Medical Officer. Salary, £300 per annum. Applications to John Robson, County Clerk, Dumfries, by February 2nd, of whom further information can be obtained.
- DUNDEE ROYAL LUNATIC ASYLUM.**—Resident Clinical Assistant. No salary, but board, etc., provided. Applications to Dr. Rorie, Asylum, Dundee.
- DUNDEE ROYAL LUNATIC ASYLUM.**—Assistant Medical Officer ; unmarried. Salary, £100 per annum, with board, apartments, and washing. Applications to Dr. Rorie, Asylum, Dundee.
- FARNHAM UNION.**—Medical Officer for the Aldershot District. Salary, £80 per annum. Officer to provide medicines, etc. He will be appointed Public Vaccinator for the District. Applications to Edward M. Seakins, Clerk, South Street, Farnham, by January 28th.
- GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon ; must possess surgical qualifications ; no salary, but residence, board, and washing provided. Applications to J. D. M. Coghill, House-Governor, by January 31st. Election on February 6th.
- KENT AND CANTERBURY HOSPITAL,** Canterbury.—Assistant House-Surgeon and Dispenser. Must reside in the house and be unmarried. Salary, £50 per annum, with board, lodging, and washing. Applications to Charles S. Read, Secretary, by January 24th.
- LANCASHIRE COUNTY ASYLUM,** Rainhill, near Liverpool.—Pathological Assistant Medical Officer. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.
- MACCLESFIELD GENERAL INFIRMARY.**—Junior House-Surgeon ; double qualifications. Salary, £70 per annum, with board and residence in the institution. Applications to the Chairman, House Committee, by January 31st.
- METROPOLITAN HOSPITAL,** Kingsland Road, E.—Dental Surgeon. Applications to C. H. Ijers, Secretary, by January 31st.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC,** Queen Square, Bloomsbury.—Surgeon ; must be F.R.C.S.Eng. Applications to B. Burford Rawlings, Secretary-Director, by February 5th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Visiting Medical Assistant ; double qualifications. Salary, £120 per annum. Applications to the Honorary Secretary by January 24th.
- PARISH OF TONGUE,** Sutherlandshire.—Medical Officer. Salary, £165 per annum, house, garden, and croft available. To enter duties in February. Applications, with certificates, to John Murray, Inspector of Poor, Tongue, Sutherlandshire.
- ROYAL ALBERT HOSPITAL,** Devonport.—Assistant House-Surgeon. Board, lodging, and washing ; no salary. Applications, with testimonials by January 28th, addressed to the Chairman, Medical Committee.
- ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.**—House-Surgeon. Must be medical graduate of a university or member of a college of surgeons of United Kingdom, registered and unmarried. Salary, with board and residence, £70 per annum. Applications to the Chairman of the Committee at the Hospital, Portsmouth, by January 29th.
- ST. GEORGE'S HOSPITAL,** S.W.—Lecturer on Midwifery. Applications to the Dean by January 31st.
- UNIVERSITY OF SYDNEY,** N.S.W.—Demonstrator of Physiology. Salary, £350 per annum ; £60 allowed for passage expenses to Sydney. Applications to the Agent-General for New South Wales, 9, Victoria Street, S.W. (of whom full particulars can be obtained), by January 31st.
- WINCHCOMB UNION,** Winchcomb.—Medical Officer for the No. 2 or Vale District of this Union. Salary, £65 per annum, with additional fees. Applications to J. H. Stephens, Clerk, by February 5th.

WORCESTER GENERAL INFIRMARY.—Physician. Applications to be sent addressed to the Executive Committee of the Worcester General Dispensary, under cover to the Secretary, Mr. W. Stallard, Worcester Chambers, Pierpoint Street, Worcester, by February 7th.

MEDICAL APPOINTMENTS.

- ADAMS,** William, F.R.C.S., appointed Consulting Surgeon to the National Hospital for the Paralyzed and Epileptic, Queen Square.
- ARBuckle,** —, M.D., reappointed Medical Officer of Health to the Thorne Rural Sanitary Authority.
- BARCLAY,** John, M.D.Aberd., reappointed Medical Officer to the St. Brandon Lodge of Oddfellows, Banff.
- BALDWIN,** Thomas Arthur, B.A., M.D.Dub., L.R.C.S.I., appointed Temporary Medical Officer for the Parish of Cottingham, Hull.
- BELL,** Thomas F. Wm., M.B., C.M.Aberd., appointed Medical Officer for the Nunneys District of the Frome Union.
- BETTS,** Frederick Bernard, L.R.C.P.Lond., M.R.C.S.Eng., appointed Junior House-Physician to the Westminster Hospital.
- BERRY,** James, B.S.Lond., F.R.C.S., appointed Surgeon to the Royal Free Hospital, *vice* F. J. Gant, F.R.C.S., resigned.
- BLAYNEY,** John H., L.F.P.S., L.M.Glas., appointed Medical Officer of Health to the Great and Little Heaton, Prestwich Union Rural Sanitary Authority.
- BRERETON,** James Barry, L.R.C.P.I., L.R.C.S.I. & L.M., reappointed Medical Officer to the Gildersome Urban Sanitary Authority.
- BRICKWELL,** John, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Stoke District of the Eton Union.
- BROWN,** Edward, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Sapperton District of the Cirencester Union, *vice* Mr. Palmer, resigned.
- CATO,** Alexander McLean, L.R.C.P.Lond., M.R.C.S.Eng., appointed Senior House-Physician to the Westminster Hospital.
- CHAMPNEYS,** Francis Hy., M.D., B.A.Oxon., F.R.C.P.Lond., M.R.C.S.Eng., appointed Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital.
- CROSSE,** Reginald E., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Norfolk and Norwich Hospital, Norwich, *vice* H. C. Nance, M.R.C.S., L.R.C.P.
- DEAN,** Hy. Percy, B.Sc.Lond., M.B., appointed Surgical Registrar to the London Hospital Medical College.
- DENNING,** Robert Nickle, M.D., B.A.Dub., L.R.C.S.I., reappointed Medical Officer for the Elland Urban District.
- DERRY,** Bartholomew Gidley, M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the District of the Bodmin Urban Sanitary Authority.
- DODS,** Louis F., L.S.A.Lond., appointed Deputy Medical Officer to the Bagbrooke District of Northampton Union.
- DOUGLAS,** A. R., L.R.C.P., L.R.C.S., appointed Assistant Medical Officer to the East Riding Asylum, Beverley.
- EAST,** C. H., M.D., appointed Medical Officer to the Kentchurch District and Workhouse of the Abbeydore Union.
- EVANS,** Willmott H., M.D.Lond., F.R.C.S.Eng., B.S. & B.Sc.Lond., appointed Registrar (Medical and Surgical), to the Royal Free Hospital, Gray's Inn Road, *vice* Mr. E. W. Roughton.
- FOWLER,** R. S., F.R.C.S.Edin., appointed Consulting Surgeon to the Royal United Hospital, Bath.
- GANT,** Fredk. Jas., F.R.C.S.Eng., appointed Consulting Surgeon to the Royal Free Hospital, Gray's Inn Road.
- GRIFFITH,** Walter S. A., M.D.Camb., M.R.C.P.Lond., F.R.C.S.Eng., appointed Assistant Physician-Accoucheur to St. Bartholomew's Hospital.
- HANDS,** Arthur, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Cottage Homes of the Wolverhampton Union.
- HAWKINS-AMBLER,** George A., L.R.C.P., L.M.Irel., M.R.C.S.Eng., appointed District Medical Officer and Public Vaccinator to the Kirkburton District of the Huddersfield Union, *vice* H. A. Lowndes.
- HOUSLEY,** John, M.D.St.And., M.R.C.S., reappointed Medical Officer to the Workop Urban Sanitary Authority.
- JENNER,** William, M.D.St.And., M.R.C.S.Eng., reappointed Medical Officer of Health for the Baldoek Urban District, Herts.
- KILNER,** Dr. Charles Scott, appointed Honorary Assistant Medical Officer to the Suffolk General Hospital, Bury St. Edmunds, *vice* Dr. F. E. Image, resigned.
- KNAPP,** Edward M. Molineux, L.R.C.P., L.M.Edin., M.R.C.S.Eng., appointed Medical Officer of Health for the Rural Sanitary District of the Ross Union.
- LIMBICK,** Wm. Somerville, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health for the Waterloo-with-Seaforth and Great Crosby Urban Districts.
- OWEN,** J. Lewis, M.R.C.S., appointed House-Surgeon to the Denbighshire Infirmary, Denbigh, *vice* Dr. D. G. Evans.
- PUGH,** John Williamson, M.R.C.S.Eng., L.S.A., M.B.Univ.Lond., appointed Medical Officer to the Eastern District of the Parish of Brighton, *vice* Mr. John Morris.
- ROUGHTON,** Edmund W., B.S., M.D.Lond., F.R.C.S., appointed Assistant-Surgeon to the Royal Free Hospital, Gray's Inn Road.
- ROUSE,** E., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Barnstaple Port Sanitary District of the Barnstaple Union.
- SCHORSTEIN,** G. J., M.B., B.S.Oxon., appointed Assistant Demonstrator of Anatomy to the London Hospital Medical College, *vice* H. P. Dean.
- SCOTT,** Richard J. H., F.R.C.S.Edin., appointed Surgeon to the Royal United Hospital, Bath, *vice* R. S. Fowler, F.R.C.S.Edin., resigned.

STEPHENSON, Dr. Edward F., appointed Medical Officer for the Ballyduff Dispensary District of the Lismore Union, *vice* Dr. Denneby.
 SWEETEN, Benjamin, M.B., C.M., appointed House-Surgeon to the Alnwick Infirmary, *vice* Dr. William Smyth.
 TATE, George, M.B., C.M. Edin., appointed Assistant House-Surgeon to the Staffordshire General Infirmary.
 THOMPSON, Charles Sinclair, M.B., C.M. Edin., appointed Medical Officer for the Workhouse of the Bideford Union, *vice* J. Thompson, resigned.
 THOMSON, Ernest F., M.B., C.M., appointed Medical Officer to the parish of Eday, Orkney, *vice* Arthur Beveridge, M.B., C.M.
 VICTOR-HUGO, Edward, M.B., B.S. Lond., appointed Assistant Medical Superintendent to the Paddington Infirmary, *vice* J. Ernest Hillier, M.B., M.A. Cantab. resigned.
 YOUNG, Edwd. Herbert, M.D. Durh., L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health for the Okehampton Rural Sanitary District.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: On Affections of the Cornea. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. R. H. Stewart: On Otorrhoea.
 MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Adjourned discussion on Dr. William Duncan's and Mr. Alban Doran's papers on the Operative Treatment of Chronic Disease of the Uterine Appendages.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 2 P.M.—Dr. Savage: On Mental Stupor, Dementia. Examination Hall, Victoria Embankment, 5 P.M.—Mr. Jonathan Hutchinson: On the Prognosis and Treatment of the different Forms of Lupus.
 ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. P. H. Pye-Smith: The Therapeutical Value of venesection, its Indications and its Limits. Sir G. M. Humphry: On Macroducty and some other Forms of Congenital Overgrowth, and their Relation to Tumours.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. C. Y. Biss: On Asthma and its Results. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Q. Silcock: On Glaucoma.
 HUNTERIAN SOCIETY, 8 P.M.—Clinical evening. Dr. Dundas Grant will show (by limelight) a case of Epithelioma of the Larynx treated by Thyrotomy, and other cases. Mr. T. Mark Howell: Multiple Papilloma in Larynx of Boy, aged 3½, removed by Forceps. Mr. John Poland: Rheumatoid Arthritis in a Child.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and the Epileptic, Queen Square, 2 P.M.—Dr. Charlton Bastian: On Some Varieties of Hemiplegia. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Barlow: On the Morbid Anatomy of Rickets. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. Stoker: On Malignant Disease of the Larynx.
 OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and card specimens at 8 P.M. Dr. Berry (Edinburgh): 1. An Unusual Result of Cataract Extraction. 2. On the Connection between Accommodation and Convergence. Mr. Tatham Thompson (Cardiff): 1. Miner's Nystagmus among the South Wales Colliers. 2. Case of Emphysema of the Conjunctiva. Mr. Lawford for Mr. G. W. Johnston (Vancouver): Penetration of Eyelash into Anterior Chamber; Removal by Operation. Mr. Hartridge: 1. Case of Chronic Glaucoma with Hemorrhage into Cup. 2. Set of Models for demonstrating Errors of Refraction.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. C. Y. Biss: On the Treatment of Asthma.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 11 A.M.—Dr. Percy Smith: Clinical Demonstrations. Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. Payne: On the Disease called Acne.

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 insure insertion in the current issue.

BIRTHS.

BATEMAN.—January 13th, at 4, Charles Street, St. James's, S.W., the wife of Dr. Newton Bateman, of a daughter.
 MASON.—On January 17th, at Rosemont, Maidenhead, Berks, the wife of David James Mason, M.D. Edin., of a son.

DEATH.

CRESSY.—At Hayesden Wallington, Surrey, on January 15th, William Everard Cressy, M.R.C.S.E. & L.S.A., aged 76.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Hours of Attendance*.—Daily, 2. *Operation Days*.—Tu. S., 2.

CENTRAL LONDON OPHTHALMIC. *Operation Days*.—Daily, 2.

CHARING CROSS. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9. Throat and Ear, F., 9.30. *Operation Days*.—W. Th. F., 3.

CHELSEA HOSPITAL FOR WOMEN. *Hours of Attendance*.—Daily, 1.30. *Operation Days*.—M. Th., 2.30.

EAST LONDON HOSPITAL FOR CHILDREN. *Operation Day*.—F., 2.

GREAT NORTHERN CENTRAL. *Hours of Attendance*.—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day*.—W., 2.

GUY'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days*.—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Soho. *Hours of Attendance*.—Daily, 10. *Operation Days*.—M. Th., 2.

KING'S COLLEGE. *Hours of Attendance*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days*.—Tu. F. S., 2.

LONDON. *Hours of Attendance*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30, and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days*.—M. Tu. W. Th. S., 2.

METROPOLITAN. *Hours of Attendance*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day*.—F., 9.

MIDDLESEX. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days*.—W., 1, S., 2; (Obstetric), W., 2.

NATIONAL ORTHOPEDIC. *Hours of Attendance*.—M. Tu. Th. F., 2. *Operation Day*.—W., 10.

NORTH-WEST LONDON. *Hours of Attendance*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day*.—Th., 2.30.

ROYAL FREE. *Hours of Attendance*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women) S., 9.

ROYAL LONDON OPHTHALMIC. *Hours of Attendance*.—Daily, 9. *Operation Days*.—Daily, 10.

ROYAL ORTHOPEDIC. *Hours of Attendance*.—Daily, 1. *Operation Day*.—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. *Hours of Attendance*.—Daily, 1. *Operation Days*.—Daily.

ST. BARTHOLOMEW'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Operation Days*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. *Hours of Attendance*.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. *Operation Days*.—Th., 1; (Ophthalmic), F., 1.15.

ST. MARK'S. *Hours of Attendance*.—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days*.—M. Tu., 2.30.

ST. MARY'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.45 o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days*.—Tu., 1.30; (Orthopaedic), W., 11; (Ophthalmic), F., 9.

ST. PETER'S. *Hours of Attendance*.—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day*.—W., 2.

ST. THOMAS'S. *Hours of Attendance*.—Medical and Surgical, daily, except W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, except S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days*.—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological) Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Hours of Attendance*.—Daily, 1.30. *Operation Day*.—W., 2.30.

THROAT, Golden Square. *Hours of Attendance*.—Daily, 1.30; Tu. and F., 6.30. *Operation Day*.—Th., 2.

UNIVERSITY COLLEGE. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days*.—W. Th., 1.30; S., 2.

WEST LONDON. *Hours of Attendance*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days*.—Tu. F., 2.30.

WESTMINSTER. *Hours of Attendance*.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days*.—Tu. W., 2.

LIQ. HYD. PERCHLOR. IN DIPHTHERIA.

DR. C. R. ILLINGWORTH (Accrington) writes: Dr. Coward, in his communication upon the above subject, states that "the addition of potass. iodid. to this mixture does not appear to have any beneficial effect." There is a very good reason. Iodine is set free by the double decomposition set up between the iodide and iron in the mixture he prescribes.

Were Dr. Coward to prescribe the iodide and hyd. perchlor., the biniodide of mercury formed with excess of iodide would give him even better results than he has already got in the treatment of diphtheria, because the biniodide is a much more potent germicide than the bi-chloride; but no iron perchloride should be given until all the exudation has been stopped. The treatment may be advantageously supplemented by the local application of a solution of the biniodide in iodide of sodium or potassium of the strength of 1 in 500 by means of a straight brush every hour or two.

THE LAY NEWSPAPER AS A MEDICAL CRITIC.

"AN INTELLIGENT READER" writes: The talented young men who write the "leaders" in the daily press never shine so much as when they deal with scientific subjects. In a leading article¹ upon Koch's most recent publication your contemporary the *Standard* illustrates the fact most admirably. We are informed by that journal, in the first place, that the fluid "is a glycerine extract from a pure cultivation of the tubercle bacilli in the bodies of guinea-pigs," "its specific property..... is that it kills the living protoplasm—that unorganised substance which forms the contents of cells in animal and vegetable substances alike—and thus deprives the tubercle bacillus of the conditions necessary to its growth."

Well may the writer proceed that "to the layman all this is only moderately intelligible." His farther conclusion is, however, if anything, rather less intelligible or, at least, acceptable to either physician or layman, namely, that if Professor Virchow's statement be correct "the lymph and all that concerns it will soon be as much forgotten as the *cholera bacillus* which Dr. Koch was supposed to have discovered." (The italics are mine.) For a serious writer to talk about "pure cultivation in the bodies of guinea-pigs" or to speak of a remedy as "killing living protoplasm and so depriving the tubercle bacillus of the condition necessary to its growth" (very much necessary, one would imagine, to more than the growth of the bacillus) are sufficient exposures, but to speak of Koch's *cholera bacillus* as "supposed to be discovered" and as quite "forgotten" is a more astonishing example of the kind of knowledge which satisfies the general readers of the latter half of the nineteenth century.

After this one is not astonished to learn that the "bacterial and bacillar origin of disease is the latest fashion in pathology" (a statement only equalled in inaccuracy of fact by inaccuracy of language) or that "the assertion that injections of the lymph destroy tubercle in the lungs is simply an inference."

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

(A) Mr. S. Atkinson, London; Mr. James Anderson, Footscray; Mr. H. Ashton, Glasgow; Mr. J. Ackry, London; Mr. W. Alexander, Liverpool. (B) Dr. J. Brown, Clifton; Dr. Bronner, Bradford; Dr. A. Betrix, Geneva; Mr. A. B. Brown, New York; Mr. J. Brown, Buenos Ayres; Mr. J. Berry, London; Mr. J. A. Bruce, Taunton; Mr. A. H. Benson, Dublin; Mr. Blackett, London; Mr. A. G. Blomfield, Exeter; Dr. H. Barnes, Carlisle; Dr. W. H. Broadbent, London; Mr. H. N. Baron, Pailton; Mr. J. H. Blayney, Middleton; F. D. Boyd, M.B., Edinburgh. (C) Messrs. Cassell and Co., London; Mr. C. Cressy, Wallington; Mr. J. Coulton, Sheffield; Dr. Collins, Sydenham; Country Surgeon; Dr. F. W. Cock, London; Dr. J. S. Conyn, Bradford; Dr. T. Cooke, London; Mr. G. H. Corbishley, Macclesfield. (D) Mr. H. F. Davis, Bristol; Mr. Doran, London; Mr. F. C. Dodsworth, Gunnersbury; Denaeyer's Peptonoids and Extract of Meat Company, London; Mr. A. Donald, Manchester. (E) Mr. Edward East, London; Inquirer; Surgeon W. Eames, Yokohama; Dr. A. Edington, Edinburgh; Mr. H. M. Earle, St. Leonards-on-Sea; Messrs. Evans, Lescher, and Webb, London. (F) Mr. C. R. Francis, London; Mr. W. Fergusson, Banff; Mr. E. F. Flynn, London; Dr. H. Fox, London; Professor Michael Foster, Cambridge. (G) Dr. H. S. Gubbett, Eastbourne; Mr. J. Graham, Belfast; Dr. E. Gumpert, Manchester; Mr. A. M. Gossage, London; Dr. E. H. Galton, London. (H) Mr. F. Hinde, Banbury; Mr. R. Hickson, Chatham; Dr. H. Harsey, London; Dr. Hughes, Holyhead; Professor Victor Horsley, London; Mr. J. Lawrence Hamilton, Brighton; Mr. F. Hinds, Worthing; Mr. W. B. Holderness, Windsor; Dr. A. H. Hoffmann, Humshaugh-on-Tyne. (I) Dr. W. W. Ireland, Prestonpans; Dr. A. Inglis, Cheltenham. (J) Mr. E. Lloyd Jones, Cambridge; Mr. F. B. Jessett, London; Dr. J. A. Jackson, Hexham. (K) Mr. D. Kennard, Lambourn; Mr. T. S. Kirkland, Blayney, New South Wales; Dr. G. C. Kingsbury, Blackpool; Mr. C. T. Kingzett, London. (L) Mr. C. J. Laey, London; Lady Superintendent of the Nurses Co-operation Society, London. (M) Member; Mr. A. B. MacDowall, Crouch End; Mr. E. Marston, London; Mr. A. H. Middleton, Shankhill, co. Dublin; Mr. A. H. Mason, London; Mr. W. J. Maitland, London; Mr. W. Martindale, London; Sir William Moore, London; Mr. Leonard Mark, London; Medical Officer to a Large District; Mr. J. D. Mortimer, London; Mr. A. Milroy, Kilwinning; A Medical Officer of Health; Surgeon W. G. Macpherson, Woolwich; Dr. H. G. Mackenzie, London. (N) Mr. T. Llewellyn Nash, Dub-

lin; Dr. J. Stuart Nairne, Glasgow; Mr. J. C. Norman, Hadleigh. (O) Mr. W. Odell, Torquay; Observer; Dr. John O'Connor, Buenos Ayres. (P) Mr. T. A. Palin, Wigton; Mr. E. P. Prior, Loddon; Dr. Young J. Pentland, Edinburgh; Dr. Leslie Phillips, Birmingham; Mr. D'Arcy Power, London; Dr. G. W. Potter, London; Mr. R. P. Porter, Washington; Mr. R. Prichard, Cardiff; Dr. Louis Parkes, London; Mr. J. Poland, London; Dr. Parry-Jones, Wrexham; C. S. Parry, M.B., Carmarthen. (R) Mr. J. R. Ratcliffe, Birmingham; Mr. L. C. Railton, Manchester; Mr. E. W. Roughton, London; Dr. G. Robertson, London; J. R. S. Robertson, M.B., London; Mr. G. W. Rigden, Taunton. (S) Dr. A. T. Smith, Dublin; Mr. W. Stallard, Worcester; Dr. W. Saul, Lancaster; The Secretary of the Sanitary Assurance Association, London; Mr. Bland Sutton, London; The Secretary of the Blackburn and East Lancashire Infirmary, Blackburn; The Secretary of the Royal Institution, London; Dr. R. J. H. Scott, Bath; Ernest Solly, M.B., London; Dr. Markham Skerritt, Bristol; Messrs. Seeley and Co., London; Mr. F. Simms, London; Dr. Sykes, Moxborough; Dr. G. C. Stephen, London; Dr. W. J. Sinclair, Manchester; The Secretary of the Sheffield Medico-Chirurgical Society; Sick of It; Dr. W. E. Stevenson, London; Mr. A. Shanks, Airdrie. (T) Mr. R. W. Taylor, New York; Mr. Lawson Tait, Birmingham; Mr. C. W. Thies, London; Mr. H. H. Tomkins, Ramsey; Dr. Tizard, Baycliffe. (U) Dr. A. R. Urquhart, Perth. (V) G. H. Vos, M.B., London. (W) Sir T. Spencer Wells, London; Dr. Wood, London; Miss Jane Wilson, London; Mr. J. Williamson, Farnham; Mr. J. M. Wyborn, Bromley; Dr. J. A. Wilson, Glasgow; Dr. E. Willoughby, London; Dr. Hale White, London; W. H.; Dr. H. McLean Wilson, Edinburgh; Mrs. Woodcock, Starcross; Mr. W. Roger Williams, London, etc.

BOOKS, Etc., RECEIVED.

- Pocket Medical Lexicon. By J. M. Keating, M.D., and Henry Hamilton. London: H. K. Lewis. 1891.
The Treatment of Consumption; Dr. Koch's Remedy. By A. E. Bridger, B.A., B.Sc., M.D. London: John Hogg. 1891.
La Série Aromatique en Thérapeutique, Par le Dr. de Buck. Gand: A. Siffer. 1890.
Examen Químico y Bacteriológico de las Aguas Potables. Par A. E. Salazar, Y. C. Newman, con un Capítulo del Dr. Rafael Blanchard. Londres: Burns and Oates. 1890.
Saint Raphael with Valescure and Boulourie as a Winter Health Resort. By Howard D. Buss, M.R.C.S. Saint Raphael: V. Chailan. 1890.
Memoires d'Ophthalmométrie. Par E. Javal. Paris: G. Masson. 1891.
Materia Medica. Catechism Series. Part I. Edinburgh: E. and S. Livingstone. 1891.
The Urine in Health and Disease. By H. Aubrey Husband, M.B. Second edition. Edinburgh: E. and S. Livingstone. 1891.
The Daughter, Her Health, Education, and Wedlock. By William M. Capp, M.D. Philadelphia and London: F. A. Davis. 1891.
Hunterian Lectures on Intracranial Inflammations Starting in the Temporal Bone, their Complications, and Treatment. By Arthur E. J. Barker, F.R.C.S. London: H. K. Lewis. 1890.
Cliniques Chirurgicales de l'Hôtel Dieu de Marseilles. Par le Docteur L. Villeneuve. Paris: Felix Alcan. 1891.
La Topographie Cranio-Cérébrale, Applications Chirurgicales. Par René-Léon Le Fort. Paris: Felix Alcan. 1890.
Social Diseases and Worse Remedies. By T. H. Huxley, F.R.S. London: Macmillan and Co. 1891.

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¹ Standard for Friday, January 16th.