

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-eighth Annual Meeting of the British Medical Association will be held in Newcastle-upon-Tyne, on Tuesday, Wednesday, Thursday, and Friday, the 9th, 10th, 11th, and 12th of August next.

President—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

President-elect—EDWARD CHARLTON, M.D., Senior Physician to the Newcastle-upon-Tyne Infirmary.

An *Address in Medicine* will be delivered by FRANCIS SIBSON, M.D., F.R.S., F.R.C.P., Physician to St. Mary's Hospital.

An *Address in Surgery* will be delivered by G. Y. HEATH, M.B., M.R.C.S., Surgeon to the Newcastle-upon-Tyne Infirmary.

The business of the meeting will be conducted under six Sections:

Section A. MEDICINE.—*President*: Dr. Embleton. *Vice-Presidents*: Dr. Simpson and Dr. Lyons. *Secretaries*: Dr. H. Barnes, Carlisle, and Dr. Morell Mackenzie, 13, Weymouth Street, London.

Section B. SURGERY.—*President*: Professor Lister. *Vice-Presidents*: Charles Trotter, Esq., and Timothy Holmes, Esq. *Secretaries*: Dr. Arnison, Newcastle-upon-Tyne, and W. H. Favell, Esq., Sheffield.

Section C. PHYSIOLOGY.—*President*: Dr. A. Clark. *Vice-Presidents*: Dr. Sanderson and Dr. Hayden. *Secretaries*: T. C. Nesham, M.D., Newcastle-upon-Tyne, and J. G. McKendrick, M.D., 29, Castle Terrace, Edinburgh.

Section D. MIDWIFERY.—*President*: Dr. Robert Barnes. *Vice-Presidents*: Dr. Gibson and Dr. G. Hewitt. *Secretaries*: Luke Armstrong, Esq., Newcastle-upon-Tyne, and J. H. Aveling, M.D., Rochester.

Section E. PUBLIC MEDICINE.—*President*: Dr. Rumsey. *Vice-Presidents*: Dr. Druitt and Dr. Morgan. *Secretaries*: Anthony Bell, Esq., Newcastle-upon-Tyne, and Dr. A. Ransome, Bowden, Cheshire.

Section F. PSYCHOLOGY.—*President*: Professor Laycock, M.D. *Vice-Presidents*: Dr. Sankey and Dr. Maudsley. *Secretaries*: Grainger Stewart, M.D., Borough Asylum, Newcastle-upon-Tyne, and T. Harrington Tuke, M.D., 37, Albemarle Street, London.

Notices of Motion.—The following notice has been given.

The Rev. Dr. BELL: That a Committee be appointed for the purpose of inquiring into the present constitution and operation of the Committee of Council; and whether it might not be better to have only one well constituted Council, consisting of a limited number—say fifty—to be elected by the general body of members through the medium of voting-papers: and that the Committee report to an ordinary general meeting, or to a special general meeting convened according to law.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.
13, Newhall Street, Birmingham, June 6th, 1870.

BATH AND BRISTOL BRANCH.

THE annual meeting of the above Branch will be held on Thursday, July 14th, 1870, at the Mineral Water Hospital, Bath, at 4.30 P.M., when C. H. COLLINS, Esq., will resign the Chair to C. BLEECK, Esq., *President-elect*, who will deliver an address.

Members having any communications for the meeting, are requested to give notice of them to the Secretaries.

The following resolutions will be moved:

Mr. BARTRUM and Dr. SPENDER—"That it is desirable that the number of ordinary meetings be reduced to four."

Mr. TIBBITS and Dr. BRITTAN—"That any gentleman who has been black-balled by this Branch of this Association, shall not be admitted to the meetings."

The dinner will be held at the York House, Bath, at 6.30 P.M. Tickets, including ice and dessert, 7s. 6d. each. Wines at moderate charges.

The Bath Secretary particularly requests that those members who intend to be present at the dinner, will send him their names before Monday, July 11th, in order that the necessary arrangements may be completed.

R. S. FOWLER, Bath, } *Honorary Secretaries*.
CHARLES STEELE, Clifton }

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Tuesday, the 28th day of June, 1870, at 3 P.M. *precisely*.

To consider what further steps shall be taken relative to the "Medical Act (1858) Amendment Bill" now before Parliament; and other important business.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.
13, Newhall Street, Birmingham, June 14th, 1870.

LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the above Branch will be held at Preston, on Wednesday, June 29th, at 12 o'clock. *President*, Dr. HALL, Lancaster; *President-elect*, Dr. SPENCER, Preston.

The dinner will take place at the Town Hall, at 5 P.M. Tickets (not including wine), 7s. 6d. each.

Gentlemen intending to read papers, are requested to communicate with the Honorary Secretary without delay.

HENRY SIMPSON, M.D., *Honorary Secretary*.
Manchester, June 13th, 1870.

CUMBERLAND AND WESTMORLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the Infirmary, Whitehaven, on Wednesday, June 29th, 1870, at 1 P.M. M. W. TAYLOR, M.D., Penrith, *President*; THOMAS F. L'ANSON, M.D., Whitehaven, *President-elect*.

Dinner will be ordered at the Black Lion Hotel for 4 P.M.

HENRY BARNES, M.D., *Honorary Secretary*.
Carlisle, June 15th, 1870.

SOUTH MIDLAND BRANCH.

THE fourteenth annual meeting of the above Branch will be held at the Infirmary, Aylesbury, on Thursday, June 30th, at 1 P.M.; CHARLES HOOPER, Esq., *President*, in the Chair.

Gentlemen who purpose reading papers or cases, are requested to furnish the names or titles of same forthwith to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*
G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 31st, 1870.

SOUTH EASTERN BRANCH.

THE twenty-sixth annual meeting of the above Branch will be held at the Rosherville Hotel, Gravesend, on Thursday, June 30th, at 1.30 P.M.; JOHN M. BURTON, Esq., F.R.C.S. Eng., *President*, in the Chair.

The dinner will be provided punctually at 5 o'clock. Tickets (not including wine), 7s. each.

G. FREDK. HODGSON, *Honorary Secretary*.
Brighton, June 1870.

NORTH WALES BRANCH.

THE annual meeting of the above Branch will be held at the Crown Hotel, Denbigh, on Tuesday, July 5th, at 12 o'clock noon, under the presidency of T. FRANCIS EDWARDS, Esq.

Dinner at 4 P.M. Tickets, including wine, etc., 12s. each. To be had at the bar of the above hotel.

Gentlemen who purpose reading or communicating papers and cases, and who intend dining, will please to give an early intimation to Beaumaris, June 1870. D. KENT JONES, *Hon. Sec.*

WEST SOMERSET BRANCH.

THE annual meeting of the above Branch will be held at the York Hotel, Weston-super-Mare, on Tuesday, July 12th, at 12.30 P.M.; H. J. ALFORD, M.B., Taunton, *President*; J. CORNWALL, Esq., Ashcott, *President-elect*.

The members of this Branch and of the Central Somerset Medical Society are kindly invited to lunch at the West of England Sanatorium or Convalescent Home, by the medical staff of that institution, at 2 P.M.

It is proposed during the course of the afternoon to visit the Weston-super-Mare Hospital and Fever Wards, and other objects of interest.

The dinner will be at the York Hotel at 7 P.M. A special late down train will kindly be arranged by the Bristol and Exeter Railway Company on the night of the meeting.

Gentlemen intending to be present, or wishing to read papers, are requested to communicate as early as possible with the Secretary.

W. M. KELLY, M.D., *Honorary Secretary*.
Taunton, June 21st, 1870.

METROPOLITAN COUNTIES BRANCH.

THE eighteenth annual meeting of this Branch will be held at the Castle Hotel, Richmond, on Friday, July 22nd, at 3 P.M. *President* for 1869-70, GEORGE JOHNSON, M.D.; *President-elect* for 1870-71, T. HECKSTALL SMITH, Esq.

Dinner at the Hotel at 5.30 P.M. Tickets (exclusive of wine) 10s. 6d. each.

A. P. STEWART, M.D.
ALEXANDER HENRY, M.D. } *Honorary Secretaries.*
75, Grosvenor Street, June 22nd, 1870.

EAST YORK AND NORTH LINCOLN BRANCH:
ANNUAL MEETING.

THE fourteenth annual meeting of the above Branch was held on May 25th, 1870, at the Hull Infirmary; KELBURNE KING, M.D., *President*, in the Chair.

Sir HENRY COOPER, M.D., having terminated his year of office as *President*, retired.

The proceedings of the last annual meeting, and the report upon the fortnightly meetings, were read and adopted.

THE HONORARY SECRETARY then gave his report of the special meeting held in London on May 18th, to consider the Medical Act (1858) Amendment Bill.

New Members.—The following gentlemen were admitted members of the Branch: W. E. Ditchett, Esq. (Louth); and W. E. Ridsdale, Esq. (Hull).

Officers, etc.—The following officers for the ensuing year were then elected:—*President-elect*: J. A. Locking, Esq. *Honorary Secretary*: R. H. B. Nicholson, Esq. *Committee*: Sir H. Cooper, M.D.; G. T. Elliott, M.D.; W. J. Lunn, M.D.; R. M. Craven, Esq.; J. F. Holden, Esq.; Henry Gibson, Esq.; and G. Lamb, L.R.C.P. *Representatives in the General Council*: J. A. Locking, Esq.; and K. King, M.D.

The appointment of a place for the half-yearly meeting was left to the Committee to decide.

THE PRESIDENT then read an introductory address, in which he mentioned that it was twenty-five years since he had occupied the Presidential Chair of the Royal Medical Society of Edinburgh, and passed in review the discoveries that had taken place in medicine and surgery during that period.

Papers, etc.—Mr. R. M. CRAVEN read a paper on Herniotomy and Laryngotomy on the same patient; also two cases of Lithotomy, in one of which he extracted two calculi.

Mr. H. GIBSON read a case of Dislocation of the Humerus with Fracture of the Neck.

Mr. J. MORLEY read a case of Necrosis of the Clavicle.

Dr. W. J. LUNN read the notes of a Railway Accident in a Boy, in which the left lower extremity, along with the os innominatum, was torn off, exposing the bladder and rectum. The peritoneum was not injured. The patient lived fourteen hours.

Dr. G. F. ELLIOTT showed a case of Pneumonia terminating in Abscess, with an opening through the chest-wall.

After the papers and cases, Mr. CRAVEN proposed, and Dr. BELL (Louth) seconded, a vote of thanks to the President for his very able and instructive address, which was carried by acclamation.

The members met at dinner, after the meeting, at Glover's Hotel.

BATH AND BRISTOL BRANCH: ORDINARY
MEETING.

THE sixth ordinary meeting of this Branch (the last for the session) was held at the Royal Hotel, Bristol, on Thursday evening, May 26th; C. H. COLLINS, Esq., *President*, in the Chair. There were present thirty-three members and three visitors.

New Member.—Mr. John Morgan of Chilcompton was unanimously elected a member of the Association and of this Branch.

Papers.—Mr. GAINE read a paper on Anæsthetics, in which he drew special attention to the advantages of bichloride of methylene as being the most manageable and the safest yet known; having all the advantages of chloroform when required for a protracted operation, and being far preferable for a short one for many reasons—the first being its greater rapidity of action and recovery from the anæsthetic condition. The inhaler recommended by Mr. Gaine is Mr. Rendle's improvement on Mr. Peter Marshall's, consisting of a leather nose-piece, containing a bag for sprinkling the fluid on, and perforated at the end for admission of air.—Dr. SPENDER asked what were the signs of danger in the administration of bichloride of methylene. It appeared to him that

very little warning of danger was given.—Mr. BLEECK had seen bichloride of methylene given at the Salisbury Infirmary, where it is much used, and highly thought of by the staff. Mr. Bleeck enumerated three cases in his experience of imminent danger in the use of chloroform, graphically describing the mental condition of a country surgeon, alone and unaided, giving the anæsthetic and also operating, when the patient showed bad symptoms.—Mr. COLLINS asked what advantage the inhaler shown had over a cup-shaped sponge. Mr. Collins had experienced all the feelings described by Mr. Bleeck, and felt that for all minor and suitable operations ether-spray should be used instead of chloroform being given.—Mr. GAINE replied that the signs of danger were stertor and pallor; but he had never seen a dangerous case. With regard to the inhaler, he said that it could be held close to the face, which a handkerchief could not, and the admission of air regulated and modified by the hand covering the perforations at the end.

Dr. SPENDER read a paper on some of the Sequelæ of Scarlatina, dwelling particularly on delirium, inflammation of joints, nephritis, and chronic abscesses in the neck, giving cases bearing upon each malady.—Mr. BLEECK had had much experience in scarlatina, and found that early delirium was easily subdued by opium; and that the most serious evil was dropsy following scarlatina.—Mr. T. E. CLARK detailed two cases lately under his care: in one, a child, nephritis followed scarlatina, and was succeeded by pneumonia in patches all over both lungs. The other patient, the mother of this child, was worn out with nursing, when she was attacked by scarlatina: acute arthritis followed, and the illness assumed a typhoid condition, followed by coma and death.—Mr. DOWSON said he had observed amongst his parish patients a great tendency to recover without medicine, and without any sequelæ.—Dr. BRITAN observed that no mention had been made of pericarditis as a complication of scarlatina, and described two cases which had lately been attended by him in which pericarditis existed.—Mr. COLLINS thought the congested condition of the kidneys due to suppression of the skin's action, with the attendant dropsy, to be the chief mischief; and remarked that cases of scarlatina among poorer people frequently were not seen by a doctor until this condition occurred, the scarlatina having been overlooked by the parents, and remembered by them on inquiry only as a slight rash. The sheet anchor in these cases Mr. Collins found to be the tincture of perchloride of iron.—Dr. SPENDER, in reply, said that he had purposely taken up only some, and not all, of the sequelæ of scarlatina.

Mr. PRICHARD, in commencing his paper on a case of Popliteal Aneurism, spoke of acupressure as a means of arresting hæmorrhage, which had been tried and abandoned at the Bristol Royal Infirmary, though still employed at some hospitals. Mr. Prichard mentioned a case where a boy removed an acupressure-needle from his stump a few hours after amputation, with no hæmorrhage following; and another case of a young man, whose arteries were quite healthy, where free hæmorrhage followed the removal of the needle three days after amputation at the knee-joint. When acupressure was first brought forward, the idea struck Mr. Prichard that it would be a valuable means of temporarily arresting the flow of blood through an aneurism; the plan had been tried by others also. Mr. Porter's instrument for the purpose was described; and a case where it was used by Mr. Stokes, jun., was narrated. Mr. Prichard then detailed the case of a young man, aged 18 years, who, when admitted into the Bristol Infirmary, had had popliteal aneurism for two months. All plans of treatment, short of operation, were carefully adopted, but without success; but a cure resulted from the use of an instrument designed by Mr. Prichard, and exhibited to the meeting. It consisted of a simple silver tube, three inches long, up which a horsehair fishing-line was passed, then round the popliteal artery, the vessel having, of course, been previously exposed by incision, down the tube again, and the two ends secured to a cross-bar at the free extremity of the tube sufficiently firmly to compress the artery against the end of the tube; the wound was then closed round the tube. In three days, a cure resulted; whereas this does not follow for eighteen or twenty days when the artery is ligatured. Acupressure taught us that in three or four days an artery is tolerably safe, and a ligature may be pretty firmly pulled at that date.—Mr. T. E. CLARK felt acupressure to be of much value in securing osseous vessels, which gave way under the application of a ligature.—Mr. BERNARD mentioned that the man spoken of by Mr. Prichard, in whose case hæmorrhage had occurred, had shifted the needle several times by his movements of the stump; and stated that hæmorrhage had followed fourteen or fifteen days after ligature of the femoral artery. Torsion of arteries had proved satisfactory, and was more easy of application, and was therefore adopted at the Bristol Royal Infirmary in preference to acupressure.

Mr. PRICHARD also detailed the case of a young lady, whose father consulted him on her account, giving this statement. The young lady was looking out of her bedroom window, having a hair-pin in her hand;

the door of the room slammed, she started, the hair-pin dropped from her hand, and was subsequently found in her vagina! The patient was brought to Clifton; and, on examination, Mr. Prichard found the middle of the shaft of the hair-pin high up in the vagina, partially concealed by the os uteri, but could not make out which end was uppermost. An examination *per anum*, however, revealed both points inclining downwards, and pricking against the mucous membrane of the rectum. Mr. Prichard managed to hook the pin with an aneurism-needle, and, after much trouble and pulling, the pin turned over and came out, the bent end foremost; but so much force was required, that both sharp ends were bent at a right angle to the shaft.—Mr. BOARD said that, when he was house-surgeon to the Infirmary, a young woman was brought in, supposed to have a hair-pin in her vagina. Mr. Board found one in her bladder; he could get hold of one side, but the other was fixed. He gave chloroform, dilated the urethra with his finger, and removed the hair-pin with forceps. In three days the patient went out well.—Mr. LUDLOW, present house-surgeon to the Bristol Infirmary, described a case where he had removed a hair-pin from the urethra of a man, by passing down a cannula, getting the points into it, and pressing the pin out.

CORRESPONDENCE.

DOCTORS AND WATER-DRINKERS.

SIR,—A copy of your issue of the 4th instant has been sent me by each of two friends; one of them is an M.D. of my acquaintance; the other, I believe, is also a physician. Each of them has drawn my attention to your leading article, the title of which I have given above. Another medical friend, who is also one of your subscribers, to whom I put the question—Was it likely you would accept a reply from me, a non-medical man? said he thought it probable you would, if I kept my reply within moderate limits. I therefore venture to try, in the hope that I may not be an unsuccessful applicant for the favour I request at your hands.

I beg, in the first place, to assure you that I have read your fair, and candid, and courteous statement of the points at issue, with deep interest and the greatest satisfaction; for I do not recollect ever to have seen the case of the water-drinker so fairly stated by an opponent. ~~What~~ are usually termed our extreme and unjustifiable opinions, are treated by you with a respect which demands our best acknowledgments, and challenges a similar treatment by us, of what we may consider erroneous reasoning on your part. I am also of the opinion that you put your views on this most important subject, for fair and manly discussion by intelligent persons on either side, with such force of argument, and such good reasoning from a medical point of view, as to render it no easy task for me to point out and overthrow the unsound notions which seem to me the basis of your argument in favour of the moderate use of alcoholic liquors. Holding these opinions respecting your manliness as an opponent, and your abilities as a writer, I hope that some of our writers, far more able than I can make any pretension to be, will come forward and point out some of the fallacies which, it seems to me, you hold on this question.

You refer strongly to the anomalous position in which the medical profession stands in regard to this subject. So few of them have ever taken any warm interest in it. Is not this a point in our favour? We have certainly succeeded in creating a large amount of public opinion against the drinking usages of society, and even against the use of alcohol as a medicine; and yet little effort has been put forth by that body of men specially appointed as guardians of the public health, to expose our fanaticism and guard the community against the dangerous doctrines which we were setting forth, and which at one time, especially in Ireland, under the *régime* of Father Mathew, threatened to direct the entire population into a course injurious to the national welfare; if, as you seem to me to believe, that the use of alcohol is essential for maintaining men in the highest condition of bodily vigour. So far as we have been met by medical writers, who practically opposed our views, they have done so in language so guarded, and exposed the danger of using alcohol injudiciously in words of such caution to their readers, that I have invariably risen from the perusal of their papers with the conviction on my mind that our cause was proved to be impregnable from the very reasoning of our scientific opponents. I shall illustrate this view by the statement of a fact. Several years ago, I had a talk on this very point with the late Dr. Neligan, of this city. I said to him that teetotalism had no scientific writers opposed to it. He told me he was at that time editor of a medical review (the *Dublin Journal of Medical Science*), and that in a number of that journal which he named, and which I would find in the Library of our Royal Dublin

Society, I would find a paper of his, written expressly in opposition to that erroneous system. I got the review; I read the article named; and so cautiously was it worded in favour of the moderate use of alcohol, and so forcibly was its injudicious or free use pointed out by this able man—who was rapidly rising in his profession—that I took it as a text for a letter which I soon afterwards wrote to one of our papers—in which it appeared—to confirm my opinion that no medical man who valued his reputation would recommend, in writing, this mischievous article for common use to men in ordinary health. My friend Dr. Neligan (whose early death was much deplored in this city) never replied to my letter; nor ever afterwards, as far as I am aware, wrote another line in favour of even what men call the moderate use of alcoholic liquors.

You say—"The question has never been put to the sixteen thousand British doctors—Are you of opinion that the general health would be hurt or helped by the universal abandonment of alcohol as a beverage?" This statement, although it is probably literally true, must be made with some limitation. Several years ago, an Edinburgh gentleman (Mr. John Dunlop, I think) applied extensively to the medical men in these kingdoms, to give him their opinion on the subject; two thousand of them responded, by signing the following statements, every one of them in our favour; and not one of these men, many of whom are yet living, and are of the highest eminence in their profession, has ever, I believe, withdrawn his name from the document.

Medical Declaration, signed by upwards of two thousand medical men, including many of the leading members of the profession.—"We are of opinion—1. That a very large portion of human misery, including poverty, disease, and crime, is induced by the use of alcohol or fermented liquors as beverages.

"2. That the most perfect health is compatible with total abstinence from all such beverages, whether in the form of ardent spirits, or as wine, beer, ale, porter, cider, etc., etc.

"3. That persons accustomed to such drinks may, with perfect safety, discontinue them entirely, either at once, or gradually after a short time.

"4. That total and universal abstinence from alcoholic liquors, and intoxicating beverages of all sorts, would greatly contribute to the health, the prosperity, the morality, and the happiness of the human race."

I ask you, sir, in all candour, does not this document fully justify teetotalers in stating, in the strongest manner, that their arguments are sustained, not alone by the few honoured names which you mention (and even in which you are not quite correct, because much larger numbers than you name have written against the common use of alcohol, whose reasonings have never been refuted, so far as I am aware), but by one-eighth part of the entire profession in these kingdoms? This is surely a sufficient justification of even the strongest statements ever made by teetotalers against the use of alcoholic liquors by men in health, and, may I not add, in disease also.

My letter is running to too great a length; and yet there is one more opinion of yours upon which I must say a few words before I conclude.

If I correctly apprehend the basis of your argument, it is: that, when a doctor is applied to by a patient, he is bound to set aside from his consideration of the case every thought save the cure of the complaint by the easiest means. This view of the physician's duty seems to me unsound as a strict or universal rule of conduct. The future happiness and health of the ailing man may be, and often is, at stake. He may be a reclaimed drunkard, to whom the taste of alcohol would be utter ruin. Before the doctor prescribes it, he is bound to make himself sure on this head. I will not enlarge on this point, fearing to intrude too much on your space. I shall, therefore, give you but one more illustration of my meaning. Medicine is not an exact science; it does not prescribe any sure and universal remedies. The modes of cure are left to the judgment of each practitioner. The man who makes the best diagnosis, and the best guess at the surest means of cure, acquired by his tact and experience, is the most successful practitioner. Now, in administering so dangerous (I mean dangerous to the health and happiness of the patient, and to the community) a medicine—one which produces such direful results—is he not bound morally, religiously, and professionally, to set it aside, unless he is conscientiously convinced that there is no other remedy in the *Pharmacopœia* suited to his purpose? Abundant medical testimony assures us that this is not the case. Is not, then, the inference plain, that it should never be ordered without first having obtained a knowledge of the former and present habits of the patient?

You say the doctor "has no right whatever to prejudice the interests of an individual for the sake of the good of the community." I ask, has he any right to injure the community by any practice of his profession which has not any surer scientific warrant than his own impression

that it may prove useful to an individual ; so useful beyond any other, that he dare not forbear its use. I admit the difficulty of coming to a right conclusion in the case supposed, and also the force of your argument in favour of the view you take ; but where so much personal and general happiness is at stake, I feel that I am not, as an unprofessional man, taking too great a liberty in assuming that much more care and caution in the prescription of alcohol as a medicine, than is now their practice, is fairly demanded of our medical men.

There are other points in your interesting leader that I would like to notice, but I forbear ; and I crave your excuse if I have already trespassed too far on your kindness.

I am, etc.,

JAMES HOUGHTON.

Dublin, 35 Eccles Street, 13th June, 1870.

OBITUARY.

DANIEL MACLACHLAN, M.D.

DR. MACLACHLAN died at Ventnor on the 14th instant. He held the rank of Deputy Inspector General of Hospitals, and was for many years Physician to Chelsea Hospital. He was the author of various papers in the medical periodicals and in the *Medico-Chirurgical Transactions*, and also of a valuable *Practical Treatise on the Diseases and Infirmities of Advanced Life*.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Wednesday, June 22nd.

POOR-LAW MEDICAL OFFICERS' SUPERANNUATION BILL.—Dr. Brady and Dr. L. Playfair having presented a vast number of petitions in favour of this Bill, the former member moved its second reading. In doing so, he said that the object which he had in view was not merely to do a slight act of justice to medical officers of the poor, but also to confer a substantial benefit on the poor themselves, and to relieve the local taxation of this country. The sanitary condition of the country was in a most deplorable state, and it cried aloud for alteration and improvement. The present system of poor-law medical relief was introduced into this country in the year 1834, and it must be admitted that it brought about a great improvement in regard to the poor. But there was one great drawback, and that was the power which was given to the poor-law guardians to appoint and control their medical officers. He hoped and trusted that the time was not far distant when the Government would feel it to be their duty to remodel and recast the whole system. He asked the House to assent to the second reading of the Bill, on the grounds of justice to men who had sacrificed both time and money, and of common humanity to the poor of the country. Two objections had been raised to the Bill, the same as those urged against a similar Bill he introduced and passed last session for Ireland. The first was that the people of this country were already over-taxed ; and, secondly, that the whole of the time of these medical officers was not employed. As abstract propositions, he agreed with them ; but this Bill, if passed into a law, would have the effect of lessening taxation, by improving the health of the poor. The rich were equally interested in the success of the measure with the poor, because zymotic diseases were preventable diseases, and if proper precautions were taken they might be stamped out. The medical officers ought to be officers of the state, and not be subjected to the whim and caprice of guardians, because they efficiently discharged their duties. For the sake of the public welfare they ought to be well-cared for. These men were liable to be called on at all hours of the day and night, and to proceed great distances in all weathers, for a remuneration that was truly disgraceful.—Mr. Dalrymple seconded the motion. He asked it as an act of justice, and not as an act of charity, that the medical officers should be put on the same footing as the clerks and other officers of unions. He hoped the innate soundness of the claim would be acknowledged by the House. By so doing they would improve the service, they would get a better class of men, and they would retain their services longer than at present, and get rid of those complaints which were now so frequently made to the Poor-law Board.—Mr. J. Fielden moved the second reading of the Bill that day six months. The Bill was wrong in principle, and ought to be rejected on that ground alone. Many boards of guardians treated their medical officers with indignity and hardship, and such boards of guardians would not hesitate to call on them to discharge their duties at a less sum than at present paid to them in consequence of their being entitled to a superannuation allowance. The profession felt that they would be made greater tools of by the guardians than at present ; and the

majority of them were, therefore, opposed to the measure.—Mr. Mellor seconded the amendment.—Mr. Goschen agreed that the operation of superannuation should be watched with much vigilance, but if the system were abolished how could they effectually deal with the question of permanency? The question was not one of justice, but one of contract—whether medical officers would accept superannuation with a lower salary, or a higher salary without superannuation, for it seldom happened that an old man came to the conclusion he was too old to perform his duties, and they continued their services often to the detriment of their employers. (*Hear, hear.*) On behalf of the Government he should support the motion.—Mr. Henley feared that superannuation would only perpetuate the employment of deputies than which he knew of no greater evil.—Dr. Playfair referred to the improved condition of medical officers in Ireland and the considerable decrease of disease, death, and pauperism there as a satisfactory justification of the present measure. He gladly supported the motion.—Mr. Wheelhouse said that, apart from the undoubted fact that medical officers were insufficiently remunerated, it was desirable that the poor should have the best advice which could be had. He submitted that a strong case had been made out in favour of the Bill.—Mr. Brodrick supported the Bill.—Mr. Rylands opposed it.—Mr. Gordon was glad that the attention of the House had been called to the state of the English medical profession ; for he anticipated for it good to the poor, good to the sick, and good to the ratepayers. The principle of this superannuation was to cause an adequate remuneration to be given to those who were appointed to an office at an inadequate salary. An act had been passed on the subject with regard to Ireland ; the legislature were about to pass a law relative to England ; Scotland remained unconsidered. The existing medical provision for Scotland was most vicious, for the medical man there agreed to provide medicine out of salary. He hoped the medical profession in Scotland would be cared for as those in Ireland and England had been cared for. He supported the Bill most cordially.—Mr. Muntz opposed the measure, which was supported by Colonel Corbett, Mr. Beach, Mr. Maguire, and Mr. Peel. The House then divided.—For the second reading, 139 ; against it, 28 ; majority in favour of the second reading, 111.—The bill was then read a second time, and the committee was fixed for the next day.

MEDICAL NEWS.

THE MEDICAL ACTS AMENDMENT BILL.

THE Committee on the Direct Representation of the Profession in the Medical Council have drawn up the subjoined petition, which has been placed in the hands of the Marquis of Westminster for presentation to the House of Lords.

Unto the Right Honourable the Lords Spiritual and Temporal of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The Humble Petition of the Committee of the British Medical Association appointed to obtain Direct Representation of the Profession in the General Medical Council—Sheweth :

That the British Medical Association numbers upwards of four thousand members of the medical profession residing in the United Kingdom of Great Britain and Ireland, and comprises a majority of the physicians and surgeons of the public hospitals, and also a majority of the professors and lecturers attached to the various schools of medicine throughout the kingdom.

That the British Medical Association has always occupied a prominent and influential position with respect to Medical Reform, and that "the Medical Reform Act of 1858" was, in a great measure, due to the efforts of the Association.

That the General Medical Council, as now constituted, consists of seventeen members as representing the several universities, medical and surgical corporations, and licensing bodies of the United Kingdom, and of six members nominated by the Crown, together with a President chosen by the other members of the Council.

That the great majority of the members nominated by the Crown are intimately connected with the universities and corporations, and that there is, therefore, no direct connection between the General Medical Council and the general body of the registered members of the profession.

That, owing to the medical practitioners having no direct representatives in the Council, the profession evinces but little interest in its proceedings, a disadvantage which has been admitted in the debates of the Council.

That the introduction of representatives elected by the profession would give the profession more confidence in the Council than at present, and would increase the knowledge of the Council with respect to the needs of the public and of the profession in Medical Education, Sanitary Measures, Medical Jurisprudence, and Poor-law Medical Relief.

That a Bill has been brought into your honourable House intitled the "Medical Act 1858 Amendment Bill," and that no provision is therein made for the Direct Representation of the Profession in the General Medical Council, although the payment of the representatives of the several universities and corporations, and of the representatives of the Crown, together with the general expenses of the Medical Council, amounting to upwards of £4,000 annually, are defrayed, not by the bodies so represented, but solely by fees exacted from the Medical Practitioners of the United Kingdom on Registration.

That the British Medical Association, at its annual general meeting held in Dublin in August, 1867, passed a resolution with only two avowed dissentients in favour of the addition of eight direct representatives of the profession to the General Medical Council, that the resolution was affirmed unanimously at the subsequent annual general meetings held at Oxford in August, 1868, and in Leeds in August, 1869, and was again passed with only one avowed dissentient at a special general meeting of the Association held in London on the 18th day of May last.

That the Irish Medical Association and different medical societies in Scotland, as well as branches of the British Medical Association, have also passed similar resolutions.

That the President and Fellows of the King and Queen's College of Physicians in Ireland have passed a similar resolution, and others of the Medical and Surgical Corporations have adopted the principle of Direct Representation of the Profession.

That the election of direct representatives by the registered members of the profession can now be readily effected for each of the three divisions of the kingdom by means of voting papers.

That your petitioners pray that the following clause be inserted in the "Medical Acts 1858 Amendment Bill":—

"The General Medical Council shall, after the passing of this Act, always contain four representatives elected by the registered members of the medical profession residing in England and Wales, two representatives elected by the registered members of the profession residing in Scotland, and two representatives elected by the registered members of the profession residing in Ireland."

And your petitioners will ever pray, etc.

EDWARD WATERS, M.D., *Ex-President of the British Medical Association, Chairman of the Direct Representation Committee of the British Medical Association.*

THE PATHOLOGICAL SOCIETY AND THE ROYAL SOCIETY OF MEDICINE.

THE amalgamation scheme was again considered by the Pathological Society at an adjourned meeting held on Monday. There was rather a small attendance, which was in no small measure composed of members who rarely attend the meetings of the Society. The general principle of the scheme had been fully discussed at the previous meeting, and adopted. The Society now met for the consideration of the details; and they were but slightly altered. The clauses of the scheme were read one by one. In considering Resolution II, several influential members present objected to give up the name "Society" and adopt that of "Section". Various names were proposed for the parent Society, instead of "Royal Society of Medicine". After considerable discussion, in which a rather free opinion was given that calling a Section a Society was a perversion of the English language, the following amendment was proposed by Dr. BRISTOWE and seconded by Dr. MURCHISON—

"That the new Society be termed 'The Royal Institute of Medicine'; and that the Sections of which it is composed be termed Societies."

The motion was lost by a large majority.

An amendment was also proposed on Resolution XXV, which has reference to the electors of the office-bearers of each Section. Dr. WEBB moved, and Mr. ARNOTT seconded, that the latter clause, which is to the following effect, be omitted: "The President of each Section, and the representative Members of the Section in the General Council, must be Fellows of the Society." They argued that this clause might exclude a member from office whom it would be most desirable to secure as President of the Section. The amendment was lost by a considerable majority.

In considering Resolution XXVI, Dr. MURCHISON wished to know what the words "other special purposes" really meant. These words

occur in the following clause: "And that they" (the Council) "publish annually, or at such periods as shall hereafter be arranged, the *Transactions* of their own Section; provided the expenditure of each Section, for *Transactions* and other special purposes, do not exceed three-fourths of the income derived from the annual contributions of its members and from the proceeds arising from the sale of its *Transactions*." Dr. Murchison showed that the average expenditure for the last four years on the *Transactions* had been £300, and that one year it had been as much as £370. He also showed that the receipts from the sale of *Transactions* and annual subscriptions amounted to £379; but of this one-fourth would go to the support of the Royal Society of Medicine, so that the Pathological Society would lose £94; and it would also lose its entrance-fees, amounting to about £30; and the interest of its funded property, about £16—making a total loss of £140. It had been stated that the Society would not have to pay rent, amounting now to £63; but they would lose £140, supposing the number of members to remain unchanged. But there were to be considered "other special purposes". The tea, coffee, and certain other expenses, cost thirty guineas; the Secretary's department, £30; and the collector, £21. Would these be paid by the central body, or be included amongst "other special purposes"? He thought this ought to be clearly understood. It would be doubtful, he considered, if the Royal Society of Medicine would be able to give grants for special purposes. The Pathological Society had, for example, voted a sum of £10 towards the expenses of a Committee on Waxy Degeneration. Such grants would most likely not now be obtained.

Mr. HOLMES believed that the special purposes alluded to meant scientific matters, and not tea, coffee, and the general business of the Society. Dr. Murchison's statement showed that the Society was giving up exactly what it saved by amalgamation—a quarter of the income of the Society. It at the same time did not necessarily follow that, because there was less to spend on the *Transactions*, they would be less valuable.

Mr. EASTES then proposed that the word "scientific" should be introduced before the word "purposes". This was seconded by Dr. FAGGE, and carried.

Dr. PEACOCK thought there was great risk in the matter; while Mr. SOLLY was quite confident of its success.—Mr. HOLMES, in reply, said that there was, of course, no guarantee. He believed that, when the Society was in full working order, there would be a reduction in the subscription. The first thing which would suffer, in case the Royal Society of Medicine did not succeed, would be the library, and not the Pathological or the other Societies.

An amendment was proposed by Dr. HARE, and seconded by Dr. LANGMORE, that in Resolution XXVIII—"That the proposed Society comprise a grade of Honorary Fellows, to be elected for life from British subjects who have eminently distinguished themselves in medicine"—the words "for life" be omitted. The amendment was lost.

The whole resolutions having been read, and no further amendments proposed, the scheme was then put to the meeting, and carried.

A vote of thanks was proposed by Dr. BUCHANAN, and seconded by Mr. SOLLY, to Dr. Quain the President, Dr. Murchison, and Mr. Hulke, who had acted as delegates of the Society. It was carried with acclamation.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 16th, 1870.

Mugliston, Henry Boyes, Upton, Essex
Wilton, John, Sutton, Surrey

The following gentleman also on the same day passed his first professional examination.

Claridge, William, St. George's Hospital

MEDICAL VACANCIES.

THE following vacancies are announced:—
ABERDEEN ROYAL INFIRMARY—Surgeon.
BATH MINERAL WATER HOSPITAL—Resident Medical Officer: applications, 30th; duties, July 13th.
BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Resident Medical Officer: applications, July 21st.
CHONTALES GOLD & SILVER MINING COMPANY, Nicaragua—Surgeon.
DEWSBURY UNION, Yorkshire—Medical Officer for the Liversedge District and the Workhouse.
EAST SUSSEX, HASTINGS, and ST. LEONARD'S INFIRMARY—Assistant-Surgeon: applications, 25th.
GREENWICH UNION—Medical Officer to the Workhouse: applications, 30th.
HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Assistant-Physician: Assistant-Surgeon: applications, July 5th.
HOSPITAL FOR WOMEN, Soho Square—Surgeon: applications, July 9th.
INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, Cavendish Square—Visiting Physician: applications, July 12th.

LEEDS PUBLIC DISPENSARY—Assistant Resident Medical Officer: applications, July 6th.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE—Demonstrator of Anatomy: applications, July 9th.

MAIDSTONE UNION—Public Vaccinator for District No. 1: applications, 30th.

MALE LOCK HOSPITAL—House-Surgeon: applications, July 15th.

MIDDLESEX HOSPITAL—Lecturer on the Principles and Practice of Surgery; Surgeon; Assistant-Surgeon; Resident Obstetric Assistant: August 25th.

NEWRY UNION, co. Down—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Millvale Dispensary District: 28th.

NEWCASTLE-UPON-TYNE DISPENSARY—Visiting Assistant: applications, 29th.

NORTHAMPTON GENERAL INFIRMARY—Assistant House-Surgeon: applications, July 9th.

NOTTINGHAM DISPENSARY—Assistant Resident Surgeon.

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—Junior House-Surgeon: applications, July 6th; duties, August 12th.

ROTHERHAM UNION, Yorkshire—Medical Officer for the Beighton District: July 4th.

ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, Southwark—Assistant Dispenser: applications, 27th.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL—Clinical Assistant: applications, July 4th.

ST. AUSTELL—Certifying Factory Surgeon for District of.

ST. LUKE'S HOSPITAL FOR LUNATICS—Surgeon: applications, July 1st; election, 8th.

ST. MARYLEBONE PROVIDENT DISPENSARY, Duke Street, Portland Place—Medical Officer in Ordinary: applications, 28th.

ST. PETER'S HOSPITAL FOR STONE, Berners Street—applications, 30th.

SOUTH STAFFORDSHIRE GENERAL HOSPITAL—House-Surgeon: applications, July 2nd; election, 19th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford—Dispenser and House-Surgeon's Assistant.

ULVERSTONE UNION, Lancashire—Medical Officer for the Broughton West District.

UNIVERSITY COLLEGE, London—Professor of Practical Physiology and Histology: applications, July 6th.

BIRTHS.

BEATTY.—On June 15th, in Dublin, the wife of *J. Guinness Beatty, L.K.Q.C.P., of a daughter.

RAINS.—On June 13th, at Manchester, the wife of *S. Rains, Esq., Surgeon, of a son.

MARRIAGE.

STILWELL, William Arthur, Esq., son of *George Stilwell, Esq., Surgeon, Epsom, to Ellen, third daughter of James BUTLER, Esq., Hollywood, Wimbledon Park, on June 14th.

BOOKS, ETC., RECEIVED.

Report of the Committee on the Relations of Alcohol to Medicine. By J. Bell, M.D. Philadelphia: 1869.

Third Report on the Operation of the Contagious Diseases Acts. *Gymnastics for Ladies*. By Madame Brenner. London: 1870.

The Medical Practitioner's Legal Guide. By Hugh Weightman, M.A. Cantab. London: 1870.

Dr. J. Matthews Duncan's Testimonials. Second Series.

The New Orleans Journal of Medicine for April 1870.

On Extraction of Cataract by Von Graefes's Peripheral Linear Section. By Henry Wilson, F.R.C.S., M.R.I.A. Dublin: 1870.

A Handbook of Phrenology. By C. Donovan. With Illustrations. London: 1870.

Researches on Diamagnetism and Magno-Crystallic Action. By John Tyndall, LL.D., F.R.S. London: 1870.

Eczema: its Nature and Treatment. By Tilbury Fox, M.D. London: 1870.

A Review on the Progress of Sanitation in India, No. II.

New Facts and Remarks concerning Idiocy. By Edward Seguin, M.D. New York: 1870.

Notes of a Course of Nine Lectures on Light. By John Tyndall, LL.D., F.R.S. London: 1870.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. F. M. Cooper, Leytonstone; Mr. W. Druce, Oxford; Privatus; Mr. James Downing, London; S.; Mr. Stephen Steele, Strood; L.R.C.S. Eng.; Mr. Bremridge, London; etc.

ETTERS, etc. (with enclosures) from:—

Dr. J. Risdon Bennett, London; Dr. W. H. Corfield, London; Dr. Wilks, London; Mr. R. H. Meade, Bradford; Dr. J. W. Roe, Ellesmere; Mr. A. R. Graham, Weybridge; Dr. E. Waters, Chester; Mr. Nayler, London; Dr. R. W. Foss, Stockton-on-Tees; Dr. J. G. Beatty, Dublin; Dr. Inglis, London; Dr. C. B. Taylor, Nottingham; Dr. W. Acton, London; Dr. J. W. Ogle, London; Mr. T. Watkin Williams, Birmingham; Dr. G. H. Philipson, Newcastle-upon-Tyne; The Secretary of the Royal Medical and Chirurgical Society; Dr. Kelly, Taunton; The Registrar-General of England; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; Mr. T. M. Stone, London; The Registrar of the Medical Society of London; Dr. W. M. White, Lavenham; Dr. T. Snow Beck, London; Mr. H. J. K. Porter, London; Dr. Balmanno Squire, London; The Governors of Apothecaries' Hall; Dr. Willoughby, London; The President and Fellows of the Royal College of Physicians of London; Mr. F. J. Palmer, London; Mr. T. H. Bartleet, Birmingham; Dr. J. Sawyer, Birmingham; Dr. F. Bateman, Norwich; Dr. Morell Mackenzie, London; Dr. Fletcher, Tottenham; Dr. J. Armstrong, Gravesend; Dr. W. Fergus, Marlborough; etc.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—National Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.

WEDNESDAY..St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—St. Thomas's, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—King's College, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 2 P.M.—East London Hospital for Children, 2 P.M.—Hospital for Women, 9.30 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Hilton Fagge, "On the Anatomy of Molluscum Fibrosum"; Mr. E. Barker (of Melbourne), "On Extroversion of the Bladder in a Female". Report of the Scientific Committee on Bain's and Pacini's Methods of Restoring Suspended Animation.

SATURDAY.—Association of Medical Officers of Health, 7.30 P.M.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE OBSTETRICAL SOCIETY AND THE PROPOSED ROYAL SOCIETY OF MEDICINE: PROTEST.

At the Special General Meeting of the Obstetrical Society of London, held on Wednesday, 15th June, the following resolution was duly proposed:—"That, as the majority of the Fellows of this Society reside out of town, and cannot attend this meeting, it is desirable to obtain the expression of opinion of each of the Fellows by a printed circular, before any decided resolution be adopted as to 'the amalgamation with the Royal Society of Medicine.'" The President, Dr. Graily Hewitt, refused to put this resolution to the meeting, stating, as his reason, that it was contrary to the laws of this Society.

I beg to enter this protest against that decision, on the following grounds.

1. There is not any law or bye-law of the Society which prohibits such a resolution from being put to a Special General Meeting, called for the purpose "to consider the scheme of amalgamation."
2. There does not exist any custom in societies in general which would prohibit this resolution from being considered by the Society.
3. The laws to which reference was made at the time do not in any way affect this resolution. Laws III and IV, chapter xvi, only refer to the alteration of the present laws and the adoption of new laws: whilst Law I, chapter vii, which states the President shall "interpret the application of the bye-laws, and decide every doubtful question", cannot be construed as giving him power to capriciously exclude any proposition properly brought before any Special General Meeting, and referring to the business for which the meeting was convened.
4. By interfering with the expression of opinion of the Fellows present, in any way not provided for by the laws, and contrary to the usual custom of societies, the President has rendered any other resolution invalid which might be put to the meeting.
5. By preventing the free expression of opinion by the Fellows upon any question brought before them for consideration, the President has rendered the proceedings inoperative upon the Society, and left the Fellows at liberty to adopt any course they may individually consider advisable or right.

June 21st, 1870. T. SNOW BECK.
To the Secretaries of the Obstetrical Society of London.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. RICHARDS, not later than *Thursday*, twelve o'clock.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Indian Medical Gazette, May 23rd; The New York Medical Gazette, June 4th; The Parochial Critic, June 22nd; The New York Medical Record, June 9th; The Boston Medical and Surgical Journal, June 9th; The Madras Mail, April 11th; The Gardener's Chronicle, June 18th; The Medical Mirror, June 15th; The Temperance Record, June 18th; The Stockton Herald, June 17th; The Shield, June 13th; The Melbourne Age, April 23rd; The Northampton Mercury, June 18th; The Anglo-American Times, June 18th; etc.

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