

most appropriately selected the subject of Generation, as exemplified in the celebrated *Exercises* of Harvey, for the theme of his discourse. The orator informed us that it did not appear that this subject had been selected before, and then entered upon an elaborate and learned disquisition upon the state of knowledge on this subject from the time of Aristotle to Harvey, and upon the contributions made to elucidate this subject made by Harvey himself and by subsequent inquirers. All must remember the striking and remarkable passages quoted from Harvey, forming the concluding paragraphs of an instructive and eloquent oration.

The Goulstonian, Croonian, and Lisleian lectures, have been delivered by Dr. Robert Liveing, Dr. Radcliffe, and Dr. Barnes, who have sustained their reputation by discourses displaying erudition, elaborate research, freedom of thought, and clinical experience.

Many changes have taken place in the roll of the College during the past year. Fifteen new fellows have been elected, and six have been removed by death—namely, Dr. Aldis; Dr. Cammack; Dr. J. A. Gordon, F.R.S.; Dr. H. B. Leeson, F.R.S.; Sir Andrew Smith, K.C.B.; and Dr. Ormerod, F.R.S. All of these fellows worthily maintained the credit of their order: some, having completed a long professional career, died ripe in years and full of honours; others were cut off in middle age, and their removal from their sphere of labour must be regarded as a public loss. Among these latter I cannot refrain from especially alluding to the last of the names of deceased fellows, Edward Latham Ormerod. All who had the happiness of knowing that gentleman must have recognised in him a rare combination of extensive and accurate knowledge, indefatigable industry, great practical skill, and a character of singular gentleness and modesty, adorned by many social virtues. Fifteen new members have been admitted, and six have died. Eighty licentiates have also been admitted, while eight of the general orders of licentiates have died. Upon the whole, ninety-five new names have been placed on the College lists, and twenty have been removed by death; so that our numbers on the balance are increased by an addition of seventy-five to the College roll.

There remain three most important questions, having reference to the future of this College, to which it will be my duty to advert. I allude (1) to the reference by the fellows to the Council of the question of the mode of nomination of members for election to the fellowship; (2) to the desire of the College to promote the scheme for the formation of a Conjoint Examining Board in England; (3) to the determination of the College no longer to regard our proceedings as secret, but to suspend in the College hall an authorised abstract of the "res gestæ" at each general meeting.

Let me touch upon these topics in the order in which I have mentioned them.

1. A feeling has long existed among those fellows who have been called upon to act upon the Council that, when the duty of selecting a certain number of our members to be recommended for election to the fellowship devolved upon them, they were often placed in a most painful position. While the list of all the names of members was read over in the customary manner by the Registrar at the Council-table, and every councillor had liberty to propose the name of any member as fit to be recommended for the fellowship, the insufficient acquaintance of the councillors with members residing at a distance, with their attainments and their professional status in their respective localities, caused the greatest perplexity to those who were called upon, then and there, to vote for or against the individual proposed for nomination. Each councillor felt himself bound by the faith he had pledged to the College at the time of his admission, "that he would admit to the fellowship those only who are distinguished by character and learning," and by a similar and even more stringent injunction imposed upon the councillors in performing the duty of selection of members for nomination to the fellowship. With insufficient information, a councillor often could not conscientiously vote for a member who had been proposed for nomination; and, although he refrained from voting against the individual, his mere abstention from voting acted prejudicially against the person proposed, inasmuch as it required the votes of a majority of the Council to secure the nomination of any member for election. From such circumstances, justice (possibly) may not sometimes have been done to those deserving of the honour of the fellowship. It is well, therefore, that this difficult question was referred for the further consideration of the Council, and it is to be hoped that, through the assistance of the fellows at large, and by the method recommended for obtaining more satisfactory information upon the merits of members selected for nomination, the revised regulations adopted by the College will diminish, if not entirely remove, some of the difficulties in the performance of an anxious, responsible, and somewhat invidious duty.

2. The College have been called upon to take further steps to pro-

mote the scheme for the formation of one Conjoint Examining Board in England, and have appointed four fellows (Drs. Pitman, Risdon Bennett, West, and Barclay), to act as representatives of the College in the Committee of Reference. This Committee of Reference have definite duties assigned to them in carrying into operation the scheme for the formation of a Conjoint Examining Board, and have recently presented a very elaborate and carefully prepared report upon the method of carrying out the conjoint examinations. In some minor particulars, the Committee of Reference have found it necessary to deviate from the strict letter of the scheme agreed upon by the co-operating medical authorities, and have been compelled to ask for your sanction to these modifications in the original scheme. In a question of such novelty, intricacy, and difficulty, it is essential that you should grant to your representatives a certain discretion, and accord to them a large amount of your confidence. Unless this be accorded to them, it would be almost impossible to carry successfully into operation a scheme which will increase public confidence in the profession, confer an immense benefit upon future generations of medical students, and more firmly establish this College at the head of the medical division of our profession, and in the position which was so unhappily and unwisely renounced at the time of passing the Medical Act of 1815.

3. The last topic to which I shall allude is the resolution of the College to have an authorised written abstract of the proceedings of each general meeting of the fellows suspended in the entrance hall, as soon as practicable after the meeting. This resolution virtually establishes the principle that the College no longer desire their proceedings to be secret, or unknown to the profession at large. For many years past the profession have obtained, through the medical journals, an imperfect, and often inaccurate report, of the proceedings of the College, and such inaccurate reports have necessarily led to much misunderstanding and misrepresentation. Our constituency formerly was a very small one, and those who were personally interested in our proceedings could generally obtain the information they required through their friendly intercourse with the fellows. But this state of things is now altered. By the institution of the comparatively new order of licentiates, and by the increased number of members, our constituency is much enlarged, and there has naturally grown up a corresponding increased desire to become acquainted with the proceedings of the governing body. All this is in accordance with the spirit of the age, and with changes which are going forward in all our political institutions. The College have therefore, wisely in my opinion, assented to this principle of a publication of their proceedings in an authentic form, and to which all may refer who are interested in so doing. Although the College have now established this principle of publicity, I am not sure that it is judicious on the part of some of the fellows to act as reporters to the weekly medical journals, and to provide them with *verbatim* reports of our proceedings, and not only with the names of the fellows who take part in any discussion, but also with the words used by them to express their thoughts. Gentlemen who venture to give such circumstantial reports incur a considerable risk and responsibility, and it is to be hoped that their personal predilections and opinions on any subject discussed in this library may not unconsciously lead them to give biased or partial reports of what takes at our meetings. Hitherto, as far as I have read these reports, they have been truthful and impartial.

From this brief and imperfect retrospect of the various transactions in which the College have been engaged during the past year, I think it will be manifest that there exists in this ancient and venerable institution an active, progressive, living spirit, which is not content with merely proudly looking back upon an honourable past, but which is conscious of its responsibilities, and is willing and prepared to take an active share in everything which may tend to advance the science and practice of medicine, and the welfare of the medical commonwealth. If this College have maintained a high position among the institutions of the country for three centuries and a half, I believe that, supported by the learning and scientific attainments of the fellows, and by the wisdom and liberality of their acts, it may confidently look forward to an equally honourable and distinguished future.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH:
PATHOLOGICAL AND CLINICAL SECTION.

THE last meeting of this session will be held at the Midland Institute, Birmingham, on Friday, April 25th, at Three o'clock.

VINCENT JACKSON, Wolverhampton, } *Honorary*
ROBERT JOLLY, Birmingham, } *Secretaries.*

Birmingham, April 16th, 1873.

CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held in the Board Room of the Whitehaven and West Cumberland Infirmary, Whitehaven, on Wednesday, April 23rd, 1873; T. S. CLOUSTON, M.D., President of the Branch, will take the Chair.

Gentlemen who intend to be present at the dinner, or to bring communications before the meeting, are requested to inform the Secretary of their intention at their earliest convenience.

HENRY BARNES, M.D., *Honorary Secretary*.

Carlisle, March 29th, 1873.

NORTHERN BRANCH.

THE spring meeting of the above Branch will be held in the Athænum, Sunderland, on Thursday, April 24th, at 2 P.M.

Dinner at the Palatine Hotel, Borough Road, at 4 P.M. Tickets, exclusive of wine, 6s.

Gentlemen who desire to read papers, or who intend to be present at the dinner, are requested to communicate with the Secretary, at their earliest convenience.

G. H. PHILIPSON, M.D., *Honorary Secretary*.

Newcastle-upon-Tyne, April 8th, 1873.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, APRIL 15TH, 1873.

Sir WILLIAM JENNER, Bart., M.D., K.C.B., President, in the Chair.

THE ANATOMICAL RELATIONS OF PULMONARY PHTHISIS TO TUBERCLE IN THE LUNG.

THE adjourned debate on the Anatomical Relations of Pulmonary Phthisis to Tubercle in the Lung was resumed.

Dr. C. J. B. WILLIAMS: I cannot but think that this debate on tubercle has been about words more than things. A great many things have been shown, and we have had abundant proofs of much diligent labour and careful observation; but the objects of all this seem to be to determine more what these things shall be called, than what is their real nature. When Dr. Fox and others, after the example of Virchow, call tubercles *growths*, they give no more satisfactory account of their nature and origin than the girl "Topsy" did, when, asked about her nativity, she answered, "S'pose I grow'd." No doubt Topsy was a growth in a truer sense than tubercles are; but, as this did not account for her origin and nature, neither will it explain the origin or nature of tubercles. But I maintain that the term growth is applicable to tubercles only to a very limited extent. It is one of their most remarkable characters, that, except at their first development, tubercles do not grow as other growths or tumours do. They harden by the increasing consistence and number of their corpuscles; and this induration, by depriving them of pabulum from the blood, leads to their ulterior decay, either by caseation or by dwindling. As growths, they are insignificant and abortive, and their chief characteristic is early decay. This is the foundation of their consumptive character, tending to the destruction of the tissues, and the waste of the body. That miliary tubercles are essentially modifications of the lymphatic glandular tissue, I think fairly proved by the observations of Dr. Sanderson and Dr. Fox, in confirmation of the opinions of Portal, Broussais, Abercromby, and others. The similarity of scrofulous disease in lymphatic glands and tuberculous disease in the lungs, and their succession in the same individuals and families, have been generally accepted as strong evidence in favour of their identity; and rendered most probable the views of Portal and Broussais, founded on anatomical, as well as on clinical observations, that miliary tubercles have their origin in the lymphatic textures. And since in more recent times the microscope has been brought to bear on the subject, and Virchow first declared miliary tubercles to resemble lymphatic or adenoid tissue in structure, there has been a general concurrence of opinion in the matter, and few doubt their resemblance, if not their identity. The experiments of Dr. Sanderson and Dr. Wilson Fox on artificial tubercularisation led to the same conclusion, which was emphatically summed up by Dr. Fox during his address, in the declaration that "*tubercle is a lymphatic overgrowth*." For my own part, I had, forty-five years ago, expressed my conviction that miliary granulations in the lungs owed their constant form and size to their connection with some elementary part of the lung-texture; and I was quite prepared to conclude on the

new evidence given, that the lymphatic tissue is that element; but that they are simple overgrowths of that tissue, I could not and do not admit; nor do I believe that the lymphatic tissue is at all necessary to the production of other tuberculous formations which are not granular. A mere overgrowth of a tissue ought to be an increase of all its parts—of the stroma, of the trabeculae, of the lymph-paths,—as well as of the corpuscles; and this is what we have in true lymphoma, and in the adenoid enlargements of leucæmia. So says Dr. Bastian. So said I long ago. But this is not tubercle. In tubercle you have increase only of the corpuscles, and they are not merely multiplied, but they are altered; they are harder, so that, as they crowd in their proliferation, they form, not soft expanding swellings as in lymphoma, but little hard nodules; and their subsequent history of irritation and obstruction of surrounding parts, and of decay and caseation in themselves, is dependent on this essential character of induration, which is not comprehended in the term *overgrowth*. I say then, that tubercles, if a growth at all, are a bad growth, a *cacoplasia* as well as a *hyperplasia*; and the elements altered are the lymph-corpuscles rather than the whole adenoid substance. Do you ask for my proofs? I refer you to all the best microscopical descriptions, from those of Gulliver, which were the first, to those of the present day, not excepting Virchow, but excluding his fanciful connective-tissue conjectures. But I appeal more strongly to the evidence afforded in the numerous microscopic specimens which have been brought forward in this debate—some beautifully clear and conclusive—others more confused, and bearing some likeness to the thicket of *growths* in which the minds of their authors may have become bewildered. But more or less distinctly I see in all these microscopies an assemblage of crowded corpuscles, of small dimensions, with more refractory granules (called nuclei) shining out within and among them. These corpuscles bear the closest resemblance to those of adenoid tissue and to the pale blood-corpuscles, *leucocytes*, as they have been improperly named, for they are not essentially cells at all; therefore, I call them *sarcophytes*—flesh-germs. Crowds of such corpuscles, but without their colloid and amœboid properties, form the bulk of recent miliary tubercle, with little or no reticulum or stroma. When they get older and do not caseate, fibres appear among them and around them; about these I shall have something to say presently. But it is the corpuscles, like those of the lymphatics, that mainly constitute miliary tubercles; and therefore Dr. Sanderson and Dr. Wilson Fox call them adenoid growths. Dr. Cayley objects to this, because this same so-called adenoid tissue may be produced in any part of the body by almost any kind of irritation; in the margin of a hard chancre; in the liver in the early stage of cirrhosis; in the lung-tissue by the presence of irritating dust, as in grinders' phthisis. I think that Dr. Moxon described the same adenoid appearance in a blood-clot. I quite agree with these gentlemen, and I thank them for the illustrations which they give of my views. The appearances are the same, and the corpuscles seem identical; but their origin is different. The corpuscles of miliary tubercle are lymphatic, being developed by infection in the adenoid texture. The corpuscles of inflammatory irritation are the sarcophytes from the blood-vessels—the pale blood-particles migrating and forming the corpuscular exudation-matter of scrofulous and other low types of inflammation. And as, according to Von Recklinghausen, "the lymph-corpuscles are universally admitted to be identical in all their characters with the colourless corpuscles of the blood," so we find the same resemblance in appearance, and the same unity in nature and history in the multiplied corpuscles of diseased lymph in miliary tubercle, and in those of inflammatory exudations in scrofulous subjects. And thus, in brief, you have my key to the twofold seat and origin of tubercle, or rather of consumptive disease:—1, lymphatic, miliary, infective, scattered; and 2, inflammatory, diffused, local. Thus we have explained the identity and yet the difference of all the chief elements of consumptive disease—phthinosplasm, as I call them, granular and diffused, differing in their form and seat, but alike in their corpuscular composition and in their proneness to decay. Dr. W. Fox says that he doubts that caseous tubercle originates from the exudation of white corpuscles. If he mean that they exude in the caseous state, I doubt as much as he. But neither I nor any reasonable man can doubt that white corpuscles do exude from inflamed blood-vessels; and we have abundant proofs that they form a corpuscular lymph, which may turn either to pus-cells in suppuration (which is a process of excretion), or to a fatty disintegration in caseation (which is the condition of yellow tubercle). Suppuration results from continued inflammation, which involves a chemical change, a further oxidation of some of the protein of the corpuscles into a liquid tritoxide; but caseation results from lowered vitality, and is a process of decay. And now, to conclude with a few words on fibroid phthisis, which, in opposition to Dr. Moxon, I hold to be a reality in both tenses, present and past; and yet, differing

MEDICAL NEWS.

MEDICAL VACANCIES.

THE following vacancies are announced:—

BOWNESS, Grasmere, Kendal, Kirkby Lonsdale, and Windermere Urban Sanitary Districts, and Kendal, East Ward, Sedbergh, Ulverston, and West Ward Rural Sanitary Districts, combined—Medical Officer of Health: £600 per annum. Applications to C. Gardner Thomson, Esq., Kendal.

BRIDGNORTH URBAN SANITARY DISTRICT—Medical Officer of Health: £50 per annum.

BRIDGWATER UNION, Somersetshire—Medical Officer and Public Vaccinator for District No. 6: £34 per annum and fees.

BRISTOL HOSPITAL FOR SICK CHILDREN—Resident House-Surgeon: £100 per annum, furnished rooms, coal, gas, and attendance.

BROADMOOR CRIMINAL LUNATIC ASYLUM—Assistant Medical Officer: £175 per annum, increasing to £200, furnished apartments, coal, gas, and attendance. Applications to the Medical Superintendent.

BUCKINGHAMSHIRE GENERAL INFIRMARY, Aylesbury—Resident Surgeon and Apothecary: £80 per annum, with £10 increase to £100, board, lodging, coals, and candles, in furnished apartments.

BURNTISLAND, Fifeshire—Parochial Medical Officer.

CARMARTHEN INFIRMARY—House-Surgeon: £100 per annum, lodging, coal, and candles. Applications to H. Howell, Secretary.

CHARING CROSS HOSPITAL—Surgical Registrar.—Demonstrator of Anatomy.

DRIFIELD UNION, Yorkshire—Medical Officer for the Wetwang District.

DUDLEY DISPENSARY—Resident Medical Officer; £105 per annum, residence and allowances.

DUNDEE ROYAL INFIRMARY—Resident Medical Assistant. Applications to D. Gordon Stewart, Esq.

ELY RURAL SANITARY DISTRICT—Medical Officer of Health: £150 per ann.

FARRINGTON DISPENSARY, Bartlett's Buildings—Resident Surgeon: £100 per annum, coal, gas, and unfurnished apartments. Applications to Samuel Green, Esq., 10, Swithin's Lane.

HALIFAX RURAL SANITARY DISTRICT, and Barkisland, Brighouse, Elland, Hipperholme, Luddenden Foot, Midgley, Northowram, Queensbury, Rastrick, Kishworth, Shelf, Southowram, Sowerby Bridge, Sowerby, Loyalnd, and Warley Urban Sanitary Districts, combined—Medical Officer of Health: £600 per annum. Applications to Charles Barstow, Esq., Halifax.

HEMSWORTH RURAL SANITARY DISTRICT—Medical Officer of Health: £100 per annum.

KIDDERMINSTER URBAN SANITARY DISTRICT—Medical Officer of Health: £50 per annum.

LIMERICK DISTRICT LUNATIC ASYLUM—Resident Medical Superintendent. Applications to the Under Secretary, Dublin Castle.

LISNASKEA UNION, co. Fermanagh—Medical Officer for the Maguiresbridge Dispensary District: £80 per annum, and fees.

LIVERPOOL ROYAL INFIRMARY—Medical Superintendent: £200 per annum; or, if wife should be appointed Matron, £260 per annum jointly, board, washing, etc. Applications to Edward Gibbon, Esq.

MALTON UNION, Yorkshire—Medical Officer for the Norton District: £70 per annum.—Public Vaccinator for the Norton and North Grimston Districts.

METROPOLITAN ASYLUM DISTRICT FEVER INFIRMARY, Homerton—Assistant Medical Officer. Applications to W. F. Jebb, Esq., 37, Norfolk Street.

MORPETH URBAN SANITARY DISTRICT—Medical Officer of Health: £30 per annum.

NORTH DUBLIN UNION—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the No. 2 North City Dispensary District: £125 per annum, and fees.

NORTH LONDON CONSUMPTION HOSPITAL—Physician.

NOTTINGHAM DISPENSARY—Assistant Resident Surgeon: £140 per annum, furnished apartments, coal, and gas.

OUGHTERAD UNION, co. Galway—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Oughterad Dispensary District: £100 per annum, and fees. Applications to J. E. Jackson, Esq., Killaguile.

OWENS COLLEGE, Manchester—Brackenbury Professorship of Practical Physiology and Histology. Applications to J. G. Greenwood, Esq.

ST. LEONARD, Shoreditch—Dispenser: £120 per annum.

ST. PETER'S HOSPITAL FOR STONE, etc.—House-Surgeon.

SEAMEN'S HOSPITAL, Greenwich—Visiting Physician. Applications to Kemball Cook, Esq., House-Governor and Secretary.

SUSSEX COUNTY HOSPITAL, Brighton—Physician.—Assistant-Physician.

THOMASTOWN UNION, co. Kilkenny—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Knocktopher Dispensary District.

WARE UNION, Herts—Medical Officer for District No. 2: £50 per annum.

WARNEFORD, LEAMINGTON, and SOUTH WARWICKSHIRE HOSPITAL and GENERAL BATHING INSTITUTION—Physician.

WARRINGTON DISPENSARY and HATTON'S CHARITY—Resident Surgeon.—Apothecary: £150 per annum, £12 for servant's wages, furnished residence, fuel, and lighting.

WESTMINSTER HOSPITAL—Assistant-Surgeon.

WEST RIDING ASYLUM, Wakefield—Clinical Assistant.

WORCESTER AMALGAMATED FRIENDLY SOCIETIES MEDICAL ASSOCIATION—Medical Officer: £170 per annum, and residence. Applications to C. J. Richards, Esq., 5, Lansdowne Villas, Lansdowne Road, Worcester.

YEOVIL UNION—Medical Officer and Public Vaccinator for District No. 2: £53 per annum, and fees.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which should be forwarded in stamps with the communication.

MARRIAGE.

SELLS—SCHOFIELD.—On April 16th, at St. Wolfstan's, Grantham, by the Rev. Prebendary Maddison, Vicar, assisted by the Rev. R. Napier Sharpe, M.A., Vicar of St. Mary, Rochdale, and the Rev. H. Hutchinson, M.A., Charles J. Sells, Esq., second son of Thomas Jenner Sells, Esq., of Guildford, Surrey, to Emily, youngest daughter of Jno. Schofield, Esq., of Beaufield, Grantham, Lincolnshire.

OPERATION DAYS AT THE HOSPITALS.

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

TUESDAY Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY... St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 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.—Royal Westminster Ophthalmic, 1.30 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.—Royal Westminster Ophthalmic, 1.30 P.M.

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

SATURDAY... St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M.—Royal Free, 9 A.M. and 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Dr. Boyd, "Observations on Still-born Children"; Dr. Symes Thompson, "Cases of Perityphlitis"; Mr. C. F. Maunder, "Two Cases of Dislocation and Fracture of the Humerus."

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Elam, "On some results of Treatment in Affections of the Nervous System"; Dr. H. Sutherland, "On the Histology of the Blood of the Insane"; Dr. Boyd, "On Præternatural Cavities in the Brain of the Sane and the Insane."

FRIDAY.—Clinical Society of London, 8.30 P.M. Mr. Kesteven, "Case of Cancer of the Breast treated by Caustics and Incisions"; Dr. Greenhow, "Case of Acute Muscular Atrophy"; Dr. Tilbury Fox (Dr. Tritschke), "Two unusual Cases of Elephantiasis Arabum(?); Dr. Thorowgood, "Two Cases of Chronic Dysentery successfully treated by Ipecacuanha."

NOTICES TO CORRESPONDENTS.

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

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.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 37, Great Queen Street, W.C.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Liverpool Weekly Albion, April 12th; The Manchester Guardian, April 16th; The Aberdeen Daily Free Press, April 12th; The Bath Express, March 12th; The Birmingham Daily Post, April 14th; The Western Mercury and Somersetshire Herald; The Shepton Mallet Journal; The Hull Packet; The Daily Bristol Times and Mirror; etc.

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

Dr. Robert Barnes, London; Dr. D. Ferrier, London; Dr. Morell Mackenzie, London; Mr. W. R. Smith, Huddersfield; Dr. Skinner, Liverpool; Dr. George Johnson, London; Dr. H. B. Dow, London; Mr. Lawson Tait, Birmingham; Our Paris Correspondent; Dr. Graily Hewitt, London; Mr. Stocks, Salford; The Secretary of the Pathological Society; Mr. Cuffe, Horncastle; Dr. W. A. Hollis, London; Health Officer; Dr. Motherell, Castlederg; Mr. J. Caskie, Stourbridge; Mr. R. D. Byers, Milford Haven; Dr. Handfield Jones, London; Our Dublin Correspondent; J. H. W.; Mr. T. J. Dyke, Merthyr Tydfil; Dr. W. Hinds, Birmingham; Mr. W. M. Campbell, Liverpool; Dr. W. H. Short, Walsham-le-Willows; Mr. Pranker, Langport; Dr. J. W. Moore, Dublin; Mr. G. S. Elliston, Ipswich; Mr. A. Godrich, London; Dr. J. H. Martin, Portsmouth; The Secretary of the Clinical Society; Dr. De la Cour, London; Dr. Tyacke, Chichester; An Associate; Dr. W. Hinds, Birmingham; Dr. R. Tiffen, Wigton; Justus; The Secretary of the Epidemiological Society; Mr. L. W. Marshall, Nottingham; A Member; Mr. D. S. Skinner, Lyme Regis; Mr. Sullivan, Dublin; Dr. Ransome, Manchester; Inquirer; Subscriber (Nottingham); Mr. T. Humphreys, London; Mr. H. Trestrail, Aldershot; Mr. S. Coupland, London; Dr. T. Hughlings Jackson, London; Mr. A. Warner, London; Mr. Jackson, Plymouth; The Secretary of the Royal Medical and Chirurgical Society; Dr. F. Griffiths, Sheffield; Mr. J. Marsh, Newark-on-Trent; Mr. Alfred Haviland, London; Dr. H. R. Wright, Knaresborough; Mr. Aldersey, Havant; Dr. Cobbold, London; Dr. C. J. B. Williams, London; Dr. J. E. Pollock, London; Dr. Burney Yeo, London; Dr. John Ogle, London; Dr. Crisp, London; Dr. Fry, Moate; Dr. Ellis, Crowle; Mr. V. Jackson, Wolverhampton; An Associate and a Life Teetotaler; Mrs. Crosse, London; Dr. Humphry, Cambridge; Dr. Steele, Liverpool, etc.