

redness to actual blistering. It appears to us that this kind of plaster will prove very valuable to the profession, as by means of it a slight or a powerful effect may be readily produced. The spot principle, too, seems quite in accordance with Nature's own efforts to relieve internal congestion and inflammation, as in the various rashes which from time to time appear on the body. It is well known that the appearance of such is attended with much relief from suffering. The same principle has been applied to fly-blisters. With phlebotomy and cupping, fly-blisters have of late years fallen very much into disuse. The old-fashioned fly-bliſter spread on leather is a most forbidding-looking and smelling thing. It is attended, too, with most painful and disagreeable effects. It is apt to slip and blister in a wrong place, and the flies often fall off and vesicate on other parts of the body. Mackay's omphalic fly-blisters are much superior to anything in this way which has yet appeared. The spots are of three sizes, but those most recommended are small—four-tenths of an inch—and eighty-five of them on a sheet six inches square. They occasion a crop of vesicles, which appear in regular order, having intervals of unblistered skin between. This rash of small blisters, as they appear to one for the first time, is something quite striking. What renders common blisters so painful, is the denudation of a large continuous surface of the sensitive skin. The spot plan entirely does away with this, leaving as it does sound intervals between the vesicles, and making it an easy matter to heal them up when this is wished for. By removing the cuticle and applying a drawing ointment, the counterirritant effect is kept up, and may be intensified as much as may be deemed desirable. We think it likely that omphalic fly-blisters will supersede not only the common cantharides blister, but blistering liquids and tissues of all kinds, and will be employed in cases in which the ordinary fly-bliſter would never be thought of.

COLUMN FOR THE CURIOUS.

THE EARLY HISTORY OF SYPHILIS.—As the early history of syphilis has been a subject of great interest and research for some time past, it has occurred to me that possibly an allusion is made to this disease by King David in the 38th Psalm, about one thousand and twenty years before the Christian era. Whatever he may have suffered, from the description he gives (be it poetical, allegorical, or otherwise) of his trouble, it cannot but remind one of syphilis in an advanced stage in the present day; and more especially if this be read in conjunction with the account given by King Solomon, in the 7th chapter of Proverbs, of the then existing state of "the social evil", which is strictly applicable to the state of things in the nineteenth century.—F. D. Z.

LYCANTHROPIA.—Oribasius, who flourished about the year 380 at Constantinople, gives the following description of the disease called lycanthropia, evidently that under which the demoniacs laboured whose miraculous case is related by the first three Evangelists. "The persons affected go out of their houses in the night-time, and in everything imitate wolves, and wander among the sepulchres of the dead until daybreak. You may know them by these symptoms: their looks are pale; their eyes heavy, hollow, dry, without the least moisture of a tear; their tongue exceedingly parched and dry; no spittle in the mouth; extreme thirst; their legs, from the falls and bruises they receive, full of incurable sores and ulcers."

A LITERARY CURIOSITY.—An extraordinary example of the close alliance which formerly existed between ophthalmology and charlatanism, is to be found in a rare little pamphlet, entitled, *A Parallel between the late celebrated Mr. Pope and Dr. Taylor, Oculist to the King of Great Britain, &c.* By a Physician, 1748. The Dr. Taylor referred to was the famous Chevalier Taylor, and the parallel in reality only an impudent and extravagant puffing of this worthy. A diploma was granted to him by the University of Basle, and the following extract from it serves to contribute towards the parallel. It forms an astonishing contrast to the modest testimony offered on the bits of paper or parchment of the present day. It says, "In the knowledge of the nature and cure of the diseases of the eye, Doct. John Taylor has, in our judgement, greatly surpassed all others; and tho' yet very young (which seems almost incredible!) he has not only left very far behind him in his skill in this science, all who ever lived before him, but even all those of his own times. He has made known to the whole universe, to the great astonishment of everybody, not by vain ostentation (?) but by experiments daily made; that he has a genius formed by nature for this sort of study, an industry surprising, an application inconceivable, and, above all, in the practice and address and delicacy nowhere to be equalled; so that we may justly say, that heaven, out of

a particular favour to our age and posterity, has given birth to him only in these our days, to cultivate and bring to perfection this noble and useful study". For a contrast between the sham and the true chevalier, we must compare with the foregoing the following extracts from Horace Walpole's letters (Cunningham). In a letter to Sir Horace Mann, he says, "I need not desire you not to believe the stories of such a mountebank as Taylor. I only wonder that he should think the names of our family a recommendation to him at Rome; we are not conscious of such merit; nor have any of our eyes ever wanted to be put out". And in another letter to the same is the following witty epigram, written when the claims of the House of Stuart to the British throne were still urged.

"Why Taylor the Quack calls himself Chevalier
'Tis not easy the reason to render,
Unless blinding eyes that he thinks to make clear
Demonstrates he's but a Pretender."

A son and grandson of the chevalier were successively oculists to royalty, and the grandson was a man of some literary merit, and the author of *Monsieur Tenson*.—LLOYD OWEN, Birmingham.

SELECTIONS FROM JOURNALS.

MIDWIFERY.

CÆSAREAN SECTION.—Dr. J. Cerf-Mayer, Surgeon in the French Navy (*Archives de Médecine Navale*, November 1874) details from his practice at Brest a successful case of Cæsarean operation. E. L., aged 30, a primipara, married fifteen months, had arrived at her full period. She was deformed from rickets. Spinal curvature was great. The pelvis measured $1\frac{3}{4}$ inches. She was bow-legged. A median incision 7 inches long was made from 1.2 inches below the umbilicus to 0.6 inch above the pubes. The uterus then presented, of violet hue. The amniotic fluid had been evacuated through the os previous to the first incision, and none escaped through the incision into the uterus. Every drop of blood was sponged away. The membranes being opened, a male child weighing seven pounds was extracted, and the placenta was removed by enucleation with the forefinger. A little effused blood was removed by means of sponges, and cold water was used as a styptic. A drainage-tube of a finger's breadth on a few loops was passed through the vagina and uterus, brought out at the incision, and fixed on the pubes, so as to facilitate the subsequent escape of pus or lochial discharges. No sutures were applied to the uterus itself, and six of silver wire were lightly drawn to close the external incision. The operation was performed under chloroform in a spacious apartment facing the south, and was completed in twenty-five minutes. The dressings were a fenestrated piece of cerated lint, covered with cold-water pledgets, and a lightly applied bandage. No hæmorrhage followed, and micturition was not affected. On the sixth day, the drainage-tube was removed, and injections of carbolic acid in aromatic decoctions were begun for the cleansing of the vagina and uterus, and ricinated collodion was applied frequently over the abdomen the next six or eight days, to diminish the intestinal inflation. No symptoms of metritis, of metropéritonitis, or of hæmorrhage, supervened. From the twelfth to the fifteenth day, she was able to take a few steps across her room; and on the thirtieth day she went out with her infant. The complications were as follows. On the sixth day, a large protrusion of hæmorrhoids was treated by suppositories of belladonna in cocoa-butter. On the sixteenth day, diarrhœa appeared; and, during the following three days, there were symptoms of enteritis. Under the use of poppy fomentations, laudanum, and bismuth, diarrhœa had ceased on the twenty-first day, when phlegmasia dolens attacked the left leg. This was treated with emollients, cotton-wadding, mercurial unction, and belladonna. The general treatment was, after the operation, thirty grains of ergot; and at night, forty-five grains of chloral hydrate, which was rejected. On the third day, a lavement of castor-oil brought away much flatus and very black solid fœces, after which the abdomen became supple. From the first day up to the seventh day, sulphate of quinine was administered daily in doses of twelve grains, and, after the seventh day, in decreasing doses through the next fifteen days. The diet was at first of cold soups, with draughts of warm claret; and, in a later stage, nourishing and tonic food. Dr. Cerf-Mayer lays great stress on the advantage of spacious sanitary accommodation in all the capital operations, and on the steady administration of quinine. As to the mode of operating, he thinks that each case and every operator may require variations; but he doubts that the success will be much influenced by these, and believes that much more depends on the personal attentions of the operator during the operation and throughout the subsequent treatment of the patient.

believe the same effect can really be traced in the protected stations at large.

Dr. Nevins is ready to change his opinions when the evidence is in his eyes sufficient to warrant his doing so. I would now ask him to look at all the Army statistics, and to say what more is wanted to prove to him that these Acts have conferred a most signal benefit both on the Army and on the country which employs and pays that Army.

I am, sir, yours, etc.,

E. A. PARKES.

Netley, January 14th, 1875.

DR. CROMBIE AND HIS PAMPHLET.

SIR,—You will not, I trust, deny me the justice of a few words in your JOURNAL, in reply to an article in the number for Jan. 9th, under the remarkably witty heading of "What Next?" There the reviewer of the pamphlet, *A Plea for the Poor suffering from Painful Incurable Disease*, in his haste to prejudice a most humane proposal, endeavours to cover it up from the sight of your readers under a small cloud of confusion, and runs on contradicting himself from beginning to end in the most pitifully silly manner. Thus: "The only part of the pamphlet in which we concur is the comment upon the inutility of the Cancer Hospital." And then: "Dr. Crombie implies that there are in London only two institutions capable of dealing with cases of malignant disease—the Cancer Hospital and the Middlesex Hospital." Think of the incongruous nonsense of concurring with me as to the inutility of an institution of which he says I imply that it is one of two alone capable of dealing with malignant disease! Again: "Dr. Crombie's proposal rests entirely on an absurd fallacy, because there are innumerable hospitals scattered over the country which already do all or more than he proposes." And next: "In dealing with the class of cases Dr. Crombie seems to have in view, the proper course is to call forth the kindly sympathy and assistance of neighbours and friends, and to allow the local medical man to direct their benevolence as he thinks best." This is "the wise proposal" which the reviewer, with the complacency of superior wisdom, recommends in place of my "unwise one"; for the moment forgetting "the absurd fallacy" and "the innumerable hospitals", which, according to his own account, do all or more than he would now have the local medical man to attempt.

Now, the truth is, the class of cases I have in view cannot, to any intelligent reader of the pamphlet, be a matter of "seeming" at all; for, besides being indicated by the title, it is over and over again distinctly stated that it is persons suffering from painful incurable disease, such as cancer, for whom the medicines are sought; and it is well-known, perhaps to everybody except the reviewer, that not only do the general hospitals not admit such cases, but that they discharge those who become incurable in their own wards.

Enough: those who misrepresent, in order to find fault with their own misrepresentation, and contradict themselves with the utmost indifference, are doubtless best left to themselves; and the misrepresentations of this writer are as numerous as his contradictions; but, before dropping the subject, I would just notice that the reference to the Middlesex Hospital, which he thinks must be so offensive to the staff of that institution, is as follows: "The Middlesex Hospital was the first to deal with cancer specially, and, since the days of Sir Charles Bell, has been a nursery for the study of the disease and the advancement of its treatment." If this be not so, I will withdraw my statement, but with regret. The Poor-law medical officers will find, in like manner, that my offence towards them is speaking of them in terms of the highest respect. The reviewer, in fact, has set himself to show that what is, is not; and what is not, is in the pamphlet. If any of your readers choose to read the pamphlet for themselves (which I shall be happy to send them), I am sure they will find more than one point in which to concur with me, where there is nothing advanced but what I believe to be dictated by common sense and humanity.

Yours faithfully,

JOHN M. CROMBIE, M.B.

60, New Bond Street.

* * Dr. Crombie says that he will be happy to forward a copy of his pamphlet on application, and begs that our readers will judge of its merits for themselves. By all means, let them do so. In the meanwhile, we must be allowed to retain the opinion which we expressed last week, that his proposal to send medicines from a central charitable society to cases of painful incurable disease scattered all over the United Kingdom is not a wise one, and that it is not desirable that it should be carried out. It was not, of course, with the words of praise which he incidentally gives to the Middlesex Hospital that we had any fault to find. Far from it. But we demurred to its being classed with the Cancer Hospital, and also to its being said, or implied, that these two

institutions were the only ones in the metropolis where chronic cases of cancer received adequate attention. Dr. Crombie seems to think that we have overlooked the fact that it is *incurable* cases that he has in view; and he reminds us that the general hospitals are not very ready to admit such cases. This, no doubt, is true as a general rule; and yet, as a matter of fact, the metropolitan hospitals, and still more the provincial, do receive, and keep to the end, many cases of incurable disease; while the workhouse infirmaries and sick asylums afford a refuge to a still larger number. We must, therefore, maintain, as we did last week, that the best way of dealing with these cases is to call out the kindly sympathy and assistance of neighbours and friends, and to allow the local medical man to direct it as he thinks best. For one case he may deem the workhouse infirmary the most suitable place, for another the county hospital, for another some invalid home; while private friends and local charity would supply the necessities of the rest. In this way, any case of painful incurable disease can be much more advantageously treated—much more advantageously, both in a medical and in a social point of view—than in the manner which Dr. Crombie proposes.

THE BRITISH MEDICAL BENEVOLENT FUND.

SIR,—We are requested to acquaint you that, at the annual meeting of the British Medical Benevolent Fund, on the 14th instant, Sir George Burrows, Bart., M.D., in the chair, a vote of special thanks was passed to the medical journals for their kind and valuable advocacy of the cause of the Fund during the past year, and amongst these especially to the editor of the BRITISH MEDICAL JOURNAL, to whom the good cause is already so deeply indebted.

In fulfilling so agreeable a duty, permit us to take the opportunity of adding our own very best wishes, and to remain,

Dear Sir, very faithfully yours,

For self and GEOFFREY HETT, M.D. (*Hon. Sec.*)

CHARLES S. WEBBER (*Hon. Financial Sec.*)

1, Upper Berkeley Street West, Hyde Park, W., Jan. 20, 1875.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE Board of Guardians of the Thurles Union have increased the salary of Dr. Quinlan, medical officer of the Borrisoleigh Dispensary District, from £100 to £120 *per annum*.

DUTIES OF MEDICAL OFFICERS.

DISTRICT MEDICAL OFFICER.—In reply to query No. 1, we feel satisfied that the Board of Guardians can compel compliance with the requirement contained within brackets; and we would advise our correspondent to a cede to the same, however distasteful it may be.

2. Should the guardians direct that a medical officer shall periodically visit all persons on the permanent list, even though such persons do not require medicines, we feel that the medical officer has no alternative but to comply; but we would advise that, in any case where such visit has proved to be uncalled for, a representation that such needless visit had been paid should be made to the Board, and their fair estimate of the point be requested.

3. We would advise that immediate attention should be given to every order, however irregularly or unjustly such has been issued; but, if the medical officer feel aggrieved, we suggest that he should submit the facts to the guardians, and request them to direct such alteration as may be just.

4. As regards this query, we hold that it is competent for a medical officer to prescribe for a patient upon the statement supplied by the person who brings the order, provided such person is in a position to afford reliable information; but we would advise that such course should be adopted with extreme caution, and should not avail to excuse the medical officer from as prompt a subsequent visit as it may be in his power to make.

5. As regards the final query, we would suggest that our correspondent should quietly collect instances where the applicants for relief have been advised by the relieving officer to apply to the medical officer for assistance with the view to getting an order for mutton and wine. Very few such cases would, if established, go far to determine the tenure of office of such relieving officer.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on January 14th.

Messrs. Charles Derby Waite, M.B. Cantab. and M.R.C.P. Lond., of Old Burlington Street, diploma of membership dated October 2nd, 1829; and Thomas John Starling, L.S.A., of Higham Ferrers, Northamptonshire, July 19th, 1841.

At the same meeting of the Council—

Messrs. Benjamin Thomas, L.R.C.P. Edin. and L.S.A., Llanelly, Carmarthen; and Edward Lawford, M.D. Aberd. and L.S.A., of Leighton Buzzard, were elected Fellows of the College, their diplomas of membership bearing date respectively May 26th, 1836, and July 1st, 1842.

The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners on the 19th inst., and, when eligible, will be admitted to the pass-examination.

Messrs. William Alexander Molson, Edward Guy Anderson, John Leichtenstein Ritchie, and Robert Addison Stevenson, students of McGill College, Montreal; Constantine Cecil Claremont, Haward Bewley Carter, James Heelas, and Wm. Farewell Blake, of University College; John Ikin Sangster, Henry Charles Procter, and Robert Mercer, of the Leeds School; William John Heslop and Frederick John Livy, of the Manchester School; Ernest Henry Jacob, and Arthur Ernest Powell, of St. Thomas's Hospital; William Price Biden, of the Charing Cross Hospital; Charles Ferdinand Marks, of the Galway and Dublin Schools; Robert Frederick Godfrey, of the Montreal, St. Bartholomew's, and St. Thomas's Hospitals; John Robert Blaikie, B.A. Cantab., of the Cambridge School; Robert Griffiths, of the Dublin School; and George Hugh Snowden, of St. Mary's Hospital.

The following gentlemen passed on the 20th instant.

Messrs. George Thomas Congreve, Sandford Arnott, Wm. Harding Crowther, Sidney Skerman, and Charles James, students of King's College; Richard Lingard Stokes, Paul Hookham, Robert George Edward Willows, and Wm. Ingram (oblin, of University College; Charles Ross Hall, George Henry Cressey, Wm. Henry Webb, and Wm. Wood Cuthbert, of St. Bartholomew's Hospital; Clarence Richard Gillard, George Blundell Longstaff, B.A. Oxon., and Kenneth Leander Fenwick, of St. Thomas's Hospital; William Bond Taylor, and William Semple Merriman, of the Manchester School; George Richmond Moore, and Frank Wilton, of the Newcastle School; George Amos Duke, of St. Mary's Hospital; Joseph Cary, of the London Hospital; and John Todd, of Guy's Hospital.

The following gentlemen passed on the 21st instant.

Messrs. George Adolphus Boodle, Francis Arthur Hailsworth, George Rutland Howat, Hubert Martyn Floyer, Herbert Frederick Chapman, John Winkley Langdon, and Hamilton Lewis Walcott, of St. Bartholomew's Hospital; Edgar John Don Bavand, John Cooper Wilkinson, and Joseph Smith Clowes, of Guy's Hospital; Howard Griffiths Lowe, and George Harcourt Hornsley, of the Birmingham School; George Payne Best, and John Biale, of St. George's Hospital; Henry Seymour Atkinson, of King's College; John Weller, of the London Hospital; Wm. Percival Blackley, of St. Thomas's Hospital; Morgan Henry Lawrence Allen, of St. Mary's Hospital; Joseph Lawes Alleyne, of University College; and Robert Owen, of Charing Cross Hospital.

Sixteen candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months. The total number of rejections out of the 108 candidates examined, was 44—viz., 15 on the first day, 13 on the second, and 16 on the third day.

Licentiate in Dental Surgery.—The following gentlemen, having undergone the necessary examinations, were admitted Licentiates in Dental Surgery of the Royal College of Surgeons, at a meeting of the Board of Examiners on the 15th instant.

Messrs. Alexander Cartwright, Old Burlington Street, W., diploma of membership of the College dated May 19th, 1874; Jonathan Outley Atkinson, Kendal; William Franklin Henry, Cornhill, E.C.; Simeon Talbot Silvester, Whitgift House, Croydon; Charles James Wallis, Pau, Basses Pyrénées, France; David Watson, Torquay, Devon; George Ratcliffe Kerling, Ormonde House, Epsom; Henry Bradnell Gill, Arnold Terrace, Bow Road; and Henry MacFord Bayliss, Oxford Road, Islington.

Six candidates, having failed to acquit themselves to the satisfaction of the Board, were referred to their professional studies.

MEDICAL VACANCIES.

THE following vacancies are announced:—

- ABBEYLEIX UNION**—Apothecary.
ARMY MEDICAL DEPARTMENT—Surgeons. Applications to be made to the Director-General of the Army Medical Department.
ATHY UNION, co. Kildare—Medical Officer and Public Vaccinator. Salary, £120 and fees.
BARONY PAROCHIAL HOSPITAL, Barnhill, Glasgow—Dispenser.
BECKETT HOSPITAL AND DISPENSARY, Barnsley—House-Surgeon. Salary, £140 per annum, with furnished rooms, gas, and coals.
BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Acting and extra-Acting Physicians. Applications not later than February 3rd.
BLACKBURN UNION—Medical Officer for the Harwood District. Salary, £25 per annum.
CASTLE WARD UNION—Medical Officer for the Ponteland District. Salary, £20 per annum. Also, the Workhouse. Salary, £30 per annum.
DERBYSHIRE GENERAL INFIRMARY—Assistant House-Surgeon. Board, lodging, and washing, but no salary. Applications to Secretary.
EMSWORTH—Certifying Factory Surgeon.
ESSEX LUNATIC ASYLUM—Second Assistant Medical Officer and Dispenser. Salary, £100 per annum, with board, lodging, and washing.
FIFE AND KINROSS DISTRICT ASYLUM—Assistant Physicianship. Salary, £80, with board, etc. Apply to Dr. Fraser, Medical Superintendent, Cupar-Fife.
FLUX MILLS FRIENDLY SOCIETY—Medical Officer. Salary, £110 per annum. Applications to A. M'Keeman, 7, Hunston Square, Johnstone, N.B.
HARDINGSTONE UNION—Medical Officer for the Brafield District. Salary, £45 per annum.
HARRIS, Parochial Board of—Surgeon. Salary, £66 per annum, including vaccination and medicine for the poor. The gentleman elected will get £90 per annum for attending the ratepayers and cottars within South Harris. Applications to be made to the Chairman of the Parochial Board of Harris.
HEADINGTON UNION—Medical Officer for the Wheatley District. Salary, £70 per annum.
HULL GENERAL INFIRMARY—Dispenser. Salary, £75 to £100 per annum. Election will take place on the 28th instant.

- HOSPITAL F R WOMEN**, Soho Square—Surgeon and Assistant Physician.
INDIAN MEDICAL SERVICE—Twenty appointments as Surgeon. Examination in February 1875.
KILCHRENNAN AND DALAVICH, Parochial Board of—Medical Officer. Salary, £60 per annum. Applications, on or before the 30th instant, to W. J. B. Martin, Riccruin, Lochgilphead.
KILKENNY UNION—Medical Officer for Kilkenny Dispensary District No. 2. Salary, £100 and fees. Medical Officer for Watchhouse. Salary, £75 per annum. Applications to be sent in on or before the 26th instant.
LEEK UNION—Medical Officer for the Endon District. Salary, £20 per annum.
LICHFIELD UNION—Medical Officer for the Alrewas District. Salary, £35 per annum.
MIDDLESEX LUNATIC ASYLUM, Hanwell—Assistant Medical Officer.
MORVEN, Parish of, Argyllshire—Medical Officer. Salary, £100 per annum. Applications to H. A. Fraser, Morven, N.B.
NORTH BRIDGLEY UNION—Medical Officer for the Seventh District.
NORTH-EASTERN HOSPITAL FOR SICK CHILDREN, Hackney Road, E.—House-Surgeon. Salary, £100 per annum, with attendance, rooms, coals, and light.
NORTHERN COUNTIES HOSPITAL FOR INCURABLES, Manchester—Dispenser. Applications on or before the 31st instant.
NORTH WALES COUNTIES LUNATIC ASYLUM—Assistant Medical Officer. Salary, £100 per annum, with board, washing, and lodging. Applications to be made on or before February 17th.
PLYMOUTH UNION—Medical Officer for No. 3 District.
POPLAR AND STEPNEY SICK ASYLUM DISTRICT—Assistant Medical Officer to the Asylum.
REDDITCH AND DISTRICT MEDICAL ASSOCIATION—Medical Officer. Salary, £150 per annum, with fees and unfurnished house.
ROYAL FREE HOSPITAL—Junior House-Surgeon.
ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road—Physician. Applications to be made on or before February 15th.
ROYAL INFIRMARY FOR WOMEN AND CHILDREN, Waterloo Bridge Road—Physician.
ROYAL UNITED HOSPITAL, Bath—Resident Medical Officer. Salary, £100 per annum, with board and lodging.
RYDE DISPENSARY—Physician.
ST. BARTHOLOMEW'S HOSPITAL—Assistant Physician.
ST. GEORGE'S AND ST. JAMES'S DISPENSARY—Honorary Accoucheurs. Applications on the 28th instant.
ST. LUKE'S HOSPITAL FOR LUNATICS—Second Clinical Assistant. Board and furnished apartments.
ST. MARY'S HOSPITAL, Paddington—Resident Registrar. Salary, £100 per annum, with board and residence.
ST. MARY'S HOSPITAL—Resident Registrar. Salary, £100 per annum, with board and lodging.
ST. MARY'S HOSPITAL MEDICAL SCHOOL—Medical Tutor. Applications to be made on or before February 1st.
SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—House-Surgeon. Salary, £100 per annum, with board, lodging, gas, and washing.
SMALLBURGH UNION—Medical Officer for the Ludham District. Salary, £52 14 per annum.
STRATFORD-ON-AVON UNION—Medical Officer for the Welford District and Workhouse. Salary, £50 per annum.
TENDRING UNION—Medical Officer for the First and Second Districts. Salary, £97 per annum.
TORPHINS in the Parish of Kincardine O'Neil, Aberdeenshire—Parochial Medical Officer: £45 per annum. Applications to Chairman of Parochial Board.
TRINITY COLLEGE, Dublin—Professor of Chemistry: £500 per annum, and fees. Applications to the Rev. Dr. Houghton, Trinity College.
TYNEMOUTH UNION—Vaccination Officer.
ULVERSTONE UNION—Medical Officer and Public Vaccinator for the Coniston District. Salary, £20 and fees. Applications to be made on or before the 25th instant.
UNIVERSITY COLLEGE HOSPITAL—Resident Medical Officer. Applications not later than February 13th.
UNIVERSITY OF EDINBURGH—Additional Examiner in Medicine.
WEST WARD UNION—Medical Officer for the Patterdale District.

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.

BIRTH.

SMITH.—On January 9th, at 2, Stanhope Terrace, Gloucester Gate, the wife of *Walter Smith, L.R.C.P., of a son.

MARRIAGE.

ARBUCKLE—BASSETT.—At St. Andrew's Church, Nottingham, on January 19th, by the Rev. Henry Fuller, M.A., Hugh Wright Arbuckle, M.D., of Thorne, Doncaster, to Martha Elizabeth (Lizzie) Bassett, eldest daughter of the late Richard Bassett, of Mapperley Road, Nottingham.

DEATH.

DUDLEY, Edward, M.R.C.S. Eng., at Yardley Hastings, Northamptonshire, aged 40, on January 9th.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

DR. BRADBURY'S LECTURES.—The Linacre Lecturer of Physic gives notice that he will resume his lectures on Pathological Anatomy on Tuesday, January 26th, at 10 A.M., and continue them on every succeeding Tuesday, at the same hour, throughout the term. The subject of the lectures for the Lent Term will be the Pathology of the Blood-Vessels and of the Organs of Respiration.

OPERATION DAYS AT THE HOSPITALS.

MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 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, 8.30 P.M. Mr. Richard Liebreich will show a new instrument for operating in Fistula Lacrymalis; Mr. Braine will give Notes of a Case of Hysterical Anæsthesia; Dr. L. S. Forbes Winslow, "On Religious Insanity".

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Theodore Williams, "On the Temperature of Phthisis Pulmonalis, and on the various conditions influencing it".

WEDNESDAY.—Hunterian Society, 8 P.M. Dr. Burton Brown, "On the Poisons of Northern India".

NOTICES TO CORRESPONDENTS.

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, in forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

AUTHORS desiring reprints of their articles published in the JOURNAL, are requested to communicate beforehand with the printer, Mr. T. Richards, 37, Great Queen Street, W.C.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

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, 36, Great Queen Street, W.C.

PUERPERAL INFECTION.

SIR,—Would some of the readers of the BRITISH MEDICAL JOURNAL inform me what means they generally use to stop the spread of puerperal fever, and how long it is before it is safe for one to attend cases? I have used disinfectants of all kinds for washing purposes, etc., changing my entire clothing, and all of no use. An answer will oblige.

I am, etc., OBSTETRICUS.

ASSOCIATE, KING'S COLLEGE, AND DR. R.—The portrait of Sir William Fergusson is in the hands of the engraver, and we believe that a copy of the engraving will be presented to each subscriber.

MANAGEMENT OF THE DENTAL "NERVES".

SIR,—I entirely endorse the opinions expressed by Mr. W. Donald Napier relative to the desirability of preserving the "nerves" of the teeth. After an experience like his of twenty years' careful observation, I hold that the destruction of the "nerve" is not attended by such success as would warrant an indiscriminate persistence in its practice, and I think that those who hold views opposed to that practice have reason on their side to support them.

Consider what it is that some so ruthlessly destroy; the so-called "nerve" is the remaining unossified portion of the tooth-germ, whose dentigerous functions are only in abeyance—only waiting favourable conditions to awake from its dormant state and form new tooth-bone, and this it is that many propose, though irrationally, to destroy. But what is the result in a vast percentage of cases? The tooth so treated becomes a dead member, and local irritation speedily calls for its removal. We will allow that, in a great many cases, this pulp comes before us decomposed and disintegrated, and then it becomes the duty of the dental surgeon to remove those putrescent remains, to restore the cavity to a healthy state, and to put the tooth into as favourable a condition for preservation as its wrecked circumstances will permit, and the chances are that it may be serviceable for a time; but the simple exposure of a pulp should never be followed by its unscientific destruction, for it is the centre of a tooth's vitality, and, by rational treatment, may be retained for years as a sound and useful organ.

I am, Sir, yours obediently, T. CHARTERS WHITE.

2, Pelgrave Road, S.W., January 12th, 1875.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 36, Great Queen Street, W.C., and not to the Editor.

CORRIGENDA.—In the report of the meeting of the Pathological Society on December 1st (see page 14), Mr. Hulke, in reference to his remarks on Mr. Butlin's case of Chondroma of the Lacrymal Gland, wishes to have his remarks put as follows. "After removal of the lacrymal gland, the surface of the eye remained moist, and he had observed the same in two cases of true lacrymal fistula, when the secretion of the lacrymal gland dribbled away through a fistula in the upper eyelid, the result of a wound." In his case of Popliteal Aneurism, in answer to a question put by Mr. Marsh, it is said that two tourniquets were used, one above the other below the aneurism. It should have been "one above, the other below, the groin." In the report of the meeting of the Clinical Society in the same JOURNAL, Mr. Hulke wishes his remarks, in reference to Mr. Teevan's case of Subcutaneous Urethrotomy, to stand thus: "That Sir W. Fergusson was in the habit of using a catheter-staff many years ago—some twenty, when he was at King's College Hospital; that he had very long ago had a set made for himself, after Sir W. Fergusson's model; that he frequently had used them in perineal section of the urethra in the theatre of the Middlesex Hospital; and that they had been frequently copied for other surgeons who had witnessed the advantages they offered". In the report on Mr. Holmes's case, Mr. Hulke writes also that he said that "Nélaton showed him three cases where, as a preliminary measure, he split the palate a few days before excising the polypus; and that in these cases the edges of the split palate were sloughy". As he did not watch these cases afterwards, he could not know that deformity was apt to follow this procedure.

THE SHIP "FORFARSHIRE"

SIR,—In reading the JOURNAL of the 9th instant, I saw an article headed "A Terrible Situation". You were doubtful whether the ship carried a doctor. She did; and, in addition, she carried an apothecary, a native of Calcutta. I do not know whether there was a medical examination. Before the coolies came aboard at the wharf, the inspector had them all in a row, examining their mouths; but I am not surprised at cholera breaking out, when nearly a third of them had syphilis or gonorrhœa. I am sure there was no fault about the sanitary arrangements of the ship, for I have been sailing two years in her, and have taken over five hundred emigrants to Wellington, New Zealand, one voyage, and the same number last voyage to Adelaide, and I never had more than four or five deaths.—I remain, yours very truly,

HUGH LLOYD.

ARMY MEDICAL DEPARTMENT.—The late Mr. G. J. Guthrie was elected President of the College of Surgeons three times; viz., in 1833, in 1841, and again in 1854. He was elected a member of the Court of Examiners in 1828 with Mr. J. P. Vincent.

MEDICAL DEGREES AND TITLES.

SIR,—As one who is not an adversary of L.K.Q.C.P.I., I beg to attempt to throw a ray of light on his arguments, as they have not been answered in last week's number of the BRITISH MEDICAL JOURNAL. He wished to elicit the views of some "energetic M.D." who should prove conclusively to him that he is not a "doctor" at all, but perhaps a baker or a tinker. Now, without attempting to establish the latter part of his expectations, I beg to attempt a refutation of his sophistry, as one of the "very few M.D. men" who do see why an "M.D. man is more a Dr. than a Licentiate of a College of Physicians". A doctor is the highest degree which an university can confer, implying ability to teach and profess the most perfect knowledge of medicine, law, or divinity. The degree in these faculties confers essentially the legal and moral right to display theoretical and practical knowledge in these sciences; and if those who never receive an university education, merely acquiring the minimum amount of knowledge sufficient to satisfy a Board of Examiners that they are not wholly ignorant of the uses of medicines, and the power to administer them, are to be considered doctors, learned in the highest degree, there would, I think, be no need of degrees at all. Your correspondent reasons in a syllogistic form apparently. He assumes that all physicians are doctors. L.K.Q.C.P.I. is a physician; therefore, he is a doctor. But his major premiss is manifestly false. Physicians are not doctors; they are merely licensed to practise medicine, having shown sufficient knowledge of the subjects pertaining to the science to warrant their being allowed to deal safely with the public. It will hardly be questioned that all "medical doctors" are physicians, a doctor's degree implying a thorough ability to teach, practise, and profess the science for which the said degree is conferred. But it would be manifestly illogical to infer the truth of the converse; viz., that all physicians are doctors, since affirmative propositions do not distribute the predicate. There are degrees in surgery as well as in medicine. A Master in Surgery is supposed to be a professor, thoroughly trained in the theory and practice of the art. Such an one is a surgeon; but one may be legally and morally entitled to the appellation of surgeon without obtaining the highest degree, just as one may be a physician without necessarily being a doctor. It is so with the Civil Engineer; his university education and the taking of a degree implying perfect knowledge, and the highest legal authority for the due exercise of the profession. Unfortunately, many assume the title who are permitted to do so with manifest injury to the community. A lieutenant is truly an officer, but every officer is plainly not a lieutenant. No one would allow that, because a sergeant is an officer, he is therefore a lieutenant. Bakers and tinkers have sometimes assumed the office of itinerant physicians; but no one is justified in inferring from this that your learned correspondent is either a baker or a tinker. The physician should, therefore, be content with the title he has really won, and not assume that to which he is neither legally nor, in a strict sense, morally entitled. To be a doctor and to act as a doctor are two different things.

This longing after the degree of M.D. plainly indicates its high importance, and it is this craving to obtain it without due merit that has tempted unprincipled vendors of degrees to this country, and has made it necessary for you to expose the venal system in your excellent article on Medical Titles.

I am, Sir, yours etc., LEO, M.D.

Merthyr Tydfil, January 11th, 1875.

SIR,—L.K.Q.C.P.I., in the JOURNAL of the 2nd instant, says: "I will not only lay claim to the prefix of 'Dr.', but I assert that I am a doctor legally and morally." As this struck me as being strong language, I sought a very high authority, and I believe, legally and morally, L.K.Q.C.P.I. is right. Let us take a logical and common-sense view of the subject. A Licentiate of a College of Physicians is as certainly a physician as a Licentiate of a College of Surgeons is a surgeon. Dr.

Johnson says, under the word "Doctor", "a physician—one who undertakes the cure of diseases"; and the learned Doctor quotes examples of this use of the word from Shakespeare, Dryden, Collier, and Swift. If, then (and I presume the authority of such names is sufficient), doctor and physician are now, and always have been, synonymous in the English language, and they are convertible terms, every Licentiate of every College of Physicians is rightly and legally a Doctor; and if so, why should he not call himself so? There is no law in England more powerful than the law of custom. It makes a permanent highway through private property; it governs parliamentary discussions, and becomes *de facto* a law itself. No doubt the term "Doctor", in its strict etymological meaning, refers only to the degree of Doctor, as the holder of such degree formerly was only one qualified to teach the Faculty to which he belonged (*vide* Dr. Johnson, edition 1785). But the majority of the M.D.s of the present day are not qualified to teach, and none of them would like to be restricted to their strict position. Custom has made the doctor (M.D.) a physician, and custom has called the physician a doctor, so that I believe L.K.Q.C.I. is legally and morally right. In any case, I should expect that those who hold a different opinion can quote as high authority as I have done, for hitherto each writer has given only his own *ipse dixit*.

In conclusion, relying on the law of custom—*Æθος—Lex non scripta*—I shall continue to consider myself morally and legally a Doctor, the more so as the title is freely and gratuitously accorded to me. In fact, did I object to the name, I should be overruled by public opinion; and I must say I think it would be a wise and courteous proceeding on the part of the M.D.s if they would, as a very small minority, gracefully bow to the voice of custom and public opinion, and cease to endeavour to deprive their brethren without enriching themselves; bearing in mind that it was the same gradual change in the habits and customs of Great Britain that set them free from their purely doctrinal office to compete with those engaged in the practice of medicine, and that gave those practising the science of physic the title which once only belonged to the teacher of it—a change that afforded to the one a means of living by his profession, to the other a name to the profession by which he lives; an interchange, so to speak, of two properties, in which I think the M.D. has decidedly the best of the bargain.—Your obedient servant,

ANTIQUUS MOS.

SIR,—A great deal of correspondence has taken place respecting the propriety of L.R.C.P.s assuming the prefix of "Dr." What would you recommend a L.R.C.P. Ed. & L., F.P. & S.G., L.S.A., to adopt in a town where a L.F.P. & S.G., and L.S.A., emblazon his name on plate as "Dr. —, Surgeon", etc., where competition exists? Of course the public must think more of a person who adds "Dr." to his name.

In fairness, please advise, yours, etc.,

L.R.C.P. EDIN.

* * We advise our correspondent not to imitate his rival in assuming the title of Dr., but to show the public, if it be within his power, that professional skill is of greater value than assumed titles. Two wrongs never make one right.

SIR,—I doubt if any of your correspondents who seem to think it a reasonable demand that the English Universities should confer on them the degree of M.D. after a single examination, however severe, really apprehend the precise position of an M.D. Oxon. or Cantab. Your correspondents have doubtless some idea of the curriculum required for the B.A. degree of the elder Universities. They must know that several examinations have to be passed, and between three and four years of study under special teachers completed; also that the B.A. degree obtained, the student becomes entitled to the degree of M.A. after the lapse of between three and four years: in other words, that it takes seven years to obtain the degree of M.A. This being so, I am sure your correspondents would never dream of asking to be made "Masters of Arts" straight off after a single examination, waiving the matriculation examination, and "smalls", and "mods.", and "greats", and "second schools", and, above all, the seven long years of *status pupillaris*. But wait a little: I am writing now of Oxford. Above the degree of M.A. are the degrees of B.D. (Bachelor of Divinity), B.C.L. (Bachelor of Civil Law), and M.B. Imagine this higher grade arrived at by our student; but imagine further, that he desires the highest grade of all—desires to be one of the "Domini Doctores"—then he must still wait on average four years longer, not to mention other tests, before his studying will permit him to be raised to this highest University grade, before he can be a D.D., a D.C.L., or an M.D. Now, your correspondents would never dream of asking to be made M.A.s straight off; nevertheless, in their ignorance of University rank, they demand a degree resting two grades higher. Why do not they petition to be made D.D.s or D.C.L.s straight off, for the jump would be no greater? Your correspondents evidently think the M.D. Oxon. or Cantab. to be much the same poor sort of thing as many foreign degrees which are granted after a single examination, and at best can rank no higher than an English B.A.; but I trust I have undeceived them. One of your correspondents has written of the Oxford and Cambridge medical degrees as somewhat obsolete. I will ask this gentleman to look at the lists of the Presidents of the Royal College of Physicians, and his respect for somewhat obsolete degrees, I can promise him, will gain notably from its perusal.

Lastly, I must refer to the injustice of your correspondents' demand, amounting as it does to this, that for the pains of one examination they should be hoisted two grades over the heads of those who, like the writer, have for many years been

M.A. OXON.

SIR,—If I remember rightly, about nine hundred men, with what is termed the double qualification, obtained the degree of M.D. at the Scottish Universities during the year of grace. In the town in which I live there are only three medical practitioners, including myself. Three years ago, one of these gentlemen, who has no professional appointment which is not also held by every surgeon in the locality, without any examination whatever, was admitted as Fellow of the Royal College of Surgeons of London. Two friends and myself entered the same day as medical students at Guy's Hospital. One friend and myself passed the Apothecaries' Hall examination the same night. Sixteen gentlemen were examined the same evening, but my friend and myself were the only two who received what was then termed the compliments of the Court. Afterwards, each of us became M.R.C.S. Lond.; but my two friends, who had had no professional advantages more than myself, immediately obtained the M.D. of St. Andrew's. I was the eldest son of six children, my father dying when I was in my fourteenth year; therefore, my mother's pecuniary resources were unable to supply me with £40, which my two friends told me the degree, with travelling expenses, etc., had cost them. Thus circumstanced, I began life with the double qualification only; but in 1860, I took the L.R.C.P. Edin. by examination, which, if it do not give some professional distinction, is wholly valueless to me. As Licentiates of the London College of Physicians had up to that time been addressed with the prefix of "Dr.", I assumed that I was entitled to do the same, and acted accordingly. The Edinburgh College now in its communications addresses me with the prefix of "Dr." I cannot

suppose the St. Andrew's examination differed materially from the one at the Edinburgh College of Physicians, and conclude that the professional level of many M.D.s is no higher than my own, and therefore am tempted to ask why such a rancorous spirit exists against a L.R.C.P. Ed., while others, in no way superior, are sheltered from attack by only having another colour or form which is expressed by the letters M.D.

If gentlemen who feel aggrieved by the qualification and title of L.R.C.P. Ed. will obtain for them an honorary M.D. from the Edinburgh University, doubtless it would be accepted, and we should cease to hear these fretful cries; but it scarcely seems just to oblige a man of forty-nine years to present himself before an examining board when he has passed many years in the arduous duties of a country practice.—I am, sir, yours faithfully,

F. H. HARTSHORNE, L.R.C.P. Ed., M.R.C.S. L., L.S.A.

Broseley, January 1875.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Birmingham Daily Gazette, The Western Daily Press; The Manchester Guardian; The Ulster Advertiser; The Sussex Coast Mercury; The Broad Arrow; The Surrey Advertiser; The Bedale and Northallerton Times; The Hackney Express; The Liverpool Porcupine; The Scotsman; The Liverpool Mercury; The Glasgow Herald; The Stroud News and Gloucestershire Advertiser; The Bradford Observer; The Morpeth Herald; The Portsmouth Times; The Western Daily Press; The York Herald; The Sheffield Evening Star; The Brighton Guardian; The Sussex Daily News; The Wrexham Advertiser; The Newton Directory; The Sussex Coast News; The Berkshire Chronicle; The Hull News; The Southern Times; The Worthing Intelligence; The Hampshire Telegraph and Sussex Chronicle; The Sheffield Daily Telegraph; The Hereford Times; The High Peak News; etc.

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

Dr. J. Hughes Bennett, Nice; Dr. H. Charlton Bastian, London; Dr. George Johnson, London; Dr. J. Burdon Sanderson, London; Dr. Bradbury, Cambridge; Dr. Tilt, London; Mr. Walker, Wakefield; Mr. Poole, London; Dr. Willett, Shrewsbury; Dr. Moore, Harlesden; Mr. Woodhouse, Putney; Dr. Diver, Southsea; Dr. Waseman, Prince's Town; Dr. Crombie, London; Mr. T. Annandale, Edinburgh; Dr. Buchanan, Glasgow; Mr. Greenway, Plymouth; Insurance; Dr. Armitage, London; X. G. B.; Dr. Balthazar W. Foster, Birmingham; Dr. James Sawyer, Birmingham; Mr. Walters, Reigate; Mr. Chubb, Torpoint; Dr. Collier, London; Mr. T. M. Stone, London; Dr. Farquharson, London; Dr. Edward Hamilton, Dublin; Surgeon-Major Porter, Netley; Dr. J. W. Allan, Fort William; Professor Sée, Paris; Mr. W. H. Michael, London; Dr. McKendrick, Edinburgh; Mr. T. Charters White, London; Dr. Stryp, Shrewsbury; Dr. Underhill, West Bromwich; Mr. Groves, Wigan; Mr. George Lyon, London; Dr. Rumsey, Cheltenham; Mr. R. W. Graves, Gloucester; The Secretary of the Obstetrical Society; Mr. T. Benson, Stanley; Mr. A. H. Collet, Worthing; Dr. F. W. Smartt, Ballymahon; Mr. E. Reardon, Cork; Mr. H. Morris, Howden; Dr. A. Dunlop, Holywood; Dr. C. Parsons, Dover; Mr. T. Vincent Jackson, Wolverhampton; Dr. R. Jolly, Birmingham; The Secretary of the Royal Medical and Chirurgical Society; Mr. W. M. Atkinson, Landport; Mr. R. Jalland, Horncastle; Mr. J. T. Reed, Ryhope; Mr. W. Cox, Winchcombe; Dr. Chevallier, Ipswich; Mr. G. M. Stansfeld, Bristol; Dr. D. Thorp, Cheltenham; Mr. S. A. Gill, Torquay; Dr. W. Ffolliott, Aldershot; Surgeon-Major A. Richardson, Dublin; Mr. J. Brown, Dorchester; Mr. J. Broadhurst, Lancaster; Dr. J. Dewar, Orkney; Mr. W. L. Muir, Glasgow; Dr. A. D. Davidson, Aberdeen; Mr. R. McCallum, Ullapool; Mr. J. Shackleton, Whitworth; Dr. Edis, London; Mr. T. H. Bartlett, Birmingham; Dr. T. Inman, Clifton; Mr. Wanklyn, London; Dr. Jones, Plymouth; Mr. Holmes, London; The Secretary of Apothecaries' Hall; The Registrar-General of England; The Registrar-General of Ireland; Mr. W. Fairlie Clarke, London; The Registrar of the Medical Society of London; Dr. G. Calderwood, Egremont; Mr. J. W. Hulke, London; Mr. R. H. Upton, London; Mr. J. Mackinlay, Twickenham; Dr. Fagan, Belfast; The Secretary of the Statistical Society; The Secretary of the Social Science Association; Mr. T. L. Gentles, Derby; Dr. J. M. Fothergill, London; Dr. James Ross, Waterfoot, Manchester; Dr. P. Divorty, Inverurie; Mr. H. A. Allbutt, Leeds; Dr. A. Carter, Liverpool; Mr. John St. S. Wilders, Birmingham; Dr. Tilbury Fox, London; Dr. L. S. Forbes Winslow, London; Mr. Burdett, Greenwich; Dr. J. Butler Hamilton, Chatham; Dr. James W. Anderson, Glasgow; Staff-Surgeon W. J. Eames, Haslar; Mr. R. Greene, Hayward's Heath; Dr. J. Finlayson, Glasgow; Dr. L. O. Fox, Broughton; A Correspondent; Dr. Dyster, Tenby; Messrs. Williams and Norgate, London; Mr. Hugh Lloyd, Towyn; Mr. L. A. Lucas, Chislehurst; Mr. W. Haward, Bury; Dr. Gibb, Newcastle-upon-Tyne; Mr. Christopher Jeaffreson, Newcastle-upon-Tyne; Dr. A. E. Sansom, London; Dr. H. Drummond, Ipswich; Our Edinburgh Correspondent; Dr. Gairdner, Glasgow; Dr. E. R. Tenison, London; The Secretary of the Manchester Medical Society; Mr. C. F. J. Lord, Hampstead; Dr. A. B. Steele, Liverpool; Dr. A. Harris, Manchester; The Secretary of the Hospital for Consumption; Dr. J. Parsons, Clifton; Mr. C. H. Parkinson, Wimborne; Mr. E. Matthews, Redditch; The Mayor of Birmingham; Dr. W. N. Thursfield, Shrewsbury; Mr. E. C. Board, Clifton; Mr. T. Eyton Jones, Wrexham; Dr. Joyce, Cranbrook; M.D., M.R.C.S.; Mr. Robert Cuffie, Woodhall; Mr. F. Gordon Brown, London; Dr. Parkes, Netley; Mr. G. Glenny, Barking; Dr. Lucas, London; Mr. Berkeley Hill, London; Mr. Armstrong, South Shields; Dr. Chalmers, Glasgow; Mr. Walter Smith, London; Dr. Crichton Browne, Wakefield; Dr. Dallas, London; Dr. Lamb, Southport; Dr. Clouston, Edinburgh; Our Dublin Correspondent; Dr. Macnaughton Jones, Cork; Dr. T. Cole, Bath; etc.