

The Summer Session of the School of Medicine begins on the 15th instant, and the following are the names of the Professors who are to lecture during the Course : M. Baillon, Natural Medical History ; M. Béclard, Physiology ; M. Charcot, Pathological Anatomy ; M. Trélat, Surgical Pathology ; M. Lancereaux, acting for M. Tardieu, Medical Jurisprudence ; M. Regnault, Pharmacology ; M. Pajot, Obstetrics, and Diseases of Women and Children ; M. Vulpian, Experimental and Comparative Physiology ; M. Bouchardat, Hygiene ; M. Gubler, Therapeutics and Materia Medica :—Clinical Medicine, M. Béhier (Hôtel Dieu), M. Sée (La Charité), M. Laségue (La Pitié), M. Hardy (Neckar) :—Clinical Surgery, M. Richet (Hôtel Dieu), M. Gosselin (La Charité), M. Verneuil (La Pitié), M. Broca (La Clinique) :—Clinical Obstetrics, M. Depaul (La Clinique) :—Supplementary Courses, M. Blachez, Diseases of Children ; M. Panas, Ophthalmology ; M. Tournier, Syphilitic Affections ; M. Guyon, Diseases of the Urinary Organs.

ASSOCIATION INTELLIGENCE.

SOUTH EASTERN BRANCH : EAST SUSSEX DISTRICT MEETINGS.

THE first meeting of the above District for the present year will be held on Friday, March 24th, at 3 o'clock, at the Sussex Hotel, Tunbridge Wells : WILLIAM WALLIS, Esq., of Hartfield, in the Chair.

All members of the South Eastern Branch are entitled to attend and to introduce professional friends.

Dinner will be provided at the hotel at 5 o'clock.

Papers, etc., are expected from W. Wallis, Esq., Chairman ; Dr. Wardell ; and Mr. G. F. Hodgson.

Notice of intended communications is requested to be forwarded to the Secretary by Wednesday, the 15th instant.

THOMAS TROLLOPE, M.D., *Honorary Secretary*.

35, Marina, St. Leonards-on-Sea, March 7th, 1876.

NORTH WALES BRANCH.

THE intermediate meeting of this Branch will be held at the Crown Hotel, Denbigh, on March 28th, 1876, at 12 A.M.

Dinner at 3 P.M.

T. EYTON JONES, M.D., *Honorary Secretary*.

Wrexham, March 7th, 1876.

BATH AND BRISTOL BRANCH.

THE fifth ordinary meeting of the session will be held at the York House, Bath, on Thursday evening, April 13th ; W. M. CLARKE, Esq., President.

Bath, March 1876.

R. S. FOWLER, } *Honorary Secretaries*.
C. BOARD, }

NORTH OF ENGLAND BRANCH.

THE spring meeting of this Branch will be held in the Library of the Newcastle-upon-Tyne Infirmary, on Thursday, April 27th.

Gentlemen who are desirous of reading papers, introducing patients, exhibiting pathological specimens, or making other communications, are requested to signify their intention to the Secretary at their earliest convenience.

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

Newcastle-upon-Tyne, March 14th, 1876.

SOUTH-EASTERN BRANCH : EAST SURREY DISTRICT MEETING.

A MEETING was held on March 9th, 1876, at the Crystal Palace Hotel, Upper Norwood ; E. H. GALTON, Esq., in the chair. Twenty-four members and two visitors were present.

Communications.—1. Mr. E. H. GALTON read a Case of Sudden Death occurring Twelve Days after Labour.

2. Dr. BRAXTON HICKS read Two Cases of Reposition of Enlarged Retroverted Womb.

3. Dr. BRAXTON HICKS read a Case of Large Impaction of Fæces in the Cæcum simulating a Tumour.

4. Dr. DALTON read a paper on the Recent Epidemic of Fever in Croydon and South Norwood.

Dinner.—Sixteen members and two visitors dined together.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 14TH, 1876.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

ON SOME EFFECTS OF LUNG-ELASTICITY IN HEALTH AND DISEASE.
BY R. DOUGLAS POWELL, M.D., F.R.C.P.

IN this paper, after a reference to the views of Hutchinson and Hyde Salter on the mechanism of respiration, it was observed that, as now admitted by the best physiologists, in the position of thoracic repose, *i.e.*, at the end of quiet expiration, the contractility of the lungs is exactly counterpoised by the elastic resilience of the chest-wall. This elastic resilience, tending to expand the chest, may be termed the excentric thoracic resilience. The presence of this excentric thoracic resilience in health was pointed out by Dr. Salter, and was incidentally further demonstrated by Mr. Le Gros Clark's more recent experiments, to show the "passive tension" of the diaphragm. The resilience of both thoracic wall and diaphragm tending excentrically, and thus to increase the capacity of the chest, takes an important part in facilitating the respiratory act. The thoracic resilience in calm breathing helps inspiration and eases the recoil in expiration, thus exercising a spring-like function countervailing the lung-elasticity in each way. (The diaphragmatic resilience is probably mainly derived from the "spring" of the thoracic margin to which it is attached.) Most authors regard thoracic elasticity as acting counter to inspiration ; and Dr. Salter assumed that it was in favour of inspiration only at the very commencement of that act. It is important, therefore, to compare the range of chest-expansion in calm breathing with the degree to which the chest will expand by virtue of the excentric thoracic resilience alone, as ascertained by experiment upon the dead subject. The measurements of Hutchinson, Burdon Sanderson, and Sibson, showed the expansion of the chest in quiet breathing to be very small, *viz.*, from one to two *millimètres*. In some experiments by the author, he found the range to be slightly greater, but variable in different persons. With regard to the expansion of the chest by virtue of excentric resilience in one observation upon the dead subject, Dr. Salter found that, on cautiously opening the pleural cavity so as to allow the lungs to collapse and thus to liberate the chest-wall from their traction, an expansion of one *millimètre* was recorded. The author had repeated this experiment, with slight modification, in ten cases. In one case in which the chest was quite healthy, the expansion recorded was 3.19 *millimètres*. In three other cases in which the chest was not quite healthy, expansions of 1.6, 2.1, and 2.4 *millimètres* were recorded respectively. In six cases in which cedema or emphysema, or adhesions, were present, no result was obtained. It thus appeared that, in health, the thoracic resilience favours inspiration throughout, and that probably, even at the termination of quiet inspiration, there is still a small tendency to expand in reserve. The facts and inferences above alluded to were stated to be of much interest in their clinical bearings. In emphysema, the elastic tension of the lung is loosened, so that the excentric thoracic resilience becomes less and less opposed as the emphysema increases. In extreme cases, the inertia of the chest-walls and the resistance of the lung are no longer countervailed by thoracic resilience, hence the uneasy jerk with which the act of inspiration (mainly thoracic in this disease) commences. The view of Stokes—still held by most who have followed him—that the chest in emphysema was expanded, and organs displaced and compressed by the large lungs, was stated to be untenable. Some observations of M. Woillez on the expansion of the chest during the febrile state were alluded to. The relationship between cardiac displacement and intra-thoracic pressure was then discussed, a table of seventeen cases of pneumothorax and of three cases of empyema being referred to in which the intrathoracic pressure had been tested by the author. Experiments already published were also alluded to as bearing upon the subject. The results of these latter observations and experiments seemed to show that the view before expressed by the author was correct ; *viz.*, that, in all cases of effusion into the pleura, displacement of the heart is at first affected by the traction of the lung from the healthy side upon the mediastinum—rapidly in the case of pneumothorax, gradually in fluid effusion. When further accumulation takes place, the heart, of course, becomes further displaced by direct pressure.

Dr. W. H. DAY, after referring to the scientific character of the paper, called attention to the effect of tumours and collections of fluid in the abdomen on the thoracic organs. It was remarkable that the

would be very much affected by their promotion. He could not say what bearing the proposed change was likely to have on the long service of medical officers in India and in the navy. That would have to be tested by the operation of the new rules.

Tuesday, March 14th.

Lunatics.—Mr. DILLWYN gave notice that, on that day four weeks, he would move for a select committee to inquire into and report upon the operation of the existing law relating to the committal and custody of lunatics.

Lunatics (Workhouses).—A return was ordered, on the motion of Mr. INGRAM, "showing the number of workhouses in England in which lunatics are received, and where there are no separate wards for lunatics; also the number of workhouses in which there are separate wards for lunatics, and the number of lunatics in each of such workhouses on the 1st day of January, 1876; at the same time, specifying the workhouses in which special paid attendants are appointed for the superintendence and care of the lunatics, with the number of such attendants in each case".

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE West Bromwich Urban Sanitary Authority have increased the salary of the Medical Officer of Health from £50 to £120 *per annum*.

It is Mr. Haviland's intention to offer himself for re-election as Medical Officer of Health to the Northamptonshire Sanitary Districts.

SCOTCH POOR-LAW MEDICAL RELIEF.

SIR,—In your issue of the 4th instant, you publish the report of what occurred at the interesting deputation which recently waited on the Chancellor of the Exchequer, on the question of Scotch medical relief. Since then, I have observed that several petitions have been presented from Scotch Parochial Boards, praying for an increase in the parliamentary grant in aid of such relief, *but for that only*. Having regard to the reply of Sir S. Northcote, it appears to me to be eminently desirable that petitions should be sent in from Scotch medical officers, praying for something more; and, to facilitate their doing so, I append a form of petition which covers the whole ground of Scotch Poor-law medical officers' grievances, at the same time, not going beyond the text of the suggestions of the select committee.

All that it will be necessary to do, will be to copy the petition on one side only of a sheet of paper, to write the petitioners' names at foot, and then to send it to Dr. Cameron, M.P., House of Commons; or to Mr. McLaren, M.P.; Mr. Whitelaw, M.P.; or any other member the petitioners might chance to know. Could the petitioners obtain the signatures of resident land-owners, the clergy, or large rate-payers, it would render the petition more effective.

Whatever is done, should be carried out without delay.

I am, yours obediently, J. ROGERS.
Dean Street, Soho, London.

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

THE humble petition of the undersigned sheweth,—

That, in the year 1869 and 1870, a Committee of your Honourable House sat to consider the working of the Scotch Poor-Laws. In 1870, the Committee agreed on their report, and *inter alia* suggested radical changes in the administration of medical relief, which they had found to be wholly insufficient to meet the legitimate wants of the sick poor; and that, up to the present, no successful effort has been made to carry out the suggestions of that report.

Your petitioners, therefore, pray your Honourable House to take this important question into consideration, and to provide "that every Parochial Board should be required to appoint a medical officer, at a suitable salary, exclusive of the cost of medicines, which should be provided at the charge of the said Board; that the medical officer should be removable from office by the Board of Supervision only; that the Parochial Board should be required to superannuate him in all suitable cases; and that the parliamentary grant in aid of medical relief be placed on the same footing as in England and Wales and in Ireland".

And your petitioners will ever pray.

[Here sign.]

POOR-LAW MEDICAL APPOINTMENTS.

AGAR, Frederick N., M.R.C.S.Eng., appointed Medical Officer to the Enfield Highway District of the Edmonton Union, *vice* Charles H. Carver, M.R.C.S.Eng., resigned.

BLOOMFIELD, Horatio, M.D., appointed Medical Officer for the Debenham District of the Bosmere and Claydon Union, *vice* L. W. Moore, M.R.C.S.Eng., resigned.

COUTTS, John, L.F.P.S.Glasg., appointed Medical Officer and Public Vaccinator for the Parish of Morven, Argyllshire, *vice* J. McGregor, M.B., resigned.

DUNBAR, Alexander, M.D., appointed Medical Officer for the North Municipal District of the West Derby Union, Lancashire, *vice* J. Anderson, M.R.C.S.Eng., resigned.

ELLIS, John Lloyd, L.K.Q.C.P.I., appointed Medical Officer and Public Vaccinator for the Mallwyd District of the Dolgelly Union, *vice* D. Ferguson, L.R.C.P.Ed.

EVELEY, Joseph F., L.R.C.P.Lond., appointed Medical Officer for No. 1 or Northern District of the Plymouth Incorporation of the Poor, *vice* R. J. Shepherd, M.R.C.S.Eng.

FARQUHARSON, Patrick D., M.B., appointed Medical Officer and Public Vaccinator for the parish of Applecross, Ross and Cromarty, *vice* C. MacLean, M.B., resigned.

GRAHAM, James, M.D., appointed Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Killough Dispensary District of the Downpatrick Union, co. Down, *vice* J. W. Harrison, M.R.C.S.Eng., resigned.

GRINFIELD, Coxwell John E., L.K.Q.C.P.I., appointed Medical Officer for the Worthing District of the East Preston Union, *vice* C. Smith, M.R.C.S.Eng., resigned.

MAYBURY, W. A., M.D., appointed Medical Officer for No. 1 Ward of the Colchester Union, *vice* E. Worts, L.R.C.P., resigned.

MERDITH, John E., M.R.C.S.Eng., appointed Medical Officer for the First District of the Maidstone Union, *vice* H. C. Smith, M.R.C.S.Eng., deceased.

O'HAGAN, Patrick, L.K.Q.C.P.I., appointed Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Kingscourt Dispensary District of the Bailieborough Union, co. Cavan, *vice* J. Rooney, L.K.Q.C.P.I.

PARKS, Charles H., M.R.C.S.Eng., appointed Medical Officer to the 3rd and 7th Districts of the St. Columb Major Union, *vice* T. D. Martyn, M.R.C.S.Eng., resigned.

PROCKTER, Alfred Edgcumbe, L.R.C.P.Ed., appointed Medical Officer and Public Vaccinator for the Barton-under-Needwood District of the Burton-on-Trent Union, *vice* T. Webb, L.R.C.P.Ed., deceased.

REDMAYNE, John T., L.R.C.P.Ed., appointed Medical Officer for the Sharples District of the Bolton Union, *vice* J. Hall, M.B., resigned.

MILITARY AND NAVAL MEDICAL SERVICES.

SHORT SERVICE.

SIR,—The oracle has spoken: Mr. Hardy's short-service scheme for the Medical Department of the Army is before the public and the profession. Of details, of course, we know nothing, but the main facts are disclosed. I do not in the least know what the feeling generally among the officers of the Medical Department may be at this moment on the subject; but if they look at the matter as I do, I am sure it is one of bitter disappointment.

Let us analyse this short-service scheme a little. I write as a father having sons, who, I hoped, might have followed the course I have pursued myself, and have entered the army as medical officers. How can I conscientiously and honestly advise them to do so now? What are their prospects? Ten years' service in any part of the world—on good pay, I admit—and, after contracting military habits and a love of military life, perhaps damaged in health, there is nothing before them but compulsory retirement, with £1,000 in their pockets. Well, sir, I do not wish to make things out worse than they are, but I am almost tempted to say they would be better off without the £1,000. In how many cases will this be a mere temptation to young men to run into debt and extravagance, knowing that this little nest-egg awaits them at the end of their term of service? How many will be induced by the money-lenders and other few harpies who watch for such chances to sell for the sake of present enjoyment their reversionary interest in their bonus? When a parent places his son in the public service of the country, he has hitherto regarded it as a provision for him for life. Under the new system for the Army Medical Service, it will be a provision only for the first decade of his professional career, at the end of which he must begin life over again in a new sphere altogether, for which his ten years' army service will have been no preparation, but the reverse. Then, with regard to the fortunate few who are selected to remain to fill the higher ranks, how are they to be selected? By merit? We know the celebrated definition of merit—viz., interest, personal or parliamentary. And what kind of merit? Professional eminence? Who is to decide that? A weak director-general, or confidential reports? or is it to be military merit? distinguished conduct in the field, and the high praises of military dispatches and general orders? These are serious matters for consideration. I can only say that I for one, with a long experience to look back upon, would not feel disposed to advise my son, if he choose medicine as his profession, to commit himself to a service which demands the best part of his life and health, and then leaves him with a slender prop to begin the world over again.

I remain, sir, yours obediently,

A RETIRED MEDICAL OFFICER OF 27 YEARS' SERVICE.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

STATE MEDICINE.—The next examination for a certificate in State Medicine at Cambridge will commence on June 13th. Candidates must send in their applications on or before May 30th, to Professor Liveing, Cambridge, to whom, also, all requests for information should be addressed. Any person in the *Medical Register*, who is twenty-four years of age, may present himself for this examination.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 9th, 1876.

Dutton, Edward George, Peel Lodge, Hammersmith
Hallsworth, Francis Arthur, Atherstone, Warwickshire
Iles, Alfred Robert, Fairford, Gloucestershire
Le Quesne, Edward Joseph, Metropolitan Free Hospital

The following gentlemen also on the same day passed their primary professional examination.

Harvey, Joseph Jarrom, Queen's College, Birmingham
Harris, Spencer Clabon, Westminster Hospital
Meek, John William, Guy's Hospital

UNIVERSITY OF DUBLIN: SCHOOL OF PHYSIC.—Hilary Term, 1876.—The following gentlemen passed the examination for the degree of Bachelor of Medicine, held on Monday, Tuesday, and Wednesday, February 21st, 22nd, and 23rd.

Cosgrave, Ephraim MacDowel	Woods, Charles P.
Warren, Samuel	Barrington, Henry E. G.
Leeper, George Reginald	Russell, George M.
Fox, Charles N.	Dowse, Richard

The following candidates passed the examination for the degrees of Bachelor and Master in Surgery, held on Thursday, Friday, and Saturday, February 24th, 25th, and 26th.

Cosgrave, Ephraim MacDowel	Dowse, Richard
Lane, John	Warren, Samuel
Corcoran, Lawrence	

N.B.—In the above lists, the names of the candidates are arranged in the order of merit.

MEDICAL VACANCIES.

THE following vacancies are announced:—

BERMONDSEY VESTRY—Medical Officer of Health. Salary, £160 per annum. Applications not later than April 1st.

BIRMINGHAM GENERAL HOSPITAL—Resident Registrar and Pathologist. Salary, £130 per annum, with board and residence. Applications on or before the 31st instant.

BIRMINGHAM and MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Resident Medical Officer. Salary, £80 per annum, with suitable rooms, board, washing, and attendance, in the Institution. Applications not later than April 7th.

BRACKLEY and other Rural Sanitary Districts, Northamptonshire—Medical Officer of Health. Salary, £700 per annum.

BRIDGNORTH UNION, Salop—Medical Officer for the Second District.

CARLISLE DISPENSARY—Assistant House-Surgeon. Salary, £90 per annum, with apartments, coals, gas, and attendance. Applications to the Honorary Secretary.

CARLOW UNION—Medical Officer, etc., for the Bagnalstown District. Salary, £700 per annum and fees, and £20 per annum as Sanitary Officer.

CHARING CROSS HOSPITAL—Physician or Surgeon for the Treatment of Diseases of the Skin. Applications on or before the 28th instant.

CHESTERTON UNION, Cambridgeshire—Medical Officer for the Fifth District. Salary, £50 per annum and fees.

CHRISTCHURCH UNION—Medical Officer for the Eastern District. Salary, £700 per annum, exclusive of fees. Applications on or before the 27th instant.

COCKERMOUTH UNION, Cumberland—Medical Officer for the Keswick District. Salary, £26 per annum and fees.

DOWNPATRICK UNION—Medical Officer, etc., for the Killagh Dispensary District. Salary, £700 per annum and fees, and £15 per annum as Sanitary Officer.

EAST MOLESEY URBAN SANITARY DISTRICT—Medical Officer of Health.

EVIE PAROCHIAL BOARD—Medical Officer. Salary, £20 per annum, and free house. Applications immediately to the Rev. A. Leslie, Evie, N.B.

GENERAL INFIRMARY, Leeds—House-Physician. Salary, £700 per annum, with board, furnished apartments, and washing. Applications not later than the 21st instant.

GREAT NORTHERN HOSPITAL, Caledonian Road, N.—Physician. Applications on or before April 4th.

HAWORTH, OAKWORTH, and OXENHOPE URBAN, and KEIGHLEY RURAL SANITARY DISTRICTS, combined—Medical Officer of Health.

HOSPITAL FOR DISEASES OF THE SKIN, Stamford Street—Surgeon.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square—Physician. Applications on or before the 25th instant.

HOSPITAL FOR THE INSANE, Barnwood, near Gloucester—Assistant Medical Officer. Salary, £700 per annum, increasing £10 per annum to £710, with board (exclusive of wine), lodging, and washing. Applications to the Medical Superintendent.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, Margaret Street, W.—Honorary Physician. Applications on or before the 20th instant.

INFIRMARY FOR THE SICK and LAME POOR of the Counties of Newcastle-upon-Tyne, Durham, and Northumberland—Physician. Applications on or before the 23rd instant.

KENT COUNTY LUNATIC ASYLUM, Chartham, near Canterbury—Assistant Medical Officer and Dispenser. Salary, £720 per annum, with board, lodging, and washing. Applications on or before the 31st instant.

KING'S COLLEGE HOSPITAL—Assistant-Surgeon. Applications to the Secretary.

KINGSTON PROVIDENT DISPENSARY—Physician.

LIMAVADY UNION, County Londonderry—Medical Officer, etc., for the Bellarena Dispensary District. Salary, £100 per annum and fees, and £15 per annum as Sanitary Officer.

LISNASKEA UNION—Medical and Sanitary Officer for the Brookborough Dispensary. Salary, £130 per annum. Applications on or before the 21st instant.

MANCHESTER ROYAL INFIRMARY, DISPENSARY, and LUNATIC HOSPITAL or ASYLUM—Honorary Assistant Surgeon. Applications not later than the 25th instant.

MARTLEY UNION, Worcestershire—Medical Officer for the Leigh District. Salary, £85 per annum and fees.

MIDDLESBOROUGH UNION—Medical Officer for the D District.

NORTHAMPTON URBAN SANITARY DISTRICT—Medical Officer of Health.

NOTTINGHAM DISPENSARY—Assistant Resident Surgeon (single). Salary, £700 per annum, with furnished apartments, coals, and gas. Applications on or before the 20th instant.

QUEEN'S COLLEGE, Galway—Professor of Midwifery. Applications on or before September 1st.

QUEEN'S UNIVERSITY, IRELAND—Five Examiners: Medicine, at £700 per annum; Surgery, at £100 per annum; Midwifery, etc., at £75 per annum; Materia Medica, at £75 per annum; Medical Jurisprudence, at £75 per annum. Applications on or before April 4th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—Examiner in Midwifery.

ST. IVES UNION, Hunts—Medical Officer for the Warboys District. Salary, £50 per annum, and fees.—Medical Officer of Health for the Warboys District. Salary, £40 per annum. Applications on or before the 21st instant.

STROUD GENERAL HOSPITAL—House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications to Dr. Paine, Stroud, Gloucestershire.

TISBURY UNION—Medical Officer for the Hindon District. Salary, £60 per annum and fees.

TOWCESTER RURAL SANITARY DISTRICT—Medical Officer of Health.

UG PARISH, Island of Lewis, Scotland—Medical Officer. Salary, £150 per annum, and fees. Applications to the Inspector of Poor, Stornoway, N.B.

UNIVERSITY OF LONDON—Eighteen Examiners: two in Chemistry, at £75 per annum each; two in Medicine, at £150 per annum each; two in Surgery, at £150 per annum each; two in Physiology, etc., at £150 per annum each; two in Anatomy, at £100 per annum each; two in Botany, at £75 per annum each; two in Obstetric Medicine, at £75 per annum each; two in Materia Medica, etc., at £75 per annum each; and two in Forensic Medicine, at £50 per annum each. Applications on or before the 28th instant.

WALSINGHAM UNION, Norfolk—Medical Officer for the Fakenham District. Salary, £50 per annum, and fees. Applications not later than the 28th instant.

WESTMORLAND LOCK (Government) HOSPITAL, Dublin—Surgeon. Salary, £100 per annum. Applications on or before March 31st.

WHITEHAVEN and WEST CUMBERLAND INFIRMARY and FEVER HOSPITAL—Resident House-Surgeon and Dispenser. Salary, £130 per annum, with rooms, attendance, fire, and gas. Applications on or before the 21st instant.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

ALFORD, George E., M.R.C.S.Eng., appointed House-Surgeon to the Weston-super-Mare Hospital and Dispensary, *vice* R. S. Archer, M.B., resigned.

CAMERON, James S., M.D., appointed Consulting Physician to the Huddersfield Infirmary, *vice* W. Turnbull, M.D., resigned.

GREENWOOD, Thomas P., M.R.C.S.Eng., appointed House-Surgeon and Secretary to the Stamford, Rutland, and General Infirmary, *vice* T. D. Paradise, M.R.C.S.Eng., resigned.

ROUGHTON, Walter, L.K.Q.C.P., appointed House-Surgeon to the Macclesfield General Infirmary, *vice* Hugh McMillan, M.D., resigned.

SEWILL, Henry, M.R.C.S.Eng., elected Dentist to the Clergy Orphan School.

WALFORD, Robert, M.R.C.S.Eng., appointed House-Surgeon and Registrar to the Victoria Hospital for Children.

WALSHAM, W. J., F.R.C.S.Eng., appointed Surgeon to the Royal Hospital for Diseases of the Chest, City Road, *vice* Alfred Cooper, F.R.C.S.Eng., resigned.

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.

ROBERTSON.—At Bow, on March 10th, the wife of *Edward Bruce Robertson Esq., of a son.

MARRIAGE.

FOX—SACRÉ.—On March 11th, at St. Stephen's Church, Chorlton-on-Medlock, Manchester, by the Rev. R. Abbey Tindall, M.A., Rector, assisted by the Rev. Fergus Hill, B.A., Richard Dacre Fox, F.R.C.S.E., Manchester, to Mary Augusta, third daughter of Charles Sacré, C.E., of Ardwick. No cards.

DEATHS.

***DAY-GOSS, Samuel, M.D., F.R.G.S.**, at Sidmouth, aged 48, on March 15th.

***IWEDDLE, John, M.R.C.S.Eng.**, at Keswick, Cumberland, aged 44, on March 7th.

SHEFFIELD, R. L., F.R.C.S.Ed., Surgeon to the Metropolitan Free Hospital, aged 32, on March 3rd.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The sixth meeting of the Society was held on Friday, March 3rd, at the Royal Kent Dispensary, Greenwich Road; Dr. Creed, Vice-President (in the unavoidable absence of the President, Dr. Miller), in the chair. Dr. Carr read, for Dr. Miller, a paper on the Germ-Theory in Relation to Acute Specific Diseases. The next meeting will be held on Friday, April 7th, at 8 P.M. precisely.

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, 9 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.—Samarian 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.—Hospital for Women, 2 P.M.—St. Thomas's (Ophthalmic Department), 3 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.—Guy's, 1.30 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.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 9.30 A.M. and 1.30 P.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. Henry Smith, "On some Manifestations of Syphilis, and their Treatment"; Dr. B. W. Richardson, "A Description of Two New Instruments for Artificial Respiration and Tracheotomy; also, a New Exhaustive and Injecting Instrument".

TUESDAY.—Pathological Society of London, 8.30 P.M. Continuation of adjourned Discussion on Syphilis.

WEDNESDAY.—Hunterian Society, 8 P.M. Dr. Clement Lucas will exhibit a piece of Intestine with a Diverticulum; Dr. Hilton Fagge, "On Paroxysmal Neuroses".

FRIDAY.—Quekett Microscopical Club (University College), 8 P.M. Mr. W. K. Bridgman, "On the Principles of Illumination".—Clinical Society of London, 8.30 P.M. Mr. George Brown, "A Case of Amputation of the Thigh for Acute Necrosis of the Tibia and Suppuration in the Knee-joint in an Infant Nine Months old (the patient will be exhibited)"; Mr. Holmes, "A Case of Excision of the Ankle-joint, illustrating the utility of Zinhardt's Chisel"; Dr. Goodhart, "A Case of Headache, Vomiting, Double Optic Neuritis, Blindness, ending in recovery"; Mr. A. T. Norton, "A Case of Cleft-Palate, treatment by Operation with Artificial Uvula".

LETTERS, NOTES, AND ANSWERS 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.

MEDICAL FEES.

DR. A. NAPIER KIDD (Caledon) writes as follows:—A carriage comes to my door, and the driver desires me to come, without delay, to see a person who is dangerously ill. I go at once, and, on my arrival, find the person dead. It afterwards appears that this carriage has been sent for the ordinary medical attendant of the invalid, at whose house it has been, and, not finding him at home, the driver seems to have assumed the responsibility of getting the next nearest medical assistance. Can I legally recover a fee for this visit?

* * We think that Dr. Kidd could legally recover a fee. But we also think that, having recovered it, he should, as a matter of professional courtesy, place it at the disposal of the ordinary medical attendant of the invalid, who was originally summoned.

J. B. (St. Mary's).—The primary examinations will take place on the 31st instant and 21st proximo; the "pass" on the 13th proximo. All this and much more on the same subject you will find on referring to our advertising columns.

DR. ALLIS'S ETHER INHALER.

E. S. G. (Leeds) thinks that the "American Ether Inhaler" ought to be known by the name of its inventor, Dr. Allis of Philadelphia.

G. H. could probably obtain the coca-leaf from Mr. Squire, Oxford Street. At any rate, he had a supply some time since.

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.

IRRITABLE BLADDER.

SIR,—Veritas asks for a remedy for irritable bladder; but if the "unpleasant yellowish discharge" be not caused by disease of the vagina or of the os uteri, it is almost certainly the result of endocervicitis, or of internal metritis, and in the cure of one or other of these diseases Veritas might find the cure of his case of irritable bladder. The case being, however, one of long standing, and no mention having been made of sedatives among the remedies tried, I will call your correspondent's attention to their internal and external use, and more particularly to the extract of henbane, in pills of three grains each, of which two or three may be given in the twenty-four hours.—I am, etc.,
E. J. TILT.

London, March 3rd, 1876.

SIR,—Presuming that Veritas has examined the urine and found it healthy, and, moreover, has, by vaginal examination, determined that the uterus is of normal size, and not pressing on the bladder by an anteverted or downward tendency, and that the discharge alluded to is not from a pelvic abscess between the uterus and bladder, or from chronic endometritis, the case is probably one of simple irritation of the bladder. The indications are not those of stone, and sounding would only increase the mischief.

When a bladder is in a state of irritation, it will not bear distention beyond a certain point, and then there is immediate and urgent call to void the contents. The same is a frequent cause of miscarriage when the uterus is in this condition. The following prescription I have found very valuable in such cases, owing, no doubt, to the action of belladonna on circular muscular fibre, and in lessening reflex irritability.

R. Pilule assafoetide co. gr. 130; extracti belladonnæ gr. 8. Mix and divide in pil. xxx. Silvered. Two to be taken at 10 A.M. and at 8 P.M. daily.

If the case be not better at the end of a week, and dryness of the throat be not complained of, the dose of belladonna should be doubled in the next lot of pills. All alcoholic drinks and tea should be strictly prohibited.—Yours, etc., M.D.

SIR,—Permit me to suggest to Veritas, who writes concerning a case of frequent micturition, the possibility of the existence of a vascular tumour in the meatus. These tumours are very commonly overlooked, and produce a variety of symptoms, the most usual being frequent and painful micturition, or complete incontinence and great pain in sexual intercourse. The tumour may be very small, not larger than a split pea, and is usually situated just within the orifice of the meatus, and may readily escape detection by the finger, unaided by the sight. Excision, succeeded by the application of the actual cautery, is the best treatment, though there is a great tendency to recurrence. If this lady suffer during coitus, I should strongly suspect the existence of a vascular growth.—I am, yours faithfully,
44, Weymouth Street, March 8th, 1876. LLEWELYN THOMAS, M.D.

SIR,—The recital of the following case may be of some assistance to your correspondent Veritas. About four months since, a woman presented herself in the out-patient room of our hospital, complaining of painful micturition, of being unable to retain her urine for more than an hour or two at a time, and of being compelled to rise several times every night. In answer to queries, she told me that she had suffered from a yellowish discharge, and that she had been under medical treatment before she came to the hospital, but that the discharge had then ceased. Her urine being acid, she was put upon an alkaline treatment, combined with mucilage and henbane, and this she continued until her urine showed alkaline reaction, but without any relief to her symptoms. I next tried the administration of dilute nitric acid, with pareira brava, and subsequently with buchu and triticum repens, all without benefit. Next, I examined her vagina and uterus, where I could detect no mischief; but in making this examination, I noticed a vascular appearance about the orifice of the urethra, which induced me to ask our house-surgeon to order the specula described in the JOURNAL of September 4th, 1875. With the smaller of these instruments, I discovered a vascular granular state of the urethra extending throughout its course, and I was then enabled to apply the actual cautery on four or five occasions to portions of this surface; unfortunately, however, with but little good result. I then applied strong nitric acid in a similar manner, with better effect; in all, some seven or eight times.

To-day the woman was at the hospital, and stated that she does not now require to pass urine more than three or four times a day, and never at night. She still complains of a slight feeling of heat when she voids urine. Last week, I examined her urethra with the speculum, but failing to detect any vascularity, I did not use the acid.—I am, etc.,
Swansea, March 6th, 1876. G. MOWAT.

SIR,—Your correspondent Veritas, in his letter of the 22nd ultimo, published in last week's JOURNAL, asks advice as to the treatment of his case of irritable bladder, accompanied by vaginal discharge. I have nothing new to offer him; but permit me to suggest the absolute necessity of a very accurate diagnosis as to the causation of these distressing conditions, before adopting any line of treatment. Although all such cases are difficult to manage, and some will resist the best directed efforts, many are curable, when having distinguished cause from effect, we are enabled to strike direct at the root of the evil. He must, therefore, determine whether the vesical irritability and the vaginal discharge are but symptoms of the same disease, or are independent coexisting conditions; whether the irritability is the result of disease commencing in and confined to the bladder, is secondary to some abnormality of the neighbouring organs, or is merely dependent on neurotic derangement. To ascertain this fact, he should impress on his patient the necessity of submitting to a searching examination, not only of the vagina, but also the uterus and bladder.

Displacements of the uterus are not uncommon causes of irritable bladder—a state bordering on chronic cystitis being sometimes engendered. The fact that the case of Veritas is of long standing, and has gone through four pregnancies, would contraindicate this supposition, provided the conditions have remained unchanged during those periods; for, when anterior displacement of the uterus is the cause of vesical irritation, that infirmity will probably be aggravated during the early months of utero-gestation; while later on, when the fetus has arisen above the bony pelvis, considerable relief may be experienced. Overlooking this objection, the case he describes may easily be one of irritable bladder, caused by anteversion of the uterus, with subsequent chronic endometritis (whether cervical or corporeal), or perhaps areolar hyperplasia, accounting for the discharge, and should be treated accordingly. Any tumour existing in the neighbourhood, irri-

table ulcer of the os or cervix, or even ascariæ in the rectum, may be a cause, while the possibility of stone should not be forgotten. Veritas does not mention if the affection be at all intermittent in character, if his patient suffer from incontinence, or if the function of the bladder be equally perverted during the night as during the day. The latter point might materially assist the diagnosis; besides, if she be "compelled to micturate every hour or so" during the whole twenty-four hours, and pass "about four ounces" each time, the daily quantity must certainly be such as to direct attention to another quarter.

In fine, I can only advise Veritas to seek most carefully for a local cause, and if he find one—as most probably he will—to depend mainly on its removal for a cure. But if his case be simply a neurosis of long standing, while his prognosis is unfavourable, he may hope to effect much improvement by a judicious constitutional treatment: change of air and scene, a carefully regulated diet, avoiding all spicy foods, and a free allowance of fluids; by as far as possible diverting his patient's attention from the malady, or perhaps inducing her occasionally to retain urine as long as possible, with a view to break the bladder of what may be but an acquired nervous habit; by attention to the state of the urine; by the use of the perchloride of iron, combined with belladonna and nuxvomica, or hydrate of chloral; and by some form of cold douche or ice to the spine, or perhaps the Turkish bath.—Yours truly,

J. A. IRWIN, B.A., M.B.

Manchester, March 6th, 1876.

ERRATUM.—In the pass-list of the King and Queen's College of Physicians in Ireland in the JOURNAL of March 4th, page 306, column 1, for Duinen, William Thomas, read Dinnen, William Thomas.

THE TITLE OF SURGEON.

SIR,—With regard to the recent controversies in the JOURNAL on the right or wrong of an L.R.C.P. to assume the name of Doctor, I should be obliged if you would insert this letter in your paper, in order to protest against an L.S.A. signing his name as Surgeon, while possessing only the diploma of an Apothecary, and then by a modified examination. I simply write for a candid opinion, whether an L.S.A. is entitled to assume the "affix" of Surgeon to his bills or advertisements.—I am, etc.,

M.R.C.S. Eng.

. This question was answered in the negative in last week's JOURNAL.

AN AWKWARD MISTAKE.

DR. HASSALL, in his recent work on *Food and its Adulterations*, referring to an analysis of the well-water from which the famous pale ales, brewed by Samuel Allsopp and Sons, of Burton-on-Trent, are manufactured, states that this water contains 7.65 grains of sulphate of zinc: the fact being, that no sulphate of zinc whatever is to be found in the water. Dr. Hassall's attention having been called to this erroneous statement, he has explained, in a letter addressed to Messrs. Samuel Allsopp and Sons, for "sulphate of zinc," a deleterious mineral, "sulphate of potash," which is a natural ingredient of the purest water, should have been substituted. Dr. Hassall expresses his great annoyance that, through inadvertence, so damaging a misstatement should have been allowed to appear in his book.

WEISSNIGHTWO.—Dr. Tilbury Fox's manual on *Skin-Diseases, their Description, Pathology, and Treatment*, is published by Mr. Renshaw, Strand, London.

DENTAL SURGEONS.

SIR,—It was with great pleasure I saw a notice in your JOURNAL recently of the formation of a society amongst members of our profession dealing with affections of the teeth, to be limited to members of the College of Surgeons. It seems an anomalous condition of things that persons should be allowed to practise upon the jaws, which are as much portions of the body as the eye or ear, without any preliminary or scientific education. It amounts to saying that the teeth, because they are not the eyes, are not the body. To treat the jaws, with their living vital organs, requires as thorough and complete a knowledge of anatomy, physiology, chemistry, pathology, medicine, and surgery, as any other organ. The function of mastication is as important as the function of digestion, and diseases of the teeth and jaws are as much diseases of vital organs as any other portion of the bony frame. Judging from the present state of things, it might be supposed the teeth and jaws were a separate entity, requiring no scientific training, or, in fact, any special knowledge for their treatment.

The formation of this society I regard as a protest against the popular notion that the "human frame divine" is made up of a number of separate entities, and not one body; that those practising upon it, let it be what branch it may, require a similar course of study, as high scientific training. It is to be hoped that the society will enforce their views upon those who are drawing up the conjoint scheme for examination, and will insist upon the curriculum of study for this special branch being the same as for general practice. I hold these views with regard to every specialty.—I am, etc.,

A HOSPITAL PHYSICIAN.

AN APPEAL.

SIR,—In again requesting you will kindly insert the further subscriptions to this fund, I beg to inform you the amount received is not sufficient to enable me to proceed to Canada (the amount promised by the British Medical Benevolent Fund is only given conditionally upon sufficient being otherwise raised); and as the time draws nigh when I purposed starting, I should feel extremely obliged if you will make a further appeal on my behalf.

Subscriptions will be received by H. Hodson Rugg, Esq., M.R.C.S., 1, Grove Road, St. John's Wood; and R. W. Goddard, Esq., M.D., 107, Edgware Road, Paddington.—I beg to remain, sir, yours respectfully,

SARAH BEALE.

Additional List, given and promised.

British Medical Benevolent Fund	£10 0 0
Sir Thomas Watson	2 0 0
Dr. R. W. Goddard	1 1 0
Christopher Heath, Esq.	1 1 0
Dr. C. Hare	1 1 0
Dr. Bisset Hawkins	1 1 0
Dr. Stevenson	0 5 0
Dr. Ramson	0 15 0
Miss Ramson	0 5 0
Sir H. Thompson	1 1 0

£18 10 0

G. H. D.—The ordinary dose of the syrup of phosphate of iron with quinine and strychnia (Easton's) is one drachm, which contains one grain of phosphate of iron, one grain of phosphate of quinia, and one thirty-second part of a grain of strychnia.

NOTICE TO ADVERTISERS.—Advertisements for insertion in the **BRITISH MEDICAL JOURNAL**, should be forwarded direct to the Publishing Office, 36, Great Queen Street, W.C., addressed to Mr. FOWKE, no later than *Thursday*, twelve o'clock.

THE SPHYGMOGRAPH.

SIR,—I shall feel much obliged if either you or any of your correspondents will kindly inform me, through the medium of your JOURNAL, whose sphygmograph is the best, and the best recent work on the sphygmograph.—I am yours faithfully,

WILLIAM BIRD.

SIR,—Will any of your correspondents kindly furnish me with answers to the two following questions? Have any observations been published with respect to the use (1) of the thermometer, and (2) of the sphygmograph, in diphtheria; and, if so, where are they to be met with?

F. B.

ANÆSTHETICS.

SIR,—That Mr. Lawton's remarks on the administration of chloroform may have their true value, I beg to supplement them with the experience of the Liverpool Royal Infirmary, since the time that he was junior house-surgeon at the above institution. A complete revulsion has taken place: chloroform is scarcely ever administered now; and the revulsion is not due to any fatal administration of chloroform, as in Mr. Lawton's time, but to the fact that, with ether for the anæsthetic, the operator "feels so perfectly safe as to the patient's condition, that he is no longer constantly distracted from the operation to look to the pulse or breathing of the patient, as at the time when chloroform was administered." I quote the words of one of the honorary staff. This fact speaks for itself, telling, as I think all must admit, strongly in favour of ether.—I am, sir, yours, truly,

F. T. PAUL, Resident Medical Officer.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Macclesfield Guardian; The Clonmel Chronicle; The Lincolnshire Chronicle; The Western Morning News; The Cork Daily Herald; The Colchester Journal; The Northampton Herald; The Globe; The Bolton Weekly Journal; The Cambeltown Courier; The Brighton Examiner; The Edinburgh Evening News; The People's Weekly Journal; The West Sussex Gazette; The Durham Chronicle; etc.

. We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

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

Mr. G. W. Callender, London; Dr. Bradbury, Cambridge; Dr. W. T. Gairdner, Glasgow; Dr. J. W. Moore, Dublin; Dr. George Johnson, London; Dr. Pavy, London; Dr. Wardell, Tunbridge Wells; Mr. W. Fairlie Clarke, London; An Associate; The Registrar-General of Ireland; Dr. Evans, Cardiff; Dr. Edis, London; Dr. Procter, York; A Retired Medical Officer of Twenty-seven Years' Standing; Dr. J. Milner Fothergill, London; The Registrar-General of England; Dr. Boyd, London; The Secretary of Apothecaries' Hall; Mr. Cook, London; Mr. T. M. Stone, London; The Secretary of the Pathological Society; Mr. J. Vose Solomon, Birmingham; Mr. Walter Rivington, London; M.D. Ed.; Mr. Ashburton Thompson, London; Mr. Richard Davy, London; Mr. John Moss, London; Dr. Broadbent, London; Dr. Whitmore, London; Dr. Robert Livinge, London; Mr. G. J. Beane, Melbourne; Dr. J. Thorburn, Manchester; Dr. Brookhouse, Nottingham; Dr. Arthur Leared, London; The Secretary of the Quekett Microscopical Club; Dr. T. Clay Shaw, Leavenston; Dr. Tripe, Hackney; Dr. Campbell Black, Glasgow; L.S.A.; Medicus; Our Edinburgh Correspondent; E. S. G., Leeds; Mr. G. Oliver, Harrogate; Dr. Ewens, Clifton; Mr. Milligan, Warrington; Mr. John Hadden, Horncastle; R. N.; Mr. John Ingpen, London; Our Paris Correspondent; Mr. F. Gordon Brown, London; Mr. Hitchcock, Lewisham; Dr. Saundby, London; Mr. Oswald G. Wood, Plymouth; Mr. J. M. Cassan, Southampton; Mr. R. L. Routh, Banbury; Mr. Binglett, Kensington; Mr. Gibson, Bootle; Mr. Luigi V. Mapei, Golborne; Mr. Christopher Heath, London; Dr. Brown, Rochester; Mr. E. L. Hussey, Oxford; Mr. Alfred Haviland, Northampton; Mr. Denny, Towcester; Dr. Thin, London; G. H.; Mr. Israel Davis, London; Mr. J. Gay, London; Mr. Ashburne, Horsham; Dr. Cayley, London; Dr. Settle, Bolton; Mr. Van Praagh, London; Dr. Keble, Brighton; Staff-Surgeon Robert Nelson, Plymouth; The Secretary of the Clinical Society; Dr. H. Strangways Hounsell, Torquay; The Secretary of the Pathological Society; Mr. Mahomed, London; Mr. Hamilton Cartwright, London; Dr. Douglas Powell, London; Mr. Henry Power, London; Mr. Mickle, Ripon; Mr. Fowler, Bath; Dr. Aveling, London; Dr. J. Rogers, London; Dr. Dudfield, London; Mr. Axford, Southsea; Dr. R. Livinge, London; Mr. Bradley, Manchester; Dr. Fleetwood Churchill, Stewarstown; Dr. Philipson, Newcastle-on-Tyne; Dr. King, London; etc.

BOOKS, etc., RECEIVED.

The Causes, Symptoms, and Treatment of Burdwan Fever. By Gopal Chunder Roy, M.D. London: J. and A. Churchill. 1876.
A Manual of the Diseases of the Eye. By C. Macnamara, F.R.C.S. London: J. and A. Churchill. 1876.
Diseases of Modern Life. By Benjamin Ward Richardson, M.D., F.R.S. London: Macmillan and Co. 1876.
Catalogue of the Models of Diseases of the Skin in the Museum of Guy's Hospital. By C. Hilton Fagge, M.D. London: J. and A. Churchill. 1876.
A Dictionary of Hygiene and Public Health. By A. W. Blyth, M.R.C.S., F.R.C.S., etc. London: Griffin and Co. 1876.
Lectures on State Medicine. By F. S. B. François de Chaumont, M.D. London: Smith, Elder, and Co. 1875.
The Mechanism of Man. By Edward W. Cox. Vol. 1. London: Longmans and Co. 1876.