

tained at a small outlay. Nor would the teaching necessarily be confined to medical students. The instruction in sanitary science might with advantage be attended by future vicars and rectors, who would be benefited by being acquainted with the means of dealing with preventable diseases. The lectures on medical jurisprudence might with advantage be attended by law students. He maintained that Addenbrooke's Hospital afforded as complete opportunities for clinical instruction as the larger hospitals, and it was not so crowded with students, which was a great advantage. He urged that there could be no doubt that the University would be doing right in completing its medical school, and the advantage of a junction of practical with theoretical teaching would soon be apparent in the increase of the number of medical students.

Dr. BRADBURY saw no difficulties in obtaining a complete medical school at Cambridge. He expatiated on the advantages for the purposes of study a small hospital had as compared with a larger institution. He objected, however, to the proposal that the Professor of Pathology should not be allowed to practise, as no London school imposed a similar restriction.

Mr. COURTS TROTTER (Trinity) did not think it desirable that a medical education should be completed at Cambridge or any other medical school; but if at Cambridge they only promoted the study of subjects necessary for the first M.B. examination, they had more teaching power than they required. If pathology were to be studied, it must be by students of medicine who had commenced clinical work. He did not apprehend that there would be a great class, but he thought the presence of advanced students would encourage the junior students and be beneficial. He supported the report.

Professor PAGET, in reply, said he recollected when the number of medical students was very insignificant; at the present time, there were at least one hundred in the University. One reason for the increase was the increase of teaching power. As to the facilities for instruction, he urged that Cambridge possessed them in a far greater degree than Heidelberg or Göttingen. Foreigners were amazed that the old Universities did not foster their schools of medicine. The study was actually discouraged, and certain fellowships, formerly given for medicine, were diverted, under the name of reform, to other uses. He urged the completion of the medical school, not as a favour to the medical faculty, but as a matter of justice and common sense.

CORRESPONDENCE.

NAVAL MEDICAL SERVICE.

SIR,—The medical officers of the services will cordially agree with the remarks which appear in your impression of last Saturday. They recognise, in common with others, the obligation due to their country in a crisis like the present; but, on the other hand, if their services are indispensable, they feel that these services should be suitably recognised, and they are not so at present. A circular is placed in the hands of the junior members of the profession, with a view of inducing them to join, where, *inter alia*, it is stated that cabin accommodation on board Her Majesty's ships is allotted according to relative rank. This, on the part of the Admiralty, admits at least the fairness and justice of such an arrangement; but is it carried out? No; it is not. The Fleet-Surgeon, ranking with a Commander, is invariably relegated to a dark cabin between-decks; while the Chaplain, Paymaster, and Commander are accommodated on the deck above, where space, fresh air, and light can be enjoyed. We do not object to take choice of these cabins with other officers of corresponding rank; but we consider it a most unfair regulation, and one which must be strenuously resisted, that at no period of a medical officer's service afloat is he ever to enjoy an equal advantage with others in this respect. Let the Admiralty endeavour to act justly, and they will then not be reduced to appeal to the patriotic feelings of the profession, at a crisis like the present, to come forward and rescue them from their present position.—I am, sir, yours, etc., X.

CONSULTANTS' PROFESSIONAL ETIQUETTE.

SIR,—Your correspondent "M.B.Lond. and F.R.C.S." complains of the conduct of consultants, who, when a patient comes independently, but mentions the name of his regular medical attendant, prescribe treatment without communication with the latter.

My own experience, which is not singular, indicates, I believe, the real source of this practice. I have been not unfrequently consulted by patients under the circumstances mentioned. I find that the patient very rarely mentions spontaneously the name of his regular attendant. I began by resolving always to adopt the line of conduct your correspondent desires. Whenever a patient had been recently under treatment, often when he had not, I obtained, sometimes only by pressure, the name of his attendant, and wrote to him my opinion and the particulars of the treatment suggested. Most of the cases I see are chronic, requiring treatment for a long time; and I, in my inexperience, imagined that if I adopted this course, the practitioner would appreciate my concern for his interest, and take care that, after a time, the patient should see me again regarding further changes in the treatment—as certainly would have been the case had I followed the course of separate treatment which the patients in most cases desire. In not one single instance did I ever see the case again. My behaviour, of course, left the practitioner master of the situation, and the result showed the use he made of his opportunity. All know how easy and how common it is to run down a consultant of the patient's own choice. So I have changed my plan. I never encourage patients, under the circumstances, to come to me again; but I take no trouble about the interest of the practitioners, who do not, where they might, acknowledge practically my concern for their interests.

This is the custom of which the practitioners complain. I cannot doubt that, with many others, it has arisen from an experience similar to my own. Certainly no one ever began with a greater desire to act with scrupulous concern for the professional interest of the regular attendant of the patient.

If I put together the complaints of your correspondents and my own experience, I am driven to the conclusion that what the practitioners desire is a "one-sided reciprocity"—a thing which neither they nor any other persons are likely, as a general system, to obtain. Let them treat the consultant as they wish to be treated themselves, and I believe they would have little cause for complaint.

I am, sir, yours, etc.,

A CONSULTANT.

SIR,—Having occasion very often to invoke the aid of consultants, may I be permitted to bear testimony to the promptness and kindness which I have invariably experienced at the hands of those consulting members of our profession in London, both in medicine and in surgery, whose skilful and experienced advice has been sought by me?

With one exception, in which case quackery and not science seems to be the *modus medendi*, even when the patient has gone to the consultant unknown to me, I have never found so much as an attempt to take the patient from me. I, therefore, have nothing in common with those of your correspondents who have been complaining of unfair treatment by consultants, and cannot help feeling that many of these complaints are unfounded, for the simple reason that patients often conceal the fact, when they consult medical men, that they are under the care of any other practitioner. In one or two cases, when called in, I have been informed that the patient had not been attended by any qualified medical man; and yet, to my intense disgust, I afterwards discovered I had unconsciously supplanted a medical brother, whose services had been dispensed with merely from whim, caprice, or impatience. If such a *contretemps* occur to a general practitioner, with a tolerably fair acquaintance with the residents in the locality in which he practises, how much more likely would it be for the consultant to be deceived, seeing he usually knows little or nothing about the most of the persons who go to him for advice!

Having been, as one busily engaged in general practice, the recipient of much courtesy and true professional amenity from many of the consulting members of our profession in this city, I feel bound, in the present discussion, to give feeble expression to my indebtedness and thanks.—I am, sir, your obedient servant,

London, May 4th, 1878.

NORMAN KERR, M.D.

ASSOCIATION INTELLIGENCE.

NORTH OF IRELAND BRANCH.

A MEETING of this Branch will be held on Friday, the 17th instant, at 12 o'clock, noon, in the Board Room, Belfast Royal Hospital.

The President will deliver an address.

Members to represent the Branch in the Council of the Association for the ensuing year will be elected.

The Bill for the Amendment of the Medical Act, now before Parliament, will be considered.

JOHN MOORE, M.D., *Honorary Secretary*.

Belfast, May 7th, 1878.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE annual meeting of this District will take place in the Library of the County Hospital, Canterbury, on May 16th, at 1.30 P.M.: P. B. HALLOWES, Esq., F.R.C.S., of Canterbury, in the Chair.

At 2.30 P.M., immediately after the meeting, it is proposed to pay a visit of inspection to the County Hospital at Chartham.

Dinner will be provided at the Fleur-de-Lis Hotel at Five o'clock.

WM. KNIGHT TREVES, F.R.C.S., *Honorary Secretary*.

Margate, May 6th, 1878.

METROPOLITAN COUNTIES BRANCH.

A SPECIAL General Meeting of this Branch will be held at the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, on Wednesday, May 15th, at 4 P.M.

1. To receive and (if thought proper) to adopt an amended code of By-laws for the Branch.

3. To consider the Bills for the Amendment of the Medical Act (1858) now before Parliament.

An Ordinary Meeting of the Branch will be held at the same place on Wednesday, May 22nd, at 8 P.M., when papers on Vaccination will be read by Dr. E. C. Seaton and Dr. J. Greene of Birmingham.

ALEXANDER HENRY, M.D. } *Honorary Secretaries*.
W. CHAPMAN GRIGG, M.D. }

57, Doughty Street, W.C., May 2nd, 1878.

SOUTH EASTERN BRANCH: EAST SUSSEX DISTRICT MEETINGS.

THE next meeting of the above District will be held at Lewes, on Friday, May 24th, at 3.30 P.M.: N. P. BLAKER, Esq., of Brighton, in the Chair.

Dinner will be provided at 5.30 P.M.

Notice of intended communications is requested by the Secretary on or before Wednesday, the 14th instant, in order that they may be inserted in the usual circular.

THOMAS TROLLOPE, M.D., *Honorary Secretary*.
9, Maze Hill, St. Leonard's-on-Sea, May 7th, 1878.

STAFFORDSHIRE BRANCH.

THE third ordinary meeting of the Session will be held at the Mines' Drainage Office, 22, Darlington Street, Wolverhampton, on Thursday, May 30th, at 3 o'clock P.M.

VINCENT JACKSON, } *Honorary Secretaries*.
J. G. U. WEST, }

Wolverhampton, May 5th, 1878.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fifth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, April 25th; H. MARSHALL, M.D., President, in the chair. There were also present thirty members.

New Members.—Surgeon-General Bowen of Ridgway, and R. W. Thomas, Esq., of Keynsham, were duly elected members of the Association and of the Branch.

Papers.—1. Dr. E. M. SKERRITT read a paper on Cases illustrating the Treatment of Pleuritic Effusion, on which Dr. Brittan and Dr. Hensley made remarks, and Dr. Skerritt replied in favour of antiseptic treatment.

2. Dr. A. E. A. LAWRENCE read a paper on Certain Forms of Non-Puerperal Uterine Hæmorrhage; and Dr. Swayne replied.

Letters.—The PRESIDENT read letters from the Harvey Tercentenary Committee and the Nottingham Medical Defence Association; and the Secretary (Mr. Fowler) undertook to receive subscriptions for each object.

Habitual Drunkards Committee.—Mr. Fowler was delegated to represent the Branch on the Habitual Drunkards Bill Committee.

VACCINATION.—Mr. H. J. Kendrick Vines has received a Government grant of £11:5 for successful vaccination in the Littlehampton District of the East Preston Union. This is the second grant which Mr. Vines has received.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

DARLINGTON RURAL SANITARY AUTHORITY.

THE first meeting of the Guardians constituting the Rural Sanitary Authority of the Darlington Union was held on April 27th. For the fifth time, Dr. Eastwood of Dinsdale Park was unanimously elected Chairman for the ensuing year; and his services to the Authority, especially as a professional man, were cordially acknowledged.

THE CHARGE OF PAUPERS SUFFERING FROM INFECTIOUS DISEASES.

SIR,—Observing in your JOURNAL of the 13th April that the Local Government Board have called upon the guardians of the poor in Dublin to find hospital accommodation for paupers suffering from small-pox, permit me to inquire whether it is incumbent on the sanitary authority or the guardians to take charge of such patients in England? The Public Health Act (1875) does not, I believe, extend to Dublin, and it is a question of great importance whether it rests with the sanitary authority or the guardians to take charge of the cases referred to above. The sanitary authority are expected to take charge of those above the pauper class, and to charge for maintenance, etc. (see Clause 132, Public Health Act, 1875), but such patients could not be placed among paupers. It would therefore be necessary to find other accommodation for the latter; and as they are strictly under the care of the guardians, provision should be made by the guardians, and power given to all district medical officers to send their patients to their hospital. It is not necessary that the hospital for paupers suffering from infectious disease should be in close proximity to a poorhouse, but in some central part of a town or rural district.—Your obedient servant,
M. O. H.

MILITARY AND NAVAL MEDICAL SERVICES.

MILITIA MEDICAL SERVICE.

SIR,—Having heard much of late concerning the maladministration of Army Medical Service, will you kindly permit me to give an example of the manner in which the Militia Medical Service is regulated? I joined my regiment as surgeon upwards of twenty-three years ago, during which time we were twice embodied, comprising nearly five years. I have always superintended or done the duties connected with my department. I was never absent from training, and of late years without an assistant, having seen three out, as well as two adjutants. Soon after the termination of the first embodiment, I was required to reside at head-quarters, which necessitated the giving up of a good house and farm in the country at some distance from head-quarters. Up to May 1873, I was required to accompany the adjutant through the country for the purpose of examining recruits, averaging about three days per week. After that time, I was ordered to be confined to a radius of fifteen miles from head-quarters. In March 1876, I was ordered to cease going out with the adjutant for examination of recruits; duties to be done by civilian medical practitioners. In January 1877, I was ordered to discontinue the examination of recruits at head-quarters, to be done in future by an army medical officer in garrison, and no depot centre yet formed in this district. The recruits of my regiment are now undergoing preliminary drill, the medical duties of which have invariably been conducted by the surgeon. This year, under a new regulation, an army medical officer is ordered to act, and this in addition to his onerous duties in a large garrison. I am now reduced to attendance on the staff of the regiment, with the liberal allowance of 2d. a head per week—medicine, appliances, and car-hire included, and also going out for twenty-eight days' training to a camp, at much inconvenience and a considerable distance from head-quarters. I cannot, therefore, discover what inducement there is for a surgeon to remain in this service when deprived of almost all duties and consequent emoluments, faith being broken, notwithstanding being appointed under Royal Warrant, being served for a lengthened period, the greater part taken up by regimental duties, including almost daily attendance at orderly-room, when not out on duty in the country, to the detriment of private practice, and denied compensation on retirement, as almost all public departments are in the habit of granting.—I am, etc.,
MILITIA SURGEON.

THE ARMY MEDICAL DEPARTMENT.

SIR,—It is anything but clear to me that the discontent in the Army Medical Department at present turns upon the question of unification and regimentalism. I am inclined to think either system might be made popular. For my own part, I would rather have unification with exchanges allowed than the regimental system with them prohibited, and I would rather have the regimental system with exchanges allowed than unification with them prohibited. The prohibition of exchanges, only six months' sick leave, and then half-pay if not well enough to serve, the difficulty of getting ordinary leave, etc., have, I am inclined to think, much more to do with the present discontent than the mere separating of medical officers from regiments. If the authorities had stopped at the separation of medical officers from regiments, and not brought in all kinds of restrictions in connection with unification, I think the medical officers might have been a comparatively contented body of men, notwithstanding the harshness of the manner in which we were turned out of our regiments. They might also have compensated us in money. What on earth the prohibition of exchanges had to do with unification I cannot imagine; and yet no sooner was unification carried out than this vexatious restriction was instituted.

I hope you will publish this, as I am half afraid the question is being tried on false issues.—Yours, etc.,
SURGEON-MAJOR.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Tuesday, May 7th, 1878.

Food and Drugs Act.—Mr. A. MOORE asked the Chief Secretary for Ireland what steps, if any, have been taken by the Irish Government to put in force the provisions of the Food and Drugs Act, 1875, relating to the detection of adulterated liquor.—Mr. J. LOWFILER said that in 1875 and 1876 the Local Government Board in Ireland addressed a circular letter to each urban and rural sanitary authority, drawing their attention to the provisions of the Act to which the honourable member referred, and making suggestions as to its administration. In 1877, the Irish Government issued a circular informing the local authorities that police constables were authorised to assist them in carrying out the provisions of the Act. By the thirteenth section of the Act, one of the duties of the officer appointed under it related to the detection of adulterated liquor. In the case of any dispute arising, he had directed that another circular should be prepared and issued.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners, on May 2nd; and, when eligible, will be admitted to the pass-examination.

Messrs. Charles R. Tyrell and Joseph H. H. Lawrence, students of the Middlesex Hospital; Charles A. Whitcombe and Richard A. Billial, of King's College; Richard G. Cooper and Owen Pritchard, of St. Bartholomew's Hospital; John R. Rolston, of Guy's Hospital; Herbert C. Hallowes, of St. George's Hospital; Walter Pearce, of St. Mary's Hospital; and Henry R. Evans, of St. Thomas's Hospital.

Fourteen candidates were rejected.

The following gentlemen passed on May 3rd.

Messrs. James F. D. Willoughby, Edward Daly, and Henry H. Taylor, of St. George's Hospital; Herbert C. Male, Robert W. Mead, and Benjamin Wainwright, of the Edinburgh School; N. E. Johnson Gaylor and Arthur S. Stokes, of Guy's Hospital; Arthur B. Carpenter and Henry N. Holberton, of St. Thomas's Hospital; William Charney, M.D. Cantab., of University College; Thomas E. Noding and Robert E. G. Cuffe, of St. Mary's Hospital; John L. B. Oakley, of St. Bartholomew's Hospital; and Walter Johnson, of King's College.

Ten candidates were rejected, making a total of seventy-five out of the one hundred and sixty-eight examined.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 25th, 1878.

Barnes, James John Frederick, 83, Caversham Road, N.W.
Coombs, Samuel Wellesley, Worcester
Morton, Augustus Charles, Aylsham, Norfolk
Shepherd, Thomas William, Ilminster

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

Davies, Evan Naunton, Guy's Hospital
Greensill, James Haynes, Middlesex Hospital
Greensill, Joseph Moon, Middlesex Hospital
Ladell, William John Simpson, St. Bartholomew's Hospital
Leadbeater, Thomas Edward, London Hospital
Womersley, Joshua King, Guy's Hospital

At the Preliminary Examination in Arts, held at the Hall of the Society, on the 26th and 27th of April, 1878, 76 candidates presented themselves; of whom, 24 were rejected, and the following 52 passed, and received certificates of proficiency in general education—viz., in the First Class, in order of merit:

1. H. C. E. Cooper; 2. W. W. Floyer; 3. Rowland Hill, A. Mitten, and W. H. Moore; 6. H. E. Bateman and Annie McCall.

In the Second Class, in alphabetical order:

S. Aspinall, J. C. Bates, H. S. Baumgartner, J. B. Berry, B. Blackmore, R. E. Bowen, J. F. Bowring, L. H. Brown, H. M. Bullock, T. E. Butler, F. G. Carnell, F. M. Coppin, C. Conlan, C. E. Day, F. H. Douglas, J. H. Drury, C. H. East, A. J. Gardner, W. E. Gardiner, A. E. Garrett, W. H. Gimblett, A. J. Grant, H. S. Greenwood, G. F. Hurtsch, W. Hern, H. T. Herring, G. Hessenauer, A. E. Marsack, F. B. Norris, H. S. Parkinson, A. Sales, P. M. Scatliff, J. S. W. E. Sharmar, A. Shearman, A. F. Smith, E. T. Smith, F. W. S. Stone, R. W. Stratham, A. E. Taylor, H. H. Taylor, S. R. Thomas, A. G. Webster, G. D. Wenham, A. E. Woodforde, and G. A. H. Woodforde.

The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 2nd, 1878.

Lucas, Charles, Bunwell, Cambridgeshire
Pope, Herbert Francis Montagu, West Malling, Kent
Williams, Hugh Harris, Haverfordwest

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the usual monthly examination meetings of the College, held on Tuesday, Wednesday, and Thursday, April 9th, 10th, and 11th, 1878, the following candidates were successful.—For the Licence to practise Medicine: previous examination.

O'Meara, John Brett Johnston Shove, Edith

Final examination.

Cameron, James Chalmers O'Neill, Edward Daniel
Gruggen, William Young, Alfred Naason

For the Licence to practise Midwifery.

Cameron, James Chalmers Moullin, James Alfred Mansell
Gruggen, William Weiss, Hubert Foveaux

MEDICAL VACANCIES.

The following vacancies are announced:—

BELGRAVE HOSPITAL FOR CHILDREN—House-Surgeon. Applications to be made on or before the 13th instant.

BIRMINGHAM, Parish of—District Medical Officer. Salary, £175 per annum, and fees. Applications to the Clerk to the Guardians on or before the 14th inst.

GLOUCESTER GENERAL INFIRMARY—Surgeon and Assistant-Surgeon. Applications to be made on or before the 30th instant.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Assistant-Surgeon. Applications to be made on or before the 16th instant.

KENT AND CANTERBURY HOSPITAL—Physician. Applications to be made on or before June 28th.

LEITH HOSPITAL—House-Surgeon and Assistant-Surgeon. Salaries, £70 and £60 respectively, with board. Applications to be made on or before the 15th instant.

METROPOLITAN FREE HOSPITAL, Commercial Street, E.—Two House-Surgeons.

MITFORD AND LAUNDITCH UNION—Medical Officer and Public Vaccinator for the Frarsham District. Salary, £55 per annum, and fees. Applications to be made on or before the 10th instant.

ROYAL HANTS COUNTY HOSPITAL, Winchester—House-Surgeon and Secretary. Salary, £100 per annum, with board and lodging. Applications to be made on or before the 27th instant.

ROYAL HOSPITAL OF BETHLEHEM—Resident Physician and Medical Superintendent. Salary, £700 per annum, and furnished apartments. Applications to be made on or before the 16th instant.

ST. MARY'S HOSPITAL, Manchester—Medical Officer. Salary, £80 per annum, with board and residence. Applications to be made on or before the 17th inst.

SCARBOROUGH DISPENSARY AND ACCIDENT HOSPITAL—House-Surgeon and Secretary. Salary, £120 per annum. Applications to be made on or before the 30th instant.

SOMERSET COUNTY LUNATIC ASYLUM—Assistant Medical Officer. Salary, £100 per annum, with board, residence, and washing.

STOCKPORT INFIRMARY—Assistant House-Surgeon. Salary, £60 per annum with board and apartments. Applications to be made on or before the 20th instant.

STROUD GENERAL HOSPITAL—House-Surgeon. Salary, £60 per annum, with board, furnished rooms, and washing, and £30 per annum in lieu of stimulants. Applications to be made on or before the 15th instant.

VICTORIA HOSPITAL FOR CHILDREN, Chelsea—House-Surgeon. Salary, £50 per annum, with board and lodging. Applications to be made on or before the 18th instant.

WILTS COUNTY LUNATIC ASYLUM—Assistant Medical Officer. Salary, £110 per annum, with board, lodging, attendance, and washing. Applications to be made on or before the 15th instant.

MEDICAL APPOINTMENTS.

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

HAYWARD, T. E., M.R.C.S. Eng., appointed Resident Medical Officer to the East London Hospital for Children, *vice* F. H. Spooner, M.R.C.S. Eng., resigned.

IRWIN, John Arthur, M.A., M.D., and **SIMON**, Robert M., B.A., M.B., appointed Honorary Physicians to the Manchester Southern Hospital for Diseases of Women and Children, *vice* J. Roberts, M.D., and R. B. Smart, Esq., resigned.

DONATION.—The Merchant Taylors' Company have made a fourth grant of Thirty Guineas in aid of the funds of the National Hospital for Consumption and Diseases of the Chest at Ventnor.

The Bridgwater Guardians and Rural Sanitary Authority have entered into a contract for the erection of an Infirmary for infectious and contagious cases for £670.

ROYAL COLLEGE OF SURGEONS OF ENGLAND; ARTS EXAMINATIONS.—At the recent preliminary examination for the diplomas of Fellowship and Membership of the Royal College of Surgeons, 338 candidates presented themselves, viz., 96 for the first named distinction and 242 for the membership. Of the 96 candidates, 52 were successful; 22 failed to reach the required standard for the fellowship, but obtained sufficient marks for the membership; 14 had not completed all the required subjects, and 8 were rejected. Of the 242 candidates for the membership, 137 were approved, and 105 were rejected. Those who passed can at once commence their professional studies.

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.—Royal Orthopaedic, 2 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.—King's College, 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.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 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), 4 P.M.—London, 2 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 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, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. P. Kidd, "On the Pathology of Hæmophilia"; Dr. Reginald Thompson, "On the Pathological Traces of Pulmonary Hæmorrhage"; Dr. Gowers, "The Brain in Congenital absence of One Hand"; Dr. Topham, "Abscess within Thorax, accompanied by Pulsation".

WEDNESDAY.—Association of Surgeons Practising Dental Surgery, 8.30 P.M. Mr. Gaine, "On some forms of Trismus arising from Dental Irritation".

THURSDAY.—Harveian Society of London, 8.30 P.M. Dr. Hughlings Jackson, "On a large Tumour of the Left Cerebral Hemisphere"; Mr. Lister, "On the Effects of Position upon Local Circulation".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 37, Great Queen Street, W.C.; 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., London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

PROPOSED REGISTRATION OF FOREIGNERS WITHOUT DIPLOMAS.

SIR,—In reference to the subject of my letter in the *JOURNAL* of April 18th, I observe that on the fifth day of the session of the General Medical Council, when Clause 8 of the Bill came under consideration, Dr. Haldane very properly pointed out that in it no mention was made of either examination or diploma. Mr. Simon thereupon "explained that this clause was only designed to meet very exceptional individual and personal cases, of the merits of which the Council would be the judges". I think, sir, that some more satisfactory explanation should be given than this. What possible "exceptional individual and personal cases" can there be in which foreigners not possessing any diplomas can have any claim to be entered on the *Medical Register* of this country? It would really seem as if the Council were seeking for the power to register some unqualified foreign practitioner whose "individual and personal case" commends itself to them. If such be the case, it is a monstrous thing, and cannot be too strongly opposed. I hope the Medical Reform Committee of the Association will take it up. The matter may seem a trivial one, but it is really one of principle, and it cannot be just that power should be given to the Council to register a man because he is a foreigner, who could not claim registration if he were an Englishman. Any properly qualified foreigner is already amply provided for by Clauses 6 and 7; and therefore I think the profession should unanimously demand that Clause 8 be expunged. The Council should have no power to register any unqualified person, whether a Briton or a foreigner, as such power strikes at the very root of the principle of the Medical Acts.—I remain, yours, etc.,

W. DOUGLAS HEMMING.

36, Ladbroke Road, W., April 24th, 1878.

DR. HARRIS.—There will be three vacancies declared in the Council of the College of Surgeons in July next, caused by the retirement, in the prescribed order, of Messrs. H. Lee, B. W. Holt, and Erasmus Wilson, who are eligible for re-election. Mr. E. Lund of Manchester, Sir H. Thompson, and Mr. John Gay of London, are the only candidates whose names have reached us.

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.

MUSCÆ VOLITANTES.

SIR,—The optical shadows produced by the peculiar bodies to which the name of "muscæ volitantes" has been applied have been long recognised and frequently described; but there is still considerable obscurity attached to the history, *habitat*, and pathological propensities of their material archetype, and a few original observations may probably be an acceptable contribution to your *JOURNAL*, and a timely addendum to the investigations of the anxious "Inquirer" in a late issue thereof. Muscæ volitantes are usually first observed between the twentieth and thirtieth year, and begin as a faint but circumscribed blotch floating over the axis of vision at a short and uniform distance, which gradually enlarges, deepens, and finally assumes a pale amber tint, with traces of organisation, and possess a tenure of existence which is truly remarkable. One and the same musca has been observed and studied by the same individual already for a period of twenty-one years, and has certainly undergone no perceptible change for many years. The true muscæ occur in subjects whose eyes and venous system generally are in a state of capillary turgescence, and who have, recently or remotely, had recurring attacks of catarrho-rheumatic ophthalmia, in a subdud or subacute phase, and with implication of the iris, and who have, moreover, subjected their eyes to a severe and protracted strain in heavy reading, or in fine artistic details; and they invade both eyes equally. As remarked by Mr. Greenwood, the eyes are watery from turgescence of the vascular rete in the lacrymal canals; the eyeballs are, or have been, tender to the touch; the interior of the eye is over-sensitive to light, and the pupil a little irregular, whilst the sight is strong, penetrating, perfect in adaptation to distance, and quite up to par in its retentiveness of these qualities. True muscæ never spontaneously disappear, and their clinical associates are rheumatism, chronic bronchitis, and emphysema, either with or without obstructive cardiac and renal disease. In shape they may be punctate, circular, linear, crescentic, or hemispherical, and their limiting edges may be abrupt, jagged, or dendritic. Some appear with a nucleus, like a complicated knot of ribbon, and have an elongated lashing tail. In the linear ones may be observed a distinct limiting line, within which on each side is a glassy peripheral portion inclosing a central axis of overlapping and apparently tinted nucleated cells. The crescentic and hemispherical ones are fixed; the others move with the eyes upwards, downwards, and to either side, and with a rapidity proportionate to that of the eye itself. When the eyes are directed upwards, the muscæ appear to rapidly rise, not simultaneously, but in sequence, and to less rapidly subside; and if the eyes be fixed horizontally or thereabout, the muscæ leave the field of vision free till the next movement causes them to sink in their medium, whilst their shadow rises again as before. When the axis of vision is vertically upwards or downwards, the muscæ float over and trouble its area, especially in strong light; and in foggy weather they are also very annoying, though it is encouraging to know that eyes full of muscæ may, from sheer habit, become so reconciled to the inevitable as to cease to notice them, and to be sensible to their existence only under conditions favourable to their illumination, or when the mind is "at attention". Muscæ are distinctly seen both in sunlight and gas-light when the eyelids are closed and motionless, and their movements are in no way impeded or influenced by those of the lids; they are obviously situated deeper in the eye, and probably, from the rapidity and ease of their gambols, they have a watery medium for *habitat*—that is, the aqueous humour of the anterior and posterior chambers of the eye. It is sheer speculation to speak of their histological nature; but I believe them to originate in minute exudations of lymph or blood, that they elaborate their nutrition by imbibition from their surrounding medium, that their existence is compatible with a life-long retention of the best qualities of sight, and that when their possessor is weary to intolerance, he may hope for a cure in a skilful evacuation of the aqueous humour.—I am, etc.,

E. HOLLAND, M.D., M.R.C.P., Assistant-Physician to the Hospital for Women.

SIR,—Like your correspondent Mr. F. R. Greenwood, I also am a sufferer from the troublesome and annoying affection known as "muscæ volitantes". I first noticed them after a severe attack of enteric fever a few years ago, when at the same time I became slightly myopic. The little transparent beads or opaque spots are constantly dancing in front of the eyes (especially the left o-c) during the day, much to my annoyance, though they do not seem to affect the vision much. They can sometimes even be seen with the eyelids shut, and become invisible by gaslight, or in very bright sunlight. I have been told by ophthalmic surgeons that there is no fear of any permanent injury to vision; but I am anxious to get rid of them, if possible, and should be glad of any suggestions for the cure of the affection. I may add, that Mr. Greenwood's explanation of their origin is mentioned by Dr. Mackenzie in the *Edinburgh Medical and Surgical Journal*, No. 164.—I am, yours truly,

A PLEA FOR OUR HOSPITALS; OR FLOWERS IN THE SICK-ROOM.

SIR,—There exists in the minds of many a popular, though ill founded, prejudice against flowers in the sick-room, the idea being that they exhale poisonous odours and are detrimental to health; but this is not the case. Although flowers with a heavy sickly odour should never be admitted into a house at all, those of a brilliant and pleasing colour, either with or without agreeable odour, are much appreciated by the sick. In some of our large and best conducted hospitals, flowers are regularly arranged in the wards. They are sent by railway by some of the country families in the neighbourhood of the conservatories, packed in tin boxes; and we feel quite sure that the liberal donors would be more than repaid if they could witness the joyful and eager looks of the pallid faces clustering around the newly arrived box, and bestowing words and glances of heartfelt admiration upon its treasures as they are one by one drawn forth.

Those who know little or nothing of the daily weary routine of hospital life can scarcely form any idea of the instinctive longing for, and the intense pleasure felt at the sight of, plants or flowers by the sick and their attendants; and it has been found that the patients in the large hospitals of our crowded towns have derived much benefit, both mental and bodily, from the introduction of flowers into the sick-wards; and we feel sure that every medical man of experience will acknowledge that the presence of flowers in the sick-room, especially of a town patient suffering from chronic disease, is perhaps one of the most valuable adjuvants to his treatment that he can possess. Flowers of a brilliant red colour have exhilarating effect on the mind of the patient, and should always have a preference given to them when there is a choice.—I am, etc.,

E. M. RAVENHILL, Lady-Superintendent of Nursing.

Stratford-on-Avon, April 1878.