

1876, admitted into hospital for venereal diseases; and we have no information given us as to the condition of the children in former years to use as a comparison; and no account is taken of the great mildness of the character of venereal diseases at the present day in India. The fact, therefore, on which the health-officer relies is not of much value as it stands at present.

SYNOPSIS OF THE DISEASES OF THE LARYNX, LUNGS, AND HEART; comprising Dr. Edwards's Tables on the Examination of the Chest. By F. DE HAVILLAND HALL, M.D., Assistant Physician to the Westminster Hospital. London: J. and A. Churchill. 1878.

THIS tabular form of showing the diseases of the larynx is quite novel, and may with advantage be extended still further in a new edition; to all students of laryngoscopy the tables are invaluable, and now that the use of the laryngoscope is no longer confined to a few specialists, but is in frequent employment with practitioners, their value will be enhanced. Our examining bodies, it is to be hoped, will be alive to the necessity of testing the knowledge of candidates in medicine upon these diseases of the larynx which, by the aid of the laryngoscope have been brought to light, and, but a few years ago, were almost unknown.

There is one very much neglected point in ordinary clinical teaching, upon which the late Dr. Hughes Bennett and Sir Wm. Ferguson insisted strongly in their clinical lectures; viz., making the students thoroughly acquainted with normal healthy structures, and the normal and healthy sounds of the various organs of the body. This is particularly necessary with the sounds of the chest before proceeding to learn diseased ones. The student could not do better than take Table II of Dr. HALL's synopsis, and examine as many healthy adults as he can come across, and so educate his ear. The arrangement of the chief diseases of the chest in parallel columns of symptoms, physical signs, and *post mortem* appearance, started by Dr. Edwards and extended by Dr. Hall, is most convenient; as, at a glance, the student can see what conditions are to be met with in any given stage; and, for the purposes of examination, this is invaluable, as it enables the student to place before the examiner in the best possible light the knowledge which he possesses, and the examiner is saved a great deal of trouble. Moreover, the plan inculcated in these tables of examining the chest in a methodical manner, making use of the methods of inspection, palpation, percussion, and auscultation, in the order given, facilitates a thorough examination of the chest, and prevents anything from being overlooked; and, after all, the definition of "genius being attention to trifles", is not far short of the truth. More mistakes are made in a physical examination of the chest from the disregard of a systematic plan, than from any other cause. The same may be said of medicine generally. A student cannot too early initiate himself into a habit of examining the body on a fixed and definite plan. Let the system be based upon what plan he may find easiest to himself, but let the order of his examination be always the same.

Not the least valuable part of the synopsis are the tables of differential diagnosis. These tables do not partake of the objectionable type of books brought out by "grinders"; they are skeletons which the students can habituate in his study of other treatises in medicine; and are invaluable aids, also, by the bedside, enabling him readily to compare signs met with in disease with those observed in health.

NOTES ON BOOKS.

Clinical Work is the pleasant and rather novel title of a quarterly journal of Therapeutics and Public Health, edited by Dr. Andrew Davison, and published at Port Louis, Mauritius. The field of observation, if not large, includes many opportunities of interesting study; and the present number has some valuable notes on Malarial Fever, Dysentery, Tannin as a substitute for Quinine, and other subjects which are natural to the soil and climate.

The first number of *Brain, a Journal of Neurology*, is extremely good. It has a valuable series of original papers, all of which deserve reading. Those by Mr. Jonathan Hutchinson and Dr. Bevan Lewis are of the first order of merit; while M. Durel, in relating his recent valuable researches on Brain Traumatism, and Mr. G. H. Lewes on Motor Feelings and Muscular Sense, are distinctly original, although not altogether beyond the regions of actual doubt. The reviews are able, and the summaries well chosen. Altogether, this is the best neurological journal which has yet appeared, and, if it can be maintained—as we believe it can—at its present standard, deserves a permanent success. It will be simply indispensable to working students of the physiology and diseases of the nervous system.

SELECTIONS FROM JOURNALS.

SURGERY.

REFLEX PARALYSIS FROM PHIMOSIS AND ADHERENT PREPUCE.—Dr. W. H. Whitehead reports the following case in the *Cincinnati Medical News* for November 1877. John A., aged 7, was perfectly healthy up to the age of four, when he began to have convulsions, and continued to have them, without impairment of health, up to the age of six. Then he began to be clumsy, and finally became generally paralysed. When first seen by Dr. Whitehead, he could not move hand or foot, nor articulate a word; his expression was somewhat idiotic; his bowels were constipated, and he had been as long as ten days without a motion, even after taking several doses of castor-oil. On examining the abdomen, the penis was accidentally touched, when the organ became erect, and the boy instantaneously had a convulsion. His mother said that with every fit the penis became erect, and that he had as many as sixteen in twenty-four hours. On examination, he was found to have phimosis with adherent prepuce. He was circumcised, and the adherent membrane torn from the glands. Behind the corona was impacted sebaceous material. No medicines were given. On a next visit, two days later, the boy was sitting in a chair, with more intelligent countenance; his bowels had been moved regularly, and he had had only one convulsion. Five days afterwards, he could walk across the room, and had had no convulsions. In two weeks, he had very much improved.

TREATMENT OF FRACTURED CLAVICLE.—In the *Chicago Medical Journal*, Dr. H. Van Buren recommends the following method of treating fractured clavicle. A bandage three or four inches wide, of double thickness and sufficient length, is made. On one end a loop is made by returning the bandage upon itself and securing by stitches. The hand of the injured side is passed through the loop, and the loop is carried up to a point just below the axillary margin. This bandage is then passed directly across the back, and under the sound arm, and over the sound shoulder, and returned across the back and stitched to itself at the point where the loop is formed. The arm of the injured side is then flexed with the hand on the chest, pointing in the direction of the sound shoulder. Another bandage of double thickness, and of the same width, is pinned or stitched by one end to the lower margin of the first, in front of the sound shoulder. It is then passed diagonally downward, and across the chest, under the hand and forearm, which has been flexed upon the chest, and carried around the arm at the elbow, and back on the dorsal surface of the forearm and hand to the point from which it started, and this end is also pinned to the first bandage. The lower margins of this bandage are stitched together for a distance of three inches at the elbow, thus forming a trough for it to rest in. The same may be done at the upper end, in which the hand may rest. This sling serves the triple purpose of drawing the lower end of the arm forward and upward, and thus throwing the injured shoulder backward; it supports the forearm and hand in a comfortable and quiet position; and, last, it prevents the first bandage from cording under the sound arm, by its attachment to its lower margin.

MIDWIFERY AND DISEASES OF WOMEN.

SURGICAL TREATMENT OF INTRA-UTERINE SUBMUCOUS FIBROIDS.—Dr. E. T. Esley (*Richmond and Louisville Medical Journal*, February) offers the following conclusions on this subject. 1. Cutting operations, for the removal of submucous intra-uterine fibroids, are not justifiable, unless it is evident that their presence endangers life. 2. Primary enucleation, when at all practicable, is slightly preferable to the secondary method. 3. In secondary enucleation, the surgeon need not be solicitous to remove the growth *en masse*; but when the process is once set up he may, with great certainty, rely upon its piecemeal disintegration. 4. In primary procedures, the treatment should be chiefly such as is best calculated to limit shock, and, afterwards, to nourish the patient and guard against pelvic inflammations. 5. In the secondary method, most authorities say the ergot of rye should be given to the extent of maintaining vigorous uterine action. Decomposing discharges and shreds of slough should be carefully removed, the patient's strength be sustained, and all constitutional measures to prevent septic infection strictly enforced. Locally, detergent fluids are to be freely used, and the utmost cleanliness observed. 6. The mortality has exceeded one-half, and it is not likely that it will ever be reduced to one-third, of all the subjects of operation.

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH.

AN Ordinary Meeting of this Branch will be held at the house of the Medical Society of London, 11, Chandos Street, Cavendish Square, 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 13th, 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.

BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the Session will be held at the Museum and Library, at the top of Park Street, Bristol, on Wednesday evening, May 29th, at half past Seven o'clock; H. MARSHALL, M.D., President.

The evening will be devoted to a discussion on Alcohol in Health and Disease, which will be introduced by Dr. E. L. Fox.

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

7, Caledonian Place, Clifton, May 14th, 1878.

BORDER COUNTIES BRANCH.

THE spring meeting of this Branch will be held at the Keswick Hotel, Keswick, on Friday, June 7th: President—Dr. LOCKIE; President-elect—Dr. GILCHRIST.

Gentlemen intending to read papers, or to be present at the dinner, are requested to give notice to the Secretaries.

R. MACLAREN, M.D., Carlisle, } *Honorary Secretaries.*
JOHN SMITH, M.D., Dumfries, }

Carlisle, May 11th, 1878.

THAMES VALLEY BRANCH.

THE next general meeting will be held on June 13th, at the Greyhound Hotel, Richmond, at Six o'clock.

Papers will be read by—

1. Mr. Balmanno Squire: The Use of Chrysophanic Acid.

2. Dr. Trouncer:

3. Dr. Atkinson: Vaccination and Revaccination.

Dinner at the above hotel at Seven o'clock. Charge, 7s. 6d. each, exclusive of wine.

F. P. ATKINSON, M.D., *Honorary Secretary.*
Kingston-on-Thames, May 13th, 1878.

EAST ANGLIAN BRANCH.

THE annual meeting of the above Branch will be held at Peterborough, on Friday, June 21st, at 11.30 A.M., in conjunction with the Cambridge and Huntingdon and South Midland Branches: THOMAS J. WALKER, M.D., President-elect, in the Chair.

After Branch preliminary business at 11.30, there will be a general meeting about 12.15, when the President-elect will read an address; at the conclusion of which, he kindly invites members to luncheon at his house before the next general meeting at 2.15 P.M., for papers, discussions, etc.

Gentlemen wishing to read papers, or to dine, are requested to communicate as early as possible with one of the Honorary Secretaries.

WM. A. ELLISTON, M.D., Ipswich, } *Honorary Secretaries.*
J. B. PITT, M.D., Norwich, }

Norwich, May 14th, 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.

SOUTH EASTERN BRANCH: WEST SUSSEX DISTRICT MEETINGS.

THE next meeting of this District will take place at the Marine Hotel, Worthing, on Thursday, May 30th, at 3.15 P.M.; A. H. COLLET, Esq., in the Chair.

The dinner will be served at 5.30 P.M.

Notice of intended communications is requested by the Honorary Secretary on or before Tuesday, the 21st instant, for insertion in the circular convening the meeting.

WM. J. HARRIS, *Honorary Secretary.*
13, Marine Parade, Worthing, May 11th, 1878.

MIDLAND BRANCH.

THE annual meeting of this Branch will be held at Lincoln, on Thursday, June 27th: President—C. H. MARRIOTT, M.D.; President-elect, A. MERCER ADAM, M.D.

Members desirous of reading papers are requested to communicate with C. HARRISON, M.D., *Honorary Secretary.*

Lincoln, May 11th, 1878.

NORTH OF ENGLAND BRANCH: SPRING MEETING.

THE spring meeting of this Branch was held in the Board Room of the Guardians, Hexham, on Thursday, April 25th; S. W. BROADBENT, Esq., President, in the chair. There were present twenty-six members and three visitors.

New Members.—The following gentlemen, members of the Association, were duly elected members of the Branch: H. W. DAVIES, Esq., Jarrow-on-Tyne; Samuel Edwards, Esq., Tordoe; Coleman Farmer, Esq., Hexham; L. J. Hobson, M.B., Newcastle-upon-Tyne; W. H. Walker, M.D., Aldborough; Samuel Warren, M.B., Castle Eden.

Habitual Drunkards Committee.—The SECRETARY read the report of the Committee of the Association. It was moved by Dr. EASTWOOD, seconded by Mr. G. B. MORGAN, and carried by acclamation: "That Dr. Philipson be appointed to represent the Branch in the Committee."

Harvey Tercentenary Memorial.—The SECRETARY read a communication from the Central Committee. On the motion of the PRESIDENT, seconded by Dr. BYROM BRAMWELL, it was resolved that the sum of five guineas should be contributed by the Branch to the fund.

Medical Reform and a Petition to Parliament.—Dr. EASTWOOD introduced the question, and presented the petition to the House of Lords, which was duly signed by the President, the other officers, and the members.

Papers.—The following papers, &c., were read:

1. Drs. STAINTHORPE and FARMER: Case of Aortic Aneurism in a boy aged 13.

2. Drs. STAINTHORPE and FARMER: Case of Contracted Knee-Joint, recently operated on by Division of the Tendons and Foreflexion Extension.

3. Dr. BYROM BRAMWELL: On the Differential Diagnosis of Aortic Aneurisms and other Intrathoracic Tumors, with cases and specimens.

4. Dr. E. C. ANDERSON: On Leucine and Tyrosine, and their diagnostic value in disease, with cases.

5. Dr. JAMES MURPHY: Exhibition of Tarnier's Obstetric Forceps.

6. Dr. JAMES MURPHY: On Puerperal Convulsions.

7. Dr. J. C. MURRAY: Case of Difficult Instrumental Labour, from Deformed Pelvis.

8. Dr. M. McW. BRADLEY: *Post Partum* Haemorrhage, with Notes of Three Cases successfully treated by Compression of the Abdominal Aorta.

9. Dr. PHILIPSON: Notes of a Case of Haematuria.

Votes of Thanks.—On the motion of the PRESIDENT, a hearty vote of thanks was accorded to the readers of papers, also to the Chairman and Guardians for the use of the room for the purposes of the meeting.

Dinner.—The members and their friends dined together at the White Hart Hotel. The President was supported on the right by the Rev. Canon Barker (Rector of Hexham), and on the left by Major Nicholson of Hexham. After the loyal and other customary toasts, the President gave the British Medical Association, and success to the North of England Branch, which was heartily received and warmly responded to. Other toasts followed, namely, that of the President, the President-Elect (Dr. Moore), the Honorary Secretary (Dr. Philipson), and Dr. Stainthorpe, to whom they were indebted for the admirable arrangements of the meeting and dinner.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 3RD, 1878.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Rupture of the Fetal Head.—Dr. CORY showed a foetal head, with a rent situated on the left side of the coronal suture, through which brain-matter had escaped. The tear was at first supposed to have been produced by the forceps; but it was subsequently ascertained that the student in attendance had used a hair-pin to rupture the membranes, at which time the injury to the scalp had probably been produced. There was a tumour attached to the sacrum, which impeded delivery, and craniotomy would in all probability have had to be performed.

Cancerous Polypi Removed during Pregnancy.—Dr. GALABIN exhibited two specimens of cancerous polypi of the cervix uteri, which he had removed from pregnant women, and showed microscopical sections of them. Both specimens, he said, were instances of a somewhat rare combination of pathological products, viz., myoma and carcinoma. The smaller tumour, which was about the size of a Spanish chestnut, was removed by means of the galvanic cautery at the fourth month of pregnancy, the patient having suffered from excessive hæmorrhage. Delivery took place naturally at full term, since which there had been no trace of recurrence. The larger tumour was removed by the galvanic cautery at the eighth month of pregnancy, the patient being much reduced by continued hæmorrhage and persistent vomiting. Premature labour occurred twenty-four hours after the operation, the child presenting by the breech, and being lost from the slow yielding of the cervix. The patient apparently recovered, but died some months later, probably from some internal extension of the disease. The tumour appeared to have originated in an epithelioma, the nested masses being very distinct.

Cystic Disease of the Fetal Kidney.—Dr. GERVIS exhibited a specimen of this disease, from a case which had occurred in the practice of Dr. Fletcher of Earl Soham. Extreme difficulty was experienced in the delivery of the body of the foetus, and ultimately it was found necessary to eviscerate. Dr. Gervis had on previous occasions exhibited specimens of hydrometra and hydronephrosis, occurring in the foetus, as causes of difficult labour, but this was a specimen of a still rarer foetal disease.—In reply to Dr. HEYWOOD SMITH, Dr. Gervis said that, previously to her confinement, the mother had been in perfect health.

Congenital Syphilis.—Dr. WILTSHIRE exhibited a photograph of an infant aged five months, who came under his care at St. Mary's Hospital, with enormous enlargements of the shoulder-joints, hip-joints, and knee-joints. The swellings came on very rapidly, and fluctuation was distinct in them. The child was remarkably anæmic, and presented in his face and elsewhere signs of congenital syphilis. The abscesses were tapped with the aspirator, and a large quantity of pus was withdrawn. The child, however, died soon afterwards; and, at the *post mortem* examination, the affected joints were found to be disorganised and the epiphyses separated. The liver was the seat of an abscess, which was apparently due to the breaking down of a syphilitic gumma.

Cancer of the Body of the Uterus.—Dr. SQUIRE exhibited a specimen of cancer of the uterus, where carcinomatous degeneration had proceeded to its most extreme point without pain ever having been a marked symptom. A. B., aged 58, unmarried, began to suffer two years ago from a sanious vaginal discharge. This was arrested for a time by general tonics, but reappeared a few months later. Vaginal examination then showed the uterus and cervix to be small and perfectly movable. The patient felt quite well till a year ago, when febrile disturbance set in, with evening exacerbation. A resistance was felt in the right hypogastric region and tenderness was complained of there; the cervix was still movable and appeared healthy. The patient lost flesh. From these symptoms and the family history, cancer of the body of the uterus was diagnosed. During the last three months of life, phlebitis occurred

in each leg, and did not cease till a fortnight before death, when collapse set in. Fæces subsequently passed from the vagina, and the patient gradually sank. On *post mortem* examination, no secondary deposits were found in any viscera; there were no enlarged glands; the peritonæum was smooth and free from adhesions, except in the pelvis, where the small intestines were attached to the uterus on the right side, while the upper part of the sigmoid flexure had been drawn down into the pelvis and become adherent to the uterus. Perforation had occurred, allowing the escape of fæces. The ovaries were small, but not diseased.

Rupture of the Uterus.—Dr. JOHN WILLIAMS showed a specimen of rupture of the uterus, the rent being situated in the anterior aspect of the cervix. The patient in whom it occurred was under the care of Mr. Marshall of Colney Hatch Asylum, and, when first called to the case, Dr. Williams found her with extensive emphysema of the head and face, and of the whole trunk. The child was presenting by the breech, and he delivered without difficulty. The placenta was slightly adherent, and on separating it he felt a rupture in the cervix, apparently not implicating the peritonæum. At the *post mortem* examination, the cervix was found to be the seat of a rent of about an inch and a half in length, surrounded by a sacculated pouch; the broad ligament in its neighbourhood was excessively distended with air.—Mr. MARSHALL gave a history of the case previously to its being seen by Dr. John Williams.—The PRESIDENT suggested that the uterus should be submitted to microscopical examination. Many cases of so-called spontaneous rupture of the uterus had been recorded, but information was still wanted as to the histological characters of the organ in such cases.—Dr. BRAXTON HICKS considered that rupture of the uterus seldom, if ever, occurred now-a-days from excessive and violent action, as described in the text-books. Probably such an accident had been eliminated by our improved methods of delivery.

Two Cases of Repair of the Female Bladder and Urethra formed the subject of a paper by Mr. LAWSON TAIT of Birmingham. The first patient, S. H., aged 21, came under Mr. Tait's care on April 30th, 1877, two months after delivery. Ever since labour, her urine had dribbled away. On examination, the vestibulum vaginae was found to be merely a mass of cicatricial tissue, of almost cartilaginous hardness, and this extended up the posterior wall of the vagina for nearly two inches, and embraced the lateral walls of the passage for about half an inch further. On the anterior aspect, everything seemed gone, save the apex of the urethra, of which about three-eighths of an inch were left. At the roof of the vagina, a hard thick ridge ran across from side to side, and on the posterior surface of this the os uteri was discovered. In front of this ridge was a protrusion of mucous membrane, which was identified as the remains of the bladder, by the fact that the two ureters were discovered upon it. The anterior edge of this protrusion was adherent to the rim of the os pubis, and the whole of the mucous area was not much larger than a five-shilling piece. No trace of the anterior wall of the bladder could be found on careful search. Such being the state of things, Mr. Tait conceived that, if he could make anything in the shape of a tube out of the cicatricial tissue in the vaginal wall, he might, by releasing the ridge at each side, bring it and the uterus down, and, folding the remains of the bladder upon itself and fastening it to the new tube, might at least make a receptacle for a small quantity of urine. Accordingly, on May 15th, he made two flaps, each about an inch long, out of the tissue behind the symphysis pubis, and joined them in the middle by silver sutures. He did not attempt even to look at them again till July 14th, when he found the operation had practically failed. He, therefore, on July 18th, proceeded to make two similar but larger flaps, consisting of everything he could raise from the bone, and again united them in the middle. On examining the parts two months later, he found that a canal, three-quarters of an inch in length, and allowing the passage of a No. 6 catheter, had been formed. A few days later, he proceeded to make a raw surface on each side of this bridge at its upper end; he then made a deep incision at each end of the tense ridge at the upper part of the vagina, and, after arresting the hæmorrhage, pared the edge of the ridge and fastened it down to the raw surface with sutures, with the exception of one corner, where a free exit for the urine was left. On October 11th, he found that the whole of his proceedings had been successful, the artificial urethra leading into a bladder-cavity, and nothing remaining but to close the provisional orifice. This was done on November 17th, a cannula being kept in the urethra for twenty-four hours. The patient left the hospital on November 28th, unable to retain her urine, but returned on January 1st, when it was found that the urine escaped through one of the stitch-holes. A few days after this was healed, she began to have a sense of desire to pass urine, and was able to remain dry for about an hour. Since then, the quantity retained had increased from half an ounce to four ounces, and she described the feeling as being that almost of a

to take any legal proceedings for the removal of nuisances, yet a good deal of work has been done by disconnecting overflow-pipes from the cisterns, which communicated with water-closets and drains, and otherwise preventing the entrance of sewer-gas into the houses. The water-supply is said to be satisfactory in quantity and quality, and the drainage of the town to have been improved by the construction of new sewers.

HALIFAX RURAL AND URBAN DISTRICT.—This district consists of one rural and sixteen urban authorities. The population of each district is given, as well as the number of births and deaths, of the birth-rate and death-rate, but not the totals or means of the whole number. The birth-rate of Halifax Rural District was 34.2 and the death-rate 20.3 per 1,000; but the birth-rate of the urban districts varied between 26.6 and 45.4 per 1,000, and the death-rate between 11.7 and 25.2 per 1,000. The contrast between the birth-rate and death-rate of one district—viz., Luddenden Foot—is very great, as the former was 31.6 and the latter only 11.7 per 1,000. Scarletina and measles were very prevalent in most of the districts. Dr. Britton especially notices the overcrowding, and says that "it is no unusual circumstance to see a man, his wife, and five or six children in all stages of growth, crowded into a small house of two rooms"; the parents usually sleeping downstairs, and the children upstairs, which, as many of the latter are almost grown up, is most objectionable. He also attributes many of the deaths to consumption and other diseases caused by the impure air of the sleeping apartments.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Tuesday, May 14th, 1878.

Dental Practitioners' Bill.—This Bill passed through Committee *pro forma*.

Public Health Act (1875) Amendment Bill.—This Bill, as amended, was considered.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Fellows on May 9th, 1878.

Allchin, William Henry, M.B. London, 94, Wimpole Street, W.
Bruce, John Mitchell, M.D. London, 60, Queen Anne Street, W.
Curnow, John, M.D. London, 3, Warwick Street, Charing Cross, S.W.
Galabin, Alfred Lewis, M.D. Cambridge, 14, St. Thomas's Street, S.E.
Guy, Thomas, M.D. Heidelberg, Shaftesbury Road, W.
Orange, William, M.D. Heidelberg, Broadmoor, Wokingham
Raffe, Charles Henry, M.D. Cambridge, 26, Queen Anne Street, W.
Roberts, David Lloyd, M.D. St. Andrew's, Manchester
Sansom, Arthur Ernest, M.D. London, 30, Devonshire Street, W.
Sykes, John, M.D. Edinburgh, Doncaster
Thudichum, John Louis William, M.D. Giessen, 11, Pembroke Gardens, W.
Wiltshire, Alfred, M.D. St. Andrew's, 57, Wimpole Street, W.

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 13th; and, when eligible, will be admitted to the pass-examination.

Messrs. W. Cecil Fenwick, A. Carol Otway, and Henry E. Archer, students of Guy's Hospital; G. Lindsay Johnson and Wm. Slater, of St. Bartholomew's Hospital; Charles Torbitt and Walter J. Clarke, of the Birmingham School; C. Egerton Jennings, of the London Hospital; Arthur Grayling, of St. George's Hospital; E. Talbot Palmer, of St. Thomas's Hospital; W. Edgar Ryves, of St. Mary's Hospital; and Gerald Nicholson, of King's College.

Twelve candidates were rejected.

The following gentlemen passed on May 14th.

Messrs. Henry W. Campbell, Thomas R. Atkinson, W. Cannington Hearnden, George J. Wilson, and Joseph M. Prendergast, of Guy's Hospital; Thomas W. C. Jones and Ernest O. Wight, of St. Mary's Hospital; Edmund A. S. Elliot, of St. Bartholomew's Hospital; Roger W. Barraud, of the Liverpool School; Lawrence N. Walker, of the London Hospital; and Arthur Sharland, of the Middlesex Hospital.

Thirteen candidates were rejected.

The following gentlemen passed on May 15th.

Messrs. Oswald I. Currie, T. F. Burton Palmer, E. R. Drummond Tasken, Edgar Elliott, and Wm. H. Crosse, of Guy's Hospital; Bertram Thornton, Edward A. Wood, and Louis E. Wood, of St. Mary's Hospital; Richard J. Horn and Robert W. Gentles, of the Middlesex Hospital; Wm. W. Pope and Lesley R. Colledge, of St. George's Hospital; Duncan Duncan and Wm. Chisholm, of University College; F. E. Caulfield Houghton, of King's College; Arthur R. Raine, of the London Hospital; and Augustus F. Clay, of the Birmingham School.

Seven candidates were rejected.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the April and May sittings of the examiners.

William Thomas Waterson, Netherwitton; William Stevenson, Stirlingshire; Ralph Kinder, Manchester; Marcus Calder, Glasgow; David Carruthers, Kirkpatrick-Fleming; Arthur Neol, Brighton; David Henry Walsh, Bristol; William Chalmers Cowan, Dundee; William Bain, Caithness; Wm. Thomas Thompson, Worcestershire; Gerald FitzGerald Thomas, Cork; Egbert Williams, Llandilo; Edwin Faulkner, Bangalore, India; Henry Joseph Clements, County Kerry; Richard Blair Cullin, Dublin; Robert Wm. Anderson, Portsmouth; John M'Nicoll, Liverpool; Wm. Cochrane Corbett, County Cork; Arthur Hyde Burton, Devonshire; Fredk. Herbert Daly, Dublin; Michael Kelly, Limerick; George Cuthbert Clarke, Middlesex; James Murdoch Cameron, Edinburgh; Perceval Crawford Boyd, Hobart Town; John Crawhall Nichol, County Durham; Thomas Henry, County Tyrone; Chas. Wesley Wilson, Ulverstone; Hugh Davis Jones, Anglesey; Thos. Morgan Martin, Dublin; and Thomas Matthews, County Down.

The following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh.

Albert Elhanan Mallory, Cobourg, Ontario; Francis Dixon, Derbyshire; Robert Logan, Dumfries; James Edwin Eakins, Newburgh, Canada; Samuel Wellesley Coombs, Oswestry; Thos. Moynihan, Cork; Edward M'Callum, Edinburgh; John Thomas Burgess, Spilsby; David M'Eniry, Clonmel; Fredk. Aubrey Smith, Manchester; William George Creswell, Berkshire; Kenneth Maclean, Stornoway, Lewis; Wm. Nicol Elder, Elginshire; Jas. Steel, Bushmills; Charles Jee, Spilsby; James Griffith Macaskie, Berwick-on-Tweed; Thomas Neil Cream, Glasgow; Daniel O'Sullivan, Killyearney; Charles Clark Burman, Whitehaven; Alfred Stanhope Dawson, Croydon; John Robertson, Kilmorack, Inverness; Herbert Saunders, London; Maurice Alfred Chilton, Wiltshire; Wm. Duncan Robertson, Montreal; Robert Stuart Reid, Dunedin, N.Z.; Wm. Henry Vickerstaff, Macclesfield; John James Goodlatte Murray, Dublin; John Chestnutt, Tralee; Edward Lewis Maunsell, Edinburgh; Francis George Wright, Southsea; Andrew Thomas Somerville, New Brunswick; John Service, Kilwinning; Robt. Nelson Jack, Newton-Stewart; John Yellowlees, Tant, Argyleshire; John Hay Honeyman, Thurso; George Annand, Melbourne; Wm. George Jack, Dunkeld; John Joseph Gordon, County Sligo; Llewellyn Thelwall, Wrexham; Jas. Hartley, Marton; Foster John Pilgrim, Barbadoes; Thomas Brayton, Whitehaven; James Charles Ady, Moulmein, Burmah; James Steel Boe, Dunblane; Charles Mason Johnston, Port Louis, Mauritius; John Joyner Fraser, Tain; Wm. Alexander Logie, Kirkwall; Adam Anderson, County Donegal; Josiah Williams, Cardigan; George Henry Lamson, New York; John Wilson Moore, Drogheda; John O'Brien Curtin, West Viewcastle; Robt. Parkin Simpson, Lincolnshire; James Mithiel Phillips Hosking, Cornwall; and Mackintosh Collie, Elgin.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examination during the April sittings of the examiners.

William Albert Maurice de Mattevill, Berne; Alexander Henderson, Perthshire; Isaac Williams, —; John Tubb Thomas, Pontypool; and Wm. Doughty, Shropshire.

The following gentlemen passed their final examination, and were admitted L.R.C.S. Edinburgh.

Edward Fowler Scougal, Cheltenham; Raglan Wykeham Barnes, Aylesford; Thomas Charles Walker, Linlithgowshire; Henry Ruby Harley, Cork; Hamner Dickson, Tripoli, North Africa; Eugene Joseph O'Mullane, Mallow; Charles Walker Cathcart, Edinburgh; James Mulligan, Dromore; David Collie, Edinburgh; Chas. Albert Bestall, Wicklow; Edward Harwood Bowker, Derbyshire; Alexander Henderson, Perthshire.

MEDICAL VACANCIES.

The following vacancies are announced:—

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

HAILSHAM UNION.—Medical Officer and Public Vaccinator for the First District. Salary, £52 per annum, and fees. Applications to be made on or before the 27th instant.

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

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

NORTHAMPTON COUNTY LUNATIC ASYLUM.—Medical Superintendent. Salary, £500 per annum, with residence, free of rates and taxes, and £30 for coals. Applications to be made on or before the 29th instant.

QUEEN'S HOSPITAL, Birmingham—Resident Surgeon. Salary, £50 per annum, with board and residence. Applications to be made on or before the 31st inst.

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.

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.

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.

DONATION.—The Misses Brooke have given £500 to the National Institution for the Blind of Ireland.

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.**—Pathological Society of London, 8.30 P.M. Mr. Nettleship: Carcinoma of the Orbit. Dr. Peacock: French Millstone-maker's Lung. Dr. P. Irvine: Cerebral Aneurysms. Dr. Cayley: Cerebral Embolism. Dr. T. Fox: Anatomy of Dysidrosis. Dr. R. Taylor: Cavity in the Spinal Cord. Mr. Spencer Watson: 1. Polypus from Nose, Antrum, and Orbit; 2. Colloid Cancer of Breast. Mr. Pearce Gould: Aneurysm of the Pulmonary Artery. Dr. Leared: Ovarian Cysts from Twin Infants. Mr. Adams: Spontaneous Rupture of the Oesophagus. Dr. Lauchester: Primary Cancer of Lung. Dr. Greenfield (for Dr. Saunders): Specimens of Biliary Cirrhosis. Dr. S. West: Aneurysm of Pulmonary Artery, with Fatal Hæmoptysis. Dr. Murchison (for Dr. Bancroft): Specimens of Filaria.
- FRIDAY.**—Clinical Society of London, 8.30 P.M. The President (for Dr. Day), "Sequel of Case of Chylous Discharge from Leg"; Dr. Farquharson, "Case of Quinine Rash"; Mr. Cripps, "Case of Gastrotomy for Intestinal Obstruction"; Dr. Murchison, "Incubative Period of Scarlet Fever, and of some other Diseases"; Mr. Bryant, "Sudden Death following Tapping of an Hydatid of the Liver"; Mr. Brown, "Sequel of a Case of Cancer of the Tongue".—Quekett Microscopical Club (University College, Gower Street), 8 P.M. Mr. B. Thompson Lowne, "On the Structure of the Eyes of Insects".

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.

BACCHUS.—From the annual statement of the receipts and payments of St. Thomas's Hospital, it appears that £512 16s. 1d. was paid for porter, £435 16s. 6d. for wine, and £497 10s. 4d. for spirits, making a total of £1401 4s. 11d.

UNQUALIFIED ASSISTANTS.

SIR,—I am afraid, from your remarks in the *JOURNAL* of this day, that you seem to have your vengeance wreaked on a hard struggling class—I mean "medical assistants *sine diploma*". After what has fallen from the Lord Mayor of Dublin and other people, I am afraid the poor unqualified medical assistant will not be able to hold up his head. I shall venture to state the position I hold, and then I venture to ask anybody whether I am not practically qualified. I matriculated at the London University in 1868, and served an apprenticeship to a physician of five years' duration. In the last year of my apprenticeship I had the dire misfortune to lose both my parents, one three months after the other; but, owing to the kind help of some relatives, I had money lent me to proceed with the hospital courses. I passed the first half of the M.B.C.M. Aberdeen, and now I am an assistant near the hospital. Little can you guess, sir, the hard struggling London life I have had. Although I am not fully qualified yet, still I will leave it to any practical man to say whether I am not able to prescribe and attend cases surgical, medical, or midwifery.

I heartily sympathise with the medical assistant, especially a man of no pecuniary means, and I hope and trust you will do the same.—I am, sir, your obedient servant,

UNDERGRADUATE.

London, May 4th, 1878.

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.

MEDICAL REFORM AND THE CONJOINT SCHEME.

It certainly is rather startling to be told, and to have the assertion repeated in Parliament, that the British Medical Association wishes the scheme for a conjoint examining board to be made compulsory, when, on putting the question to himself, any member of the Association may find that, far from wishing it, he has the greatest objection to it. You will allow me, therefore, as a member of the Association, to protest against any such use of the collective term as is here made. The British Medical Association consists of all its members, and we know of no section of it which has a right to appropriate to itself the designation to the exclusion of any other section of the body; still less to represent certain opinions as those of the Association, when they are only the opinions of a portion of it. We trust that no member of the Association will permit himself to be carried away by the expression. Taking it at what it is worth, let him ask himself whether the opinions attributed to him be really his.

That the scheme in question is not wanted by the Medical Association, by the profession, or by the corporations, is amply proved by the fact that, though at any time during the last few years they had the option of forming such a conjoint board, they have not formed it; nay, they have resolutely opposed it; yet in the face of this we are gravely told that the British Medical Association rejects the Medical Act (1858) Amendment Bill "because it is permissive in respect of a conjoint scheme, and on another ground". Now, it is the scheme itself that is objected to. That it is permissive, is the only ground on which it is tolerated in the Bill at all; but the sooner it is removed from it the better. It is too clear that its being permissive is only meant as a stepping-stone, from which, at some future time, it may be made compulsory. It is a plan, very common in politics, of trying what can be effected on the many by dint of repetition—an effort, in short, to get the profession sufficiently familiar with the idea to be able at last to force it on its members. It would appear, too, as if it emanated from the profession; and yet several years' acquaintance with it provokes the remark of Dr. W. T. Gairdner of Glasgow, "the more we look at it the less we like it". When members of the profession repudiate it thus, it is to be hoped that we shall hear no more of its being the wish of the British Medical Association, which itself is still far from being the profession in Britain.

We object to the scheme of a conjoint board for the three kingdoms of Great Britain and Ireland, or for any of them separately, being, by Act of Parliament, made compulsory. There is no valid reason whatever that Parliament should interfere to place the direction or ordering of the medical education of the country in the hands of a few men, however eminent their names may deservedly be in the profession or with the public. The wider the basis of direction, the better for the practitioner and the public. Nor do we see any beauty in the so-called uniformity it is hoped would result from the adoption of the scheme; rather the reverse. A severe blow would be dealt at medical education by the endeavour to force it into one groove, which the scheme, if adopted, would in time certainly do; for all teaching in that case, to command the special success required under the scheme, would be directed, not to give a substantial knowledge of the subjects taught, but merely to pass its men, by lecturing in the manner most pleasing to the examining boards. It is well conceived in the interest of the "crammer", but in that of sound education it is difficult to imagine a worse. It would simply lead to a system of cramming, which is one of the inevitable results of that system of perpetual examinations now so much in vogue. Let any one consider whether this cultivates the intellect or encourages thinking. It is merely a strain on the memory, under which that latter too frequently breaks down.

As to the talk of competition downwards, we should like to see proof of this. It has been asserted that men have been admitted into the medical profession who do not use the English language correctly, and we are left to infer that their being so admitted has been a sort of bribe deliberately held out to them by certain schools unknown. Passing over the paltry nature of the bribe, we would only remark that the tendency has been in quite an opposite direction of late; but it would be interesting to have the examples of the incorrect use of the English language adduced, as well as the names of the schools at which the delinquents studied. It might be as well to know whether such an expression as "different to", which one so frequently finds, is among the examples objected to; and if the complainers would lay down some rule by which the hopeless confusion existing in the minds of some with reference to the verbs "to lay" and "to lie" might be obviated, it would be hailed as a boon, however small: meanwhile, it may be as well to remember that they who live in glass houses should not throw stones. There may be some slight inaccuracies passed over by examining boards, but those bodies by no means examine, nor could they, all the writings of the examined; nor is the proposed conjoint board likely to be faultless. There are many institutions in the country (the more the better if they can find room) which hitherto have given a sound medical education, nor has it been shown that they have deteriorated lately; nay, there has been a laudable effort on the part of most of them to improve their teaching, and in this they have been very successful. Whence, then, the need of interference? One can surely acknowledge excellence in schools other than one's own; or are we to be so much the slaves of habit that we are to consider that alone right to which we ourselves are accustomed, and everything else necessarily wrong? That, truly, would show want of education as well as narrowness of mind. Yet it seems to be taken for granted that they are all bad, except one, and that is to be chosen as a model—not that it is the best, but simply that some few men in a certain locality in any of the three countries happen to know most about it, and little or nothing at all of the others, and that little seen through coloured spectacles, and to the usages of this model the medical education of the country is to be made to bend. Now, we say nothing against any one school, and we have a sincere admiration for many of the men at several different schools, but that restricted vision which can see good only in the school to which one has been accustomed is to be severely censured. Surely there is good in all: without it, none of them could have sprung up or continued, and each is most probably adapted better than any of the others to the circumstances of the country in which it is placed. That each has sprung up and grown to be what it is without any special fostering care from the state, is a proof of this. This spontaneous development is the healthiest state of existence, not only for medical but general education. It must be left unfettered. The system that would force all minds to pass through an unvarying ordeal, both as to matter and manner, is to be condemned. That there are national differences of mind is too apparent to require proof. Develop what is worth developing in each, but do not stifle them by needless and injurious legislation.

The plea that the scheme is devised in the interests of the public is as worthless as it is indefinite. There are several different bodies in Britain whose licence to practise is fully recognised as valid on all hands, just because the education required by them in the candidates for their several diplomas is acknowledged to be sufficient, and is assuredly above what, vaguely designated as a minimum, might fairly be demanded under any new scheme whatever, under a conjoint board or otherwise. These licensing bodies are all known. It is as easy to verify their diplomas for registration under the present system, as it could be did they all emanate from any one licensing body. The protection to the public is absolutely the same. If the *Register* be inefficient now, there is nothing in the proposed scheme which will alter it. If we could get an Act of Parliament protecting the public against itself, which could be enforced, then we might have some chance of protecting the public. But the public does not want this protection: it deliberately, and with its eyes open in many instances, prefers the unqualified man, and that, too, in cases where fees are no object, and where consequently one might justly expect greater discrimination.

Neither is the scheme a good one if we look upon it from the point of view of the expense that would be entailed under it. Its immediate effect would be to increase the cost of medical education, already too great, by at least one-fourth—a result not in favour of the country, however it might be to the advantage of a few. This in itself is to be deprecated, since its tendency is to cut off from the medical profession some of the best thinking power this country or any other produces; for examinations must be paid for, and they must be held somewhere. Whether the student went to the examiner or the examiner to the student, the cost must equally be met by some one. Then, the inevitable “crammer” must be paid; and this institution of cramming would flourish under the scheme more than now, since to prevent himself being taken at a disadvantage, the strange student would put himself under the care of some kind guide to the examinations. Whether this is a desirable state of matters we do not stop to discuss. The fallacies of examinations generally have been pretty frequently exposed. Examinations should never be trusted to as the sole, or even as a principal, test of real education. A man getting up, by the aid alluded to above, a few of the pet hobbies of his examiners, is sure to stand high in them; but the frothy kind of display they call forth soon evaporates, and is no criterion of the education of the man.

Not to trespass further on your space, we should advise all men who care about the subject to read the capital letter of Dr. W. T. Gairdner of Glasgow in your issue of the 20th April. If we mistake not, Dr. Gairdner dislikes the centralising tendency of the scheme as much as we do, and he equally condemns the policy of useless interference with schools which have amply proved their capability of coping with any in the land. R. S.

Heckfield, Hants, April 25th, 1878.

WORMS IN THE ŒSOPHAGUS OF THE DOG.

SIR,—In reply to “Jo. C.”, I believe there is no doubt that the filaria sanguinolenta is introduced by the mouth in food taken by the animal, and bores its way through the œsophagus. In one of the specimens I exhibited at the Pathological Society some weeks since, two of these worms could be distinctly seen penetrating the œsophagus. With regard to the filaria Bancrofti (filaria anguinus hominis Lewisii), I do not think either alcohol, tobacco, or salt has any influence on them, because many of the Chinese partake freely of a strong spirit made from rice called “samshoo”; and I think I may say all live extensively on salted provisions and smoke native tobacco, which, is, though, of a very mild description. Some also are opium smokers. Small doses of turpentine taken internally by those affected with filaria seem to diminish their number.

I was somewhat disappointed the other evening at the Medical Society of London, on the reading of Dr. Manson's paper on Filaria by Dr. Cobbold, who very kindly came down for that purpose, at the little interest taken in the subject by the profession at large, as evinced by the small attendance, and also at the premature closure of the discussion. This I state because it has already been demonstrated that filaria can be imported by any person possessing them in their blood, especially where the mosquito exists; and doubtless in this manner they were introduced into Australia, and probably they have been also in San Francisco, as to both these places large numbers of Chinese emigrate. We have many Chinese over here at the present time, and may yet have a much larger number. Some one or more may possibly be the host of this parasite; and it is not impossible that either the fly or some other flying insect may act as intermediate host, or nurse, as Manson expresses it, instead of the mosquito, and thus we may yet have this terrible scourge inflicted on us.

I should like to know whether any of the profession in Japan have yet investigated this matter in chyluria, hæmaturia, elephantiasis, lymph-scrotum, or any forms of lymphatic disease.—Truly yours,

April 1878.

GEO. CHAS. COLES.

ATTENDANCE ON FAMILIES OF MEMBERS OF THE PROFESSION.

SIR,—The writer will be much obliged by an answer to the following. He attended, gratuitously, for many years the family of a medical man who is long since dead, and which family was in affluent circumstances from hereditary property on both sides. The widow left two children—one a daughter, long since married to a benefited clergyman; the other a bachelor son, who need not have many wants on which to spend his means. No charge was ever made to the widow; but lately, after her death, I thought it not unfair to make a moderate charge for attendance during her last illness, and during the last year or so of her life, she leaving much property to be divided between two not necessitous children. The question is, was it professional to send in a charge of about seven pounds, which I did, or should I have remained content for my services to be gratuitous as before? I should not omit to say that the widow was not illiberal in showing her appreciation of the attendance required on past occasions.—I am, etc., R. G.

THE BRUSSELS DEGREE.

SIR,—As your correspondent “C. B. G.” has been to Brussels getting his M.D., I have no doubt that many practitioners that have an eye upon the degree would feel obliged to him for the information that he offers through your columns—viz., sending the notes of the questions asked at the examination for publication. There is a person residing in London who sends private circulars to individuals stating that he can influence the University to grant the degree on a modified examination. Is this possible? Should the Medical Acts Amendment Bill pass into law, can an M.D. Brussels of 1878 be registered (I mean when the holder's name is already on the *Register* in consequence of British qualifications)?—Yours, etc., May 1878. RHVS.

* * 1. We very much doubt whether any person has such an influence with the University as is mentioned by our correspondent. 2. The degree would be registrable if—as probably would be the case—the University were one of those recognised by the Medical Council.

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, not later than *Thursday*, Twelve o'clock.

FEES OF MEDICAL WITNESSES.

SIR,—I shall be obliged if you can help me with information as to the fees a medical witness is entitled to, as I have not found the practice to agree with that laid down in the diaries. I was subpoenaed to attend the March Assize in this city in the case of Regina v. Stevens—a case of malicious wounding—and was in attendance for several hours on Wednesday, the 20th, (the date fixed in the subpoena), Thursday, Friday, and Saturday. The trial eventually came off on Saturday, the 23rd. During this time I could get no information as to when I should be wanted. Since the trial, I am offered two guineas instead of four, as I expected. On writing to Mr. Bovill, the Clerk of Assize, to know why I am not paid a guinea a day, he replies that I am only entitled to two guineas—one for attendance before the grand jury, and one at the trial—and that there is no reason that he can see why I should have been allowed more, as I reside in the city, adding that the solicitor for the prosecution should have given me notice when I should be required. I shall be glad if you can tell me—1. Whether or not I am entitled, as stated in Letts's *Medical Diary*, to one guinea a day for every day from the date of subpoena to the day of the trial. 2. What remedy I have in the present case, and how is it to be carried out. In London, as house-surgeon at Guy's, I have been paid a guinea a day in criminal cases from the commencement of assizes to the day of trial, although the case may not have occupied more than a couple of hours when called on.—Yours faithfully, JAS. BANKART.

19, Southernhay, Exeter, May 13th, 1878.

ENQUIRENS.—We do not think that, under the circumstances stated, our correspondent has any legal property in the prescription.

DEATH FROM CARBOLIC ACID POISONING.

SIR,—In your last issue, under the heading of “Death from Carbolic Acid,” you allude to “a case that occurred in the Homerton Small-pox Hospital.” Kindly allow me to say that this is an error: no such unfortunate event has ever taken place here.—Truly yours, WM. GAYTON, Medical Superintendent.

THE following communications have been handed to the General Manager:—Mr. J. Lewis, Birmingham; Dr. Charles Dyce, Edinburgh; Mr. Fredk. Eastwood, Huddersfield; General Banking Company; Mr. J. C. Sargeant, London; Mr. B. B. Joll, London.

WE are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Briton and Cornwall Advertiser; The League Journal; The Liverpool Daily Post; The Newport and Drayton Advertiser; The Exeter and Plymouth Gazette; The Chicago Times; The Manchester Guardian; The Berkshire Chronicle; The Glasgow Herald; The Oswestry Advertiser; The Edinburgh Daily Courier; The Middlesex County Times; The Liverpool Evening Albion; The Daily Courier; The Kelso Chronicle; The Fifehire Herald; The Merthyr Express; The Carnarvon and Denbigh Herald; The Surrey Advertiser; The Stroud News; etc.

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

Dr. George Johnson, London; Dr. Alfred Carpenter, Croydon; Dr. J. G. McKendrick, Glasgow; Dr. E. Waters, Chester; Dr. Ringrose Atkins, Waterford; Dr. Bradbury, Cambridge; Mr. T. Spencer Wells, London; Dr. Joseph Bell, Edinburgh; Dr. Leslie Jones, Blackpool; Dr. R. J. Lee, London; Mr. A. Doran, London; Dr. W. H. Corfield, London; Dr. J. W. Moore, Dublin; Dr. J. N. Vinen, London; Mr. J. E. Ingpen, Putney; Dr. R. Maclaren, Carlisle; Dr. Lombe Athill, Dublin; Mr. Richard Barwell, London; Mr. T. M. Stone, London; Dr. Harris, Worthing; Dr. J. Milner Fothergill, London; Our Paris Correspondent; Dr. Saundby, Birmingham; Dr. Grigg, London; Mr. F. R. Morgan, Morriston; The Secretary of the Royal College of Surgeons of Edinburgh; Mr. F. Page, Newcastle-upon-Tyne; Mr. Richard Davy, London; The Secretary of the Medical Society of London; Mr. J. B. Richards, Torquay; The Secretary of Apothecaries' Hall; Mr. C. F. Maunder, London; The Secretary of the Obstetrical Society; Mr. R. L. Bayley, Stourbridge; Mr. Coles, London; The Registrar-General of England; Mr. Ernest Carr Jackson, London; Mr. S. C. Smith, Halifax; The Registrar-General of Ireland; Mr. G. Eastes, London; Dr. Edis, London; The Secretary of the Quekett Microscopical Club; Dr. A. S. Taylor, London; Dr. Dudfield, London; Mr. G. Brown, London; Mr. Thomas Jones, Manchester; Dr. R. L. Batterbury, Berkhamstead; Inquirers; Mr. D. S. Bradley, Chesterfield; Mr. F. Eastwood, Huddersfield; Mr. John H. Morgan, London; A District Medical Officer, Granada, W.I.; A Provincial Practitioner; Mr. W. C. James, London; Mr. J. A. Francis, Southsea; Dr. Rabagliati, Bradford; Dr. J. B. Pitt, Norwich; Dr. Allan Sturge, London; Dr. J. Seaton, Sunbury; Dr. Braidwood, Birkenhead; Mr. T. Holmes, London; Dr. Eames, Manchester; Miss Allen, London; Dr. B. Howard, London; Messrs. Tweedie and Co., London; Mr. Boyd B. Joll, London; Dr. J. Milner Fothergill, London; Dr. Tripe, London; Mr. T. W. Hubbard, Lenham; Dr. Burnley Walker, Huddersfield; Mr. J. Thorsby Jones, Rochester; Dr. Gayton, Homerton; Mr. W. J. Harris, Worthing; Mr. Joseph Lewis, Birmingham; Dr. Thomas Birt, Leamington; Dr. Arthur Davey, Guernsey; L.R.C.P., Southam; Mr. Jas. Bankart, Exeter; Dr. G. J. Hearder, Carmarthen; Dr. Thin, London; Dr. R. L. Bowles, Folkestone; Dr. Glynn Whittle, Liverpool; Assistant-Physician, London; Dr. Chambers, London; Dr. Warner, London; General Banking Company, London; etc.

BOOKS, ETC., RECEIVED.

Insanity in Ancient and Modern Life; with Chapters on its Prevention. By Daniel Hack Tuke, M.D. London: Macmillan and Co. 1878.