

of £16 each; and sessional prizes in each of the subjects of the curriculum are awarded annually. All scholarships and exhibitions of the second, third, and fourth years may be competed for by students who have attained the requisite standing in any Medical School recognised by the Senate of the Queen's University, and have passed the Matriculation Examination in the College.

Clinical Lectures are delivered on Tuesdays and Fridays, and practical teaching at the bedside on other days of the week, at the Galway County Infirmary and the Galway Town Hospital.

**Fees.**—Matriculation, first year, 10s.; each subsequent year, 5s.; Anatomy and Physiology, first course, £3; each subsequent course, £2; Practical Anatomy and Practical Chemistry, each course, £3; other courses, £2 each; second courses of Materia Medica, Surgery, Medicine, and Midwifery, each £1. Clinical Instruction, six months, £4 4s.; Resident Clerkship, six months, £15 15s.

**RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.**—Physicians: Dr. J. T. Banks, Dr. B. G. M'Dowell, Dr. S. Gordon, Dr. R. D. Lyons; Assistant-Physician and Pathologist: Dr. Reuben J. Harvey; Consulting Obstetric Surgeon: Dr. G. H. Kidd; Surgeons: Dr. William Stokes, Dr. William Thomson, Dr. W. Thornley Stoker, Dr. Anthony H. Corley; Ophthalmic Surgeon: Dr. Charles E. Fitzgerald.

These hospitals contain 312 beds; 110 for surgical cases, 82 for medical cases, and 120 for fever and other epidemic diseases.

There will be a distinct Course of Lectures and Clinical Instruction in Fevers. Operations are performed on Monday and Wednesday mornings, except in cases of emergency. A Course of Practical Instruction in Ophthalmic Surgery will be given; fee, £3 3s. Practical Pharmacy is taught under the superintendence of the apothecary of the hospitals. A Resident Surgeon is appointed every alternate year, receives a salary, and holds office for two years. Eight Resident Clinical Clerks are appointed each half-year, and provided with furnished apartments, fuel, etc. These appointments are open not only to advanced students, but also to those who are qualified in Medicine or Surgery. The dressers are selected from among the best qualified of the pupils, without the payment of any additional fee.

The Richmond Lunatic Asylum, containing over 1,000 patients, adjoins these hospitals, affording every facility for the study of mental diseases. The hospitals are visited at 9 o'clock by the physicians and surgeons on alternate days. Two Clinical Lectures are delivered in each week, in addition to the usual bedside instruction.

**Fees.**—For the winter and summer session, £12 12s.; for the six winter months, £8 8s.; for the three summer months, £5 5s. Resident Clinical Clerks, £21 for the winter session; £15 15s. for the summer term, including certificate of attendance.

**ROTUNDA HOSPITALS.**—Master, Dr. Lombe Atthill; Assistant Physicians, Dr. A. Horne, and Dr. R. Henry; Pathologist, Dr. G. F. Duffy.

This Institution consists of two distinct Hospitals, namely, the Lying-in Hospital, for labour cases, and the Auxiliary Hospital, for patients suffering from uterine and ovarian disease. There are also a large extern maternity in connection with the Hospital, and a Dispensary for Diseases of Women. An Obstetrical Museum, containing upwards of 500 preparations, is attached to the Hospital.

Clinical Instruction in Midwifery and the Diseases of Women is given daily; and Lectures are delivered regularly during the Session.

The Diploma from this Hospital is granted to pupils after a six months' attendance, and on their passing an examination. It is recognised by the Local Government Board in Ireland, as a qualification in Midwifery.

Accommodation is provided for a limited number of Intern Pupils.

**Fees.**—Intern Pupils: six months, £21; three months, £12 12s.; two months, £9 9s.; one month, £6 6s. Extern Pupils: six months, £10 10s.; three months, £6 6s.

**SIR PATRICK DUN'S HOSPITAL.**—Consulting-Surgeon, Dr. W. Colles; Clinical Physicians, Dr. J. M. Purser, Dr. W. Moore, Dr. \*; Midwifery Physician, Sir E. B. Sinclair; Clinical Surgeons, Dr. A. Macalister, Dr. E. H. Bennett, Dr. T. E. Little; University Lecturer in Operative Surgery, Dr. R. G. Butcher.

The physician on duty visits the wards, with his class, at 9 A.M. on Mondays, Wednesdays, and Fridays; and the surgeon on duty, with his class, at 9 A.M. on Tuesdays, Thursdays and Saturdays. The Hospital Dispensary is open from 9 to 4 daily.

\* Dr. Henry Kennedy has been appointed to take the duties of Clinical Physician until a successor to Dr. Aquilla Smith, who has resigned, is appointed.

The payment of £12 12s. to the hospital entitles the student to hospital attendance and clinical teaching during the winter and summer sessions, and to Dr. Butcher's lectures. For the winter session alone, the fee is £8 8s.; for the summer alone, £5 5s. Bachelors of Medicine and Masters in Surgery of Trinity College are entitled to attend as perpetual free pupils. For twelve months' instruction in Practical Midwifery, students of Trinity College, £3 3s.; other students £6 6s. Silver Clinical medals in Medicine and in Surgery are awarded to the students who shall pass the best examinations on the Medical and Surgical cases treated in the hospital during the year.

**DR. STEEVENS'S HOSPITAL.**—Consulting Physicians: Dr. H. Freke and Dr. T. W. Grimshaw. Consulting Surgeons: Mr. S. G. Wilmot and Mr. G. H. Porter. Physicians: Dr. H. C. Tweedy; Dr. R. A. Hayes. Surgeons: Mr. W. Colles; Dr. E. Hamilton; Dr. R. McDonnell. Surgeon-Dentist: Mr. J. A. Baker. Obstetric Physician: Dr. A. Duke.

The Medical School formerly attached to the Hospital having been discontinued, the Medical Officers have determined to devote all their energies to the advancement of Clinical Instruction. The Hospital contains 250 beds. There are a Ward entirely devoted to Syphilitic Disease, and a detached building for Fever cases; also an extensive Out-patient Department, with separate Clinics for Diseases of the Skin, Throat, Teeth, and those peculiar to Women.

Arrangements have been made that each Pupil shall be assigned one or more beds, for the care of which he will be responsible; and he will be expected to keep accurate notes of the cases. At the end of each Hospital year, Gold Medals will be awarded for general attention and proficiency in Clinical work and Case-taking.

Clinical Lectures are given by the Physicians and Surgeons. Surgical Operations are performed on Saturdays, at 10 A.M., except in cases of emergency.

The Museum is open daily to the Pupils of the Hospital. There is also a Lending Library.

**Fees.**—Hospital Practice: Nine Months, £12 12s.; Six Months, £8 8s.; Three Months, £5 5s. Dressership: Winter, Six Months, £21; Summer ditto, £15 15s.

## ASSOCIATION INTELLIGENCE.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the offices of the Association, 161A, Strand, on Wednesday, the 12th day of October, next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

161A, Strand, London, September 6th, 1881.

### BRANCH MEETINGS TO BE HELD.

**NORTH WALES BRANCH.**—The thirty-second annual meeting of this Branch will be held at the Pwll-y-crochon Hotel, Colwyn Bay (near Conway), on Thursday, September 22nd, under the presidency of Dr. Samuel Griffith of Portmadoc. Dr. Wm. Roberts of Manchester has promised to read a paper on Micro-organisms in the Urine; Mr. Lawson Tait, one on The Diagnosis and Treatment of Chronic Inflammation of the Ovary; Dr. Eyton Jones, on Aneurysm of the Aorta; Dr. Richard Williams on Trichiasis and on Entropion; and Mr. Jones Morris on Epithelioma of the Uterus. Mr. and Mrs. Shaw of Brondesbury request the pleasure of the company at luncheon and tea of any ladies who may accompany members to the meeting. The Hotel grounds and lawn games will be open to their visitors, and excursions to places of interest may be arranged for them.—J. LLOYD ROBERTS, Honorary Secretary.

**LANCASHIRE AND CHESHIRE BRANCH.**—A special meeting of this Branch will be held at the Medical Institution, Liverpool, on Wednesday, September 21st, at 5 P.M., to consider the subject of Consultations with Homœopaths.

An ordinary meeting of the same Branch will be held at the Town Hall, Bolton, on Thursday, October 13th, at 3 P.M. Members desirous of reading communications, etc., are requested to send an intimation to the Honorary Secretary immediately.—A. DAVIDSON, Honorary Secretary, 2, Gambier Terrace, Liverpool.—September 3rd, 1881.

**NORTH OF ENGLAND BRANCH.**—The autumnal meeting of this Branch will be held at Chester-le-Street, on Tuesday, October 4th. Members intending to read papers are requested to communicate at once with one of the Honorary Secretaries.—T. W. BARRON, M.B., Durham; DAVID DRUMMOND, M.D., Newcastle-on-Tyne, Honorary Secretaries.

**EAST YORK AND NORTH LINCOLN BRANCH.**—The autumnal meeting of this Branch will be held at Beverley on Thursday, September 22nd, at 4.15 P.M. Gentlemen who desire to make any communication, or to propose any resolution, are requested to inform the Secretary not later than the 14th inst. The time allotted to each communication is limited to fifteen minutes.—E. P. HARDEY, Hon. Sec.—Sept. 5th, 1881.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The first meeting of the above district for the present season will be held on Friday, the 30th instant, at the Station Hotel, Haywards Heath; Dr. Byass of Cuckfield in the chair. The meeting will be at 3.30 p.m. Dinner at 5.30 p.m. Communications are invited; and it is requested that notice thereof may be sent at once to the Secretary.—T. JENNER VERRALL, Honorary Secretary, 20, Bedford Place, Brighton.—September 5th, 1881.

SOUTH MIDLAND BRANCH.—The autumnal meeting of the above Branch will be held at the residence of Dr. Edward Lawford, Oriel House, Leighton Buzzard, Beds, on Tuesday, September 27th, at 2 o'clock; the President, H. C. Rogers, Esq., in the chair. Dr. Lawford kindly invites the members to luncheon at his house, at a quarter past one o'clock. Amongst others, the following cases and papers will be read. Dr. Bryan: Notes on New Medicines. Dr. Buzzard: Illustrations of Diseases of the Spinal Cord. Dr. Lawford: Notes of a Gunshot-wound in which the Bullet passed through the Ethmoid Bone, struck the Occipital Bone, and then passed into the Oesophagus. H. C. Rogers, Esq., will read a communication. Dr. Thompson will read a paper. C. J. Evans, Esq.: A few Remarks on the Treatment of some Common but Obstinate Affections. J. A. Hedges, Esq.: Case of Contracted Knee-joint treated successfully by Subcutaneous Tenotomy.—G. F. KIRBY SMITH, Honorary Secretary, Northampton.

EAST ANGLIAN BRANCH.—The autumnal meeting of this Branch will be held at the Swan Inn, Southwold, on Friday, September 30th, at 2 p.m. Charles Palmer, Esq., Senior Surgeon Great Yarmouth Hospital, President. It is requested that members desirous of reading papers or exhibiting specimens will give immediate notice to one of the Honorary Secretaries.—W. A. ELLISTON, M.D., Ipswich; M. BEVERLEY, M.D., Norwich, Honorary Secretaries

## CORRESPONDENCE.

### CONSULTATIONS WITH HOMEOPATHS.

SIR,—Mr. Hutchinson, in his address delivered to the British Medical Association at Ryde, has given his views touching consultations with homeopaths. He tells us that it is our duty to meet in consultation every man whose name is on the *Medical Register*, including, of course, every practitioner of homeopathy. And in his sketch of homeopathy, he tells what sort of *confrères* homeopathic practitioners were: "No wonder that some of our ranks should have thought they saw their interests in adopting the new method, and equally little that most of those who observed their conduct held the motives of the man who put 'Homeopath' on his door to be low and self-seeking. In nineteen cases out of twenty, probably the verdict was right". (The italics are put by me.) Now, I would ask Mr. Hutchinson his reasons for asking the profession to meet in consultation men "whose motives were, in nineteen out of twenty cases, low and self-seeking". His remark, it is true, is written in the past tense; but he makes no distinction between the past and the present, as he manifestly should have done, if he meant his stigma to attach only to those of a past generation. Any way, his views clearly enforce the propriety of such consultations in the past equally as they do now. And as to "motives", it is certain that the adoption of the "new method" may serve men's interests now, as well as, or even better, than they did in the past. Again, Mr. Hutchinson says: "To Boycott a quack on principle is one thing, to attend to the interest of the quack's patient may be another. Hence the duties of surgeons in this matter, and especially of those engaged in consultation practice, have always been very difficult." Mr. Hutchinson's manner of putting this may be somewhat obscure; but it seems to me that there can be only one person here to whom he applies the term quack.

The inevitable conclusion which follows from these statements, unless I have wholly misread Mr. Hutchinson (which I hope I have) is this: That it is the duty of the profession to meet in consultation quacks and men whose motives "in nineteen out of twenty cases, are probably low and self-seeking", provided only their names be on the *Register*. I wish to say, that I do not endorse this verdict. In a country which boasts, above all, of freedom of opinion, it would be disgraceful indeed if homeopathy were not allowed to have its full swing. I certainly think that those men act unfairly who call themselves homeopaths, and yet practise like all the rest of the world. But I fully agree with Dr. Bristowe that there are homeopaths as high-minded and as honourable as the best of the profession. All that we demand, and have a right to demand, is that they shall not force their professional intercourse upon us. If they would only leave us alone, and quietly pursue their avocations in their own way, I am satisfied that the profession would never interfere with them. It would simply *guarda e passa*.

Equally hard is it to understand how Dr. Bristowe could have persuaded himself to tell us that it is the duty of the profession to meet in consultation men who "practise", as he calls it, "such a palpable imposture as homeopathy". Does he really maintain that a medical man can assist in such consultations without aiding and abetting in the spread of "the imposture"?

Both Dr. Bristowe and Mr. Hutchinson ignore all reference to what

seems to me to be the very pith of the matter—the morality of homeopathic consultations. They ask the profession to meet homeopaths, that is to meet: 1. The pure homeopath, whose theory and practice Dr. Bristowe eloquently denounces as an outrage on medical science; and 2. The *soi-disant* homeopath, who, it appears, practises his profession as ordinary medical men do, and but labels himself homeopath, whereby he gets all that advantage which, as Mr. Hutchinson says, is derived from writing homeopath on his door. Now to meet a pure homeopath—a man whose theory and practice of medicine is set down by Dr. Bristowe as an outrage on our medical science—is surely to deceive the patient, to degrade ourselves, or to insult the homeopath. Then, to meet a *soi-disant* homeopath—to consult with a man who pretends to the public that he possesses some special hocus-pocus method of cure, some powers which we others have not, and yet practises medicine as ordinary doctors do—seems to me simply entering into a partnership with, or encouraging, those who, whether they mean it or not, are in our eyes humbugging the public.

Mr. Hutchinson's saving clause in favour of the surgeon, that he, at all events, cannot go wrong in meeting homeopaths, can surely bear no arguing. Do surgical patients never require medical treatment? Syphilitic diseases fall mainly to the surgeon; do they require no medical treatment? Of course, *semper et ubique*, surgeons tie bleeding arteries and relieve strangulated hernias; but what have such operations to do with homeopathic consultations? If (as Mr. Hutchinson says) the public had really suffered through our exclusiveness in this matter, we should surely have heard something of it during the past twenty years.

Dr. Bristowe's eloquence has carried him away into what—he must pardon me for saying—seem to me errors in arguing, and consequent injustice to the profession. "It would be deplorable", says he, "if those of us who look on spiritualism as one of the greatest follies of the times in which we live, were to scout the distinguished chemists and the great writers who devoutly believe in it; or were to", etc. The inference is that we, who scout homeopathy, do act thus deplorable. The error here is patent. Dr. Bristowe confuses the abstract with the concrete. We do not scout the man, we scout the thing he practises. We act towards the homeopath as such, exactly as Dr. Bristowe would act towards the spiritualist as such. Dr. Bristowe would scout a consultation on spiritualistic business with a practitioner of spiritualism, exactly as we would scout a medical consultation with a practitioner of homeopathy. Does Dr. Bristowe really mean to assert that we, who refuse to meet a homeopathic practitioner in consultation, would refuse to do him just homage as a great chemist, as an astronomer, or as a man of science in any department? Here he assuredly does us injustice. Let him produce, if he can, a homeopath distinguished as a man of science, and show that he has been scouted because he practised homeopathy; and then his argument would have some base to stand upon. Is Mr. Crookes scouted because he patronises spiritualism? It is not our fault if homeopaths are not distinguished as men of science, and do not figure among our F.R.S.'s. Again, the wanderings of Dr. Bristowe's pleadings are shown, when he refers to matters "incapable of scientific proof", to support his thesis—to religion, politics, and such like. Now, if his reasonings here have any point, they come to this: that he blames the Catholic who refuses to go to church with the heretic, or the Conservative who refuses to sit down at a Radical festival. The truth is, his illustrations, as I see them, tell exactly the opposite to that which he adduces them to prove. He would not, I suppose, blame me if I were to refuse to confer on spiritualism with a spiritualist, even though he were an Astronomer Royal or a Sir Humphry Davy. Why, then, should he blame me if I refuse to confer professionally with a homeopath, who, as Dr. Bristowe has shown, believes in doctrines equally outrageous to science? It is not the man, or the man of science, whom I repudiate, but that false doctrine—homeopathy—which he holds, or pretends to hold, and which bears immediately upon the business in hand, the treatment of the patient.

It is well, I think, that Dr. Bristowe and Mr. Hutchinson have published their views on consultations with homeopaths. When men so high in the profession, and so skilled as writers, have spoken, we may be sure that everything has been said, that can be, to support their opinions. Yet I cannot but believe that many of their readers will conclude, as I have done, that the arguments, on the whole, tell dead against homeopathic consultations. Whether our *confrères* acted well in expressing their sentiments on such a topic in the Addresses in Medicine and Surgery of the British Medical Association may be a matter of doubt.\* I do not think they did; and chiefly for this reason, that

\* It is right to say that Mr. Hutchinson did not deliver his remarks on homeopathy to the meeting. They were ready in his manuscript, but he passed them over, having learnt that Dr. Bristowe had attacked the same subject.

## MILITARY AND NAVAL MEDICAL SERVICES.

DEPUTY SURGEON-GENERAL J. L. HOLLOWAY, C.B., has been granted six months' leave of absence from South Africa, for the recovery of his health; and sails for England in the *Anglian* on August 16th. Deputy Surgeon-General James Sinclair, M.D., has in consequence taken over the duties of Principal Medical Officer. The advanced base-hospital at Newcastle, in charge of Brigade-Surgeon Watts, contains now only sixty patients, but is equipped for two hundred. The divisional field-hospital at Bennett's Drift, with the troops in charge of Surgeon-Major Stafford, consists of three hundred beds, and is very efficient. One hundred and fifty invalids will leave Durban for England in about fourteen days. On account of the scarcity of grass for the cattle on the road, no more convoys of sick can be sent down to Maritzburg from Newcastle for another month. A force of 5,000 men will probably remain at Newcastle during the winter; and a new hospital is being built there, under the superintendence of Brigade-Surgeon Sinclair, to receive the sick of the force. Sir E. Wood leaves Natal for Zululand on August 22nd, with a large cavalry escort. Two medical officers and a small field-hospital will accompany them. Sir Hercules Robinson leaves Maritzburg to-morrow (August 16th), to return to Cape Town. The health of the troops in South Africa is good; strength 12,482, out of which there are 4 officers and 572 men sick, and 31 men with wounds. This is equal to 4.86 per cent. The troops which arrived from India expect to leave in October.

ARMY MEDICAL SERVICE.—The following is the list of candidates who were successful for appointments as Surgeons in Her Majesty's British Medical Service at the competitive examination in London on August 15th, 1881.

	Marks.		Marks.
1. N. M. Reid	2390	14. J. W. Jerome	1920
2. W. H. P. Lewis	2325	15. W. W. Pike	1875
3. W. Dick	2298	16. M. E. Fitzgerald	1870
4. F. J. Jencken	2141	17. L. H. Truefitt	1870
5. H. O. Stuart	2125	18. J. M. Irwin	1855
6. F. H. Treherne	2105	19. P. J. Nealon	1850
7. S. F. Lougheed	2100	20. E. O. Wight	1840
8. J. C. Haslett	2075	21. W. O. Morris	1825
9. H. J. Barratt	2065	22. F. H. M. Burton	1810
10. H. E. R. James	2025	23. J. Heath	1805
11. H. O. Trevor	1990	24. C. E. Nichol	1805
12. A. F. Russell	1985	25. J. D. T. Reckitt	1805
13. R. J. Fayle	1971		

INDIAN MEDICAL SERVICE.—The following is a list of the candidates for Her Majesty's Indian Medical Service who were successful at the competitive examination held at Burlington House on August 15th, 1881, and following days. Twenty-nine candidates competed for ten appointments; twenty-seven were reported qualified.

	Marks.		Marks.
1. L. T. Young	2702	6. John Smyth	2175
2. J. B. Gibbons	2610	7. R. B. Roe	2125
3. D. St. J. Grant	2410	8. H. Greany	2015
4. G. J. Shand	2360	9. J. Kieran	1965
5. D. J. Crawford	2235	10. E. P. Youngerman	1795

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### LUNACY CERTIFICATES.

SIR,—I am sent for to examine a prisoner at the police-station as to the state of his mind. From my examination, I come to the conclusion that the man is insane, and tell the superintendent that I am ready to sign the necessary certificate. I hear nothing more of the case; and next morning, on inquiry, I find that the relieving officer has been called in to remove the man to an asylum, and that he, knowing I had already seen the case, sends to the parish surgeon, who signs the certificate. Is this the right course for the relieving officer to take? and to what fee am I entitled from the police; that for an ordinary visit to the station, viz., 3s. 6d., or that for certifying as to the state of the prisoner's mind, viz., one guinea?

I should also be glad to know the rights of the following case. I am attending the wife of a labouring man. I consider her to be insane, and advise her removal to an asylum. Her husband cannot afford to pay for her maintenance there, and applies to the relieving officer, telling him that I have been attending the case, and am ready to sign the certificate. When the case is brought before the magistrate, should the relieving officer send for me or for the parish surgeon?—I am, yours truly,

A MEMBER.

\* \* \* We have, on several occasions, pointed out that the selection of the medical gentleman called to the assistance of a magistrate or the justices rests with these officials. As, however, the fee paid on these occasions is a charge on the rates, the

justices or the magistrate ordinarily leave with the board of guardians of the union in which the lunatic is the power of appointing the medical gentleman who is called on to certify. Although our correspondent may feel aggrieved by our reply, he should bear in mind that the salary of a district or workhouse medical officer is ordinarily fixed on the assumption that it will be supplemented by what are called extra fees, to which lunacy lends an important aid. Without such occasional additions, the condition of most Poor-law medical officers would be sad indeed. The same answer covers the second query. As regards the fee to which our correspondent is entitled for his attendance at the police-station, that will be governed by the hour at which he was called, 3s. 6d. by day, 7s. by night.

### ATTENDANCE ON FAMILIES OF PAUPERS AND ON CASES OF LABOUR.

SIR,—I believe you will be doing a service to district medical officers in general, and those who have recently become so in particular, by inserting in your valuable JOURNAL the following extract from a letter from the Local Government Board to the guardians of the Bosmere and Claydon union. "In reply, I am directed to state that the Board consider that, when a medical officer is attending the family of a pauper in compliance with the order of a relieving officer, no special or further order is requisite for his attendance at the confinement of a female member of the family."—I am, sir, your obedient servant,

EUSTACE FIRTH.

Debenham, Suffolk, September 7th, 1881.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 8th, 1881.

Faraker, John Joseph, Cheshunt, N.

Johnson, Samuel Ebenezer, Birmingham.

McCutcheon, James, Bradford.

Thomson, St. Clair, King's College Hospital.

Williams, Walter Treliiving, Walthamstow.

### MEDICAL VACANCIES.

THE following vacancies are announced:—

**BATH GENERAL HOSPITAL**—Resident Medical Officer. Salary, £100 per annum. Applications to the Registrar by September 22nd.

**BETHLEEM HOSPITAL**—Two Resident Medical Students. Applications to A. M. Jeaffreson, Esq., Bridewell Hospital, Blackfriars, E.C., by October 1st.

**BIRMINGHAM CHILDREN'S HOSPITAL**—Assistant Resident Medical Officer. Salary, £40 per annum. Applications by September 20th.

**CHELTENHAM GENERAL HOSPITAL AND DISPENSARY**—Dispenser. Salary, £80, with board and lodging. Testimonials, on or before 24th instant, to the Honorary Secretary.

**ESSEX AND COLCHESTER HOSPITAL**—Physician. Applications by October 5th.

**GENERAL HOSPITAL FOR SICK CHILDREN**, Pendlebury, Manchester—Senior Resident Medical Officer. Salary, £100, with board and lodging. Applications to Chairman Medical Staff, on or before September 22nd.

**GLASGOW ROYAL INFIRMARY**—Lady Superintendent. Salary, £50 per annum. Applications to Superintendent by September 21st.

**LISBURN UNION**—Medical Officer for Knocknacarra Dispensary District. Salary, £100 per annum, with £15 yearly as Medical Officer of Health, registration, and vaccination fees. Election on the 21st instant.

**NORTH-EASTERN HOSPITAL FOR CHILDREN**, Hackney Road, E.—Surgeon. Applications to the Secretary by 26th September.

**OUGHTERARD UNION**—Medical Officer for Lettermore Dispensary District. Salary, £100 per annum, £60 for boat-hire, with £15 yearly as Medical Officer of Health, registration and vaccination fees. Election on the 27th instant.

**OWENS COLLEGE**, Manchester.—Demonstrator of Anatomy. Salary, £125 per annum. Applications, addressed to the Senate, by the 23rd September.

**QUEEN'S HOSPITAL**, Birmingham—Second Casualty Surgeon. Applications by October 5th.

**WEST BROMWICH HOSPITAL**—House-Surgeon. Salary, £80 per annum. Applications to W. Bache, Esq., by September 26th.

**WEST LONDON HOSPITAL**, Hammersmith—Assistant Dispenser. Salary, £70 per annum. Applications by September 19th.

**WHITECHAPEL UNION**—Assistant Medical Dispenser. Salary, £60 per annum. Candidates must be L.A.C. Applications by September 24th.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL**—Matron and Superintendent of Nurses. Salary, £100 per annum. Applications to the Chairman of the Weekly Board by September 19th.

### MEDICAL APPOINTMENTS.

**BENDALL, Howard, M.B.**, appointed House-Surgeon to the Queen's Hospital, Birmingham.

**DOYLE, Anthony, L.R.C.S.**, appointed Resident Surgeon to the Memorial Hospital, Jarrow-on-Tyne, *vic* H. W. Davies, M.R.C.S., resigned.

**DUTTON, Thomas, M.B., L.R.C.P.**, appointed Admiralty Surgeon and Agent to the Chichester Harbour Division of H.M. Coastguard and Wounded Seamen, *vic* N. E. Cresswell, M.D., M.R.C.S., resigned.

**POWELL, G.B., L.R.C.P.**, appointed Medical Officer to the Nottingham Union.

**PRYNN, W. W., M.R.C.S.**, appointed House-Surgeon to Guy's Hospital.

**RIDGE, J. James, M.D.**, appointed Medical Officer of Health to the Enfield Local Board.

RHVS, Joshua, M.R.C.S.Eng., appointed Assistant-Surgeon to the City Provident Dispensary, Aldersgate Street.  
SAVILL, T. D., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.  
TIDSWELL, H. H., M.R.C.S., L.R.C.P., appointed House-Physician to the General Infirmary, Northampton, *vice* Arthur H. Jones, M.D., resigned.  
WILLIAMSON, R. L., M.D., appointed Medical Officer to the Parish of Dalry, *vice* A. McK. Millman, M.D., deceased.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTH.

STARTIN.—On the 12th instant, at The Highams, Surbiton Hill, the wife of James Startin, Surgeon, of Sackville Street, Piccadilly, of a daughter.

#### MARRIAGE.

JONES—BOYD.—On the 8th instant, at the Congregational Church, Cheadle Hulme, Cheshire, by the Rev. D. N. Jordan, B.A., Thomas Jones, Surgeon, Manchester, to Annie Maria, only daughter of Alexander Boyd, Beechfield, Cheadle Hulme.

THE will of Mr. Thomas Heckstall Smith of Rowlands, St. Mary Cray, F.R.C.S.Eng., has been proved; the personality over £62,000.

MR. EDWIN DAY, M.R.C.S.Eng., has obtained a superannuation allowance of £60 per annum, on resigning as medical officer, No. 5 District of the Barton-Regis Union, Gloucestershire, after forty-five years' service.

A SOCIETY for the promotion of cremation has been formed in Padua. The first meeting was held on August 31st, under the presidency of Dr. Giovanni Berselli, and was numerously attended. It was decided to name the institution the "Ferdinando Coletti Cremation Society of Padua".

IT is announced that, in October, Messrs. Smith, Elder, and Co. will publish a new work for use in the dissecting-room by Mr. Reeves of the London Hospital. Its title is, *Human Morphology: a Treatise on Practical and Applied Anatomy*. It will be abundantly illustrated, and will contain chapters on anatomical technics, on the history of anatomy, and a glossarial index.

IRISH PAUPERS AND STIMULANTS.—From a return of alcoholic stimulants used in the several workhouses in Ireland during 1880 just published, we learn that in the province of Ulster, 25,030 sick persons were treated; 2,498 received alcoholic stimulants valued at £1,014 14s. 9½d. In Munster, of 49,616 cases, 15,749 received stimulants valued at £3,750 10s. 9d. In Leinster, of 35,066 cases, 25,954 received stimulants, valued £5,380 16s. 5½d. In Connaught, of 10,486 cases, 2,950 received stimulants, valued at £1,698 17s. 7d. Thus, of 120,198 sick persons treated during the year, 48,151 received alcoholic stimulants; the cost of the stimulants being £11,845 8s. 7d.

HOUSE-DRAINAGE.—Some time ago, the executive committee of the Citizens' Association, of Chicago, appointed a sub-committee to consider the subject of house-drainage. After considerable investigation the committee embodied its ideas in a report, of which the following is a brief summary of the recommendations made. 1. Concrete the ground under the entire building. 2. Ventilate the main sewers by a perforated cover on every man-hole. 3. Every house should have a cast-iron soil-pipe, not less than four inches in diameter, running from sewer to roof, without a trap, accessible for inspection throughout its entire length. 4. Every sink, wash-basin, bath-tub and water-closet (except the "trapless" closets) should be trapped. 5. Every trap should be ventilated from its highest point into a pipe running out above the roof, and disconnected from the soil-pipe. 6. Joints in iron pipes should be leaded and caulked to rust joints. Joints between the iron and lead pipes should be made with tinned iron or brass ferrules, soldered. 7. Catch-basins should be built outside of the house wherever possible, and ventilated by a special pipe. 8. Water-closets should connect with the outer air by a window or light shaft, and to have a ventilating flue. 9. Avoid pan closets, and use hopper or improved closets. 10. On the upper floor each water-closet should be flushed from a separate tank through a pipe not less than 1¼ inches in diameter.

THE PROGNOSTIC SIGNIFICANCE OF INTESTINAL HÆMORRHAGE IN TYPHOID FEVER.—Dr. Hartzell, of Philadelphia, in an article contributed to the *American Journal of the Medical Sciences* for April, 1881, concludes that while hæmorrhage from the bowels may seem to ameliorate the condition of the patient, this is not the rule, as Troussseau and other eminent authorities have taught; but, on the contrary, the symptom is to be looked upon as decidedly unfavourable, raising the mortality from 18 to 40 per cent. He finds that peritonitis is also much more likely to occur in cases where hæmorrhage has appeared.

PUBLIC HEALTH.—The annual rate of mortality during the week ending Saturday, September 3rd, in twenty of the largest English towns, averaged 17.4 per 1,000 of their aggregate population. The rates of mortality in the several towns were as follow: Brighton 13, Portsmouth 13, Norwich 13, Birmingham 14, Bradford 14, Oldham 15, Plymouth 15, London 16, Leeds 17, Newcastle-on-Tyne 17, Wolverhampton 17, Salford 18, Bristol 18, Manchester 19, Nottingham 19, Sheffield 20, Liverpool 22, Sunderland 22, Hull 24, and Leicester 25. Scarlet fever showed the largest proportional fatality in Hull, Leicester, Nottingham, and Sunderland; the deaths from this disease in Hull, which had been 23 and 29 in the two preceding weeks, declined to 16 last week. The 19 deaths from diphtheria in the twenty towns included 8 in London, 3 in Portsmouth, 3 in Birmingham, and 3 in Manchester. Fever, principally enteric, showed the highest death-rate in Nottingham, Newcastle-upon-Tyne, and Salford. Diarrhoea fatality showed a further general decline, and was considerably below the average for the season; this fatality was proportionally greatest in Sheffield. Small-pox caused 24 more deaths in London and its outer ring of suburban districts, and not one in any of the nineteen large provincial towns. In London, 2,358 births and 1,190 deaths were registered. The deaths were so many as 290 below the average. The annual death-rate from all causes, which had steadily declined in the five preceding weeks from 27.2 to 18.3, further fell last week to 16.2, a lower rate than has prevailed in any week of the past ten years. The 1,190 deaths included 22 from small-pox, 35 from measles, 40 from scarlet fever, 8 from diphtheria, 18 from whooping-cough, one from cerebro-spinal fever, 13 from enteric fever, 57 from diarrhoea, 4 from dysentery, and one from simple cholera; thus, 199 deaths were referred to these diseases, being 186 below the average. The fatal cases of diarrhoea, which had steadily declined in the five preceding weeks from 495 to 117, further fell under the influence of the continued low and unseasonable temperature to 57, which were no fewer than 158 below the average. The deaths referred to diseases of the respiratory organs, which had been 153 and 141 in the two preceding weeks, further declined to 115 last week, and were 36 below the average; 64 were attributed to bronchitis and 34 to pneumonia. Different forms of violence caused 55 deaths; 51 were the result of negligence or accident, among which were 27 from fractures and contusions, 5 from burns and scalds, 7 from drowning, 2 from poison, and 4 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 54.5°, and 5.8° below the average. The direction of the wind was variable, and the horizontal movement of the air averaged 14.1 miles per hour, which was 3.7 above the average. Rain fell on three days of the week, to the aggregate amount of 0.36 of an inch. The duration of registered bright sunshine in the week was equal to 16 per cent. of its possible duration. The recorded amount of ozone showed an excess on Monday and Tuesday, but was below the average during the remainder of the week.—The annual rate of mortality last week, being the thirty-sixth week of the year, in twenty of the largest English towns, averaged 18.1 per 1,000. The rates of mortality in the several towns were as follow: Bradford 12, Brighton 12, Norwich 13, Birmingham 14, Bristol 16, Leeds 16, London 16, Plymouth 17, Sheffield 17, Oldham 17, Portsmouth 19, Salford 20, Newcastle-on-Tyne 20, Leicester 22, Sunderland 22, Nottingham 22, Manchester 23, Liverpool 24, Wolverhampton 24, and Hull 26. Scarlet fever showed the largest proportional fatality in Hull, Nottingham, and Leicester; 20 more fatal cases of this disease were recorded in Hull, making no fewer than 149 that have been registered during the past ten weeks. The 16 deaths from diphtheria in the twenty towns included 14 in London and 2 in Portsmouth. Fever, principally enteric, showed the highest death-rate in Bristol and Hull; 4 deaths were referred to "fever" in Newcastle-on-Tyne, of which 3 were fatal cases of typhus in the Fever Hospital, including that of a hospital nurse. Diarrhoea fatality showed a further general decline in the twenty towns, and was considerably below the average for the season. Small-pox caused 29 more deaths in London, but not one in any of the nineteen large provincial towns. In London, 2,513 births and 1,229 deaths were registered. The deaths were so many as 199 below the average. The annual death-rate was equal to 16.7. During the first ten weeks of the current quarter, the death-rate in the metropolis averaged 21.6 per 1,000, against 18.0 and 21.0 in the corresponding periods of 1879 and 1880. The 1,229 deaths included 27 from small-pox, 27 from measles, 48 from scarlet fever, 14 from diphtheria, 29 from whooping-cough, 2 from typhus fever, 10 from enteric fever, 2 from ill-defined forms of continued fever, 39 from diarrhoea, 2 from dysentery, and one from simple cholera; thus, 201 deaths were referred to these diseases, being 128 below the average. The fatal cases of diarrhoea, which had steadily declined in the six preceding weeks from 495 to 57, further fell last week to 39, and were no fewer than 135 below the average. The deaths from small-pox were 27, and more than double

the average. The deaths referred to diseases of the respiratory organs, which had been 141 and 115 in the two preceding weeks, rose again to 131 last week, but were 15 below the average; 74 were attributed to bronchitis and 31 to pneumonia. Different forms of violence caused 51 deaths; 44 were the result of negligence or accident, among which were 17 from fractures and contusions, 6 from burns and scalds, 6 from drowning, and 9 of infants under one year of age from suffocation. At Greenwich, the mean temperature of the air was 55.4°, and 3.6° below the average. The mean degree of humidity of the air was 88, complete saturation being represented by 100. The direction of the wind was variable, and the horizontal movement of the air averaged 7.8 miles per hour, which was 3.4 below the average. Rain fell on six days of the week, to the aggregate amount of 0.49 of an inch. The duration of registered bright sunshine in the week was equal to 17 per cent. of its possible duration. The recorded amount of ozone showed a considerable excess on Tuesday, but was below the average throughout the rest of the week.

**HEALTH OF FOREIGN CITIES.**—Trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities are afforded by the following facts, derived from a table in the Registrar-General's last weekly return. In the three principal Indian cities, the death-rate averaged 33.6; it was equal to 23.3 in Calcutta, 37.8 in Bombay, and 38.8 in Madras. Cholera caused 21 deaths in Bombay and 7 in Calcutta, and small-pox 34 in Madras. The returns from each of these cities showed the usual excessive proportion of deaths from "fevers". The rate in Alexandria during the last ten days of August was equal to 47.7, the deaths including 14 fatal cases of whooping-cough. According to the most recent weekly returns, the average annual death-rate in twenty European cities was equal to 28.0 per 1,000 of their aggregate population, whereas the average rate in twenty of the largest English towns last week did not exceed 18.1. The rate in St. Petersburg was equal to 44.3, 57 deaths being referred to typhus and typhoid fevers, and 11 to diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the average death-rate was only 16.6, the highest rate in the three towns being 19.2 in Stockholm; the 62 deaths in the latter city included 3 from typhoid fever, and 5 from diphtheria. The Paris death-rate was equal to 24.5, against but 16.7 in London; the deaths included 41 from typhoid fever, 36 from diphtheria and croup, and 11 from small-pox. The deaths in Brussels were equal to a rate of 24.8, and included 5 from typhus and typhoid fever. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged only 19.9, the highest rate being 22.0 in the Hague; typhus and typhoid fevers caused 4 deaths in Amsterdam, and scarlet fever 3 in the Hague. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged no less than 28.9 per 1,000; it ranged from 22.6 and 23.6 in Vienna and Hamburg, to 32.7 and 37.1 in Breslau and Buda-Pesth. Small-pox caused 10 deaths in Vienna and 7 in Buda-Pesth, and 179 deaths were referred to diarrhoeal diseases in Berlin. The death-rate was equal to 40.7 in Naples, and to 24.7 in Turin; 62 more fatal cases of measles were recorded in Naples, and typhoid fever caused 5 deaths in Turin. In four of the principal American cities, the death-rate, calculated upon the enumerated population in 1880, averaged 27.5; it was equal to 24.0 in Philadelphia, 25.7 in Brooklyn, 29.4 in New York, and 30.8 in Baltimore. Diphtheria showed fatal prevalence in New York and Brooklyn, and typhoid fever in Philadelphia, while the death-rate from diarrhoeal diseases was excessive in each of the four American cities.

**ST. THOMAS'S HOSPITAL.**—The following appointments have recently been made. *House-Physicians*: T. D. Savill, M.R.C.S., L.S.A.; C. F. Coxwell, B.A., M.B.Cantab., M.R.C.S. *Assistant House-Physicians*: A. B. Carpenter, B.A.Oxon., M.R.C.S., L.R.C.P.; H. N. Holberton, M.R.C.S., L.R.C.P. *House-Surgeons*: T. D. Acland, M.B.Oxon., M.R.C.S., L.R.C.P.; F. Marlow, M.R.C.S., L.S.A. *Assistant House-Surgeon*: A. E. Wells, M.R.C.S. *Resident Accountant*: H. P. Butler, M.R.C.S., L.R.C.P.

**WHITECHAPEL.**—The recent census-returns show that the population of this district is less by 5,297 than it was in 1871, when the population amounted to 76,573. During the first quarter of the present year, there were 694 births and 638 deaths, but, of the latter, 126 were deaths of non-residents, which occurred in the London hospitals. The deaths from small-pox (including 9 in the hospitals) amounted to 14; measles was fatal in 33 cases, scarlet fever in 5, diphtheria in 2, and "fever" in 8. The annual death-rate (exclusive of hospital deaths) was 23.9 per 1,000. Mr. Liddle enlarges upon the subject of the compulsory notification of infectious diseases in the metropolis, and makes some useful suggestions. He reports, also, a long list of minor improvements effected during the quarter.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY** .... Metropolitan Free, 2 p.m.—St. Mark's, 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.—St. Mark's, 9 a.m.—Cancer Hospital, Brompton, 3 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.—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.—Royal Westminster Ophthalmic, 1.30 p.m.—St. Thomas's, 1.30 p.m.—St. Peter's, 2 p.m.—National Orthopaedic, 10 a.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.—London, 2 p.m.—North-west London, 2.30 p.m.

**FRIDAY** .... King's College, 2 p.m.—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.—St. Thomas's (Ophthalmic Department), 2 p.m.—East London Hospital for Children, 2 p.m.

**SATURDAY** .... St. Bartholomew's, 1.30 p.m.—King's College, 1 p.m.—Royal London Ophthalmic, 11 a.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.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

**CHARING CROSS.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

**GUY'S.**—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

**KING'S COLLEGE.**—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

**LONDON.**—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.

**MIDDLESEX.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

**ST. BARTHOLOMEW'S.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 1.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.

**ST. GEORGE'S.**—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

**ST. MARY'S.**—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, M. Th., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

**ST. THOMAS'S.**—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

**UNIVERSITY COLLEGE.**—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th., F., 1.30; Eye, M. Tu. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, E., 2.30; Dental, W., 10.3.

**WESTMINSTER.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 2; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**FRIDAY.**—Quekett Microscopical Club, 8 p.m. Ordinary meeting.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, etc., are requested to communicate beforehand with the Manager, 161, Strand, W.C.

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

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.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## CONSULTATION WITH HOMEOPATHS.

SIR.—Now that some of the leaders of the profession have come forward and pronounced in favour of meeting homeopaths in consultation, it would be advantageous if any who have held such consultations would publish their experience. To many, these meetings would appear to be valueless to the patient, and therefore not to be countenanced, and I believe most of us would refuse on that ground alone.

In conclusion, let me ask especially whether any purpose can be served, unless it be the gratification of a whim of the patient. The diagnosis and general treatment may possibly be agreed upon; but, if medicine be required, how is this to be settled? It is not to be expected that homeopaths will always follow Dr. Kidd's example, and submit to the dictation of the (so-called) allopath.—I am, sir,

QUACK.

SIR.—It should be the pride of the leaders of our profession, to think as much of the interests of the humblest country practitioner in an obscure village, as of those of the most successful consultant in the metropolis. This Dr. Bristow and Mr. Hutchinson appear to have quite forgotten in their advice respecting consultations with homeopaths. They both agree in saying, "If the man be registered, meet him in consultation, no matter how widely divergent your views and his may be, how wild and unscientific his practice is". This is all well and good for the great physician or surgeon who is called in as consultant. He knows that his dictum will be followed; that the patient will insist on his plans being carried out. But, according to the Hutchinson-Bristow theory of action, the general practitioner is as much bound to allow a homeopathic physician to be called in as consultant as he would be to meet Dr. Bristow himself in a case (for is not the homeopath registered? and are we not called upon to meet all registered practitioners?). Here the homeopath's idea of treatment must have weight; and I can imagine no more humiliating and discreditable position for a medical man to be in, than to have to stand by and sanction, by his silence at least, the administration of belladonna in the millionth dilution in a case of severe scarlatina, or to see the billionth part of a grain of ipecacuanha given to check the vomiting produced by an irritable state of the stomach.

I suppose that, if a sect of medical men arise who practise witchcraft and incantation for the cure of their patients, we shall be called upon to meet them in consultation, if their names are found upon the *Medical Register*. But, thank God! there are men like Sir William Jenner still alive, who deem scientific orthodoxy and personal honour to be of more value than either the applause of patients or the friendship of qualified quacks. To these, we, the humble members of the profession, safely leave our defence.—I am, etc.,

A COUNTRY PRACTITIONER.

SIR.—Most controversies arise from want of definition of the matters in dispute. The present discussion on consultation with homeopaths appears to be no exception to this rule, as very different combinations have been included under this title. It is evidently one thing if I seek the advice of a homeopath for my patient, quite a different thing if he seeks mine. Again, it makes a wide difference whether a homeopath seeks the assistance of a practitioner of his own standing in the profession, in which case the two meet on equal terms to discuss the best treatment, or whether he calls in a consultant who henceforth takes the responsibility of the case, and to whom the attendant medical man stands in the same relation as the captain of a vessel does to the pilot, when the latter has come on board. Now it is this last case only that is under discussion at present; and, in reference to it, I believe the following theses can be sustained.

1. The consultant is alone responsible for the plan of treatment adopted.  
2. The usual medical attendant is responsible for that treatment being carried out, and it is his concern alone to decide whether he can conscientiously do so.

3. The consultant is not concerned in the opinions, practice, or character of a registered practitioner in attendance on any case, as long as he faithfully carries out the treatment ordered.

4. The crisis of a dangerous illness is an exceedingly unsuitable time to raise the question of a patient dismissing his usual medical attendant.—Yours, etc.,

A. W. WALLACE, M.D.  
Penzance, September 5th, 1881.

## A CASE OF HYDROPHOBIA SUPPORTING SIR THOMAS WATSON'S THEORY.

SIR.—The following authentic facts may be of sufficient interest to merit notice. A gentleman in India was severely bitten by a favourite dog in the hand, the scar remaining for many years painless, and no unpleasant symptoms followed the bite. One day, whilst riding a restless horse, the reins tore open the scar; in a few days, he died hydrophobic, and in frightful agonies. The case was related to me by a lady who was with the patient at the commencement of his illness, as being very singular; Sir Thomas Watson's theory, that the virus might long lie latent, enclosed in some of the tissues, until circumstances caused it to be absorbed, being unknown to her.—I am, etc.,

60, Boundary Road, N.W.

RICHARD NEALE, M.D. Lond.

MR. W. H. BULL (Stony Stratford).—Duly received.

## QUESTIONS REGARDING CORONER'S LAW.

SIR.—I shall feel much obliged to you or any member of the profession who will kindly enlighten me on the following points. Is it a fact that the law does not allow more than one medical witness in the case of a person "Found drowned", except by the special written request of the jury? Where the coroner thinks it likely that some inquiry into the person's previous history and probable mental condition will be a matter of necessity, is or is it not his duty to represent the fact to the jury, and so obtain their special written request in a case where the evidence can only be got at by calling in a second medical witness? Has the coroner any right whatever to call this second medical witness on his own responsibility, and without being requested by the jury, to take his evidence, and then refuse to allow him the usual fee of one guinea? Is it true that, under such circumstances, the law allows only a single fee? and is the coroner justified in expecting that the medical witnesses are to be contented that he should divide this single fee between them, and feel satisfied with 10s. 6d. each? This has been the course recently adopted here by one of our legal Suffolk coroners. It seems to me very much like an innovation that ought to be strenuously resisted.—I am, sir, yours faithfully,

JOHN WILTON SHERIDAN.

Stowmarket, September 2nd, 1881.

## UNPROFESSIONAL ADVERTISING.

MR. B. ROBINSON, who announces that he is about to leave the Chesterfield Medical Aid Association, and to practise in the town and neighbourhood, does himself a great injustice by the way in which he advertises in the local newspapers. Such advertisements lower the profession in the eyes of the public; and Mr. B. Robinson will find that in injuring his profession he has injured himself. It would be well if he could adopt some other means of letting the working classes know that he is anxious to lay himself out for club practice.

## MR. JESTON'S ARMY SERVICE.

SIR.—As there is a little error in the report of my speech when I returned thanks for the army (see *JOURNAL*, August 20th, page 336), may I request you to correct it? I joined the Duke of Wellington's army directly after the battle of Salamanca, and was with my regiment, the 36th Foot, at Vittoria, Pyrenees, Nivelle, Orthes, and Toulouse—not at Vimiera or Cordova.—I am, your obedient servant,

T. W. JESTON.

## LIGHTNING-STROKE.

SIR.—Just after the storm which visited many parts of the Isle of Wight a few days ago, I was asked to see a man lying under a tree about three miles from here. I found him lying on his back in the road, close to a hedge, just beneath a lofty elm tree. The body was quite cold and flaccid, the hands crossed on the body. The face was livid, the eyes open and injected, the pupils dilated. On the right forehead, just below the hair, was a transverse wound about two inches long, not extending to the bone. The wound resembled one made on such a part by a blunt instrument. Very little blood had flowed. The right side of the whiskers and beard were much burnt. The right side of the neck was also burnt, the cuticle separating in patches with the charred shirt (a linen one). From the right sternoclavicular articulation a charred line two inches broad passed obliquely across the chest to a point in the left medio-lateral line midway between the axilla and anterior spine of the ilium. There was here a circular space, of the size of a crown-piece, much charred, the shirt (also charred) adhering. Immediately below it were two smaller charred spots. There was no mark on the thigh, but just below the calf of the left leg there was a small spot slightly charred. The back of the left boot (a strong new one) was burst open. The metal watch-chain, passing to the left waistcoat pocket, was broken into many pieces, blackened, and smelling like an exploded percussion-cap. The watch (silver) was found at the side between the cloth and lining of the waistcoat, having been driven through the lining of the pocket. Its ring was fused. The deceased's hat, a stiff felt, lay on the ground; in its front was a large irregular shaped rent, the edges showing signs of fire. The tree was only slightly damaged. A wren sitting just above the man was killed, the feathers on its head being stripped off.—I am, etc.,

HUTTON CASTLE, M.B. Lond..

Newport, Isle of Wight.

## MEDICAL ETIQUETTE.

DUBITANS.—In the absence of all the attendant circumstances of the case alluded to in "Dubitans" brief statement (such as, for instance, the cause of the services of A.'s locum tenens being dispensed with after the first attendance, and the practitioner B. sent for, and also the degree of intimacy existing between A. and B.), a satisfactory decision cannot well be arrived at. Assuming, however, that A. and B. are on terms of personal intimacy, leading to mutual assistance and reciprocal obligation, B., in our opinion, would do well not to make any charge to A.'s patient for his services, but consider himself to have acted simply as one of the locum tenentes of the absentee A.

In regard to the division of the accouchement fee, we would refer our correspondent to the principle enunciated in Rule 12, p. 36, of the *Code of Medical Ethics* published by Messrs. Churchill.

X. Y. Z.—Huxley's *Lessons in Elementary Physiology*; St. George Mivart's *Elementary Lessons in Anatomy*. Both are published by Macmillan and Co.

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

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