

past to the shores of the future. I cannot but recall to mind, as I speak to you in this room, the fact that within the short period that the hospital has existed there have been among the staff not a few without whom the history of medicine and surgery in this country could not be written. To Coulson we owe the introduction into England of lithotripsy as it now is. He fought a battle with men of the greatest authority, and even broke a lance with Brodie, and came out successfully from the strife. We most of us have personal reminiscences of Tyler Smith, whose name will always be borne in mind as that of one of the most philosophic writers on obstetrical science. Next to his comes the name of one still living amongst us, but not here, a name never to be mentioned in this building without feelings of the utmost respect and veneration—I mean Samuel Lane; a man of chivalrous honour, trustworthy judgment, placid gentleness, firm independence, great learning and skill both as a surgeon and teacher.

Mr. Hart concluded his speech with a tribute to the fervid, laborious and enthusiastic character and professional worth of the late Dr. Sibson, and sketched the science of Mr. Gascoven and of Dr. Markham and Mr. James Lane, adding finally, "I have to couple with this toast the names of two physicians who sit with us, and to mention them will ensure its success, viz., Dr. Chambers, for the past staff, and the senior physician of the hospital, Dr. Handfield Jones for the present".

The remaining toasts, "The Chairman", "The Orator of the day", "The Board of Governors", and "The Dean of the School", were heartily received.

Messrs. Critchett, Mivart, E. Lane, M. Hallett, and F. Lewin greatly added to the enjoyment of a most pleasant evening by their masterly rendering of a varied selection of solos and part songs.

MIDDLESEX HOSPITAL.

MANY of those who are or have been connected with the Middlesex Hospital dined together, after the introductory address, October 3rd. Mr. Sibley took the chair, and among the guests were Professor Flower, Captain Bedford Pim, and General Sibley.

UNIVERSITY COLLEGE.

A CONVERSAZIONE was held after the introductory address had been delivered by Dr. Poore. The Flaxman Gallery and the Museums were thrown open, and among a numerous company we noticed, in addition to the working staff of the hospital, Sir Wm. Jenner, Dr. Russell Reynolds, Dr. Henry Maudsley, and many old students.

WESTMINSTER HOSPITAL.

THE Medical School celebrated the beginning of the new session by a dinner at the Langham Hotel, under the presidency of Mr. Davy, surgeon to the hospital. Covers were laid for seventy guests, a larger number than had been gathered on any previous anniversary.

THE DISSECTING-ROOMS OF THE LONDON MEDICAL SCHOOLS.

THROUGH the kindness of the demonstrators of anatomy, we are enabled to publish the following information regarding the state of the dissecting-rooms in the London medical schools. In all cases, work has been commenced punctually, and the beginning of this winter session is more remarkable for a good supply of subjects than for any new discoveries in the preservation or injection of bodies.

ST. BARTHOLOMEW'S HOSPITAL.—On October 1st, five subjects were being dissected. A considerable number of fresh bodies have been coming in during the early part of the week, and are being rapidly prepared for distribution. The new dissecting-room porter has proved to be a remarkably able injector. No new methods of preparation of the subjects has been introduced. In order that first year's students may have as early a chance of working practically at anatomy as can possibly be arranged for their convenience, the demonstrators have decided upon allotting each arm and each leg to two junior students. A large series of bones are kept in the rooms for the use of the students, and will henceforth be lent to them under the same conditions as are the books in a lending library.

CHARING CROSS HOSPITAL.—Four subjects were stored during the summer session. Dissection began on Tuesday, October 4th. The dissecting-room is at the top of the new school-buildings; it is capable of accommodating twenty tables. The light is afforded by a glass roof running the entire length of the building. There are special arrangements for ventilation, flushing the floor of the room with water, storing bodies, and preserving parts. The room is kept warm by apparatus constructed on the most modern principles. The room is prettily decorated, very well lit, and calculated to answer, in every detail, the special requirements of anatomical rooms. By means of a lift, bodies are brought up from the injecting-rooms on the basement.

ST. GEORGE'S HOSPITAL.—The work of the dissecting-room commenced on Tuesday, October 4th, and ten subjects had then been received.

GUY'S HOSPITAL.—Dissection commenced on the first day of the Session; twenty-five bodies had been received, and the demonstrators have made every endeavour to get them all ready, and to distribute them among the students by the end of the week.

KING'S COLLEGE.—Dissection was commenced on Tuesday, October 4th; ten subjects had been received, and eight have already been allotted to the students.

LONDON HOSPITAL.—Dissection commenced at 9 A.M. on Monday, October 3rd; eighteen bodies were ready, and will most probably all be allotted by the end of the week. The dissecting-room was much enlarged last year, and since then it has undergone great improvements in ventilation and facilities for ensuring constant cleanliness; so that during last summer it was in no way disagreeable to work in. All the lectures and demonstrations began punctually on October 3rd, and the lecturers and demonstrators are urging forward special arrangements for improving the teaching of practical anatomy.

ST. MARY'S HOSPITAL.—The dissections commenced on Tuesday, October 4th, with two subjects, and no more had been received by the evening of October 6th.

MIDDLESEX HOSPITAL.—Six subjects were ready at the beginning of the week, and five are being dissected.

ST. THOMAS'S HOSPITAL.—Dissection was commenced on Tuesday, October 4th, and ten subjects were ready.

UNIVERSITY COLLEGE.—Dissection commenced on Wednesday, October 5th; fourteen subjects had then been received.

WESTMINSTER HOSPITAL.—Dissection commenced on October 4th; there were five subjects in the dissecting-room. A new antiseptic injection fluid is now employed; it is prepared as follows: To each subject take of common white arsenic one pound; dissolve in about one quart of water, with a little piece of common washing-soda, size of walnut. Add about half a gallon of brown glycerine, and inject rather warm. Then add to above one pound of saltpetre, to preserve the colour of the muscles. Inject through aorta, keeping the syringe in motion.

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.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting of the above district will be held at the White Hart Hotel, Reigate, on Thursday, October 20th, at 4 P.M.; F. B. Hallows, Esq., in the chair. The following papers and communications will be read. Dr. Stephen Mackenzie: On the Diagnosis of Intracranial Tumours. Dr. John Walters: Case of Cerebral Abscess. Dr. H. S. Stone: Case of Urethral Calculus. Mr. W. A. Berridge: Case of Fractured Coracoid Process, with Specimen. Dinner 6 P.M., charge 6s., exclusive of wine.—J. HERBERT STOWERS, M.D., Honorary Secretary, 23, Finsbury Circus, E.C.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of this District will take place at Canterbury, on Thursday, November 3rd; Mr. Holtum, F.R.C.S., in the chair. Members intending to read papers are requested to give immediate notice.—T. WHITEHEAD REID, Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH.—An ordinary meeting of this Branch will be held at the Town Hall, Bolton, on Thursday, October 13th, at 3 P.M. (Council meets at 2.30). The following communications have been promised. A short address on the Medical Reminiscences of Bolton, by Dr. Rothwell. On the Compulsory Registration of Infectious disease, by Dr. Sergeant, Medical Officer of Health for Bolton. On the transmission of Disease by some Foods, by Dr. Vacher. Case of Multiple Exostosis, by Dr. Shuttleworth. Case of Transfusion of Blood for Post Partum Hemorrhage, by Dr. Walter. Enormous Fibro-Cystic Tumour of Breast, by Mr. Banks. On Modified Listerism, by Mr. R. Hamilton. On the Detection and Removal of Foreign Bodies in the Cornea, by Mr. Emrys-Jones. Cases of Cataract-operation, etc., by Mr. E. Sunderland. Micro-photographs, illustrating Dr. Woodward's paper on Pseudo-Polypi of the Colon, and other subjects (War Department, U.S.A.), exhibited by Mr. R. Harrison. Six Water-Colour Drawings, illustrating Plastic Operations for Extroversion of Bladder, by Mr. R. Parker. Two Specimens illustrating Antiseptic Abdominal Surgery, by Dr. Wallace. This is the first meeting of the Branch at Bolton, and, among other matters of interest in the town, are the newly completed and extensive buildings of the Infirmary, at present containing a loan-collection of pictures. Dinner at the Swan Hotel, 6 P.M.; tickets 7s. 6d.—A. DAVIDSON, Honorary Secretary, 2, Gambier Terrace, Liverpool.—September 27th, 1881.

WEST SOMERSET BRANCH.—The autumnal meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, November 3rd, at 4 P.M. The ordinary business and papers or cases will be taken before, and the question after, dinner. Dinner (5s. a head, exclusive of wine) at 5.30 punctually. The question as settled by the Council for the meeting to discuss is: The Advantages or otherwise of Vaginal Injections after Delivery. Members intending to make any communication, or to be present at the dinner, are requested to give notice to the Honorary Secretary.—W. M. KELLY, M.D., Honorary Secretary.

BATH AND BRISTOL BRANCH.—The first meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday, October 27th, at 4.15 P.M. This hour has been chosen to suit the convenience of country members especially; and it is hoped they will attend, and favour the meeting with their experiences. David Davies, President.—R. S. FOWLER, E. MARKHAM SKERRITT, Honorary Secretaries.—Bath, October 1st, 1881.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The first meeting of the fourth session of the above District will be held on Thursday, October 20th, at 8.30 P.M., at the New Town Hall, Hackney; Mr. Edwin Saunders, President of the Branch, in the chair. Members willing to read papers or exhibit specimens are requested to communicate at once with the Honorary Secretary, FREDERICK WALLACE, 243, Hackney Road.—October 5th, 1881.

BORDER COUNTIES BRANCH.—The autumnal meeting of this Branch will be held at the Keswick Hotel, Keswick, on Friday, October 28th. Members intending to read papers or show specimens are requested to give notice to one of the Honorary Secretaries, J. SMITH, M.D., Dumfries; J. KENDALL BURT, M.B., Kendal.

CORRESPONDENCE.

THE NEW SCHEME OF EDUCATION OF THE IRISH COLLEGE OF SURGEONS.

SIR,—In the interest of that medico-educational reform which you yourself consider to be urgently required in Ireland, I deeply regret that, upon the *ex parte* statement of a nameless correspondent you have been induced to condemn the earnest and honest effort to improve the system which has been recently made by the Council of the Irish College of Surgeons. If you had known the history of that effort, and if the intention and the method of the New Scheme had been laid before you, I am confident that you would never have lent the influence of the BRITISH MEDICAL JOURNAL to discourage those who have for several years devoted themselves to the cause of educational amendment in this country.

Permit me to say that your objection to the position which certain subjects occupy in the student's period of study are based upon a complete misconception. You mistake the "preliminary scientific" year for the student's first school year, and calculating upon this, you complain that subjects suitable for the student's first medical year are deferred until a later period. The fact is that the New Scheme does not materially alter the rotation of study, which every one admits that the student should undergo. It requires that he shall give three years to purely professional subjects—one to preparatory work in anatomy, surgery, and medicine, in lecture-room, hospital, and dissecting-room; the next to the more advanced branches of the same subjects studied in the same places, but by better developed methods; the third to the actual work of eye, ear, and hand in hospital, operating-room, and mortuary. These three stages I believe every one recognises as being the proper sequence of study. But something preparatory is essential, and therefore the Irish College has prefixed to these three years a fourth, or "preliminary scientific" year, which heretofore has had no existence in Ireland. In it the student is to study elementary physics, botany, and mechanical pharmacy, the anatomy of the bones, and some chemistry; but except that these two last subjects may be taken in a medical school, the year is in no sense a medical part of his professional course. Indeed, its curriculum was expressly constructed to enable the student to pursue this period of study under the supervision of a practitioner in the country, as is frequently done in England.

You will thus observe that, counting from the student's first school year, the position given to the subjects of his study is the same as that usually given to them in London.

Your reference to the "influential body of the Fellows" who were defeated "by a narrow majority" in the effort to upset the contemplated reform, and who have now memorialised the Home Secretary against the Scheme, obliges me to expose candidly the nature of this opposition, which I would gladly abstain from doing were I not convinced the time has come for plain speaking, because the very existence of the College itself and the future prestige of the Irish School of Surgery would be seriously endangered if the personal interests of teachers were now to overcome the effort at reform of which the New Scheme is the embodiment.

There exist at present in the Irish medico-educational system two

specially gross abuses:—1. That which you define as "the antiquated notion of enjoining upon the student attendance thrice over on certain courses of lectures."—2. The "credit fee" system, which enables the pupil-farmer to keep the money of the student in his pocket, paying nothing to any of his teachers until the end of his term of study, and then paying only on condition that a testimonial of diligence is signed. If space permitted I could expose and illustrate the disastrous effect of these abuses, the least of which is that the lecture and hospital certificates of study have ceased to be regarded of any value whatever as evidences of study.

At these abuses the New Scheme especially aims, and hence the opposition of a few to it, which opposition you dignify by representing it as the protest of "an influential body of the Fellows". The "influential body" numbers 31 objectors out of a total constituency of 334 Fellows. Amongst them is not to be found the name of a single member of Council save one, or any of the Courts of Examiners save one. The leaders of the movement are the teachers whose reiterated courses of lectures have been pruned down, and some of the signatories to the memorial are the pupil-farmers who have not been able to recognise the propriety of payment cash down for *bona fide* teaching. These are the "Fellows" who came themselves to the College as one man to crush the reform, and who whipped up half-a-dozen provincial Fellows to swell the glorious minority of 28; these are the opponents whose hostility the Council has evoked by its timid and insufficient curtailment of a ridiculously redundant lecture curriculum; and this is the "influential body of Fellows" whose cause you have championed against the carefully-considered decision of the Council, the vote of the College at large, and the overwhelming opinion of the profession in Ireland. I invite you to reconsider the scheme of reform. I challenge denial of what I have said; and if this statement be not disproved, I claim with confidence your advocacy of a scheme of educational reform which may be fairly considered practical, inasmuch as it has occupied the most anxious attention of the Council once a week for nearly two years. It may not coincide with the standard of perfection set by the British Medical Association, but, at least, it is an earnest effort in the right direction, an honest attempt to do justice to the student and raise the standard of professional education in Ireland. As such, I submit it deserves your approval.—I am, Sir, yours truly,

ARCHIBALD H. JACOBS, M.D. Dub., F.R.C.S.I.,
23, Ely Place, Dublin.

A CORRECTION.

SIR,—Will you kindly permit me to correct the statement published in to-day's JOURNAL, that the prosecution of Thomas Theodore Thompson, for falsely representing himself as a medical practitioner, was set on foot by the South-Eastern Branch of the British Medical Association. The prosecution was authorised by the Council of the Medical Defence Association, and was ably conducted to a successful issue by our solicitor, Mr. Pridham. Further, we shall have the privilege of paying the whole of the costs (which in this case are heavy, as counsel had to be retained), for although Thompson was fined £10, the whole of the sum is retained by the police authorities.—Yours faithfully,

GEORGE BROWN,
Honorary Secretary Medical Defence Association.
3, Gibson Square, N. October 1st, 1881.

THE DISCUSSION ON THE TREATMENT OF INTRA-PERITONEAL TUMOURS AT THE CONGRESS.

SIR,—As my contributions at this discussion were evidently new to many of my audience, would you kindly allow me to say that the details of all the cases but one alluded to have been given before the Royal Medico-Chirurgical Society, and have been published *in extenso* either in the *Transactions* or in the JOURNAL of the time. I gave merely a bare summary of the fifty-eight cases at the Congress, and this accounts for Dr. Dunlop's expression that, "concerning my operations more facts were wanted". He will find them fully recorded.—I am, etc.,

LAWSON TAIT.
7, Great Charles Street, Birmingham.

UNIVERSITY INTELLIGENCE.

OXFORD.

AN examination will be held at Exeter College on Thursday, October 13th, for the purpose of filling up a Natural Science Scholarship, tenable for four years during residence. The examination will be in biology, chemistry, and physics. Candidates will be expected to show pro-

iciency in at least two of these subjects, and the scholar will be required to read for honours in biology in the Natural Science School. The same papers will be set in chemistry and physics as in the examination for the Natural Science Scholarship at Trinity College. Candidates are desired to call on the Rector between 6 and 7 p.m., on Wednesday, October 12th. They may obtain further information by application to the Rector, or to Mr. W. L. Morgan, the Lecturer in Biology at Exeter College.

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 29th, 1881.

Bott, Joseph, Dunmow, Essex.
Finlay, Archibald, Custom House Terrace, Victoria Dock.
Haddock, William Isaac, Acland Street, Burdett Road, Bow, E.

The following gentlemen also on the same day passed their Primary Professional Examination.

Modi, Hormasji Rustomji, Bombay.
Rogers, Thomas Edward, Charing Cross Hospital.

MEDICAL VACANCIES.

The following vacancies are announced:—

- BIRMINGHAM GENERAL DISPENSARY**—Resident Surgeon. Salary, £150 per annum. Applications by November 16th, to Alexander Forrest.
- BOSCOMBE PROVIDENT INFIRMARY**—Resident House-Surgeon. Salary, £60 per annum. Applications to J. Savage Borthwick, Boscombe Spa, Bourne-mouth.
- BRISTOL GENERAL HOSPITAL**—House-Surgeon. Salary, £100 per annum. Applications to the Clerk by November 5th.
- CITY OF LONDON INFIRMARY**—Assistant Medical Officer and Dispenser. Salary, £100 per annum. Applications by October 11th.
- CLINICAL HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN**, Park Place, Manchester—House-Surgeon. Salary, £80 per annum. Applications to Mr. E. W. Marshall, Secretary, 38, Baclon Arcade, Manchester, by October 8th.
- DENTAL HOSPITAL**, Leicester Square—Dental Surgeon. Applications by October 10th.
- DREADNOUGHT HOSPITAL**, Greenwich—Resident House-Surgeon. Salary, £50 per annum. Applications by October 8th.
- EAST LONDON HOSPITAL FOR CHILDREN**, Shadwell, E.—Lady Superintendent. Salary, £60 per annum. Applications to the Secretary by Oct. 8th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**—Resident Clinical Assistants. Applications by October 15th.
- HOSPITAL FOR EPILEPSY AND PARALYSIS**, Portland Terrace.—Physician. Applications to Arthur Reade, Secretary, by October 12th.
- HULME DISPENSARY**, Manchester—House-Surgeon. Salary, £130 per annum. Applications to Dr. Wahltsch, Honorary Secretary, by October 20th.
- KINGTON UNION**—Medical Officer. Salary, £30 per annum. Applications to the Clerk by October 10th.
- KINGTON RURAL SANITARY AUTHORITY**—Medical Officer of Health. Salary, £40 per annum. Applications by October 10th.
- LEEDS PUBLIC DISPENSARY**—Resident Medical Officer. Salary, £80 per annum. Applications by October 15th.
- LEEDS UNION**—Medical Superintendent. Salary, £300 per annum. Applications by October 17th.
- LISBURN UNION**—Medical Officer for Knocknadona Dispensary District. Salary, £100 per annum, with £15 per annum as Medical Officer of Health, registration and vaccination fees. Election on the 12th instant.
- NATIONAL DENTAL HOSPITAL AND COLLEGE**, 149, Great Portland Street, W.—Dental Surgeon and Lecturer on Dental Surgery and Pathology. Applications by October 15th, to Arthur G. Klugh, Secretary.
- NENAGH UNION**—Medical Officer for Toomvara Dispensary District. Salary, £100 per annum, with £10 per annum as Medical Officer of Health, registration and vaccination fees. Election on the 11th instant.
- ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES**, Northampton—Assistant Medical Officer. Salary, £200 per annum. Applications to the Medical Superintendent.
- TOWNS HOSPITAL AND ASYLUM**, Glasgow—Assistant Medical Officer. Salary, £80 per annum. Applications, etc., to Dr. Robertson by October 10th.
- WESTERN OPHTHALMIC HOSPITAL**, 155, Marylebone Road—Surgeon. Applications to the Secretary.

MEDICAL APPOINTMENTS.

- BROSTER**, A. E., L.R.C.P., appointed Medical Officer to the Ashburne Union.
- BULTELL**, Marcus H., L.R.C.P.L., M.R.C.S., appointed Surgeon to the Provident Dispensary of the Royal Albert Hospital and Eye Infirmary, Devonport.
- CADDY**, H., M.R.C.S.E., L.S.A., appointed Medical Officer of Health for the Eastern Division of the Truro Rural Sanitary District.
- FONCECA**, R. J. T., L.R.C.P., appointed Assistant Resident Medical Officer for the Birmingham Children's Hospital.
- GRAHAM**, C. R., M.R.C.S., appointed Senior Resident Medical Officer for the General Hospital for Sick Children, Pendlebury.
- KIDD**, Philip Horace, M.B., appointed House-Surgeon to the Great Yarmouth Hospital.

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.

BIRTHS.

BLUMER.—On October 3rd, at Keyworth, near Nottingham, Jessie, the wife of Percy Blumer, Surgeon, of a daughter.

HUTCHINSON.—On the 1st instant, at Brondesbury, the wife of S. J. Hutchinson, Esq., of Hill Top Villa, Brondesbury, N.W., and Brook Street, W., prematurely of a daughter.

MARRIAGE.

WALKER—**BROADBENT**.—On the 13th August, at the Longwood Wesleyan Chapel, by the Rev. Amos Dyson, and the Rev. T. M. Rees, J. Burnley Walker, M.D., of Field Head, Colcar, to Eliza (Leila), youngest daughter of the late John Broadbent, Esq., of Longwood Edge.

DEATH.

POLLARD, James, M.R.C.S., L.S.A., Honorary Surgeon to the Torbay Hospital, Torquay, aged 50.

BRITISH MEDICAL DEFENCE ASSOCIATION.—On Wednesday a meeting of medical practitioners and others was held at the residence of Dr. Hewitt, Lancaster Gate, Hyde Park, for the purpose of forming an association which shall have for its object the suppression of medical practice other than that sanctioned by the law of the State. Dr. Hewitt was voted to the chair, and it was announced, at the outset of the meeting, that letters had been received from Mr. W. J. Payne, the City coroner; Mr. S. F. Langham, deputy coroner for Westminster, and other gentlemen, expressing their keen sense of the necessity for the course which the association intended to take. The chairman then said that the poorer neighbourhoods of London and other large cities were infested with unqualified medical practitioners, who were practising without a diploma, and who were doing an incalculable amount of harm to their patients. This fact had frequently been proved at numerous inquests. Many of those quacks practised in so-called "dispensaries", and took the small fee of the poor people, while they were simply permitting their diseases to gain a deadly grip on them. The law had given the profession ample remedy against these persons, and it was the general belief of all the doctors he had met that the time had arrived when the law should be strictly and remorselessly enforced. He then moved that a committee be formed for the purpose of establishing this association on a strong basis, which should invite the co-operation of all registered medical practitioners and gain all information possible regarding the class of persons against whom the association intended to proceed. This motion was carried.

HEALTH OF FOREIGN CITIES.—The recent health and sanitary condition of various foreign and colonial cities are indicated by the following facts and calculations, derived from a table in the Registrar-General's last weekly return. In the three principal Indian cities, the death-rate averaged 32.4 per 1,000; it was equal to 24.1 in Calcutta, 28.8 in Bombay, and 37.4 in Madras. Cholera caused 16 deaths in Calcutta and 14 in Bombay, while 12 fatal cases of small-pox occurred in Madras. The death-rate in Alexandria showed a slight decline, but was equal to 47.2; the deaths included 12 from whooping-cough and 11 from "fevers". According to the most recent weekly returns, the average annual death-rate in nineteen European cities was equal to 23.2 per 1,000 of their aggregate population, whereas the rate in the twenty large English towns did not average more than 17.9 last week. The rate in St. Petersburg, although showing a further decline, was equal to 38.8; 45 deaths were referred to typhus and typhoid fevers, and 12 to scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the average rate did not exceed 16.4, the highest rate being 19.3 in Copenhagen, where 2 fatal cases of scarlet fever and 2 of whooping-cough were recorded. The Paris death-rate declined to 21.8, but was 5.2 above the exceptionally low rate in London; the deaths included 37 from diphtheria and croup, 21 from enteric fever, and 12 from small-pox. The deaths in Brussels, which included 3 from typhus and typhoid fevers, were equal to a rate of 19.1. In Geneva the death-rate was so low as 10.6. In three of the largest Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged only 18.3, the highest rate being 19.9 in Amsterdam, where 6 cases of whooping-cough were reported. The Registrar-General's table includes eight German and Austrian cities, in which the average death-rate was equal to 23.1, ranging from 17.9 and 19.8 in Dresden and Hamburg, to 27.9 and 30.1 in Breslau and Buda-Pesth. Small-pox caused 9 more deaths in Vienna, and typhus 5 both in Hamburg and Buda-Pesth. Rome is the only Italian city contributing to the Registrar-General's table now under notice; the return from that city is for the last week in July, when the rate was equal to 29.2, and the deaths included 17 fatal cases of malarial fever and 4 of typhoid fever. In four of the principal American cities, the death-rate averaged no less than 33.6; it was equal to 25.2 in Philadelphia, 35.5 in Brooklyn, 36.3 in Baltimore, and 37.4 in New York.

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 P.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., 1; 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., 3; 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., 11.30; 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. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.3.
WESTMINSTER .—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1; Eye M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY .—Hunterian Society. 7.30 P.M., Council Meeting; 8 P.M., First General Meeting. Introductory Remarks by the President. Mr. J. Hutchinson will read a paper on "Second Attacks of Syphilis".
THURSDAY .—Ophthalmological Society of the United Kingdom, 8.30 P.M. Mr. J. E. Adams: On Unilocal Diplopia. Dr. W. M. Ord: Cases of Unilocal Diplopia. Mr. J. E. Adams: Cases of Suppurating Ophthalmitis from Septic Embolism. Dr. Brailey: Case of Tuberculosis of Eye. Dr. Walter Edmunds: Microscopical specimens—1. Tubercle of Choroid; 2. Perineuritis Optica twenty-four hours after Fracture of Skull. Living specimens at 8 o'clock.
FRIDAY .—Clinical Society of London, 8.30 P.M. Dr. Wiltshire: A Case of Ruptured Ovarian Cyst. Mr. Christopher Heath: A Case in which a Large Odontome was successfully removed. Mr. C. B. Keetley: A Case of Charcot's Joint-Disease (living specimen). Mr. C. T. Dent: A Case of Strangulated Hernia (Littre's).

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, are requested to communicate beforehand with the Manager, 161A, 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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

FALL PIPES.

SIR,—I should be greatly obliged if some one of your readers having special experience in sanitary matters would kindly favour me with replies to the following questions.

1. Are rain-water fall pipes from the roof, which communicate directly with the sewer, objectionable or dangerous practically, given that such fall pipes are of adequate bore, are perfect as to joints, and that the sewers into which they run are adequately ventilated by other channels; and, if dangerous, how?

2. If not objectionable, have such fall pipes any value as accessory ventilators of the drains into which they enter?

3. If objectionable and wrong in principle, are the objections sufficiently grave to render necessary or expedient the breaking of the fall pipe connections with the sewers, in accordance with modern procedure, in cases in which the older plan of direct communication everywhere prevails, and where, therefore, the alteration would entail considerable cost?—I am, sir, yours faithfully,

M.
* * We have referred these questions to Mr. William Eassie, C.E., Argyll Street, the well-known sanitary engineer, who has favoured us with the following reply.

"1. If rain-water pipes descending from the roof or flats of a house are not disconnected from the house-drain or the sewer, they will be always full of foul air derived from drain or sewer, and will, in cases of pressure, puff out foul air level with the windows. The tightness of the joints or the sectional area of the pipe does not affect this; for so long as no fresh air enters the pipe it will remain full of foul air. However well the sewers were ventilated, the rain-water pipes should be disconnected, on account of the foul air present in the house-drains; and the sound rule is to disconnect the feet of rain-water pipes over a proper gully, even if a disconnection chamber be close by. Cases of resulting death are not uncommon where the rain-pipe, connected at foot, ventilates the drain, etc., too near a window.

"2. Rain-water pipes have no sound value as ventilating pipes, as they terminate generally against a wall or behind a parapet, and are not always subjected to the induced action performed by the wind. It is held, even, that when the rain-water pipes are delivering into a rain-water tank, they should nevertheless be disconnected above ground, on account of the smell of silt, soot, etc., from tank. The best ventilator for the house drain is a full diametered continuation of the soil-pipe; and if the end of the drain be distant therefrom, a separate pipe may be raised, but no rain-water pipe made use of.

"3. If it be granted, and it must be, that a rain-water pipe remains always full of impure air, unless a free current of fresh air be taken in at the foot of the pipe, it follows that undisconnected pipes are unsanitary things, which it would be wise to abolish. The authorities of a town or village may not like, in the teeth of the necessary cost, to insist upon gully-deliveries, at least for the present; but wise householders will disconnect their pipes for themselves if they love pure air and an open window."

A TUTOR, MANCHESTER.—The preliminary examinations of the Royal College of Surgeons having now come to an end, all inquiries with respect to recognised preliminary examinations should be addressed to the Registrar of the General Medical Council, Oxford Street. There were 610 candidates at the examination just concluded, and of this number, 238 were rejected; the successful candidates can, of course, commence their professional studies at once, either at metropolitan or provincial hospitals. Our Educational Number will give you all the desired information.

DENTAL EDUCATION.

SIR,—The apparent indifference to professional dental education by some who occupy important office as members of the Medical Council is illustrated by the following facts. One of the most prominent members of the Council not only employs a person whose sole qualification is registration, but also sends all patients needing dental assistance to him. Taking into consideration the eminent position in the Council and professional status of this gentleman, one seems justified in concluding that in it there exists almost total indifference to the claims of education for our branch of the profession. And perhaps that is the explanation of "The extremely unsatisfactory condition in which the Medical Council left the question of a purgation of the *Dentists' Register*" as stated in your JOURNAL of the 24th ultimo on that subject.—I am, sir, your obedient servant,

U. STEVENSON, M.R.C.S., L.D.S.

51, Wimpole Street, Cavendish Square, W.

THE TONGUE IN DYSPEPSIA.

SIR,—I have under my care a case of old-standing dyspepsia, the most distressing feature of which is a curious hypertrophied condition of the lingual papillæ. This condition is most annoying in the morning, when the patient wakes with the tongue rather dry and the papillæ "like spikes", very horny, and when applied to any portion of the mucous lining very painful, until the tongue becomes moistened and the normal flaccidity of the papillæ regained. Each variety of papilla is hypertrophied, but in the filiform this peculiarity is most marked. The patient has at times slight hysterical manifestations, and a history of a sudden somewhat premature menopause. If any reader of the BRITISH MEDICAL JOURNAL can give me a hint as to the treatment of such a case, I shall be deeply obliged, and am, yours very truly,

Buenos Ayres, August 19th, 1881.

SPASMS OF THE BLADDER.

SIR,—A "Member" complains of spasms of the neck of the bladder. I would suggest to him to use twenty grains of chlorhydrate, and twenty drops of liq. morphine, in half an ounce of water every four hours until the spasm is less violent; in a day or two, he will feel much benefit, and, after a week, I do not expect the spasms will continue, when he can use the remedy twice in the twenty-four hours, or whenever he finds he may require it. I used the remedy with complete success in the case of an old lady of seventy years of age, who used to shriek with agony on the approach of the spasm, and continue in a fainting state for some time after mitigation.—I am, etc.,

ROBERT C. MADRAS, M.B.

Dripsey, Cork, September 22nd, 1881.

DR. JELLY (Madrid).—Many thanks; interesting, but unsuitable for our columns.

TREATMENT OF DIPHTHERIA.

SIR,—Would any of your numerous correspondents kindly let me know the best local application in diphtheria? Is it necessary to brush parts affected with liq. ferri perchlor. together with the use of the spray? and, if so, what ought to be the strength of the liq. ferri perchlor.? what length of time ought the spray to be used at once? Dr. Sawyer of Birmingham recommends every two hours, but does not mention how long. Is the liq. calcei sacch. a good application? and would half an hour in every two hours be too long to use it at once? An answer to the above queries would greatly oblige.—Yours truly,

AN INTERESTED PARTY.

A CASE ILLUSTRATING THE IDENTITY OF CROUP AND DIPHTHERIA.

A CASE ILLUSTRATING THE IDENTITY OF CROUP AND DIPHTHERIA.
SIR,—In August last, a boy, aged 6 years, returned to his home in the country, from having been to the Moorfields Ophthalmic Hospital and undergone an operation for traumatic cataract. About a week later, he complained of sore-throat, and his mother states that he was ill and troubled with it for over a week. About ten days after his return from London, his eldest sister was attacked; and a few days after the commencement of her illness, the mother, another son, and the baby, were seized with it. The baby was a sickly delicate child at the time, suffering from acute eczema of the head and neck. For two days, however, it became very ill, and could not be got to swallow. The throat was reddened and swollen, but there was no false membrane to be seen. After two or three convulsive fits, it died quietly. The other sick members of the family, viz., the mother, eldest daughter, and one son, were all feeling ill, and complained of their throats; but besides swelling and redness of the tonsils and palate, there was nothing suspicious to be seen. A day or two after the baby died however; the boy, who was at the time ill in bed, became much worse, and false membrane of an unmistakable type appeared on the uvula, palate, and tonsils. Shortly after this, another son was taken ill, but with only the signs of ordinary sore-throat. Up to this time, the only remaining member of the family (besides the husband who had not been ill) was a little boy aged three years. About a week after the baby's death, however, he was said to be poorly and complained of his throat. His symptoms gradually developed; he became hoarse, coughed a little, lost his appetite, and his mother said he seemed at times as if he was going to be choked. There was no membrane visible from the mouth, the throat being merely red and swollen. The child, however, when asleep, breathed noisily, as if there was some obstruction in the larynx. The mother stated he awoke during his sleep, had fits of coughing with a "croupy" noise, and great difficulty to get his breath. He was rather better during the day. The case of this last child corresponds exactly with the disease so-called "croup," whereas that of the other child—his elder brother—exactly corresponds with the ordinary form of diphtheria. The family, although not strong, have previously been in good health. These cases seem all to have occurred through the illness of the boy brought from London. There has been no other case of diphtheria in the neighbourhood. In only one case has actual membrane been discovered; but the prostration, swelling of the glands of the neck, and other symptoms of diphtheria, have been very marked. The boy with so-called "croup" is just the age at which this disease occurs; the others may be said to be too old for "croup."—Yours truly,
T. FREDERICK PEARSE, M.D.

P.S.—Since writing the above, the child with croup has died, apparently from suffocation; and also the boy who had the diphtheria so severely, apparently from paralysis of the heart.

THE ALCOHOL QUESTION IN NEBRASKA.

In the following unfavorable notice of a Society in a remote Western State, the *New York Medical Record* points out an amusing clerical error.

"The State Medical Society of Nebraska has published the proceedings of its ninth, tenth, eleventh, and twelfth annual sessions. At the tenth, the following unique resolution was introduced: 'Resolved: That the Nebraska State Medical Society deprecates the abuse of alcohol in any manner except for medicinal purposes, believing it to be detrimental to health, degrading to nature', etc. In view, however, of certain facts, among others, 'that it would be a committal of the Society, after having accepted of the champagne tendered at the previous evening', the motion to adopt was withdrawn, and we are left to infer that the Nebraska State Medical Society sanctions the abuse of alcohol, even for medicinal purposes."

HARD AND SOFT WATER.

SIR.—Having a patie who has always been of a constipated habit, I recommended her, whilst visiting here, to take the water as very soft, to take a tumbler each morning on rising, combining this with a little of the wheatmeal bread, etc., for breakfast. This was quite sufficient; and I heard no more of it until she returned to her home, where the water is hard. Now she says that, as expected by her, the constipation has returned, although all her old measures are continued as instituted here. Will some member resident at Margate or elsewhere, where the water is proverbially hard, kindly suggest a way out of my difficulty? I still desire very much indeed to continue the water-drinking, for the reason that my patient is of large build and good appetite, and suffers from dyspepsia somewhat; and for other reasons it is essential that a fair amount of water be taken daily.—I am, yours faithfully,

MANCINIUM.

MANCINIUM.

TOBACCO (H. A.).—We are unable to refer to any trustworthy condensation of reliable evidence concerning the use of tobacco, either for or against. We regard with great distrust a great many of the strong but general statements often made on this subject without detailed evidence or the means of testing the grounds of such statements. The late Professor Parkes, F.R.S., one of the most careful and moderate of investigators and teachers, wrote on this subject: "As to the effect on the young, even, it is curious, in Burmah, to see children smoking in their mothers' arms; and when I was serving in Burmah, many years ago, I often saw a woman walking along smoking her cigar of tobacco rolled up in a plantain-leaf, and carrying on her hip her child of two or three years old, who also had his or her little cigar, which was smoked with the greatest gravity. On talking to the Burmese (who smoke constantly), they would never grow that even children were in the least damaged. When I was in Turkey, I tried to make inquiries of some of the intelligent Turkish gentlemen; but one or two of them said they thought the Turks had learned to smoke from the Europeans, and had been growing apathetic and dull ever since. But others laughed at this; and the rural Turk, who smokes a good deal, is a fine, active, energetic fellow. I have talked to many Germans, who all stand out manfully for tobacco. In conclusion, I confess myself quite uncertain. I can find nothing like good evidence in books; too often a foregone conclusion, without any evidence to back it, is given. I think we must decidedly admit injury from excess; from moderate use, I can see no harm, except it may be in youth."

WHAT NEXT?

SIR,—Can the Council of the Metropolitan Hospital Sunday Fund be aware that one of its members advertises himself in *Lloyd's Weekly Newspaper*, the *Weekly Dispatch*, and other similar publications, in the following terms:

"*Eye Hospital for the Working Classes.—Self-supporting.*—Surgeon, Mr. Jabez Hogg. For the treatment of diseases and injuries of the eye. Patients seen daily at 1, Bedford Square, W.C., from 9 to 11 every morning; and from 1 to 4 on Saturdays."

In any case, will you allow me to call their attention, and the attention of the profession, to so exceptional and undesirable a practice with a view to obtaining a remedy?—Your obedient servant,
A HOSPITAL MANAGER.

A HOSPITAL MANAGER.

ERRATA.—In the description of Dr. Ward Cousins' new elastic cord tourniquet, page 461 of the BRITISH MEDICAL JOURNAL of September 10th, for "A ring fitted with a crossbar for the purpose of connecting the cord in any position with an elastic pad", read "3. A ring fitted with a crossbar for the purpose of converting the cord in any position into an elastic pad".—At page 557 of the last number of the JOURNAL, line 7 from the top of the second column, the name of Dr. Caton was printed by mistake for that of Dr. Carter of Liverpool.

L. H. R. (Nunhead).—The question is purely a legal one; at the same time we can not see how there should be any illegality in such contract: but apart from illegality, it is one open to obvious objections.

G. F. MASTERMAN.—Duly received.

SIR,—I should like to hear opinions as to what would be a fair charge for fifty-seven visits, many of them of hours' duration, to a wealthy patient sixteen miles distant.
—I am, etc.,
PRORITAS.

A STUDENT.—After November next, *all* candidates for the diploma of membership of the College will have to undergo an examination in midwifery, in addition to medicine, unless holding a recognised medical degree.

H.M.—The Museum and Library of the Royal College of Surgeons were reopened on Monday last.

COMMUNICATIONS have been received from numerous correspondents in reply to the letter signed "Orphan" in our last week's issue.

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

Mr. J. Taylor, Buxton; Dr. Allichin, London; Mr. E. Skinner, Sheffield; Mr. T. Porter, Maida Vale; Dr. Douglas Powell, London; Mr. Fink, London; Our Aberdeen Correspondent; Mr. O. Pemberton, Birmingham; Probitas; Dr. A. Bernays, London; Our Glasgow Correspondent; Dr. G. V. Poore, London; Professor O. Lodge, Liverpool; Dr. Shepherd, London; Mr. G. Eastes, London; Our Birmingham Correspondent; Dr. J. Rogers, London; Sir J. Lubbock, Bart., London; Dr. W. Murrell, London; Dr. Thin, London; Mrs. Kate Gordon, Upton; Dr. Norman Kerr, London; Mr. Nelson Hardy, London; Mr. R. Holman Peck, Penge Lane; Mr. D. Rogers, Shanklin; Mr. C. P. Graham, Pendlebury; Professor Longmore, Netley; Our Edinburgh Correspondent; Mr. E. Nettleship, London; Dr. Fitzgerald; Dr. James Murphy, Sunderland; Mr. W. H. Torbuck, Polruan; Mr. J. Groves, Carisbrooke, Isle of Wight; Mr. Walter W. Reeves; Dr. Dreschfeld, Manchester; Mr. Vere G. Webb, Coleshill, Birmingham; Dr. Thorne Thorne, London; Dr. Jacob, Dublin; Dr. Broadbent, London; Mr. W. F. Phillips, London; Mr. Lawson Tait, Birmingham; Mr. A. H. Boys, Bristol; Mr. G. St. George, Lisburn; Dr. Peart, North Shields; Dr. Kelly, Taunton; Dr. J. Herbert Stowers, London; Dr. Radcliffe; Dr. Sawyer, Birmingham; Dr. Palmer, Northampton; Dr. A. Sheen, Cardiff; Mr. George Brown, Honorary Secretary Medical Defence Association; Dr. Christie, Glasgow; Mr. W. Jelly, Madrid; Dr. W. W. Millard, Dunbar; Mr. N. W. Alt, Wittersham; Dr. Main, Birkenhead; Mr. E. Sunderland, Bolton; Mr. Jordan Lloyd, Birmingham; Mr. J. P. Jamieson, Hayward's Heath; Brigade-Surgeon R. J. Orton; Mr. George Lowe, Middleton-on-Teesside; Mr. W. Prouse, Cambridge; Mr. G. A. Brown, Tredegar; Delta; Dr. G. F. Bodington, Kingswinford; Dr. R. Caton, Liverpool; Dr. Pietra Santa, Paris; Mr. F. Heeley, Devonport; Mr. James Startin, London; Dr. W. Philson, Cheltenham; Our Dublin Correspondent; Dr. Ewart; Mr. C. Kingzett; Mr. K. Cornwall; Mr. Fletcher Beach; etc.

BOOKS, ETC., RECEIVED.

A Treatise on Orthopædic Surgery. By J. W. Hayward, F.R.C.S. London: Longmans, Green, and Co. 1881.

Health-Resorts for Topical Invalids. By W. J. Moore, Esq. London: J. and A. Churchill. 1881.

Epilepsy and other Chronic Convulsive Diseases. By W. R. Gowers, M.D. London: J. and A. Churchill. 1881.

Parkes Museum International Exhibition Official Catalogue. 1881.

Suicide. By H. Morselli, M.D. London: Kegan Paul and Co. 1881.

Girls' Own Annual. London: Leisure Hour Office.

Boys' Own Annual. London: Leisure Hour Office.
Rabies, or Hydrophobia. By T. M. Dolan, Esq. London: Baillière, Tindall, and Cox. 1881.

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