

lines of conduct which were definite and clear. It was absolutely right and proper for a man to form any opinion he liked, and to start any line of treatment, but not to adopt a nomenclature applicable to himself as a special inventor of any particular process. With regard to Dr. Bucknill's criticism of the resolution, the gentlemen to whom he referred had not assumed or accepted any such names. The question raised by Dr. Wilks was the only one with which the College could deal. It could not deal with homœopaths as such; and certainly could not accept Dr. Bucknill's amendment. What could not a man honestly believe? It was well that some opinion should be expressed by the College. The medical public were asking for guidance in the matter. Surely it was no argument to say that, because it was not possible to meet all forms of quackery, no endeavour should be made to meet some. The College was pre-eminently a guide in professional ethics. It had already many excellent rules; and the addition proposed by Dr. Wilks was one of great value. There was no cause of fear from the public; and the freedom of the profession was upheld rather than curtailed by the resolution.

Dr. PRIESTLEY considered that really the most important part of the resolution was the latter clause, containing the word "trade"; and suggested that some words, to the effect that the College did not think it desirable to fetter the opinions of its members, should be inserted in the resolution.

Sir WILLIAM JENNER said he believed it was known that his own opinion was very strong against meeting homœopaths. Medicine had no business with anything else, but that the best thing possible should be done for the patient. But the homœopath did hold a fixed doctrine and principle. It was not possible to consult them; for evil would result. He did not put the matter on the moral ground, as Dr. Wilks did. He had once met a homœopathic doctor in consultation, without knowing him to be such; on a second occasion, he asked him whether he was a homœopath. His answer was that, when it was suitable, he used homœopathic treatment; at other times, the ordinary treatment. Sir William Jenner declined to act with him, on the ground that, at any moment during the course of the case, homœopathic treatment might be deemed suitable. He doubted the wisdom of the College sanctioning Dr. Bucknill's amendment, and hoped he would withdraw it. He did not agree with all that Dr. Wilks said, but hoped that his resolution would pass. The profession looked to the College for some expression of opinion, and this resolution would satisfy most.

Dr. BUCKNILL withdrew his amendment.

Dr. WILKS said a few words in reply to some of the speakers, especially mentioning that his resolution obviously did not apply to specialists, as such, but to those who professed special systems of treatment.

The resolution (with the prefix as follows) was then put, and carried unanimously.

"That, while the College thinks it desirable not to fetter the action of the fellows, members, and licentiates, with reference to any opinions they may adopt, it nevertheless expresses its opinion, that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public; the College, therefore, expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations."

LIFE-ASSURANCE COMPANIES.

IN THE BRITISH MEDICAL JOURNAL for December 3rd was a letter from a subscriber, asking for the names of a few of the leading and reliable offices where a man could, with some amount of safety, invest his money by way of insurance. Our correspondent asked for this information on behalf of a medical man, who had twice suffered through insurance offices, and who appealed to us in consequence of his utter want of confidence in insurance agents as a class. This is rather a sweeping, not to say unjust, opinion against a class of most useful and deserving persons. With few exceptions, life-insurance offices must depend upon branch offices, or agencies, for such business as is not within very easy reach of the head-office. To many would-be insurers, the smallest amount of correspondence is hateful, and the proximity of an intelligent branch manager or agent is a great advantage. As in other cases, there are "insurance agents and insurance agents". Many, no doubt, consider it their duty to promote the business of their office pure and simple, without inquiring too closely into their financial condition. But there are many both able and willing to give full information, not only as to their own, but any other office. It must be borne in mind that, in the case of all well-established life offices, there is now much *esprit de corps* and mutual accommodation, in addition, no doubt,

to a certain amount of healthy rivalry. There was no difficulty in our giving our correspondent the names of ten leading and thoroughly reliable offices; but, in justice to other offices, it is only fair to say that the list might be greatly extended. Long lists are given in the *Post Office and Medical Directories*; but these are, of course, complete lists given without selection. In Whittaker's *Almanack*, a selection is made of more than seventy offices, which comprises the best, though, as is stated, many not included are good offices; and many young offices are healthy and strong, and will, in due course, be added to the list. Of these offices, three have been established more than a century and a half, another nearly one hundred and twenty years; in addition, thirty-two have existed more than half a century, and the remainder fifteen years and upwards. It may be fairly laid down that, if any man whose life is a fair average one for insurance, is (to use our correspondent's word) bitten, it is his own fault. Those offices which are at all weak or doubtful are well known to be so, and no difficulty can be experienced in ascertaining the fact. The disasters consequent upon the failures of the Albert and European Offices were anticipated long before their occurrence, and created no surprise to those well versed in life insurance work. Again: there are well-established and thoroughly sound offices where invalid lives are accepted, though of course at higher rates, and on certain conditions. The older offices are so well secured and their yearly business is so large, that their managers are less desirous of pushing their business than those of younger offices. Several of them employ no agents, have no branch offices, and pay no commissions; thus reducing their expenditure. But all are perfectly willing to insure good lives, and it is open to anyone who possesses the necessary qualification and means to be a policy-holder in the oldest and richest life insurance office. At present, the number of offices is more than sufficient for healthy competition; though this would not be the case if every man and woman whose duty it was to insure would do so. The profession might well set an example in this respect more than it has hitherto done, as a more general adoption of this admirable means of providing for wife and family would render less frequent the piteous appeals so often made for widows and orphans in these columns. The younger members might well consider the advantages of effecting insurance, for however small an amount, while they are young and in robust health. It would need but a small amount of self-denial to pay the premium on a policy of £100, and the possessor of such would be in a position to leave a legacy, to father, mother, brother, or sister, in the event of falling a victim to the many casualties incidental to our profession. The reflection that such was the case would smooth many a dying pillow, now haunted with the sad reflection that the only legacy is a legacy of debts. And if, to take a brighter view, the policy-holder lives—if a good office has been selected, and the system of insurance with profits has been adopted—each succeeding year makes the policy more and more valuable. Some parents adopt the practice of insuring their sons' lives at an early age, paying the premiums and retaining the policies until the insurer comes of age, or is in a position to take up the policy himself. This practice, which is well calculated to insure steadiness, and to inculcate habits of thrift and prudence, might also be extended with great advantage.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF MEETING.

A MEETING of the Committee of Council will be held on Wednesday, the 18th day of January next, 1882, in the Council Room, Exeter Hall, Strand, London, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, December 13th, 1881.

BRANCH MEETINGS TO BE HELD.

SOUTH-WESTERN BRANCH.—The next quarterly meeting will be held, under the presidency of Dr. Hudson, on Saturday, December 31st, at 2 P.M., in the Board Room of the South Devon and East Cornwall Hospital, Plymouth. The relations between Homœopathic Practitioners and the Association will be specially discussed. Members intending to read papers, or show specimens or cases, are requested to give notice.—S. REES-PHILLIPS, M.D., Honorary Secretary, Wonford House, Exeter.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting of the above District will be held on Thursday evening, January 19th, at 8.30 P.M., in the Library of the London Hospital Medical College; Dr. Bridgwater, President-elect of the Metropolitan Counties Branch, in the chair. Dr. Sansom will read a paper on the Best Means of Providing for the Medical Wants of the Poor who are above the Ranks of Pauperism.—FREDERICK WALLACE, Honorary Secretary, 96, Cazenove Road.—December 22nd, 1881.

BATH AND BRISTOL BRANCH.—The third meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Thursday, January 19th, at 4.15 P.M.; D. Davies, Esq., President.—R. S. FOWLER, E. MARKHAM SKERRITT, M.D., Honorary Secretaries.—Bath, December 1881.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH : ORDINARY MEETING.

THE third meeting of the present session was held at the Medical Institute on Thursday, December 8th, 1881; the chair being taken by the President, Mr. BARTLETT.

New Members.—Mr. T. De Denne (Cradley) and Mr. V. Jones (Birmingham) were elected members of the Branch.

Excision of Lower Jaw.—Mr. Bennett May showed a patient from whom he had removed part of the lower jaw, tongue, and floor of the mouth, for epithelioma of four or five weeks' duration.

Clinical Instruction in Mental Diseases.—It was proposed by Dr. WADE, and seconded by Dr. BODINGTON, that the authorities be asked to permit, in future, clinical instruction at the lunatic asylum. This was unanimously carried.

Hip-Disease.—Mr. William Thomas read a paper entitled "Remarks on the Diagnosis and Treatment of Morbus Coxæ. Dr. Thursfield, Mr. Furneaux Jordan, Mr. Bennett May, Mr. Jordan Lloyd, Mr. West, Dr. Campbell, Mr. A. Harvey, Mr. Tait, and the President joined in the discussion which followed. Mr. Thomas replied.

CORRESPONDENCE.

THE COLLECTIVE INVESTIGATION COMMITTEE.

SIR,—It is a great pleasure to see that Professor Humphry's excellent proposition, that some means shall be taken for the collective investigation of medical problems, is now really likely to be carried into effect.

Morbid pathology and the ends of serious diseases have been most admirably observed and collated in our large hospitals; but living pathology, in its early beginnings, as expressed by the clinical term "symptom", and the relation of pathology to family and other surroundings, can only be thoroughly investigated by the family doctor, who sees the beginnings of all maladies, and even the beginning of life; as an eminent physician once expressed it in conversation with me on this subject, "the pathology of the future is in the hands of the general practitioner".

I think former attempts of this kind have failed for want of what is now proposed—"local registrars". Many practitioners, very capable indeed of observing and drawing deductions from their observations, from want of time, from diffidence, and the want of the literary habit, absolutely decline committing their thoughts to paper, valuable as they would have been to medical science. On this point, I speak from experience; for, in our efforts to increase the value of our district medical meetings in East Kent, these very difficulties have been our stumbling-block, and we have had to deplore the loss of much valuable knowledge in consequence. Now, if we have a registrar for a district of which he knows the various practitioners; if he have the love of science in him; if he will act like a Christian gentleman, and "love the brotherhood" (for there will be much that requires tact and delicacy), and if he have time at his command, he will remove this stumbling-block, by keeping up communication with the general secretary, by arousing and keeping alive the interest of his neighbours in collective medical work, by co-ordinating their observations, and in all ways facilitating and smoothing their literary difficulties. In this way, not only will he do work which must be of real service to the profession, but which will be of solid advantage to himself; and the busy and able practitioner will be lifted from the slough of routine so deadening to the faculties of even the best of men.—I am, sir, your obedient servant,

ROBERT L. BOWLES.

SIR,—In the BRITISH MEDICAL JOURNAL for December 17th, all members of the association who take an interest in the medical investigation of diseases, will be pleased to notice the very prompt action of the Collective Investigation Committee, in appointing a secretary, and taking steps for forming their plans for the purpose of carrying into effect the resolutions proposed by them and adopted at the annual meeting of the association.

Dr. Robert Smith has a task in front of him which will be of an arduous nature, but which may be much lightened by help from members of the association, and I feel sure he will receive every encouragement at their hands. The work of this committee bids fair to be one of the grandest, if not the grandest, of any undertaken by the British

Medical Association. Referring to Resolution 4, it states that the secretary will attend meetings of the various branches of the association. This is certainly a very important and invaluable step to take; for, from the statements he will make, and the course of action he will no doubt indicate as the best to follow, our members will get some idea what investigation they shall start with, and how best to carry it out to a useful or successful result.

The gains to medical knowledge from this committee's work will not be immediately appreciable; nevertheless, let us patiently await them and help, by every means in our power, to bring them nearer. The goal may appear far distant, but when reached, how short will the distance seem; and we shall be able to congratulate ourselves on what will, no doubt, have turned out to be, a very quick and lasting reward of our labour.—I am, Sir, your obedient servant,

G. ARTHUR CARDEW, Honorary Medical Officer, Branch Dispensary of Cheltenham General Hospital and Dispensary.

HAS THE DURATION OF HUMAN LIFE IN ENGLAND INCREASED DURING THE LAST THIRTY YEARS?

III.

SIR,—The causes of the increased adult mortality, shown in the previous letters to have occurred in the last thirty years, offer ground for speculation. The increased adult mortality may be thought to be an indirect effect of sanitation, since many children who now grow up, but who would have died under the insanitary conditions which formerly prevailed, will become sickly adults, and so, it may be thought, deteriorate the average health of adults. But, there are reasons for the opinion that this is not a main part of the cause, as the following considerations will show.

A comparison must be made of the results on the health of the survivors of two sets of conditions: sanitary and unsanitary, favourable and unfavourable. When this is done, it becomes clear that, under both sets of circumstances, some children cannot be reared at all; some survive and are delicate, and some survive and are strong. Supposing, now, that the conditions are changed from insanitary to sanitary, it is clear that some of those who would not have survived may be reared; and it is often assumed that such would become sickly or delicate adults. Let us, for the sake of argument, admit this. But the effects of sanitation on those who would have grown up delicate under the former regime would surely be to improve their physical condition; while those who grew up strong under unsanitary conditions would, at least, be no less so under improved sanitary regulations. There are, therefore, three sets of persons to be considered: those who cannot be reared; those who are reared, but are delicate; and those who are reared, and are strong. Under improved conditions, some of the first set would be reared, and might add to the number of those who grow up delicate; but, on the other hand, the delicate would tend to become strong, and the strong would become stronger. It, therefore, appears that the average health of the community should be benefited by improved sanitation, since it gains by the strengthening both of its delicate and of its strong members. I have admitted, for the sake of argument, what is doubtful, or, at least, not proved: the assumption, namely, that those children who would be saved by sanitation are the most weakly of the population. This may be so to some extent; but, on the other hand, the strongest children may be killed by unsanitary conditions, while they may, under good sanitation, develop into healthy adults. Therefore, it does not follow that sanitation saves only the weakly.

One more consideration may be advanced here. The increased mortality, as we have seen, takes place among adults. But sanitation, if good for children, must also be good for adults; and, as they show the higher mortality, it is evident that the causes must be some that act on adults, but not on children and young persons, or at least not to the same extent. It cannot, therefore, be sanitation which is to blame, since that affects children and adults equally.

Is the increase due to intemperance or to syphilis? The Registrar-General, in his report for 1879, discusses this question, and concludes that these are not a main part of the cause. It is difficult to get at a correct statement of the proportion of deaths due to intemperance, because its effects do not appear under this heading in the returns, but are entered as due to affections of this, that, or the other organ. According to the Registrar-General, the deaths from delirium tremens, intemperance, and gout have only increased by about 12 to 16 per million of the population in thirty years. In syphilis, the increase is only 49 per million in the same period; and, of these, a very large proportion may be taken as due to a better diagnosis. Adding these two figures together, the increase is only 61 to 65 per million; while the whole increase in mortality to be accounted for is 403 per million and a large proportion, at least of the syphilitic increase, is due to im-

under five years of age, diseases of the lungs being a prominent factor in this mortality. Zymotic diseases were fatal in 20 cases, 8 of which were from diarrhoea, and three from small-pox. A total of 20 cases from this last disease occurred in the early part of the year, the disease being introduced into the district by two tramps in search of work. Dr. Cameron's minute researches into the infecting agency in each of the cases of zymotic disease coming under his note deserve a word of praise.

WILLESDEN.—Dr. G. Danford Thomas, the recently elected coroner for Central Middlesex, gives an excellent account of his stewardship, as health-officer for Willesden, in his annual report for 1880. He reports the occurrence of 967 births and 471 deaths, which, based upon an estimated population of 27,397, represent rates of 38.3 and 18.6 per 1000 respectively. Of the 471 deaths, 277 were of children under five years of age—a number considerably in excess of that recorded in the previous year, being equal to 50.8 per cent. of the total deaths, as compared with 44.4 in 1879, and 55.7 in 1878. The principal causes of deaths amongst children were: measles 19, scarlet fever 15, whooping-cough 25, diarrhoea 27, tubercular diseases 40, diseases of the nervous system 21, and of the respiratory organs 60, while 13 deaths were attributed to "special diseases of children". The fatal prevalence of infantile diarrhoea is a subject to which Dr. Thomas has devoted considerable attention, and his experience teaches him that the disease is more prevalent and fatal amongst artificially fed children than amongst those who are entirely nursed by their mothers. From zymotic diseases 119 deaths were registered, no fewer than 100 occurring in children under five years of age. Alluding to the main-drainage question, Dr. Thomas records, regretfully, that no progress has been made, although, in each of his annual reports, he has spoken in no measured terms on the subject. The summarised statement of the mortality, during 1880, in the kingdom generally and in the metropolis, is a useful feature of the report.

DISEASES DANGEROUS TO HEALTH?

SIR,—I have lately been requested to visit and report on cases of persons suffering from itch, and children stated to be infested with lice. The complaint has been made by a non-professional, and in no case have the persons complained of been under medical treatment.

These cases do not appear to me to come under the class of "dangerous to health" mentioned in the instructions; and, if they are to come under the supervision of the medical officer of health, I should like to know where he is to stop. Is the medical officer to inspect all supposed cases of parasitic skin-diseases, as the various forms of ringworm, pediculi capitis, corporis, and pubis, and possibly the various species of the flea-tribe? Would venereal diseases come under his notice in the contagious stage of their existence? I presume the necessary remedies, the "bug-powder", and the "syringe" or "white precipitate", would be supplied by "the local authority", and possibly the inspector of nuisances might be entrusted with the application thereof.

Seriously, it becomes a matter of much importance to me if I am to be hurried off on a journey of twenty-five miles to inspect a case of this character. If it be my duty to inspect such cases, who would be responsible for the treatment? and must I visit and report on cases of ringworm or itch in the families of the well-to-do? or only in the case of poor persons?—Yours, etc.,

MEDICAL OFFICER OF HEALTH.

* * * A medical officer of health is not required by the Public Health Act or the Instructions to report upon cases of itch, or other skin-disease, or in persons infested with lice. The disease on which he has to report must be dangerous to life. The following are those ordinarily inquired into by a medical officer of health, viz., small-pox, scarlet fever, diphtheria, typhus and typhoid fevers. If he were called upon to report upon an endemic of measles, whooping-cough, or diarrhoea, he would not be justified in refusing, although, except the last named disease, he is rarely required to do so. A medical officer of health is in no case required to treat persons affected with disease, unless by special contract; indeed, it has been decided by the Local Government Board that he is not justified in going into a patient's room to verify the diagnosis of another medical practitioner, except at the request of the patient or practitioner.

NOTIFICATION OF INFECTIOUS DISEASES IN EDINBURGH.

SIR,—In your impression of November 26th, Dr. Littlejohn says: "I regret that your correspondent did not mention a note which appeared in the *Scotsman* newspaper, in which I said that the sanitary inspector was not sent to me" a diagnosis, but to ascertain the name of the medical attendant, to whom I at once wrote. The evidence I received from that gentleman was the basis of the prosecution—not any evidence afforded by the sanitary official." I here send the note referred to, with another note from me which appeared in the *Scotsman* of the following day. He dare not venture a reply. He likewise errs in saying I gave him evidence which formed the basis of the prosecution. He wrote me on the 20th of October the following letter:

"Dr. Bowie, Dear sir,—I am informed of the existence of fever at 6, Caledonian Crescent. You are, I understand, the medical attendant. By the late municipal Act, you are bound to report all such cases at this office. Will you inform me why you did not send a report?"

I answered to the following effect: "Dr. Littlejohn, Dear sir,—I am not aware that medical practitioners are bound by any Act of Parliament to report to you all cases of fever occurring in their practice. Kindly inform me where I may see the Act, or send a copy of the Act, which compels physicians to do as you say. I have many reasons for not communicating all such cases to the medical officer of health, but if the law of the land makes it obligatory, I shall do so, but not unless.—I am, truly yours, JOHN BOWIE."

The next epistle I received was a summons, dated November 1st, to answer for contravening the Edinburgh Municipal and Police Act, 1879. None of the patients suffered from typhoid fever. The two children had an eight days' "simple continued fever", the mother suffered from erysipelas of the head and face. Dr. Littlejohn never visited the patients until they were convalescent, yet affirmed in the witness-box that they had typhoid fever. Nay, more, he stated in evidence that all fevers are infectious; that the term fever is synonymous with an infectious disease. I appealed to the judge not to believe such statements. The sheriff: "I am not a medical man and knowing about medicine; but inasmuch as Dr. Littlejohn assures me that all fevers are infectious, I must find you guilty".—I am, etc., JOHN BOWIE.

SIR,—Kindly give me your opinion on the following. I am at present attending, as parochial medical officer, a pauper belonging to another parish, but residing in my parochial district. The medical officer of the pauper's parish visits the pauper, without my knowledge, to satisfy a whim of the inspector of poor of the parish. Firstly, Is it legal for him to do so? Secondly, Is it medical etiquette?—Yours, ENQUIRER.

* * * Under the circumstances detailed in our correspondent's letter, we are decidedly of opinion that the medical officer of the pauper's parish has been guilty, not of any illegality, but of a breach of professional etiquette in visiting the patient without apprising the medical attendant of his intention so to do. We think that the wisest course to follow is to ignore the procedure.

MILITARY AND NAVAL MEDICAL SERVICES.

THE NAVAL MEDICAL SERVICE.

SIR,—If you would allow the following to appear in your paper, perhaps some naval surgeon would kindly take the trouble to enlighten me, and at the same time other young medical men who have no opportunity of getting any other information about the service beyond what is contained in the warrant. I should be glad to know: (a) What amount of leave a naval surgeon gets in the course of the year. Is there anything equivalent to the army two months' leave? (b) What mess does he belong to on board ship, and when on hospital duty ashore? And generally, what position does the junior surgeon take among other officers? (c) Is there any roster or principle regulating service in unpleasant stations or in small ships? And what proportion of land (naval hospital or dockyard) service may a medical officer expect to get? (d) What, roughly speaking, are a surgeon's duties on board ship: (1) when he is the only medical officer; (2) when he is under a senior medical officer?

I trust this is not trespassing too much on your space. I think there are a good many men who would be glad to get some definite information on the above points from the right source, as one hears such conflicting statements from the half-informed. I enclose my card, and remain, yours obediently, TEREDO.

UNIVERSITY INTELLIGENCE.

CAMBRIDGE, DECEMBER 22ND.

THE following have passed the second part of the third examination for the degree of Bachelor of Medicine:—Class 1. Burgess, M.A., Corpus Christi; Griffiths, M.A., Trinity; Hill, M.A., Downing. Class 2. Bagshaw, M.A., St. John's; Bernays, B.A., non-collegiate; Coutts, B.A., Emmanuel; W. Foster, B.A., St. Johns; J. E. Howe, B.A., Clare; G. S. Johnson, M.A., Gonville and Caius; Lane, B.A., St. Johns; Marshall, B.A., Clare; Roe, B.A., Downing. Examiners, G. E. Paget, M.D., Caius, Regius Professor of Physic; Reginald Edward Thompson, M.D., Trinity.

PRESENTATION.—An interesting ceremony took place at Colney Hatch Asylum on Friday evening, December 23rd. This consisted in the presentation, by the committee and staff of the asylum, to Dr. Edgar Sheppard, medical superintendent of the male department, of six silver candlesticks in a handsome oak case. The latter also contained an album, in which was inscribed an address to Dr. Sheppard, signed by the two hundred and fourteen contributors to the testimonial. A beautiful hand-painted fan was at the same time presented to Mrs. Sheppard. The presentation was made by Sir William Wyatt, chairman of the Committee of Visitors, in an eloquent and appropriate speech, in the course of which he alluded to the admirable manner in which Dr. Sheppard had conducted his department during the twenty years of his service, and expressed the unanimous regret of the staff at his approaching retirement. Mr. Marshall, medical superintendent of the female department, and the Rev. H. Hawkins, chaplain to the asylum, also spoke in similar terms. Dr. Sheppard, who was evidently much moved, replied in feeling terms, and, while bearing testimony to the support he had received from the committee and the other officers of the asylum, congratulated his hearers that they possessed in his successor, Dr. Seward, a man who would, with experience, make a better superintendent than himself. The presentation took place in the presence of the great majority of the staff and about a thousand of the patients during the interval between the first and second parts of a miscellaneous entertainment, which was provided in the recreation-hall.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—M.B. Examination, 1881. Examination for Honours.—Medicine.

First Class.

Maguire, Robert (Scholarship and Gold Medal), Owens College.
 *Lane, William Arbuthnot (Gold Medal), Guy's Hospital.
 Ballance, Charles Alfred, St. Thomas's Hospital.
 Rake, Beaven Neave, Guy's Hospital.
 Rice, Bernard, St. Bartholomew's Hospital } equal.
 Bredin, Richard, Liverpool Royal Infirmary and Guy's Hospital }
 Maudsley, Henry, University College } equal.
 Mott, Frederick Walker, University College
 Walters, Frederick Rufenacht, St. Thomas's Hospital

Second Class.

Barron, Alexander, Liverpool Royal Infirmary.

Third Class.

Horsley, Victor Alexander Haden, University College.
 Atmaram, Anundrao, B.Sc., University College } equal.
 Bassett, Henry Thurstan, Guy's Hospital.
 Clark, Charles Alfred Dagnall, St. Bartholomew's Hospital }

Obstetric Medicine.

First Class.

Collins, William Job, B.Sc. (Scholarship and Gold Medal), St. Barthol. Hospital.
 Maguire, Robert (Gold Medal), Owens College.
 Stonham, Thomas George, London Hospital.
 Ballance, Charles Alfred, St. Thomas's Hospital.

Second Class.

Rake, Beaven Neave, Guy's Hospital.
 Horsley, Victor Alexander Haden, University College.
 Bredin, Richard, Liverpool Royal Infirmary and Guy's Hospital.
 Davidson, John, King's College. } equal.
 Walters, Frederick Rufenacht, St. Thomas's Hospital }

Third Class.

Clark, Charles Alfred Dagnall, St. Bartholomew's Hospital } equal.
 Silk, John Frederick William, King's College.
 Heath, William Lenton, St. Bartholomew's Hospital.
 Harper, James, St. Bartholomew's Hospital.
 Savill, Thomas Dixon, St. Thomas's Hospital.

Forensic Medicine.

First Class.

Mott, Frederick Walker (Scholarship and Gold Medal), University College.
 *Maguire, Robert (Gold Medal), Owens College.
 †Ballance, Charles Alfred, St. Thomas's Hospital.
 †Savill, Thomas Dixon, St. Thomas's Hospital.
 †Maudsley, Henry, University College.
 Collins, William, Job St. Bartholomew's Hospital.
 Tait, Edward, Sabine St. Bartholomew's Hospital.

Second Class.

Barron, Alexander, Liverpool Royal Infirmary } equal.
 Horsley, Victor Alexander Haden, University College }
 Walters, Frederick, Rufenacht St. Thomas's Hospital.
 Crisp, Thomas, St. Thomas's Hospital.
 Heath, William Lenton, St. Bartholomew's Hospital.
 Marsh, George Ryding, Guy's Hospital.

Third Class.

Rake, Beaven Neave, Guy's Hospital.
 Collier, Mark Purcell Mayo, St. Thomas's Hospital.
 Hoole, Henry, Charing Cross Hospital.
 Lane, William Arbuthnot, Guy's Hospital.
 Silk, John Frederick William, King's College.
 Swale, Harold, St. Thomas's Hospital.

* Obtained the number of marks qualifying for the University Scholarship.

† Obtained the number of marks qualifying for a Gold Medal.

B.S. Examination. Pass List.

First Division.

Ballance, Charles Alfred, St. Thomas's Hospital.
 Collier, Mark Purcell Mayo, St. Thomas's Hospital.
 Horsley, Victor Alexander Haden, University College.
 Lane, William Arbuthnot, Guy's Hospital.
 Maudsley, Henry, University College.
 Mott, Frederick Walker, University College.

Second Division.

Collins, William Job, B.Sc., St. Bartholomew's Hospital.
 Griffiths, Philip Rhys, University College.
 Heath, William Lenton, St. Bartholomew's Hospital.
 Routh, Amand Jules McConnel, University College.

B.S. Examination. Examination for Honours.—Surgery.

First Class.

Horsley, Victor Alexander H., (Scholarship and Gold Medal), University College.
 Ballance, Charles Alfred (Gold Medal), St. Thomas's Hospital.

Second Class.

Collier, Mark Purcell Mayo, St. Thomas's Hospital.
 Maudsley, Henry, University College.
 Heath, William Lenton, St. Bartholomew's Hospital.

Third Class.

Collins, William Job, B.Sc., St. Bartholomew's Hospital
 Lane, William Arbuthnot, Guy's Hospital.

Examination in Subjects relating to Public Health. Pass List.

Castle, Hutton, St. Thomas's Hospital.
 Willoughby, Edward Francis, University College.

M.D. Examination. Pass List.

Batterbury, Richard Legg, King's College.
 Beevor, Charles Edward, University College.
 Benham, Frederick Lucas, B.S., University College.
 Bond, James William, B.S., University College.
 Herschell, George Arie, St. Thomas's Hospital.
 Lendon, Alfred Austin, University College and Middlesex Hospital.
 Meek, John William, Guy's Hospital.
 Money, Angel, B.S., University College.
 *Newsholme, Arthur, St. Thomas's Hospital.
 Paddle, James Isaac, B.A., B.Sc., University College.
 Pollard, Bilton, B.S., University College.
 Prowse, Arthur Bancks, St. Mary's Hospital.
 Ryley, James, University College.
 Shaw, John, St. Thomas's Hospital.
 Sheppard, Charles Edward, B.S. (Gold Medal), St. Thomas's Hospital.
 Smith, Robert Percy, B.S., St. Thomas's Hospital.
 Tirard, Nestor Isidore Charles, King's College.
 Whitelegge, Benjamin Arthur, B.Sc., University College.
 *Williams, Dawson, B.S., University College.

Logic and Psychology only.

Buckell, Arthur Edward, University College.
 Claremont, Claude Clarke, B.S., University College.
 Dalton, Norman, King's College.
 Evans, Charles Walter, University College.
 Faulkner, John Thomas, Owens College.
 Lamb, William Henry, Guy's Hospital.
 Permewan, Arthur Edward, University College.
 Raiton, Thomas Carleton, Manchester and St. Bartholomew's Hospital.
 Sayer, Mark Feetham, University College.
 Wainwright, Robert Spencer, Guy's Hospital.
 Whittle, Edward George, University College.

* Obtained the number of marks qualifying for the Medal.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted as licentiates on December 27th, 1881.

Aikins, William Henry, M.B. Toronto, 51, Lambeth Palace Road, S.E.
 Allen, William Arthur, M.B. Toronto, 40, St. Mary's Square, S.E.
 Benoly, Nathaniel, M.D. Wurzburg, 6, Church Crescent, Victoria Park, E.
 Casson, Harwood, Wylie, Bath.
 Cowan, Frederick Samuel, 5, St. James's Square, W.
 Dunmere, Howard Howse, 74, Victoria Dock Road, E.
 Edmondson, Wm. Constantine, M.B. Toronto, 51, Lambeth Palace Road, S.E.
 Foxwell, William Arthur, Weston-super-Mare.
 Gilder, Sherrington Ernest Alfred, Walsham-le-Willows, Bury St. Edmunds.
 Hawksworth, Herbert, Eddington, Canterbury.
 Morton, Charles Alexander, 6, Alwyne Villas, N.
 Pilkington, Frederick William, 18, Merrick Square, S.E.
 Puddicombe, Francis Morgan, 49, Mall Road, W.
 Thornton, Bertram, 24, Fulham Place, W.
 Wallace, Alfred Cyprian, Magdalen, Streatham, S.W.
 Warner, Percy, Guy's Hospital, S.E.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, December 22nd.

Clark, Matthew Gunning, 294, King's Road, Chelsea.
 Dester, William Parker, Clifton Road, Bristol.
 Faunce, Charles Edmund, Victoria Road, Guernsey.
 Greenway, John Henry, Lessness Heath, Belvedere.
 Hamilton, George Clarendon, 45, Finsbury Square.
 Hathaway, Harold George, Chatham.
 McMillan, John Furce, 161, Adelaide Road, N.W.
 Mason, Arthur Edwin, Leicester.
 Martin, Joseph Henderson, Northampton.
 Rice, Bernard, Stratford-on-Avon.

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

Graham, George Hubert, Guy's Hospital.
 Hitchcock, Alfred John, London Hospital.
 Serres, John James, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Court of Examiners, held on the 12th of December and following days, the under-named gentlemen passed their final examinations for the letters testimonial of the College, and having taken the declaration and signed the roll, were admitted licentiates.

William H. Allen, William T. Beattie, Walter Boyd, Mark A. Brennan, Edward B. Cashel, Edmund N. Close, James H. Daly, Thomas Daly, Henry Dillon, Joseph J. P. Doyle, William D. Gray, Richard Hatch, Michael Hearn, Matthew M. Hutchinson, John J. Irvine, James Keenan, Arthur Kennedy, James Laffan, Edward Samblin, Charles J. M'Cormack, Thomas P. M'Coghry, Cornelius M'Donnell, Matthew J. M'Quaid, Patrick J. Murphy, Joseph J. Neill, Frank T. P. Newell, Robert J. O'Dea, John O'Keeffe, James O'Neill, John A. Scott, William K. Shea, and Joseph G. Stack.

MEDICAL VACANCIES.

THE following vacancies are announced :—

ALVERSTOKE MEDICAL BENEVOLENT SOCIETY—Medical Officer.
 Salary, £180 per annum. Applications to J. Elliott, 10, Shaftesbury Terrace, Gosport, by January 7th, 1882.

BIRMINGHAM WORKHOUSE—Resident Second Assistant Medical Officer. Salary, £150 per annum. Applications to the Guardians of the Poor, Paradise Street, by January 4th, 1882.

CHARING CROSS HOSPITAL, West Strand.—Medical and Surgical Registrar. Applications to W. Shoolbred, Secretary, by 31st instant.

CORPORATION OF LIVERPOOL—Surgeon. Salary, £300 per annum. Applications to J. Rayne, Town Clerk, Liverpool, by January 2nd, 1882.

COUNTY LUNATIC ASYLUM, Sneinton, Notts.—Assistant Medical Officer. Salary, £100 per annum. Applications to the Chairman of the Committee of Visitors by the 5th January, 1882.

DONAGHMORE UNION—Medical Officer. Salary, £60 per annum. Applications, endorsed "Medical Officer", by twelve o'clock, January 6th, 1882.

GRAVESEND DISPENSARY AND INFIRMARY—House-Surgeon and Dispenser. Salary, £100 per annum. Applications to the Honorary Secretary by January 10th, 1882.

HOSPITAL FOR INFECTIOUS DISEASES, Sheffield—Resident Medical Officer. Salary, £200 per annum. Applications to John Yeomans, Town Clerk, by January 3rd, 1882.

HOSPITAL FOR WOMEN AND CHILDREN, 3 and 4, Vincent Square, S.W.—Assistant Medical Officer and Chloroformist (Honorary). Applications to the Chairman of the General Committee by January 10th, 1882.

HUDDERSFIELD INFIRMARY—Senior House-Surgeon. Salary, £80 per annum. Applications to F. Eastwood by January 21st, 1882.

HUDDERSFIELD INFIRMARY—Junior House-Surgeon. Salary, £40 per annum. Applications to F. Eastwood by January 21st, 1882.

LEEDS AMALGAMATED FRIENDLY SOCIETIES MEDICAL AID ASSOCIATION—Two Medical Officers. Salary, £160 per annum each. Applications to G. Hackett, 3, Artillery Terrace, Roundhay Road, Leeds, by January 3rd, 1882.

LINCOLN COUNTY HOSPITAL—House-Surgeon. Salary, £100 per annum. Applications to Mr. Danby, Secretary.

LONDON LOCK HOSPITAL, Male and Out-Patient Department, 91, Dean Street, Soho, W.—House-Surgeon. Salary, £50 per annum. Applications by January 21st, 1882.

MEDICAL MISSIONARY DISPENSARY, Liverpool—Medical Officer. Salary between £200 and £300 per annum. Applications to Dr. H. Taylor, 1, Percy Street, Liverpool, by January 15th, 1882.

METROPOLITAN FREE HOSPITAL, 81, Commercial Street, Spitalfields, E.—Assistant House-Surgeon. Applications to George Croxton, Secretary.

MULLINGAR DISTRICT LUNATIC ASYLUM, Ireland—Resident Medical Superintendent. Applications by January 4th, 1882.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—Dental Surgeon. Applications by January 10th, 1882.

OWENS COLLEGE, Manchester—Demonstrator and Assistant-Lecturer in Physiology. Salary, £150 per annum. Applications to the Registrar by January 7th, 1882.

OWENS COLLEGE, Manchester—Medical Museum: an Assistant of Pathology. Applications to Professor Dreschfeld, 292, Oxford Road, Manchester.

PARISHES OF KILDONAN AND LOTH—Medical Officer. Salary from the two parishes, £73 per annum. Applications to Jas. Campbell, Inspector of Poor, Helmsdale, by 9th January, 1882.

QUEEN'S HOSPITAL, Birmingham—Non-resident Member of the Staff. Applications to the General Superintendent by January 3rd, 1882.

ROYAL COLLEGE OF SURGEONS IN IRELAND—Professor of Practical and Descriptive Anatomy. Application to John Brennen, Registrar, by January 21st, 1882.

UNIVERSITY OF EDINBURGH—Examinerships in Clinical Medicine, Surgery, Physiology, Materia Medica, and Pathology. Applications to the Secretary of the University by January 16th, 1882.

UNIVERSITY OF LONDON—Assistant Registrar. Salary, £500 per annum. Applications to A. Milman, Registrar, University of London, Burlington Gardens, W., by January 31st, 1882.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Medical and Surgical Registrar. An honorarium of £63. Applications to the Secretary by January 10th, 1882.

WORKSOP DISPENSARY—Resident Surgeon. Salary, £120 per annum. Applications to J. Easterfield, Honorary Secretary, Gateford Road, Worksop.

MEDICAL APPOINTMENTS.

BERNAYS, Herbert L., M.R.C.S., appointed Medical Officer of Health for Charlton, *vice* R. Finch, M.D., deceased.

CHAVASSE, Thomas F., M.D., appointed Honorary Surgeon to the Birmingham General Hospital, *vice* Alfred Baker, F.R.C.S., resigned.

DICKINSON, T. Vincent, M.B.Lond., L.R.C.P.L., appointed Resident Obstetric Assistant to St. George's Hospital.

HERN, W., L.D.S., appointed House-Surgeon to the Dental Hospital, Leicester Square.

HENTY, George, M.D., appointed Physician to the Aged Pilgrims' Friends' Asylum, Hornsey Rise, N., *vice* W. H. Kesteven, M.R.C.S., resigned.

TAYLOR, James, L.R.C.S., appointed Assistant House-Surgeon to the Darlington Hospital, *vice* J. Hern, M.B.

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.

GREATHEAD.—On the 21st November, at Grahamstown, Cape of Good Hope, the wife of John B. Greathead, M.B. Edin., of a son.

DEATH.

NEALE.—On the 18th ult., at Klipfontein, Little Namaqualand, S. Africa, Nellie (*nee* Carstens), wife of John Edward Neale, Esq., J.P., surgeon, aged 25 years.

VACCINATION.—Mr. W. F. Sheard has received an award of £14 7s. for efficient vaccination in the Putney subdistrict of the Wandsworth and Clapham Union.—Dr. John Shives, of Liversedge, has received the Government grant a second time for efficient vaccination.

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 and figures, derived from a table in the Registrar-General's last weekly return. According to the most recently received weekly returns, the death-rate in the three principal Indian cities averaged 35.6 per 1000; it was equal to 26.9 in Bombay, 35.5 in Madras, and 40.3 in Calcutta. Cholera caused 62 deaths in Calcutta and 6 in Bombay, while the fatal cases of small-pox in Madras had declined to 5; "fever" fatality was, as usual, excessive in each of these three cities, and showed the largest proportional excess in Calcutta. The death-rate in Alexandria was equal to 40.4, and 8 deaths were referred to typhus and typhoid fever. According to the most recent weekly returns, the average annual death-rate in twenty-one European cities was equal to 27.3 per 1000 of their aggregate population, showing a further increase upon the rates in recent weeks, and exceeding by 3.2 the average rate in twenty of the largest English towns during last week. The rate in St. Petersburg was equal to 42.2, and was considerably higher than in the previous week; the deaths included 35 from "fever", and 25 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the rate did not average more than 19.5, the highest being 25.1 in Christiania, where 22 of the 58 deaths resulted from measles. The Paris death-rate was equal to 28.5, 34 deaths being referred to diphtheria and croup, 30 to typhoid fever, and 9 to small-pox. The Brussels death-rate was 23.1, the deaths including 3 from "fever" and 3 from scarlet fever. The table does not contain the usual return from Geneva. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged 24.1, the highest being 24.9 in Rotterdam; whooping-cough appears to be somewhat prevalent in each of those three cities. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 26.4, and ranged from 21.5 in Hamburg, to 30.2 in Prague and 33.8 in Buda-Pesth. Small-pox caused 11 deaths in Vienna, 8 in Buda-Pesth, and 4 in Prague; diphtheria caused 43 deaths in Berlin and 17 in Munich. The death-rate in the three Italian cities contributing to the table averaged 25.7, and was equal to 20.6 in Turin, 25.8 in Venice, and 28.4 in Naples. The return from Rome is again absent from the table. In four of the largest American cities, the death-rate averaged 25.3; it was 21.3 in Philadelphia, 22.0 in Brooklyn, 28.0 in Baltimore, and 28.7 in New York. Small-pox caused 14 deaths in Philadelphia and 8 in New York; 14 deaths were referred to typhoid fever in Philadelphia.

NORTHAMPTON.—Last year, 1,954 births and 1,011 deaths, exclusive of those in public institutions, occurred in this borough, giving rates of 38.6 and 20.0 per 1,000 respectively. The death-rate shows an increase of 1.1 for 1,000 upon that returned for 1879. Of the total deaths, 390, or 38.7 per cent., were those of infants, a number considerably in excess of previous years. In alluding to this alarmingly high rate, the health-officer observes that "though the excessive diarrhoeal fatality was the chief cause of the great increase in infantile deaths, the fact cannot be disguised that yearly a vast and needless sacrifice of infant life occurs; and those who are at all familiar with the habits of our working population can without difficulty arrive at conclusions explaining this grievous state of things. . . . For remedial measures, general sanitary reforms, no matter how zealously carried out, must not be looked to, whilst parental mismanagement, or rather the non-observance of all hygienic teachings for the preservation of health, stands pre-eminent (and in the present day hopelessly so) as the most important prevailing influence to which young children are exposed." Attention is also called to the common and dangerous practice of dosing young children with narcotising drugs known as "soothing syrups"; though we doubt whether Mr. Cogan's suggestion—that they should be subjected to a much higher duty, so as to place them beyond the reach of many—would meet the difficulty. The zymotic deaths were unusually numerous, the rate being equal to 3.8 per 1,000, or 2.2 higher than in 1879. Of the total zymotic deaths (193), 176 were those of children under five years of age, 124 of which had not completed their first year of existence. This excess was entirely due to the great prevalence of diarrhoea, from which no less than 147 deaths (or 76 per cent. of the total zymotic mortality) were registered. Whooping-cough was fatal in 33 cases, but only three deaths were from measles. No deaths were registered from typhus fever. During the year an important sewer extension was completed; but there is need of efficient flushing of the sewers, and of improvement in house-drainage.

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., 1; 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., W., 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.

TUESDAY .—Pathological Society of London, 8.30 P.M. Annual General Meeting. Dr. Stephen Mackenzie: Annular Stricture of Intestine. Dr. Fowler: Intestinal Obstruction. Mr. Butlin: 1. Squamous Epithelioma of Upper Jaw; 2. Mixed-celled Sarcoma of Phalanx of Thumb. Mr. James Startin: 1. Xanthelasma; 2. Morphea Alba. Dr. Carrington: Hour-glass Contraction of the Stomach. Mr. W. H. Kesteven: Disease of the Stomach. Dr. Zancarlo (of Alexandria): Bilharzia hæmatobia <i>in situ</i> . Election of Officers and Annual Report of the Council.
WEDNESDAY .—Epidemiological Society of London, 7.30 P.M., Council Meeting. 8 P.M., Surgeon-General Ewart: Is the Climate of the Indian Hill Sanitaria beneficial in Scrofula, Tuberculosis, and Phtisis?
THURSDAY .—Harveian Society of London, 8.30 P.M. Mr. Field: Cases of Removal of Osseous Tumours from the Auditory Canal. Mr. Knowsley Thornton: On Encysted Purulent Peritonitis, with Cases.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CONFIDENTIAL COMMUNICATIONS TO MEDICAL MEN.

SIR,—The question, relating to confidential communications to medical men, which you have brought to the notice of the profession in No. 1,095 of the BRITISH MEDICAL JOURNAL, carries with it so much importance that I may be excused by saying a few words upon the subject. The law, in its present bearing upon this question, has a deteriorating influence upon the medical profession; it assails the honour of its members, and detracts from the confidence that should be given to the profession; it binds a medical man "to give that information in a court of justice which has come before him confidentially", that is to say, that the law obliges him to deliver up to a court of justice information obtained, whilst exercising his profession, from his patient, who (broken by disease, depressed in mind, and anxious to give every information with a view of aiding in the more ready solution of the difficulties which surround his case) divulges secrets which in health would have remained locked within his breast, but which, publicly proclaimed, will affect his honour and bring contumely upon his name. A confidence given under such circumstances is given for one purpose, and one only, and having served that purpose, should, under the whisperings of a common-sense justice, be bound never again to serve another end. The sick are confided to the care of a medical man as pledges to be guarded, consoled, and restored to health; whatever confidences are revealed during their illness should simply serve the object for which they were intended at the time, and having served that object, then to be allowed to die at the bedside of the patient. A sanctity and a reverence should prevail within the precincts of a sick-room, and the weary should be encouraged to throw off the burden of their griefs, and confide them—for their good—to the sacred trust of their medical adviser. But the law, by forcing the seal of secrecy, is antagonistic to the exercise of these sacred duties; by its obligations, it detracts from the dignity of the profession; and by its exactions, saddles it with a seeming of treachery. Thus medical men in England are helpless before the operation of the law as it is now constituted.

When the celebrated French surgeon Baron Dupuytren was asked by the officers of the law (after the riots in Paris of the 5th and 6th June, 1832), whether there were any insurgents among the wounded patients under his care at the Hôtel Dieu, his answer was: "I know of no insurgents; I only know of wounded men, who demand my care."

The penal code of Portugal is more merciful to the profession than is the English. It exempts the members of the medical profession, among others, from revealing information obtained in the exercise of their profession. The Art. 666 of this code says: "Os Advogados, Confessores, Médicos, Cirurgiões, et Pariteiros não são obrigados, depondo, a revelar os segredos, que houverem obtido em razão de sua profissão." (Advocates, Confessors, Physicians, Surgeons, and Midwives, are not obliged, when giving evidence, to reveal secrets which they may have discovered in the exercise of their calling.) The English law might, in this respect, take a leaf from the Portuguese "codigo penal", and protect British medical men in the future from the obloquy to which the present state of the law exposes them.—I am, sir, yours faithfully,

JAMES S. L. DONNETT, M.D., R.N., Inspector-General of Hospitals and Fleets, Honorary Surgeon to the Queen.

Dover, December 26th, 1881.

MEDICAL MEN AND CORONERS.

SIR,—Can any correspondent possessed of legal knowledge say whether a medical man can refuse the demand of the coroner to perform a *post mortem* examination?—I am, etc.,

WILLIAM SQUARE.

Plymouth, December 20th, 1881.

* By the Medical Witnesses at Coroners' Inquests Act, 6 and 7 William IV, c. 89, passed in 1836, a coroner is empowered, either in his order for the attendance of a medical witness at an inquest, or at any time between the issuing of the order and the end of the inquiry, to direct a *post mortem* examination to be performed, with or without an analysis of the contents of the stomach or intestines, by the medical witness or witnesses who may be summoned to attend the inquest. If, however, a sworn statement be made of the belief of the deponent that the death of the person ordered to be examined was wholly or partially caused by the improper or negligent treatment of any medical practitioner or other person, neither of them is to perform or assist at the examination. It is also enacted by the second section of the statute that, when it shall appear to the majority of the jury that the cause of death has not been satisfactorily explained by the medical practitioner or other witnesses in the first instance, this portion of the jury may, in writing, name to the coroner any other legally qualified medical practitioner or practitioners as a witness or witnesses, or for a *post mortem* examination, and with or without an analysis of the contents of the stomach or intestines, even if such an examination has been previously performed. Now, although medical witnesses are liable to be fined £5 for neglecting to obey coroners' orders for attendance at inquests, it does not appear from this or any other statute, or Jervis's *Office and Duties of Coroners*, fourth edition, 1880, the Notes of Cases decided upon Public Acts of Parliament, published in Chitty's *Collection of Statutes*, fourth edition, 1880, or in the digests of reported cases since described in our courts, that a coroner can compel a medical man to perform a *post mortem* examination, or that he is liable to be fined for refusing to perform it. We are, therefore, much surprised that so eminent an authority upon inquests as the late Dr. A. S. Taylor should, in his excellent *Manual of Medical Jurisprudence* (tenth edition, 1879), lead his readers to infer that the aforesaid penalty is imposed for a disobedience of the coroner's order for making the examination, as he undoubtedly does by stating, "A fee of two guineas is the maximum allowed for making the *post mortem* examination.... A penalty of £5 is attached to a disobedience of this order, except for reasonable cause." Again, while we agree with this celebrated toxicologist that a medical man cannot be compelled to undertake that which he believes he is incompetent to perform, and that some medical practitioners have properly declined, from want of experience, to make chemical analyses of human bodies for coroners' inquests, we are also astonished to notice the statement in Woodman and Tidy's *Handy-Book of Forensic Medicine and Toxicology*, 1877, which is unsupported by any judicial decision, that a duly qualified medical practitioner "cannot legally refuse to make a *post mortem* examination if the coroner requests it". After the references we have made respecting the query of our correspondent, we are of opinion that a medical man can lawfully refuse to perform a *post mortem* examination, provided he states reasonable grounds for his refusal to do so; and we are considerably strengthened in this belief by the information that analyses for coroners' inquests are, in important cases, according to Dr. Taylor, referred to chemical experts or medical officers of health.