

the full attention of the members generally, the committee submitted a set of revised tables embodying the amendments which had been agreed on, and it was resolved that the revised tables should be adopted for one year, and that the committee should be continued for the present as a committee of reference upon the subject.

It was also resolved, upon the motion of Dr. MURRAY LINDSAY, that steps should be taken to draw the attention of the Government to the pressing question of the superannuation of Asylum officers, in accordance with certain principles embodied in resolutions passed by the Association in 1879.

Professor GAIRDNER, the President for the year, delivered an address, in the course of which he endeavoured to show that the members of the Association, as being what the world called specialists, and he, as a professor of medicine in general, had in reality but one aim in view, and that they were guided by one and the same scientific method and doctrine in dealing with the unsound mind on the one hand, and the unsound body on the other. It was a characteristic of the work of the members of that Association that it had become a specialism, not through individual impulses or for individual gain, but through circumstances in the nature of the work itself, making it in some degree a public function. They were, however, by no means secure against the tendency, inherent in all specialisms, to dissociate their cultivators from the general stream, so to speak, and from the actual facts and principles of the healing art in general. It would be by no means surprising were the treatment of the insane to become a specialism wholly divorced from the progress of medical science and medical art; and it is not too much to say that, whatever else was intended by it, the honour they had done him by placing him in the chair was a distinct recognition of the fact that such divorce was possible, and that they would regard it as a misfortune. While they were devoted to the treatment of the insane, they had not ceased to be physicians. He was not at all wedded to any theory of the Association of "mind and brain" or "body and mind"; but he held it to be an unquestionable truth that the analogies, and even the laws, of bodily functions, shed an immense amount of light on the study of mental diseases, and *vice versa*. Referring to the brilliant advance which had taken place in the healing art in relation to the insane, he would ask what was the essential basis of that great and beneficent change—or, rather, what was the common principle, speaking of it from the physiological and medical point of view, illustrated in all the changes which made the difference between the Bedlam of 1815 and the asylum of 1882. It was that, in the whole pathology of disease, the normal function must be held to underlie the abnormal; and that, in the cure and treatment of disease accordingly, the sound elements still remaining must be carefully respected, strengthened, and built up again; if possible, being, however, in all cases, anxiously tended and nursed; the sound man within the unsound, the sane man within the insane, being supported and buttressed, as it were, so as to reduce to a minimum the injury caused by the disease. He held this principle to be, in the largest sense of the word, a humane one; and it was carefully grounded on the consideration of human nature as a whole, and not taken piecemeal. Being so, it was humane in the narrower sense that it did not allow of any amount of disease and action or function, whether of mind or body, depriving the sick man of any of the privileges of our common humanity, which could, in the nature of the case, be accorded to him.

Dr. HACK TUKE, in proposing a vote of thanks to Professor Gairdner, said that he could assure him that he had fulfilled one of the objects which the Association had in appointing him as President, and that was to break down the wall which too often existed between insanity and other forms of disease, and to record a recognition of their protest against the divorce between psychology and general medicine.

Mr. MOULD, in seconding the motion, said that he was sorry to hear that they were spoken of as alienists. They might be specialists, but they simply had special principles and advantages for the treatment of their patients. They could not but feel it a great honour to have in the chair a man who stood in the foremost place in medicine in Scotland, and in honouring him they had honoured themselves.

The motion was carried with applause.

A resolution of thanks was tendered to the Faculty of Physicians and Surgeons for the reception which they had given the Association; and this was acknowledged by Dr. SCOTT ORR, who, in the course of his speech, said that he was glad to think that now-a-days much more attention was paid to the education of medical students in the psychological branch of the science of medicine, and that, through the liberality of medical superintendents, asylum wards were always open for their instruction. He himself looked back with great satisfaction upon the training and experience he had received in this way.

ASSOCIATION INTELLIGENCE.

GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in the researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications should be made without delay to the General Secretary, at the office of the Association, 161A, Strand, W.C., and must include details of the precise character and objects of the research which is proposed.

BRANCH MEETINGS TO BE HELD.

NORTH WALES BRANCH.—The annual meeting will be held at the Westminster Hotel, Rhyl, on Tuesday, September 5th. Members desirous of reading papers or of proposing new members, are requested to communicate the titles of the papers and the names of candidates to the Honorary Secretary on or before Monday, the 14th instant, that they may be inserted in the circular convening the meeting.—J. LLOYD-ROBERTS, Honorary Secretary.—Denbigh, August 1st.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, August 11th.

The Artisans' Dwellings Bill.—The EARL OF ROSEBERRY, in moving the second reading of this Bill, said that the Act of 1875 had been greatly improved by the Amendment Act of 1879. It having been felt, however, that even the latter measure was incomplete, a committee was appointed to consider whether further legislation on this subject was necessary, which had arrived at conclusions which were embodied in this Bill. There were four points in the Bill to which he desired to call attention. The first was, the modification of the provision compelling the reconstruction of houses in unsanitary districts. The Bill repealed the enactment on this subject of the Act of 1879 as far as regarded the country. As far as London was concerned, it gave the urban authority a discretionary power as regarded the rebuilding of houses for one-half of the inhabitants displaced. The second point was, that the Bill simplified the steps necessary for acquiring unsanitary houses. In the third place, the Bill explained the ambiguous language of the Act of 1879, under which arbitrators had felt themselves compelled to award somewhat extravagant compensations. In the fourth place, it was intended to amend Mr. Torrens's Artisans' Dwellings Act so as to enable the local authorities to take houses in unsanitary districts which, although not unsanitary in themselves, were the cause of unsanitation in others. He believed that this Bill would be a material improvement upon the Act of 1879. The Bill was read a second time.

The Lunacy Regulation Amendment Bill.—On the motion of the LORD CHANCELLOR, the Commons' amendments to this Bill were considered and agreed to.

MILITARY AND NAVAL MEDICAL SERVICES.

NAVAL MEDICAL SERVICE.—In accordance with the provisions of Her Majesty's Orders in Council of February 22nd, 1870, and February 4th, 1875, Fleet-Surgeon William Hoggan has been placed on the retired list from the 30th ultimo, with permission to assume the rank and title of a Retired Deputy Inspector-General of Hospitals and Fleets in Her Majesty's Fleet from that date. The undermentioned gentlemen have been entered as surgeons in Her Majesty's Fleet, with seniority of March 31st, 1880: Henry Garrard Jacob, William Manley Lory, William Spencer Lightfoot.

VOLUNTEER AMBULANCE SERVICE.

IMMEDIATELY after the battalion inspection of the ambulance attached to the 2nd Volunteer Battalion, South Wales Borderers, 1st Monmouthshire Rifles, had been satisfactorily concluded, on the Marshes, Newport, on Thursday, August 3rd, Colonel Glyn proceeded to the ground occupied by the ambulance. The bearer company, commanded by Surgeon Ready, provided with stretcher, knapsack, water-bottles, haversacks, splints, and bandages, was drilled most efficiently by Sergeant Thompson, and, by desire of the Colonel inspecting, the bearer company proceeded to show how the wounded were treated on the field, and, having been dressed and attended to according to the injuries sustained, moved to the ambulance quarters set aside for their reception. Colonel Glyn was especially pleased with the manner in which the company improvised a stretcher, using for that purpose two rifles and blanket, by which was demonstrated the feasibility of moving the wounded off the field, in case of the absence of the regulation appliances for that purpose. The inspecting officer expressed his satisfaction and pleasure to the

MEDICAL NEWS.

UNIVERSITY OF EDINBURGH.—The following gentlemen received degrees in Medicine and in Surgery, on Tuesday, August 1st, 1882.

Degree of Doctor of Medicine, with the titles of the Theses. (***) denotes those who obtained prizes for their dissertations; ** deemed worthy of competing for the dissertation prizes; * commended for their dissertations. Alfred George Barrs, England, M.B. and C.M., 1875: On Adherent Pericardium of Rheumatic Origin, with Cases. ***Howard Bendall, England, M.B., 1880: On Acute Farcy in Man, together with an Inquiry into the Cause of Death by Fat Embolism. George Reith Brebner, Scotland, M.B. and C.M., 1869: Theory of Vaccination. *Robert William D. Cameron, Scotland, M.B. and C.M., 1879: Restraint in the Management and Treatment of the Insane. *John Merrit Chisholm (M.A. Edin.), M.B. and C.M., 1878: The Etiology of Malarial Fevers. ***John Halliday Croom, Scotland, M.B. and C.M., 1868: Clinical and Experimental Studies from the Royal Maternity Hospital. Lionel Druitt, England, M.B. and C.M., 1877: Paroxysmal Hæmaturia; or Paroxysmal or Intermittent Hæmaturia, or Hæmoglobinuria. William Grant Furley, Scotland, M.B., 1875: Acute Rheumatism; its Pathology and Treatment. Bernard James Guillelard, England, M.B. and C.M. (with First Class Honours), 1878: Notes on the Nutrition and Health Management of Young Children. Henry Handford, England, M.B. and C.M. (with Second Class Honours), 1878: On the connection between Hæmorrhagia and the Early Stage of Pulmonary Phthisis. *Edward William Hope, England, M.B. and C.M., 1878: Clinical Notes on Fever and Small-pox. Edward De Warren Hutchinson, England, M.B. and C.M., 1879: On Infection. *John Rudd Leeson, England, M.B. and C.M., 1876: Chronic Hydrocephalus. *George Le Fevre, England, M.B. and C.M., 1877: On Post Partum Hæmorrhage. *James Mackenzie, Scotland, M.B. and C.M., 1878: Clinical Report of Case of Hemiparaplegia Spinalis. *Charles Alexander McLean, Monte Video, M.B. and C.M., 1879: Clinical Notes on Optic Neuritis and Atrophy of the Optic Nerve. Donald Urquhart MacLennan, Scotland, M.B. and C.M., 1878: Notes of Cases of Diseases of the Abdomen. *Samuel Rutherford Macphail, Scotland, M.B. and C.M., 1878: Carbolic Acid Poisoning, with special reference to Poisoning from the use of the Acid in Surgery. Robert William Mead, England, M.B. and C.M., 1879: Some of the Diseases of the Stomach. Arthur William Oakes, Australia, M.B. and C.M., 1879: The Medical, Surgical, and Domestic Uses of Eucalyptus. William Bruce Oliphant, Scotland, M.B. and C.M., 1879: Medical Climatology, with Special Note on Sea-voyages and on the Climate of Pau. *James Crawford Renton, Scotland, M.B., 1873: Report of Clinical Work at the Glasgow Eye Dispensary. *Joseph Carne Ross, Madeira, M.B. and C.M., 1880: Observations upon the Modes of Treatment of Pleurisy with Effusion; with special reference to the Therapeutic Value of Thoracentesis. William Shaw, England, M.B. and C.M., 1878: Observations on the Excretion of Urea. *George Daniel Smith, England, M.B. and C.M., 1875: On the High Altitude Treatment of Phthisis Pulmonalis. ***Thomas Peter Anderson Stuart, Scotland, M.B. and C.M. (with First Class Honours), 1880: Nickel and Cobalt; their Physiological Action on the Animal Organism. *Herbert Coupland Taylor, England, M.B. and C.M., 1878: The Climatic Treatment of Phthisis, and its Geographical Distribution. *Alexander Thom (M.A. St. And.), Scotland, M.B. and C.M., 1877: On the Relation of Pyrexia to Germs, and on Salicylic Acid as an Antipyretic Remedy. *James Thomson, Scotland, M.B. and C.M. (with Second Class Honours), 1879: Gelatinous Degeneration, with special reference to its Pathology. *Alfred Croudson Tunstall, England, M.B. and C.M., 1875: Influence of Climate on Disease. Charles Scott Watson, Scotland, M.B. and C.M., 1876: Cerebral Motor Discharge and Myotatic Irritability. ***Albert Wilson, England, M.B. and C.M., 1878: Clinical Research with the Sphygmograph.

Degree of Bachelor of Medicine and of Master in Surgery. (a indicates that the candidate passed the examinations with First Class Honours, b indicates that the candidate passed the examinations with Second Class Honours.) Robert Swan Aitchison, Scotland; Thomas Aitchison, England; Leonard Thomas Fitz-Samuel Archer, Barbadoes; b Herbert Harding Ashdown, England; a Frederick Ashwell, England; a George Armstrong Atkinson, England; Thomas Ridley Bailey, England; Peter Bailie, Scotland; a Minas Manook Basil (M.A. Calcutta), Persia; Basanta Kumar Basu, India; George James Hamilton Bell, Shetland; Horace Lynden Bell, Ireland; William Barnett Benjafield, England; Joseph Shepherd Bolton, England; John Henry Richard Bond, England; Philip Grierson Borrowman, Scotland; Henry St. George Boswell, India; Charles Harper Bourne (B.A. Durham), Barbadoes; b John Bowie, Scotland; Alister Stuart Bowman (B.A. Sydney), Australia; Nathaniel Thomas Brewis, England; Sidney William Bryant, England; William Augustus Buchan, Wales; George Burn-Murdoch, Scotland; Percy Bellamy Bury, England; William Hall Calvert, Scotland; b Samuel George Campbell, Natal; Francis Charlesworth, England; b Archibald Kennedy Christie, Scotland; James Simpson Clayton, England; Joseph Osborne Closs, Scotland; Philip Brunelleschi Cousland, Scotland; James Henry Davidson, Cape Town; John Davies, England; a Auguste Sheridan Delepine, Switzerland; b George Cecil Dickson, Scotland; John Robert Dobie, Scotland; John Wilson Duckett, England; Henry Aylmer Dumat, Mauritius; Robert Smith Dunlop, Scotland; William Henry Dutton (M.A. Melbourne), Australia; Henry James Fletcher, England; Alexander Forbes, Scotland; Alexander Ross Fraser, Scotland; Elias Fraser, England; b Thomas Alexander Fraser, England; George Wilson Galletly, Scotland; William Gay, England; Lawson Gifford, Jamaica; Herbert James Gilbert, England; William Anstey Giles, Australia; Thomas Gilison, Scotland; Joseph Edward Godfrey, Demerara; James Graham (M.A. Edin.), Scotland; Francis William Grant, Scotland; Henry Lewis Grant, Scotland; John Grant, Scotland; William Francis Grant, Calcutta; Thomas Duncan Greenlees, Scotland; John Griffin, England; Clement Bryce Gunn, Scotland; George Frederick Guthridge, England; Harry Pinnington Hallows, England; Hugo McCauley Harcastle, Egypt; b Arthur William Hare, England; Francis William Nicol Haultain, Ceylon; Francis Henry Hawkins, England; Robert Samuel Finlay Henderson, Calcutta; Selby Herriot Henderson, Scotland; William Whittington Herbert, Wales; Alfred Peter Hillier, (B.A. Cape of Good Hope), England; Thomas Alfred Hird, England; Charles Edward Holland, Scotland; Richard Humphreys, Wales; James Hutchison, Scotland; George Washington Isaac, England; John Henry Jackson, Eng-

and; Granville Jameson, England; Robert Wyatt Jamie (M.A. Aberdeen), Scotland; Cecil Willoughby Johnson, India; James Johnston, America; John Johnston, Scotland; John William Johnston, Scotland; Thomas Christopher Johnson, England; Charles William Jones, England; Daniel Marinus Jones, Bonn; Arthur Corrie Keep, England; George Kerr (M.A. Oxon.), Scotland; Arthur King, England; Ernest Kingscote, England; Ernest Dormer Kirby, England; William Henry Lang, Scotland; Percival Basil Le Franc, India; Robert Lesly, England; John Liddell, Scotland; Samuel Towers Linklater, Orkney; George Duncan Logan, Scotland; Duncan Romaine M'Arthur, Ceylon; b William Burns Macdonald (M.A. Edin.), Scotland; John M'Fadyen, Scotland; William Mackay, Scotland; Alexander Flyter Mackenzie, Scotland; John Eddie Mackenzie, Africa; Robert Mackinlay, Scotland; Thomas George M'Lauchlan, Scotland; Edward Orr Macneive, Scotland; William Grant Macpherson (M.A. Edin.), Scotland; Adam Macvie, Scotland; Ernest Edmund Maddox, England; George Manook, India; Francois Paulus Marais, Cape of Good Hope; Rivis Mead, England; Thomas Cockburn Megison, England; Arthur William Thomas Pflintoff Mickle, England; Arthur John Mackett King Mill, Scotland; Bernard Langley Mills, England; Arthur Malcolm Moore, New South Wales; Edward Henry Morgenrood, Cape of Good Hope; Charles James Mouncey, England; Richard Ulysses William Murray, Ireland; James Aitken Myrtle, England; John Brady Nash, Australia; Alfred James Neale, England; Ernest Frederick Neve, England; Ebenezer Henry Lawrence Oliphant, France; Edmund Stuart Palmer, England; b George Keppie Paterson, Scotland; a Diarmid Noel Paton (B.Sc.), Scotland; Frederick Erskine Paton, Scotland; Robert William Philip (M.A. Edin.), Scotland; Thomas Philip, Scotland; John Randal Phillips (B.A. Durham), Barbadoes; a George Carrington Purvis, India; John Rees, Wales; Herbert Rendell, Newfoundland; Alfred Gordon Richardson, Wales; Thomas Charles Rowland, Wales; Ridley Herschel Rozenzweig, Cape of Good Hope; Charles Casely Scott, England; Thomas Laidlaw Shearer, America; Robert John Shaw Simpson (M.A. Edin.), Scotland; Francis William Sinclair (M.A. Edin.), Scotland; Frederick Archibald Sinclair, Jamaica; William Skinner, Scotland; Allen Thomson Sloan, Scotland; a David Smart, Scotland; George Arbuthnot van Someren, Scotland; John Buchan Spence (M.A. Edin.), Scotland; Ernest Henry Stancombe, England; b Joseph Stapleton, Australia; Donald M'Pherson Stevenson, Scotland; b Ralph Stockman, Scotland; Alexander Stookes, England; Jean Renaud Suzor, Mauritius; a Sidney Johnson Taylor, England; William Taylor, Scotland; William Fookes Thompson, England; William Thyne, Scotland; Charles John Tiffen, England; Percy Everard Todd, England; David Treharne, Wales; John Andrew Turner, New South Wales; Alexander Valentine, Scotland; Edmund Vaudrey, England; Michael John Verdon, Ireland; Johan Carel Voigt, Cape of Good Hope; Walter Oliphant Walker (M.A. Edin.), Scotland; John George Wallace-James, India; a Harold Fuller Watkins, England; William Henry Weston, England; John Whitaker, England; Robert Musgrave Whitham, England; John Mackie Whyte (M.A. Edin.), Scotland; Ernest Wilcox, England; Robert Arthur Williams, Wales; Hector M'Lean Wilson, Scotland; Henry Garnett Wilson, England; William Wilson, Scotland; William Cleaver Woods, England; William Younan, India; George James Young (M.A. Edin.), Scotland.

Degree of Master in Surgery.—Howard Bendall, M.D.

The Ettles Prize for 1882 was divided between George Armstrong Atkinson, M.B., C.M., and Sidney Johnson Taylor, M.B., C.M. The Beany Prize was awarded to George Armstrong Atkinson, M.B., C.M. The Syme Surgical Fellowship was awarded to Howard Bendall, M.D. The Buchanan Scholarship was awarded to David Smart, M.B., C.M.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, August 10th, 1882.

Cox, Roland Frederic, Twickenham.
Myddelton-Gavey, Edward Herbert, Littlehampton.
Smith, James Edward, Hammersmith.
Thomas, Arthur William, Chelsea.
Treasure, William Beeson Crawford, Crewkerne.

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

Appleton, Harry, Charing Cross Hospital.
Grimmer, Charles G., St. Bartholomew's Hospital.

MEDICAL VACANCIES.

The following vacancies are announced:—

BRIGHTON AND HOVE DISPENSARY.—Resident Dispenser. Salary, £100 per annum. Applications by the 21st instant.

CANCER HOSPITAL, LONDON AND BROMPTON (FREE).—Resident House-Surgeon. Salary, seventy-five guineas per annum. Applications by September 2nd.

CAPE COPPER MINING COMPANY, South Africa.—Assistant-Surgeon. Salary, £300 per annum. Applications to the Secretary, 6, Queen Street Place, E.C.

CHELTHAM GENERAL HOSPITAL AND DISPENSARY.—Dispenser Salary £80 per annum. Applications by September 1st.

CHICHESTER INFIRMARY—House-Surgeon and Secretary. Applications to the Secretary by September 9th.

DARLINGTON HOSPITAL.—Junior House-Surgeon. Salary, £100 per annum (out-door). Applications to C. F. Anson, Esq., Fairfield, Darlington.

DENTAL HOSPITAL OF LONDON MEDICAL SCHOOL, Leicester Square, W.C.—Demonstrator of Contour and Cohesive Fillings. Salary, £50 per annum. Applications by September 29th.

DONCASTER INFIRMARY AND DISPENSARY.—Dispenser and Assistant to House-Surgeon. Applications to the House-Surgeon.

DOWNPATRICK DISTRICT LUNATIC ASYLUM—Assistant to Resident Medical Superintendent. Applicants must be unmarried, be doubly qualified, and possess a diploma in midwifery. Salary, £100 per annum, with furnished apartments, fuel, light, washing, first-class rations, and attendance. Election on September 2nd.

EARLSWOOD ASYLUM FOR IDIOTS, Redhill, Surrey.—Medical Practitioner. Salary, £400 per annum. Applications endorsed "Medical Superintendent", the Board of Management, 36, King William Street, London Bridge, E.C., by August 21st.

GLOUCESTER COUNTY LUNATIC ASYLUM, near Gloucester.—Medical Superintendent. Applications addressed to the Committee of Visitors, Wotton, near Gloucester.

LONGFORD UNION—Medical Officer for Longford Dispensary District. Salary, £100 per annum, with £25 per annum as Medical Officer of Health, registration, and vaccination fees. Election on the 7th proximo.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—Assistant Dental Surgeon. Applications by August 22nd.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—House-Surgeon. Salary, £50 per annum. Applications by August 22nd.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney.—Resident Clinical Assistant and Registrar. Salary, £70 per annum. Applications by the 21st instant.

NORTH STAFFORDSHIRE INFIRMARY, Hartshill, Stoke-upon-Trent.—House-Physician. Salary, £100 per annum. Applications by August 23rd.

PICKERING UNION—Medical Officer. Salary, £20 for the Workhouse, and £40 for the District, with the usual medical fees. Applications to R. Kitching by August 26th.

PORT ELIZABETH PROVINCIAL HOSPITAL, Cape Colony.—Medical Practitioner. Salary, £350 per annum. Applications to Captain Mills, C.M.C., 9, Albert Mansions, Victoria Street, S.W., by August 21st.

ROYAL INFIRMARY OF EDINBURGH—Pathologist. Applications to Mr. Peter Bell by September 30th.

SALISBURY INFIRMARY—House-Surgeon. Salary, £100 per annum. Applications by the 25th instant.

ST. GEORGE'S, HANOVER SQUARE, PROVIDENT DISPENSARY, 59, Mount Street—Resident Medical Officer. Salary and allowance for last year, £214 4s. 3d. Applications to Mr. G. H. Leach, Secretary, by September 30th.

WINCHCOMB UNION—Medical Officer. Salary, £65 per annum, in addition to midwifery, surgical, and vaccination fees. Applications by August 25th to J. H. Stephens.

MEDICAL APPOINTMENTS.

BARNES, R., M.D., appointed Honorary Consulting Physician to the Chelsea Hospital for Women.

BERRY, G. A., M.B., appointed Assistant Ophthalmic Surgeon to the Royal Infirmary, Edinburgh.

BLACK, R., L.S.A., appointed Assistant House-Surgeon to the Sussex County Hospital, *vice* E. S. Dashwood, M.R.C.S., resigned.

BOND, J. W., M.D., B.S., appointed Resident Medical Officer to the General Hospital, Birmingham.

CAMPBELL, P. E., M.B., appointed Senior Assistant Medical Officer to the Metropolitan District Asylum, Caterham, *vice* G. S. Secombe, L.R.C.P., resigned.

CRALLAN, G. E., M.R.C.S.Eng., appointed Assistant Medical Officer to the County Lunatic Asylum, Cambridge, *vice* T. R. H. Clunn, M.R.C.S., resigned.

DAVISON, J. T. R., M.D., C.M., appointed Senior Resident House-Surgeon to the Royal Southern Hospital, Liverpool, *vice* J. M. Chisholm, M.A., M.D., M.R.C.S.Eng., resigned.

DONKIN, Charles, L.R.C.P., appointed House-Surgeon to the Hartlepool Hospital, *vice* A. E. Brenthall, L.R.C.P., resigned.

ERWIN, Samuel J., L.R.C.P., appointed Medical Officer to the Chorlton Union, *vice* G. R. Brebner, M.B., resigned.

FITZPATRICK, M. M., M.B., C.M., appointed Junior Resident House-Surgeon to the Royal Southern Hospital, Liverpool, *vice* W. H. Irvin Sellars, M.B., promoted.

HORSFALL, T., M.R.C.S., appointed Assistant House-Surgeon to the Cumberland Infirmary, *vice* A. H. Proffitt, M.R.C.S., resigned.

LOW, A. B., M.D., appointed Medical Officer to the Sunderland Union Workhouse, *vice* I. P. Crossby, L.R.C.S., deceased.

MANN, J. D., M.D., appointed Honorary Physician to the Salford and Pendleton Royal Hospital and Dispensary.

MIDDLEMISS, G., L.R.C.P., appointed Medical Officer to the Workhouse of the Darlington Union.

MOULLIN, C. W. M., F.R.C.S., appointed Junior Assistant Surgeon to the London Hospital.

O'CONNOR, Bernard, M.D., M.R.C.P.Lond., appointed Physician to the Hospital for Consumption and Diseases of the Chest, Mount Vernon, Hampstead, *vice* Dr. Burrell, resigned.

SELLARS, W. H. Irvin, M.B., M.R.C.S.Eng., appointed Second Resident House-Surgeon to the Royal Southern Hospital, Liverpool, *vice* J. T. R. Davison, M.D., promoted.

SPICER, R. H. Scanes, B.Sc.Lond., M.R.C.S., L.S.A., appointed Resident Medical Officer to St. Mary's Hospital, London.

THOMAS, E. G., M.B., appointed second Assistant Medical Officer to the Metropolitan District Asylum, Caterham, *vice* S. E. Duncan, L.R.C.P., resigned.

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.

BURMAN—Belford, Northumberland, on the 11th instant, the wife of C. Clark Burman, L.R.C.P. and S., etc., of a daughter.

WILLIAMS—On the 14th instant, at Beechfield, Fallowfield, Manchester, the wife of H. Clarence Williams, Esq., M.R.C.P., of a daughter.

DEATHS.

CHAVASSE—On August 13th, at 9, Duchess Road, Edgbaston, Samuel Chavasse, M.R.C.S., late of Newhall Street, Birmingham.

WEBSTER—August 8th, Cecil Webster, Surgeon, Bewdley, aged 49.

HEALTH OF FOREIGN CITIES.—The following statistics, derived from a table in the Registrar-General's last weekly return, afford trustworthy indications of the recent health and sanitary condition of various foreign and colonial cities. In the three principal Indian cities, the death-rate averaged 23.0, and was equal to 20.9 in Bombay, 21.3 in Calcutta, and 28.6 in Madras; cholera caused 18 deaths in Calcutta, and small-pox 4 in Madras. According to the most recent weekly returns, the average annual death-rate per 1000 persons, estimated to be living in twenty-two European cities, was equal to 29.0 per 1000; this rate showed an usual marked excess upon the average rate in twenty-eight of the largest English towns, which last week did not exceed 21.1 per 1000. The rate in St. Petersburg was 48.0, but showed a decline from still higher rates in previous weeks; diarrhoeal diseases caused 193, diphtheria 16, and small-pox 10 deaths within the city. In three other Northern cities—Copenhagen, Stockholm, and Christiania—the death-rate did not average more than 25.0, the highest rate being 29.5 in Stockholm, whereas 32 of the 99 deaths resulted from diarrhoeal diseases, and 5 from diphtheria. The Paris death-rate was equal to 21.0, and showed a decline from the rates in recent weeks; 47 deaths from typhoid fever, and 42 from diphtheria and croup were registered during the week. The 191 deaths in Brussels, of which 34 were fatal cases of diarrhoea and two of small-pox, were equal to a rate of 24.4; 66 fatal cases have occurred in this city since the beginning of May. The death-rate in Geneva was so low as 16.5. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged only 21.5; the rate did not exceed 16.9 in Rotterdam, where one fatal case of small-pox was reported. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 33.2, and ranged from 23.8 and 25.6 in Munich and Vienna, to 37.4 and 37.5 in Trieste and Buda-Pesth; the death-rate from diarrhoeal diseases showed a marked excess in most of these German cities, but especially in Berlin, Breslau, and Buda-Pesth. Small-pox caused 13 deaths in Vienna, and 3 both in Prague and Buda-Pesth. In three of the principal Italian cities, the death-rate averaged 27.0 per 1000, and ranged from 24.6 in Rome, to 35.9 in Venice; typhoid fever caused 6 deaths in Turin, and measles 6 in Venice. In four of the largest American cities, the average death-rate was 38.3, the highest death-rates being 39.0 in Brooklyn and 40.8 in New York. Diarrhoeal diseases were especially fatal in each of these four American cities. Scarlet fever continues somewhat fatally prevalent in New York and Brooklyn, and 7 deaths from typhoid fever were reported in Philadelphia.

CREMATION IN ITALY.—In a recent article, the *Gazzetta Medica Italiana*, gives some interesting statistics, relative to the progress of cremation in Italy. There exist in all, twenty-two cremation societies in various parts of the country chiefly, however, in Northern and Central Italy. The members of these societies are over 5,000 in number. At Lodi, cremation has been adopted, or authorised, by the municipality itself, as a means of disposing of dead bodies, consequently, in that progressive community, there is no longer any necessity for a special cremation society. The total number of bodies cremated in Italy from 1876 to 1881 was 219, of which, 73 were females. Various forms of apparatus are employed in cremation as well as a variety of substances as fuel. Thus in Milan, gas, coke, and wood have been severally used, while in Padua Venini's plan of using gazogene has found most favour. The Italian and foreign societies are in close communication with each other, while at Milan a Central and as it were International Committee, sits. The object of this committee is to disseminate in every country a knowledge of the benefits of cremation and also to agitate for the repeal of any legislative enactment which may exist against it.

PRESENTATION.—Mr. John Bowes, of Richmond, Yorkshire, has been presented with a silver epergne and two candelabra, of the value of 170 guineas, in recognition of his valuable services as a medical practitioner for fifty years.

SUPERANNUATION.—The Bridgwater Guardians have granted, and the Local Government Board have sanctioned, a superannuation allowance of £25 per annum to Mr. Richard Axford, Medical Officer to the Workhouse and No. 3 District, upon his resigning from ill-health.

The concluding volume of Professor Politzer's *Lehrbuch der Ohrenheilkunde* has been published, and may be obtained through Messrs. Williams and Norgate, or other foreign booksellers.

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.; 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, 1.45; Obstetric, Tu. F., 9.30; o.p., Tu. F., 2; Eye, Tu. F., 9.15; Ear, M. Th., 2; Skin, Tu. Th., 1.30; Throat, M. Th., 1.45; 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. T. 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., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

SUGGESTION FOR A SICK FUND.

SIR,—I have long wished to make a suggestion to my professional brethren (and can only do so through the medium of the medical journals) that there should be for us all a sick fund, or general club, by which a man, when he is totally disabled, shall receive sufficient sick pay to keep him going, and to pay a *locum tenens*. Suppose each medical man were to subscribe, say, £2 2s. a year; and, in case of illness from disease or accident, he would, during his incapacity from attending to his professional duties, receive, say, £10 a week. I would leave the management of rules, etc., to a committee appointed for the purpose, and I only wish to place the skeleton of the idea before the profession, and leave it to more experienced heads to put it into working order. I am sure that many a man is working hard outdoors when he ought to be in bed, and thus, perhaps, laying the seeds of some disease which, with proper rest, might be avoided. These cases are so numerous, that it is obvious some remedy should be sought for them. I have been called up at night, and had to go six miles in the rain and snow, with slight jaundice, an ulcerated throat, and a temperature of 102°, thereby lengthening my convalescence by quite a fortnight. How many have fared worse still? but they cannot afford to pay a *locum tenens* £3 3s. a week, and so they slave on in misery. Of course, if such a club were started, each sick member should get a certificate of illness signed by two medical men, if possible, both when he goes "on the box", and when he goes off.—I am, sir, faithfully yours,
Lodway, Pill, near Bristol.

A. H. BOYS, L.R.C.P. Ed.

COMMUNICATION OF HYDROPHOBIA.

SIR,—I send you an extract from my lectures on "Hydrophobia, its History, Pathology, and Treatment", in reply to a most important query of Mr. Henry Taylor's.

At Lecture 1, page 17, I ask the question: "Can hydrophobia result from the bite of a man or animal who is not labouring under that disease?" "In reference to the possibility of a disease resulting from the bite of a dog, who at the time of, and for several months after, inflicting the bite was in good health, it is to be observed that M. Velpeau reported to the Société Médicale d'Emulation the case of a boy who, while in perfect health, was bitten by a dog with which he was playing. The bite was treated by the author as if it had been an ordinary wound, as there was no reason to believe that the animal was in any way ill. On the twenty-sixth day from the injury, the boy died, with what M. Velpeau considered to be the symptoms of hydrophobia, yet the dog never presented any signs of departure from health, and was killed on the day the patient died. In the *Lancet* is reported a fatal case of hydrophobia that, in five months, succeeded the bite of a dog whom the deceased and others had been irritating. The animal was alive and well at the time of the patient's death."

"These and similar cases oblige me to come to the conclusion that the bites of non-rabid dogs, even though they may not have been ill previous to or after the injury, can, in some rare cases, and under circumstances which tend to excite their anger, produce true hydrophobia in man."

I have put the word oblige in italics: happier, far happier, to be able to prove the contrary; but I believe it to be our firm duty, though proofs are against us, to tell our patients "there is no danger". Acting on this, I never allow a dog who has bitten anyone to be destroyed, unless for safety sake.—I am, yours, etc.,
North Mall House, Cork.

THOS. C. SHINKWIN.

OPHTHALMIA AT ALEXANDRIA.

In an article, entitled "Alexandria", which appears in a recent number of the *Gen- tleman's Magazine*, from the pen of Mr. C. F. Gordon Cumming, appears the following passage:

"The amount of ophthalmia is something frightful. It is due chiefly to the intense dryness of the atmosphere, and the subtle impalpable dust which for ever floats in the air above the crowded city. Exceeding dirt also does its part; while the swarms of flies which cluster on the sores, and there revel undisturbed, are a sight to fill one with disgust. Of course, they carry infection to the next eye on which they settle, and so the loathsome disease spreads, and that with such frightful rapidity, that sometimes the whole eye is reduced to a mere opaque pulp within twenty-four hours, even when the sufferer is otherwise in perfect health. The consequent amount of blindness is startling, and I believe the computation is that one man in six has lost the sight of either one or both eyes. Even where actual blindness does not exist, the powers of vision are singularly defective; and when it became necessary for the railway in selecting its servants, to test their sight, it was found that a very small minority of the candidates could distinguish a red signal from a green one at a distance of a hundred yards."

MR. LAWSON TAIT AND LISTERISM.

SIR,—In the address in Surgery, Mr. Stokes says: "An attempt has been made by Mr. Lawson Tait to draw a distinction between the effects of germs on dead and living tissues, the only serious consequences being, it is alleged, those which result from their introduction into the system through the medium of dead tissue. Such is the contention." Such is no contention of mine. What I did say was this: "The only point between Mr. Lister and myself is that Mr. Lister assumes for living tissue the same series of phenomena as he finds in dead infusions; and this I deny altogether."—I am, etc.,
LAWSON TAIT.

TINCTURE OF IODINE IN ERYSIPELAS.

SIR,—So satisfied am I of the value of the tincture of iodine as a local application in erysipelas, that I gladly welcome any notice of its extended use by the profession. In that light, the article of Dr. Hutchinson in the JOURNAL of August 5th is satisfactory; but, in other respects, he does me an injustice. He speaks of my communication as a report of a case of traumatic erysipelas. Such a case I certainly mentioned a little more in detail, as it was the one which suggested the use of iodine; but if Dr. Hutchinson will take the trouble again to refer to my letter, he will see that I spoke of the successful treatment of fourteen other instances of both traumatic and idiopathic erysipelas, and even described the mode of application of the iodine in a case of erysipelas of the scalp.

I should be glad if Dr. Hutchinson will kindly give the date of occurrence of his single case.—I am, yours truly,
Warrington, August 6th, 1882.

C. N. SPINKS.

PRACTICE IN THE SUBURBS OF LONDON.

SIR,—Will you allow me to ask a question in the JOURNAL relative to private general practice in the suburbs of London? What, for instance, would be an average time before a man would be able to earn, say, £5 a week? I name this sum as barely sufficient to cover the expenses of a very modest household. I speak, also, of an educated man, well qualified, but without introduction or friends in the neighbourhood, who simply, as it were, "cast anchor", and hoped and waited attentively.—I am, etc.,
SPES.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to the Manager, at the Journal Office, 161A, Strand, London, and not to the Editor.

ROYAL UNIVERSITY OF IRELAND.

Sir,—The following letter has been received by me in answer to a question and application in reference to the position of Queen's University graduates in the new Royal University of Ireland.

"Royal University, August 10th, 1882.
"Sir,—We beg to acknowledge the receipt of your letter of the 9th instant. With reference to your question whether graduates of the late Queen's become graduates of this University, we can only quote the words of the Act of Parliament 42 and 43 Vict., c. 65, s. 11: 'All persons who at the time of the dissolution of the Queen's University are graduates of the Queen's University shall forthwith become graduates of the University constituted under the provisions of the charter mentioned in this Act with corresponding degrees.' That section has conferred upon all graduates of the late University, degrees in this University corresponding to those they held in the Queen's University. We believe that, according to the opinion of the English law officers, the proper mode in which the medical graduates of the Queen's University shall now appear upon the *Medical Register* would be somewhat as follows: 1875. Jan. 19th. — Name, — Address, — M.D. 1873, Royal University of Ireland; with a note indicating either to each name, or generally to all, marked, say, with an asterisk, that degrees of the Royal University dated prior to February 3rd, 1882, were obtained in the late Queen's University in Ireland. We do not think our Senate would confer the degree M.D. upon a person who has the degree of an earlier date; but, if you desire to make any formal application on the subject, we will bring before the next meeting any letter you may address to the Senate on the subject.—Yours faithfully, J. C. MEREDITH, D. B. DUNNE, Secretaries."

As the Legislature evidently intended that Queen's University graduates should be *bonâ fide* graduates of the new University, it is of importance that they should be so in a formal and legal manner, and not in the haphazard and ambiguous way indicated by the secretaries of the University in this letter. It is difficult to see how anyone can truthfully put M.D. Royal, 1873, or as the case may be, as the University was not then in existence. It would be more in accordance with fact to leave the entries as they are at present in the *Register* (for the Queen's was, at the time of the dates, vigorous and flourishing), than to attach a date to an institution, which would imply an age and prestige which it does not yet possess. It seems to me that Queen's University graduates will be left in the unenviable position of those who trust to two stools, unless they bestir themselves and take action quickly and in concert; and I would suggest to them that every medical graduate should send in a formal application to the Senate of the Royal University, as soon as possible, asking that the degree be conferred on him in a *bonâ fide* and formal manner, as was clearly contemplated in the Act. This would only be right and just, and the very least that ought to be done, when the gross and unprecedented injustice inflicted on Queen's University graduates in taking away their Alma Mater is considered. Let this be done at once by all the graduates; and, if they are unsuccessful, further action can afterwards be determined upon. It is a subject which the Queen's University Graduates' Association of London (whose president, I believe, is Sir Wm. Mac Cormac) might very well take up.—I am, yours, J. WILSON HAMILL.

THE BACILLUS MALARIE.

Sir,—Can you or any of your readers inform me whether it is possible to detect the bacillus malarie in drinking water? and, if so, how I should set about the examination of a sample of water supposed to have given rise to malarial fever?—I am, sir, your obedient servant, SALUT PUBLIQUE.

* * The very existence of the bacillus malarie is doubtful; and it is impossible as yet to detect it in drinking-water.

SUGGESTIONS REGARDING EXCRETA.

Sir,—It is a marvellous thing to me that, in these days of economy at the War Office, some official has not managed to render ways and means for the utilisation of all faecal matters good for the remunerative list. They are sparing enough as regards the "goings in" of the soldier; they should look after the outgoings. A species of refinement has crept into barracks under the head of "sanitary measures" in the shape of urinals and water-closets. These, it has been forgotten, require an abundant water-supply, which, in a great many quarters, cannot be had; consequently, the drains are frequently choked. Some years ago, I recollect making a rough calculation at Windsor cavalry barracks of the quantity of hay (chiefly hay-bands) of which food the horses were daily deprived (all of which, perhaps three hundred and fifty wisps, found their way into the drains). Why cannot some intelligent engineer, of an agricultural turn of mind, recommend some improvement on the old privy? For instance, steps may be raised to nearly the top of the boundary wall of a barrack to "a rear", constructed so as to allow wheels to be run under the tank for its removal daily. Many farmers would be glad to contract for this manure, and willingly supply earth and lime for mixing with the contents. Besides, in the urine, there is a still larger percentage of remunerative substance which at present is also lost.

With regard to hospitals for infectious diseases, I contend that steps should be taken for the compulsory and complete disinfection of all excreta before their entrance into the main sewers (or, if possible, the entire destruction), as I feel convinced that these excreta passing into drains exude effluvia of an infectious nature along the drains; and no one can tell along which ramification disease may break out, but most probably where there is the greatest heat generated to draw it; and as a great many houses, I am sorry to say, have the waste-pipes of their cisterns neatly conveyed into the nearest drain, so the foul air easily floats on, and is absorbed by the water, and we are astonished at even typhoid appearing.—Yours faithfully, COSMO LOGIE, M.D., late Royal Horse Guards.

Sandgate, Kent, August 14th, 1882.

STIMULANTS IN NEURASTHENIC DISEASE.

Sir,—I observe that, at a temperance meeting held at Worcester, on Wednesday, August 9th, Dr. Martin quoted me as having discarded the use of wine and all stimulants in the treatment of the cases of neurasthenic disease on which I opened a discussion. Will you allow me to say that this is quite a mistake? I allow my patients wine whenever it seems to me likely to suit his individual case.—I am, etc., W. S. PLAYFAIR.

31, George Street, Hanover Square, August 11th.

UNPROFESSIONAL CONDUCT.

Sir,—As you are ever ready to expose unprofessional conduct, and whatever tends to degrade the medical profession, I think the following case worth mentioning in your columns.

During the month of May, I undertook to act as *locum tenens* in a village in North Britain for a fortnight, in the absence of the principal. I was the only medical man in the village; and, in the course of my work, I was called in one evening to see a young man who, early in the day, at his work, had suddenly ruptured himself. I found a scrotal hernia, with urgent symptoms. I gave the taxis a full and patient trial, but failed to make any impression upon the tumour. I then proposed to call in the aid of a medical friend from an adjoining village, and operate if, on giving chloroform, I found the hernia still irreducible. The people, however, with whom the young man lodged, said they preferred to get from the same village another medical man, who was the attendant on the patient's mother. I, of course, raised no objection, but said I would be willing to consult with him. Before going to bed, I again called, and found that the medical man had not yet arrived. I left word for the people to call me if they wished me in consultation. I was never called, but heard afterwards that Dr. X. had come and taken up the case, and called in a medical friend of his own to assist him in the case. This was unprofessional and ungentlemanly enough. But hear the sequel. I was told from some inquiries I made that Dr. X. preferred the expectant plan, and was using cold water bandages only. On the return of my medical friend, I left the village in due course, but I have just now heard the final result. The strangulated portion of bowel became gangrenous, and sloughed out, and the patient finally died during the month of July. A more favourable case for operation could scarcely have been got, as the patient was a robust young man, apparently in the best of general health.

Such conduct as this will, I am certain, receive the condemnation of all honourable men.—I am, yours very truly, W. JOHNSON, L.R.C.S., L.R.C.P.Ed.

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

Mr. M. M. Fitzpatrick, Liverpool; Mr. Oliver, Durham; L.R.C.P.; Dr. James Thompson, London; Mr. F. E. Manby, Wolverhampton; R.; Mr. G. P. Field, London; Dr. Seaton, Nottingham; An Experienced Victim; Mr. W. Thomson, Dublin; Dr. Sandby, Birmingham; Messrs. Birbeck and Co., Worcester; Mr. John Reid, Rochdale; Mr. M. Sharmar, Birmingham; Our Dublin Correspondent; Parish Doctor; Mr. E. C. Baber, Brighton; Dr. Joseph Rogers, London; Mr. Ashton Warner, London; Mr. J. Weller, Hastings; Dr. T. C. Shinkwin, Cork; Spes; Mr. W. H. Cory, Nailsea; Dr. Laidlaw Purves, London; Dr. Swaby Smith, London; Mr. F. St. George Mivart, London; Mr. R. Fullerton, Stapleton, Bristol; Mrs. Hodgson Wright, Halifax; Mr. Lawson Tait, Birmingham; Hospital Surgeon; Mr. T. H. Bartlett, Birmingham; Dr. W. Carter, Liverpool; J. H. W.; Mr. R. Cross, Petersfield; Dr. Cosmo Logie, Sandgate; Dr. Norman Kerr, London; A.; Mr. A. Kempe, Exeter; Mr. J. Colebrooke, London; Mr. W. Chadwick, Chislehurst; Dr. W. S. Playfair, London; Dr. Heneage Gibbs, London; Disengaged; Dr. J. W. Hamill, Manchester; Mr. T. Webster, Bewdley; Dr. Stevenson, London; Mr. Litton Forbes, London; Mrs. Pereira, Tunbridge Wells; Miss Batham, Southport; Mr. John Bellamy, London; Dr. W. J. Tyson, Folkestone; Dr. A. M. Garrington, Southsea; Mr. W. Johnson, Edinburgh; etc.

BOOKS, ETC., RECEIVED.

The Mason Science College: Calendar for the Session 1882-1883. Birmingham: Cornish Brothers. 1882.
Manual of Gynaecology. By D. Berry Hart, M.D., F.R.C.P.E., and A. H. Barbour, M.A. Edinburgh: MacLachlan and Stewart. 1882.
A Rational Materialistic Definition of Insanity and Imbecility, with the Medical Jurisprudence of Legal Criminality; founded upon Physiological, Psychological, and Clinical Observations. By Henry Howard, M.R.C.S.Eng. Montreal: Dawson Bros. 1882.
The Concepts and Theories of Modern Physics. By J. B. Stalls. London: Kegan Paul, Trench, and Co. 1882.
Chapters in the History of the Insane of the British Isles. By Daniel Hack Tuke M.D., F.R.C.P. London: Kegan Paul, Trench, and Co. 1882.
Human Parasites: a Manual of Reference to all the known Species of Entozoa and Ectozoa which (excluding the Microphytic, Coniferoid, and simple Sarcoid Organisms) are found infesting Man. By T. Spencer Cobbold, M.D., F.R.S., F.L.S. London: Longmans, Green, and Co. 1882.

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