

distinctly states (Section 23) that the above pension is to be given to surgeons who shall have been rendered unfit by age or infirmity, 'previous to the 25th of June, 1825', and no subsequent Act gives this pension to any surgeon who had not retired previously to the above date, or any other retiring allowance to any militia surgeon appointed since 1829."

After carefully considering Mr. Childers's adverse reply, and after again referring to the doctrines of leading European and American jurists, and the principal dicta of our judges, upon the construction of statutes, we cannot perceive sufficient reason for coming to any other conclusion than the one we have arrived at concerning this part of our argument, partly on account of the reasons mentioned in our article of May 20th last, and other communications; and partly for further reasons, which we will now mention.

In the first place, it appears to us that the determination of the legal right of militia surgeons to pensions or retiring allowances depends upon the legal meaning of the words "such allowances", in the latter part of the clause we have quoted from the twentieth section of the Pay and Clothing Act, 31 and 32 Vict., c. 76. Now, we submit that these words mean the pension of six shillings a day provided by the Annual Pay and Clothing Acts up to 1829; while it is contended, on the part of Mr. Secretary Childers, that this pension is only to be given to militia surgeons who shall be rendered unfit to act as such by age or infirmity, before June 25th in that year; and that no other retiring allowance was payable to any militia surgeon appointed since 1829. This being the issue between us, the next question is, upon what principles, for the construction of Acts of Parliament, is it to be logically adjudicated? In answer to this, we will, firstly, say that it is an incontrovertible doctrine, and one that has been adopted in this country for centuries, that the only rule for the construction of statutes is, that they should be interpreted according to the intentions of the Parliament which passed them. This principle was well stated by Chief Justice Tindal, in the celebrated "Sussex Peerage Case" (11 Cl. and Fin., 143), who also said that, "if the words of the statute are in themselves precise and unambiguous, then no more can be necessary than to expound those words in their natural and ordinary sense. These words themselves alone do in such case best declare the intention of the law given." What is called the "golden rule" for the construction of Acts of Parliament was pronounced by Mr. Baron Parke (Lord Wensleydale), in the case of "Becke v. Smith" (2 M. and W., p. 195), when he said that "it is a very useful rule in the construction of a statute to adhere to the ordinary meaning of the words used, and to the grammatical construction, unless that is at variance with the intention of the legislature, to be collected from the statute itself, or leads to any manifest absurdity or repugnance, in which case the language may be modified or varied so as to avoid such inconvenience, but no further." Several of our leading judges, including Lord Blackburn, have admitted the necessity of modifying language in statutes in order to avoid injustice or absurdity. From these and other statements we have made respecting the rules for the interpretation of statutes, it will at once be manifest that the reasonable mode of satisfactorily concluding whether the claims of militia surgeons to pensions and retiring allowances is by ascertaining the intention of Parliament concerning these payments.

For several years before 1829, a pension of six shillings a day was given by Annual Pay and Clothing Acts, to those surgeons retired on account of age or infirmity, after twenty years' service. This fact, in our opinion, clearly indicates that various Parliaments have recognised the justice of granting this payment to these deserving professional men. The Legislature which passed the 1829 Pay and Clothing Act also well knew that, as long as a militia existed in this country, surgeons must be employed for such; and that it would be unconstitutional and inequitable that any class of individuals, engaged by the State, should be deprived of their right to pensions or allowances on forced retirement from age or infirmity. When these payments have been granted to these disabled surgeons by statute laws, it appears highly unjust to conclude that the militia surgeons now living, who have retired from the causes just mentioned, are not legally entitled to pensions or retiring allowances. Another point of evidence in favour of their claims is the fact that, if it was intended, by the 1829 Pay and Clothing Acts, to grant pensions to those militia surgeons only who should retire, from age or infirmity, before June 25th, 1829, it is not likely, according to the doctrine of probabilities, that provision would be made, as has been, for the payment of pensions to militia surgeons for fifty-three years subsequently, as none of the surgeons in receipt of this pension before June 25th, 1829, would probably be living for several years before 1874.

Again, the right of those of our present militia surgeons, who have been compelled to retire from age or infirmity, and who have served for twenty years and upwards, to receive pensions upon equitable grounds,

have been fully and forcibly pointed out by us, and noticed by Mr. Childers; but we regret to state that but very few of them are mentioned in the letter stating the decision of this Minister, and the contents of which appeared in our JOURNAL of the 14th instant, or in any other communications which we have received from the War Office.

Lastly, we trust that some means will soon be adopted to remedy this painful grievance suffered by a great number of the militia surgeons, and which the whole class feel to be as intolerable as it is unconstitutional.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL:

NOTICE OF QUARTERLY MEETINGS FOR 1882: ELECTION OF MEMBERS.

A MEETING of the Committee of Council will be held on Wednesday, January 17th, 1883. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than 21 days before the meeting—viz., December 27th, 1882, in accordance with the regulation for the election of members passed at the meeting of the Committee of Council of October 12th, 1881.

FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at the County Hospital, Canterbury, on Thursday, November 9th, at 3 P.M.; Dr. Parsons in the chair. Agenda—Collective Investigation Committee work. Mr. Thurston: Case of Atresia Vaginae. Mr. Brian Rigden: Case of Spurious Hermaphroditism. Mr. Wachter: An Obstinate Case of Skin-Disease. Mr. Whitehead Reid: Endocervicitis. Dinner at the Fleur de Lys Hotel at 5 P.M.—T. WHITEHEAD REID, Honorary Secretary, 34, St. George's Place, Canterbury.—October 24th 1882.

EAST YORK AND NORTH LINCOLN BRANCH.—A general meeting of this Branch will be held at the Infirmary, Hull, on Wednesday, November 8th, 1882, at 3 P.M. Gentlemen who wish to make any communications are requested to inform the Secretary not later than the 31st instant.—E. P. HARDEY, Honorary Secretary, 17, Brunswick Terrace, Hull.—October 19th, 1882.

NORTH OF IRELAND BRANCH.—A meeting of this Branch will be held in the Belfast Royal Hospital, on Thursday, December 7th. Members intending to read papers are requested to communicate immediately with ALEX. DEMPSEY, M.D., Honorary Secretary, 26, Clifton Street, Belfast.—October 26th, 1882.

CORRESPONDENCE.

NOTIFICATION OF INFECTIOUS DISEASES.

SIR,—Mr. Nourse forcibly and lucidly draws attention to some of the considerations which should be borne in mind when legislation in sanitary matters is under discussion by the profession. Permit me to show, by an example, that the results which he fears may follow from overlooking them—in one case at all events actually have followed.

There has lately been an epidemic of small-pox in Sydney, N. S. W., and for many months there was no law compelling the notification of fresh cases, so that, notwithstanding the published request of the Board of Health that all physicians should report cases coming to their knowledge, many were not reported, and many were concealed. At length, a patient died of small-pox under the care of a physician, and the nature of his illness first became known to the Board of Health through the certificate of death. The New South Wales branch of the Association, holding its usual monthly meeting thereafter, by resolution censured the physician referred to, for concealing the case; and, further, declared its opinion to be that all physicians are under a moral obligation to declare the nature of their patient's illness, if that illness happen to be small-pox. "Give him an inch and he'll take an ell," is no less true of the Government of New South Wales than of any other Government; and very shortly after the publication of these resolutions which (I suppose) were accepted only as a general expression of opinions which had ever been held by the profession of New South Wales, a short Act was passed without opposition from medical or other members of the legislative assembly, by which the notification of cases of small-pox is made compulsory. The Act provides, not only that the physician shall inform the householder or person in charge of the sick,

REPORTS OF MEDICAL OFFICERS OF HEALTH.

HELMSLEY RURAL DISTRICT.—Dr. Bruce Low forwards, as usual, a complete and interesting report. In alluding to the prevalence of scarlatina, he remarks that many cases might have been prevented, if there had existed a compulsory notification of such diseases to the sanitary authority and its officers. Altogether, about seventy-eight cases, with four deaths, came under notice, but there were probably many more concealed. Indeed, Dr. Low, in common with many health-officers of rural districts, found several instances where the inhabitants had wilfully hidden their children—remarking to their neighbours, that “the medical officer of health is too particular, and will put you and your children in a band-box for six weeks.” Referring to this display of ignorance, Dr. Low observes that most of the seventy-eight cases of scarlatina might have been prevented if, at most, two children had been, figuratively speaking, “kept in a band-box” till their danger to others was past. An outbreak of enteric fever afforded Dr. Low an opportunity of preparing a special report on the subject, which he appends to his annual statement. Of twenty-three cases that came to notice, seven proved fatal, the mortality being attributed to defective sanitary conditions. Fortunately, small-pox, diphtheria, and measles were absent from the district—not a single case having been reported. The total births registered during the year amounted to one hundred and thirteen, and the deaths to sixty-three—representing rates of 28.5 and 15.9 per 1000 respectively. This last rate is reduced to 15.4, on deducting the deaths that did not properly belong to the district. There was a considerable reduction in the infantile mortality, which is attributed to the improved knowledge of feeding infants shown in the district of late. Sanitary work was actively carried on during the year, and a good deal has been done under Dr. Low’s energetic supervision; but the authority have much to accomplish before their district can be considered in a thoroughly sound condition.

EAST DEREHAM.—The high rate of infantile mortality in this district has received considerable attention at the hands of Mr. Vincent. He shows that, of the total deaths which happened during the past year (85), no less than 28 were those of infants under two years of age; and 21 of these he regards as due to injudicious feeding. This seems manifest from an analysis of the causes of infantile deaths, for ten were attributed to debility from birth, seven to convulsions, and two to diarrhoea, which the health-officer thinks may be taken as evidence on the one hand of a wholesale disregard of human life, or else of lamentable ignorance on the part of mothers of their primary duties towards their offspring. Mr. Vincent has done well in following the example of the Belgian Government by circulating a pamphlet containing simple rules for the general management of infants, for distribution to all persons who may register a birth in the district, under the various headings of “feeding,” “cleanliness,” “clothing,” “fresh air,” and “sleep.” Small-pox was present in the district during the year, and, although of a mild type, attacked a large number of persons. Fortunately only two deaths from the disease came under notice. How the infection was imported into the district Mr. Vincent was unable to trace, but the first outbreak occurred at the Post Office, and from thence spread to the surrounding villages. Several other outbreaks in different parts of the town were reported, but active measures prevented any extensive spread of the disease. Scarlet fever caused four deaths, diarrhoea two, and whooping-cough and croup two. During the year an important advance was made in the sanitary improvement of the town by the completion of the system of sewerage and of the public water-works.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

EXAMINATION IN PREVENTIVE MEDICINE.—Candidates for a certificate of proficiency in subjects bearing on preventive medicine and public health, are requested to send their names to the Regius Professor of Medicine on or before Friday, November 10th. No person can be admitted as candidate who has not obtained the degree of Bachelor of Medicine in the University.

MEDICAL NEWS.

APOTHECARIES’ HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, October 19th, 1882.

Jackson, Paul, Torrington, Devon.
Schön, Charles Henry, Bridge, Canterbury.

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

Morgan, George, Charing Cross Hospital.

MEDICAL VACANCIES.

The following vacancies are announced:—

- AUCKLAND UNIVERSITY COLLEGE, New Zealand.**—Two Professors, one for Chemistry, and the other for Natural Science. Applications by October 31st.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.**—Resident Clinical Assistant. Salary, £20 per annum. Applications by November 9th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Administrator of Anæsthetics. Applications by November 13th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Dental House-Surgeon. Salary, £40 per annum. Applications by November 13th.
- DUNDALK UNION.**—Medical Officer for Carlingford Dispensary District. Salary, £100 per annum, with £25 as Medical Officer of Health, registration, and vaccination fees. Election on November 4th.
- GREAT NORTHERN HOSPITAL, Caledonian Road, N.**—Ophthalmic Surgeon. Applications by October 31st.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—Resident Clinical Assistant. Applications by November 4th.
- HOLLOWAY AND NORTH ISLINGTON DISPENSARY, (Upper Holloway Branch).**—Two vacancies in the Honorary Medical Staff of this Branch Dispensary. Applications by October 30th.
- LONDON FEVER HOSPITAL.**—Resident Medical Officer. Salary, £200 per annum. Applications by October 31st.
- MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon. Salary, £100 per annum. Applications to the Chairman of House-Committee by October 28th.
- MAGHERAFELT UNION.**—Medical Officer for Bellaghy Dispensary District. Salary, £130 per annum, with £15 as Medical Officer of Health, registration and vaccination fees. Election on November 6th.
- MANCHESTER ROYAL INFIRMARY, DISPENSARY, AND LUNATIC HOSPITAL OR ASYLUM.**—Honorary Assistant-Surgeon. Applications by October 28th.
- METROPOLITAN FREE HOSPITAL, 81, Commercial Street, Spitalfields.**—House-Surgeon. Applications by October 23th.
- NORTH-WEST LONDON HOSPITAL, 18 and 20, Kentish Town Road.**—Ophthalmic Surgeon. Applications by October 28th.
- POPLAR AND STEPNEY SICK ASYLUM DISTRICT.**—Assistant Medical Officer. Salary, £120 per annum. Applications by October 30th.
- QUEEN CHARLOTTE’S LYING-IN HOSPITAL, 191, Marylebone Road.**—Physician to the Out-patients. Applications by November 10th.
- ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY, Wigan.**—Junior House-Surgeon. Salary, £80 per annum. Applications by November 2nd.
- ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.**—Clinical Assistant. Applications by October 31st.
- ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.**—House-Surgeon. Applications by October 30th.
- SELF-AIDING DISPENSARY, Grantham.**—Dispenser. Salary, £80 per annum. Applications to be sent to W. V. Hardwick, Secretary, Grantham.
- SEAMEN’S HOSPITAL, Greenwich, S.E.**—Dispenser. Salary, £40 per annum. Applications by October 31st.
- VICTORIA HOSPITAL FOR CHILDREN, Queen’s Road, Chelsea, S.W.**—House-Surgeon. Salary, £50 per annum. Applications by November 7th.
- WESTERN INFIRMARY OF GLASGOW.**—Two extra Dispensary Surgeons. Applications by October 28th.
- YORK DISPENSARY.**—Resident Medical Officer. Salary, £130 per annum. Applications by November 7th.

MEDICAL APPOINTMENTS.

- BARLOW, Thomas Carey, L.R.C.P.Ed.,** appointed Medical Officer to the Third District, Hackney Union.
- BUCKELL, W. R., M.R.C.S.,** appointed House-Physician to the North Staffordshire Infirmary, *vice* G. S. Hatton, M.B.
- EASON, Alexander M., L.R.C.P.Ed., L.R.C.S.Ed.,** appointed Medical Officer to the Talbot Clifton Friendly Society, and the Order of Druids, Lytham, *vice* William E. Pountney, M.D., resigned.
- HATTON, G. S., M.B.,** appointed House-Surgeon to the North Staffordshire Infirmary.
- MACGILLIVRAY, Charles Watson, M.D., F.R.C.S.Ed.,** appointed Assistant-Surgeon to the Royal Infirmary, Edinburgh.
- PRATT, James, M.R.C.S.,** appointed Resident Medical Officer to the St. George’s Hanover Square, Dispensary, *vice* F. Prince, M.R.C.S., resigned.
- REYNOLDS, J. J., L.R.C.P.,** appointed Assistant-Surgeon to the Portland Convict Prison.

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.

- PARSONS.**—On October 22nd, at Willow Vale, Frome, the wife of Frederick Parsons, of a son.
- THATCHER.**—At 13, Albany Street, Edinburgh, on the 7th inst., the wife of Charles H. Thatcher, F.R.C.S.E., of a daughter.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a meeting of the fellows of the College, on Thursday evening, Sir W. Jenner, Bart., president, in the chair, a communication was received from Mr. R. H. Whistler, asking permission to copy a portrait of one of his ancestors, Dr. Whistler, who had been a president of the College. Permission was granted.

On the recommendation of the Council, Dr. R. E. Carrington and Dr. James Anderson were appointed additional examiners in anatomy, and Dr. Ferrier, F.R.S., and Dr. Watney were appointed additional examiners in physiology.

Mr. R. E. Webster, Q.C., was appointed standing counsel to the College.

The Harvey Joint Committee reported the recommendation of a form of sarcophagus to be erected to, contain the leaden shell in which the remains of Harvey are inclosed in the Church of Hempstead in Essex. The recommendation was adopted, and the Committee was directed to carry it out at an expense not exceeding £250.

Dr. QUAIN moved a resolution to the effect that, at the election of new Fellows, the Council inform the Fellows of the grounds on which they recommend the proposed fellows for election. The subject of the resolution was referred to the Council for consideration and report.

Dr. ACLAND moved a highly important series of resolutions, as follows:

"1. That, whereas, the Royal Commission on granting medical degrees has now affirmed the principle of diminishing the number of Examining Boards for Medical Licences, the Royal College of Physicians takes the opportunity of re-affirming that principle, already adopted and acted on by it."

"2. That the President be requested to name a Committee to consider and report to the College at its next meeting, what combination the College can best enter into for examination purposes, so as to secure for England, without further delay, one complete Pass Examination Board, which shall be satisfactory to the profession, the Medical Council, and the Government."

"3. That the President be also requested to take such steps as he may see fit, in order to obtain for the Committee the fullest information on the matter referred to it, before the next meeting of the College."

These resolutions were adopted by the College, and the President nominated a Committee to report on them.

The audited accounts were submitted to the College, and the Committee were adjourned.

HEALTH OF FOREIGN CITIES.—It appears from statistics, published in the Registrar-General's last weekly return, that the death-rate in Madras was equal to 40.4 and in Bombay to 27.8 per 1000; small-pox caused 4 deaths in Madras, and fevers more than the usually high death-rate in each of these Indian cities. According to the most recent weekly returns, the average annual death-rate per 1000 persons, estimated to be living in twenty of the largest European cities, was equal to 25.3; this rate exceeded by 4.9 the average rate last week in the twenty-eight large English towns. The death-rate in St. Petersburg was equal to 41.1; the 527 deaths in this city included 45 from diphtheria, and 24 from scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged only 20.5; and while it was but 15.3 in Christiania, it ranged to 22.8 in Copenhagen; 5 deaths in the latter city were referred to scarlet fever. The Paris death-rate was equal to 25.8; no fewer than 244 deaths resulted from typhoid fever (showing a decline of but 6 from the number in the previous week), 27 from diphtheria and croup, and 8 from small-pox. The 156 deaths in Brussels, including 3 fatal cases of small-pox, were equal to a rate of 20.0. The death-rate in Geneva again fell exceptionally low, and did not exceed 14.3. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 22.5, the highest being 24.0 in the Hague; small-pox caused 5 deaths in Rotterdam, and scarlet fever 3 in the Hague. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 24.3, and ranged from 18.3 in Dresden to 28.4 in Breslau. Small-pox caused 4 deaths in Vienna, and typhus 3 in Prague. The death-rate was equal to 21.9 in Rome and 20.8 in Venice; 8 deaths were referred to malarial fever in Rome and 5 to typhoid fever in Venice. In four of the largest American cities, the average death-rate was 24.3; the rate ranged from 20.1 in Philadelphia to 29.3 in New York. Small-pox caused 10 deaths in Baltimore; and the 348 deaths in Philadelphia included 30 from diphtheria and 14 from typhoid fever.

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.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. C. Theodore Williams: A Case of Paracentesis Pulmonis. Dr. Leonard W. Sedgwick (for Dr. Richard Schmitz of Neuenahr): On Six Hundred Cases of Diabetes Mellitus.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be shown by Mr. Alban Doran and others. Dr. Champneys: Description of a Kyphotic Pelvis, with Remarks on Breisky's Description. Dr. Matthews Duncan: On Puerperal Diabetes. Dr. Chahbazian: On the Treatment of Post Partum Haemorrhage by Subcutaneous Injection of Ergotinine.—Epidemiological Society of London, 8 P.M. Dr. Norman Chevers: On the Sanitary Defects of the Site of London and its Suburbs.

THURSDAY.—Harveian Society of London, 8 P.M. Mr. Malcolm Morris: On Chronic Ringworm. Dr. Broadbent: On some points relating to the Sounds of the Heart.

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.

THE TELEPHONE *versus* INFECTION.

SIR,—If there be some doubt whether a district may be directly infected by proximity to a fever hospital, there can be none that it may be indirectly infected through the visitors to the inmates mingling afterwards with the inhabitants. This danger is probably less in those institutions which require the visitor to wear a special dress; but it might be nullified by having a portion of each ward separated off by an air-tight glazed partition, and fitted with one or two telephones. The visitor would thus see and converse with his friend, without risk to himself or his after-associates.

It may be said that the number of telephones required would be too large. But this does not follow; because visitors, under these conditions, would not impede the administration, and the hours might, therefore, be greatly extended. The services of convalescents would usually be available for putting the interlocutors in communication.

I am not aware that this plan has been suggested or adopted before; but, if it have, it will not suffer by further publicity.—I am, etc.,

RALPH W. LEFTWICH, M.D.

SIR,—In your issue of September 30th last, Mr. P. B. Pring asks for a remedy, in an old gentleman of 72, with gouty proclivities, for giddiness in the morning, accompanied by a sense of weakness in the legs. I would suggest, in addition to the excellent treatment recommended by "Rusticus" in the JOURNAL of October 14th, wherein he advocates a hot drink of coffee or tea, or milk, before leaving the recumbent position, that this be supplemented by extra pillows, and an occasional aloetic purgative. I write from experience of a somewhat similar case.—I am, etc.,

C. R. FRANCIS, M.B.

Clapham Common, S.W., October 16th.

DR. M. W. BRADLEY.—It is obviously impossible for us to attempt to decide upon the exact nature of the disease in question in view of the conflicting evidence in the case. But we are bound to say that the report of Drs. Heath and Page seems reasonable and fair. As to the precautions taken, there appears to be no doubt that, as soon as notification of the case was made, the proper steps were taken by the sanitary officers.

BRIGHT'S DISEASE.—An old lady, who lives in Massachusetts, heard that Mr. John Bright was going to visit the United States. "Well," said she, "I hope he won't bring his disease with him."

ASSISTANTS AND CHEMISTS.

SIR,—May I ask permission to publish in your columns my experience of assistants? When I first commenced with help in the way of an assistant, I had a pupil. I next tried a fourth year's student (university man) reading for final; and, lastly, I had a qualified man, possessing both medical and surgical qualifications. The first, knowing nothing, was not trusted to do anything beyond dispensing under supervision, and to make a second visit to any bad cases. The second could give real help in visiting, dispensing, midwifery, etc., but, because not qualified, was liable to prosecution if any case of death should occur under his charge. The third, or qualified, was free from this risk, but, being a qualified man, could not bear to be told anything, would only dispense for such patients as he saw himself; and, if any patient would not consult with him, but preferred to see the principal, would not fail to insult them, and say he considered himself quite as capable as anybody else. Now comes the question, which am I to employ? The first is almost useless; the last worse than useless, besides being expensive (my experience is of seven assistants). The second one can be made very useful, if there was not the risk of prosecution attending the employment of the unqualified assistant. In these days of prosecuting unqualified assistants in the interests of the public, how is it that so little notice is taken of the prescribing chemist? In the town (of 70,000 population) in which I reside, the chemists prescribe for more than double the number of people that the medical men do; and it is not at all uncommon to be told, when called in just at the last, in time to give a death-certificate, that Dr. So-and-so, naming some chemist, has been attending the patient.

Now, in the interest of the public at large, whether it is the more necessary to prosecute—the young man who has spent his money and time in fulfilling all the necessary requirements for entering the medical profession, but, perhaps for lack of means, cannot qualify, or he who has never entered an hospital in his life, or seen any medical cases except over the shop-counter, and whose medical knowledge consists in knowing what any old woman knows, and no more? Yet he, or his assistants, even down to the pupil or shop-boy, just entered the shop, can dispense drugs with seemingly perfect impunity. Surely, it is time that the law on this point should be altered.

No doubt, the experience of most medical men will accord with my own, of cases of malpraxis, especially in infants, which is so frequently occurring, thereby increasing the infant mortality, through the frequent use of powders, mothers' friends, cordials, etc. In these days of cheap physic, when prices are bartered down to such low figures by cheap provincial dispensaries, prescribing chemists, clubs, and paying hospitals, it is hard work for medical practitioners to earn a living. It is high time we, as a united body, should try to get a more just legislation for the medical profession, affording greater protection both to the profession, and, by so doing, to the public also. I enclose my card, and remain, yours,

HARD WORK AND LITTLE PAY.

NEMO (Wolverhampton).—Professor Humphry of Cambridge is a member of the Court of Examiners, and attends all its meetings; he is the only provincial representative at the Court.

HYSTERICAL APHONIA.

SIR,—In a recent issue of the JOURNAL, reference is made to hysterical aphonia. A case of the kind, lasting two years, came under my notice, which may not be without interest. Mrs. C., aged 28, suddenly lost her voice, two days after giving birth to her sixth child. She became a patient at the London Medical Mission Dispensary; failing to relieve her, I recommended her to seek relief at a special hospital. She did so, but returned to me without having derived any benefit. In the course of time, however, she was delivered of her seventh child; and, almost immediately after her confinement, her voice suddenly returned. Her infant was born with a fully developed canine tooth in the lower jaw.—Yours, etc.,

28, Colville Terrace, W., October 13th, 1882.

GEORGE SAUNDERS.

X.—The address of the person supplying the driving-gloves is Mr. J. Turnbull, Howgate, Hawick. The price is 2s. 6d.

ERRATA.—In Dr. Simon Fitch's surgical memorandum on "Tapping the Bladder", in our issue of September 16th, p. 522, for "seton catheter", read "silver catheter".—In Mr. Mayo Robson's paper on "A Proposed Substitute for Carbolic Spray in Antiseptic Surgery", published in the JOURNAL of September 2nd, the name of Dr. Churton (p. 421, second paragraph, tenth line from bottom of page), was incorrectly printed "Dr. Clouston".—At the heading of Mr. Bowly's original article on "A New Material for Casts and Models", the author was erroneously described as of "East Dereham, Norfolk". Mr. Bowly does not belong to that place; he holds the appointment of Curator to the Museum, St. Bartholomew's Hospital.

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

Dr. John Brunton, London; Mr. F. Mason, Bath; Inquirer; Dr. Alfred Carpenter, Croydon; Dr. Crichton Browne, London; Mr. Lawson Tait, Birmingham; Dr. Braidwood, Birkenhead; Mr. Vacher, Birkenhead; Dr. Sawyer, Birmingham; Dr. Thomas Paterson, Oldham; Dr. Armstrong, Newcastle-on-Tyne; Mr. Christopher Heath, London; Mr. S. Herbert Appleford, London; Mr. W. Hood, York; Our Glasgow Correspondent; Dr. Dawson Turner, London; Mr. Bennett May, Birmingham; Mr. J. Turnbull, Hawick; Mr. F. A. Jelly, Murrayfield, Midlothian; Mr. M. D. Makua, London; Mr. Geo. Mahomed, Bournemouth; Mr. T. Tinley, Whitby; Mr. Ansell Ball, Spalding; Mr. J. E. Burton, Liverpool; Dr. Acland, Oxford; M.B.; Chemist; Mr. Shirley F. Murphy, London; Mr. Thos. Constable, Cambridge; Dr. K. N. Macdonald, Cupar Fife; Mr. W. Newton Parker, London; Mr. J. W. W. Stephens, London; Dr. W. Fairlie Clarke, Southborough; Mr. Charles Cole, Dublin; Mr. Walter Buchanan, Chatham; Our Dublin Correspondent; Mr. E. J. Adams, Sheffield; Mr. Alexander M. Eason, Lytham; Dr. A. Mackay, Crook; Mr. R. Wade Savage, London; Dr. Arlidge, Stoke-upon-Trent; Dr. B. O. Kinnear, Boston; Dr. Jamieson, Victoria; Dr. Thomson, South Yarra, Australia; Mr. C. W. Shirley Deakin, Allahabad; Dr. Allchin, London; Dr. Chambers, Eastbourne; Mr. J. J. Reynolds, Stoke-by-Clare; Mr. M. Morris, London; Dr. Ewart, Brighton; Dr. Cobbold, Redhill; Dr. Carter, Liverpool; Dr. Reid, Manchester; Mr. W. H. Harvey, London; Mr. A. K. Wilks, London; Mr. A. Penruddocke, Winchcombe; Mr. J. A. Thompson, London; Mr. W. Beckett, Manchester; Mr. F. J. Hedgcock, London; Mr. Eastes, London; Dr. Murrell, London; Mr. E. W. White, Birmingham; Mr. E. Clarke, London; Dr. Neale, London; Mr. J. Farren, Carnarvon; Mr. C. E. Jennings, London; Dr. W. H. Day, London; Messrs. MacLachlan and Stewart, Edinburgh; Dr. Lister, London; Mr. W. Bull, London; Mr. F. W. Jordan, Stockport; Mr. H. Bampton, Plymouth; Mr. C. Lammiman, Tunbridge Wells; Mr. E. Bellamy, London; Mr. T. Britton, London; Dr. Dudfield, London; Dr. Pierce, Manchester; Mr. Rowland H. Coombs, Bedford; L.R.C.P.Ed.; Dr. Herbert Davies, London; Dr. J. Hamilton Scott, Camberley; Our Aberdeen Correspondent; Dr. Imlach, Liverpool; Mrs. Sidney Ray, Milton, near Sittingbourne; Mr. Joseph Farrar, Morecambe; Dr. Henry Barnes, Carlisle; Dr. George Johnson, London; Mr. R. E. Leach, Bath; Dr. T. Churton, Leeds; Mr. Anthony A. Bowly, London; Mr. E. J. Archdale, Cotteshall; Mr. Wm. Stewart, Barnsley; Mr. Arthur Kempe, Exeter; Mr. Thomas Buxton, Fazeley; Dr. Field, Bath; Surgeon-Major Black, Portsmouth; Mr. J. A. Moore, Dublin; Mr. A. H. B. Hallows, Maidstone; Dr. Butlin, London; G. S. J.; Dr. Leech, Manchester; Mr. Jas. Pelvic, Zanzibar; Mr. R. M. Goldie, Bromley; Dr. J. Spottiswoode, Cameron, Huddersfield; Dr. Kirk Duncanson, Edinburgh; The Secretary of the Native Guano Company; Mr. A. Douglas Gripper, Skipton; Mr. R. J. W. Orton, London; Mr. Thos. C. Barlow, London; etc.

BOOKS, ETC., RECEIVED.

Cerebral Hyperæmia: Does it Exist? A Consideration of some Views of Dr. Wm. A. Hammond. By C. F. Buckley, B.A., M.D., formerly Superintendent of Haydock Lodge Asylum, England. New York: G. P. Putnam's Sons. 1882.

A Handbook of General Treatment for Coelies, with especial Reference to Cases resulting in Impoverishment of the Blood; a Condition known as "Anæmia", and commonly followed by Dropsical Symptoms. By Chas. J. Hancock, M.R.C.S., L.R.C.P., L.M., L.S.A.L. Bath: R. E. Peach. 1882.

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