

gation" which took flight when the epidemic broke out. Professor Méry, who is at Naples to inquire into the cause of the epidemic, attributes it to impure well-water. The number of working men at Naples now out of work is estimated at two hundred thousand. The charities are unable to supply them with food.

One hundred and ten special pall-bearers are attached to the funeral organisation for burying cholera-patients, and fifty grave-diggers are constantly at work to dig large graves, where bodies are buried in quantities, without a winding sheet.

It is reported that the living have been buried at Naples among the cholera-corpses. Bodies, interred before life was extinct, have been found in the cemetery.

A commission of the White Cross patrols the city of Naples to ask for donations. A wooden building is being constructed at Capodimonte for cholera-patients. A death from cholera has been announced at Parma.

The Mayor of Naples telegraphed to the Prefect of the Seine to know what disinfectants should be used. The Prefect consulted the Académie de Médecine, and recommended copper-sulphate, chloride of lime, and sulphurous acid, according to the directions of the Comité Consultatif d'Hygiène Publique de France. The answer was erroneously transmitted, and sulphuric acid was substituted for sulphurous acid; this error has since been corrected.

The Spanish Medical Mission has arrived at Naples from Toulon, where it studied the cholera-epidemic. Sulphur fires are lighted in the streets of Naples. The proposition to abandon the contaminated districts is no longer entertained. It was impossible to persuade the inhabitants to camp out.

It is reported from Rome that last week, two medical men, who refused to treat a patient they believed to be choleraic, have been forbidden to practise—one during three months, and to pay a fine of £4: the other during one month, and to pay £2.

A correspondent in Rome writes:—The miner from Palermo (see JOURNAL, p. 585) has died of cholera. This is the only case yet authenticated in Rome. For a week it has been warm, but again rain threatens. The health of Rome continues extremely good. It is alleged that the early cases of cholera at Spezzia were concealed; that the excreta passed into the cesspools, and, when the storm came, they were washed into the wells. It is stated that many persons at Spezzia and Naples, who used carbolic acid to disinfect the cesspools, could taste it in the well-waters that they were drinking. The Pope has offered a million lire for the maintenance of a cholera hospital to be established in the old Papal barracks.

THE CHOLERA IN ALGERIA.

A TELEGRAM from Algeria announces that several doubtful cases have happened in the Jews' district at Oran. Two women and five children have been removed to the hospital. An old woman and two children are dead. The physicians convened by the mayor believe the disease to be gastro-enteritis of choleraic character, greatly aggravated by the miserably poor condition of the patients. The physicians positively affirmed that it was not cholera. Nevertheless, every precaution was taken. A soldier, under sentence, arrived from Perpignan, and died the same night from cholera.

BEQUESTS AND DONATIONS.—Mr. John Walker, formerly a bookseller, of Preston, bequeathed £2,000 to the Preston and County of Lancaster Royal Infirmary, and £2,000 to the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, at Lancaster.—The Central London Throat and Ear Hospital has received £500 under the will of Mr. Samuel Lancaster.—The British Home for Incurables has received £255, less duty, under the will of Mr. Wrightson Stevenson.—Miss Hargrave, of Harrogate, has given £250 to the Leeds Hospital for Women and Children, and £250 to the Harrogate Bath Hospital, in memory of her late brother, Mr. James Hargrave.—Mr. George Sturge has given £200 to University College Hospital.

NURSING REFORM IN AMERICA.—Training schools for nurses are increasing in number and popularity in the United States. There are now about twenty of them—three in New York, three in Boston, two in Philadelphia, two in Brooklyn, and one each in Chicago, New Orleans, Washington, St. Louis, New Haven, Burlington, and Syracuse. The larger hospitals all over the country are founding these schools.

THE AMERICAN METEOROLOGICAL JOURNAL is the title of a journal published by W. H. Burr and Co., of Detroit, at three dollars per year. It is edited by Dr. Mark Harrington, of Ann Arbor. It is intended to make this the exponent of the latest researches in meteorology. As it is the only journal in the United States exclusively devoted to this subject, it should be of interest to European students.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council-Room of Exeter Hall on Wednesday, the 15th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, General Secretary.

161A, Strand, London, September 18th, 1884.

NOTICE OF QUARTERLY MEETINGS FOR 1884:

ELECTION OF MEMBERS.

A MEETING of the Council will be held on October 15th, 1884. Gentlemen desirous of becoming members of the Association must send in their forms of application for election to the General Secretary not later than twenty-one days before the meeting, 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.

COLLECTIVE INVESTIGATION OF DISEASE.

CARDS for recording individual cases of the following diseases have been prepared by the Committee; they may be had on application to the Honorary Secretaries of the Local Committees in each Branch, or on application to the Secretary of the Collective Investigation Committee.

II. Chorea.	VII. Puerperal Pyrexia.
III. Acute Rheumatism.	VIII. Paroxysmal haemoglobinuria.
IV. Diphtheria, clinical.	X. Habits of Aged Persons.
IVa. Diphtheria, sanitary.	XI. Albuminuria in the Apparently Healthy.
V. Syphilis, acquired.	XII. Sleep-walking.
Va. , inherited.	
VI. Acute Gout.	

An inquiry is now issued concerning the general condition, habits, and circumstances, past and present, and the family history, of persons who have attained or passed the age of 80 years.

The replies to this inquiry will be most valuable when given by a medical man; but the questions have been so arranged, that, with the exception of some on the last page, they may be answered by another person. *Partial information will be gladly received.*

There is also now issued an inquiry as to the occurrence of albuminuria in apparently healthy persons.

The Acute Gout card, which had been found too elaborate, has been made a great deal simpler, and is now re-issued.

Copies of these forms and memoranda are in the hands of all the local secretaries, and will be forwarded to any one who is willing to fill up one or more of the forms, on application by post-card or otherwise to the Secretary of the Collective Investigation Committee, 161A, Strand, London, W.C., to whom all applications and correspondence should be addressed.

July, 1884.

BRANCH MEETINGS TO BE HELD.

COLLECTIVE INVESTIGATION: SPECIAL MEETING.—A special meeting of the West Surrey District of the South-Eastern Branch will be held in the Board-Room of the Guildford Hospital, on Thursday, October 9th, at 3.30 P.M.; Jonathan Hutchinson, Esq., in the chair, for a discussion upon the subjects of Chorea, and, if possible, of Acute Rheumatism. It is hoped to obtain microscopic and pathological specimens for examination, which in any way bear on the above subjects. A display of instruments will be exhibited by Messrs. Arnold and Sons.—T. FREDERICK FEARSE, Honorary Local Secretary, Collective Investigation.

NORTH OF ENGLAND BRANCH.—The autumnal meeting of the above Branch will be held at Morpeth on Tuesday, the 30th instant. Members are requested to inform the secretary, at their earliest convenience, of their intention to read papers, or show specimens, etc.—DAVID DRUMMOND, M.D., Honorary Secretary, 7, Savile Place, Newcastle-on-Tyne.—September 9th.

SOUTH MIDLAND BRANCH.—The autumnal meeting will be held at the Town Hall, Higham Ferrers, on Thursday, October 2nd, at 2 o'clock P.M. Gentlemen wishing to read papers or cases are requested to communicate with the Secretary without delay. John Crew, Esq., kindly invites the members to luncheon at his house at 1 o'clock, and will be obliged if those gentlemen whose intention it is to be present will intimate the same to him a day or two before the meeting.—C. J. EVANS, Honorary Secretary.

STAFFORDSHIRE BRANCH.—The eleventh annual general meeting of this Branch will be held at Stafford on Thursday, October 30th, at half-past three o'clock. An address will be delivered by the President, Dr. E. T. Tylecote.—**VINCENT JACKSON**, General Secretary.—September 13th, 1884.

LANCASHIRE AND CHESHIRE BRANCH.—The second intermediate meeting of the Branch for 1884 will be held at the Royal Lunatic Asylum, Cheadle, near Manchester, on Friday, October 10th, at 2.30 P.M. The visiting physicians and medical superintendent invite the members to a light luncheon at 2, and dinner at 5 P.M. It is essential that every member who intends to accept the invitation to dinner should send notice to Mr. Mould, Royal Lunatic Asylum, Cheadle, near Manchester, at least two days before the meeting. Members desiring to read papers or communications are requested to communicate at once with the Honorary Secretary, DR. GLASCOTT, 23, St. John Street, Manchester.

SOUTH-EASTERN BRANCH.—A conjoint meeting of the East and West Kent Districts will be held at Canterbury on Friday, October 3rd, at 3 P.M., in the Library of the Kent and Canterbury Hospital. Dr. Gogarty in the chair. Mr. Adams will reopen the discussion on "The Ventilation and Management of Sewers," adjourned from the Folkestone conjoint meeting in September 1882. The President invites members to lunch at his house between 12.30 and 2 P.M. The Very Reverend the Dean of Canterbury has kindly permitted Mr. J. B. Sheppard, M.R.C.S., to conduct the members over the Cathedral between 1 and 3 P.M. The dinner will be held at the Royal Fountain Hotel at 5 P.M.—**T. WHITEHEAD REID**, A. W. NANKIVELL, Honorary Secretaries.

SOUTH-EASTERN BRANCH : WEST KENT DISTRICT.—A meeting of this District will be held in the Library of the Kent and Canterbury Hospital, on Friday, October 3rd, at 2.30 P.M. Agenda: To consider the appointment of a substitute during the temporary absence of the Honorary Secretary of the District.—**A. W. NANKIVELL**, Honorary Secretary

SOUTH-EASTERN BRANCH : EAST SURREY DISTRICT.—A meeting of the above District will be held on Thursday, October 9th, at 4 P.M., at the White Hart Hotel, Reigate, W. E. Berridge, Esq., of Reigate, in the chair. The following papers, etc., have been promised. Frederick Treves, Esq.: The Radical Cure of Hernia. Dr. Charles E. Oldman will exhibit and make observations upon a case of Pseudo-hypertrophic Paralysis. Dr. John Walters: Notes of a case of Urinary Fistula from Occluded Ureter. Other communications are expected. Dinner will be served at 6 P.M. precisely; charge, 7s., exclusive of wine.—**J. HERBERT STOWERS**, M.D., Honorary Secretary, 23, Finsbury Circus, E.C.

SOUTH-EASTERN BRANCH : WEST SURREY DISTRICT.—The next meeting will be held on Thursday, October 23rd, 1884, at the County Hospital, Guildford, C. J. Sells, Esq., in the chair. Any member desirous of reading papers or cases, are requested to apply to the Secretary at once.—**A. ARTHUR NAPPER**, Honorary Secretary, Broad Oak, Cranleigh.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The next meeting of this Branch will be held at the Angel Hotel, Abergavenny, on Thursday, October 9th. Members wishing to read papers, etc., are requested to send titles to either of the undersigned as early as possible.—**ALFRED SHEEN**, M.D., Cardiff, and **D. ARTHUR DAVIES**, M.B., Swansea, Honorary Secretaries.—September 24th, 1884.

EAST ANGLIAN BRANCH.—The autumn meeting of this Branch will be held at the Institute, Stowmarket, on Thursday, October 30th, 1884, at 2 P.M. Members desirous of making any communications to the meeting are requested to give early notice to either of the Honorary Secretaries.—**M. BEVERLEY**, M.D., Norwich; **W. A. ELLISTON**, M.D., Ipswich.

SPECIAL CORRESPONDENCE.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

The giving of Certificates of Insanity: Liverpool Practitioners Prosecuted.—The Temporary Infectious Hospital.—Precautions against Cholera.—English Cholera.—Victimising the Doctors.—Unsanitary Property.

The case of Good v. Whittle and others, which was tried last month in the Nisi Prius Court before Mr. Justice Cave, has excited much attention. The plaintiff was a Mrs. Good, and the defendants were Dr. Ewing Whittle, Dr. Glynn Whittle, and Mr. Hutchinson, of Liverpool, and Dr. Mold, of the Cheadle Lunatic Hospital. The charge was, that the defendants improperly gave certificates of insanity, in consequence of which the plaintiff was confined in a lunatic asylum at Cheadle. Several medical witnesses were called on both sides; the evidence in favour of the plaintiff's insanity was the stronger. The case occupied several days. Although the verdict was given for the defendants, great sympathy is felt for them on account of the trouble, annoyance, and expense to which they have been subjected.

The temporary infectious diseases hospital has just been completed by the corporation, from the designs of Mr. Dunscombe, the city en-

gineer. It is situated on what is known as the Parkhill Estate, at the extreme south of the city. The site is close to the river, and considerably elevated above it; it is admirably adapted for the purpose for which it has been utilised. On an area of 460 feet by 220 feet, there are four pairs of double hospital-tents and two pairs of iron buildings, all of which stand upon a foundation of Portland cement. A building, consisting of nurses' rooms, bath-rooms, etc., connects each pair of tents and buildings. Through the centre of the encampment runs a concrete path covered with four-ply Willesden paper; and similar covered ways pass right and left to each of the blocks of buildings. The arrangements for heating and for ventilation are admirable, and all the accessories which render a hospital complete have been provided, Parkhill House having been utilised as the administrative block. The whole work has been performed under two months; and the total cost, exclusive of the site and of Parkhill House, and inclusive of all fittings, will be under £12,000.

We are beginning to hope that we may escape the cholera here. Two or three ships have arrived from Marseilles. A suspicious case of illness followed the discharge of the crew of one of them; and two men belonging to another, the *Tarapaca*, had to be removed to the Port Sanitary Hospital at Bromborough. These last had the symptoms of true cholera. Full precautions against the spread of the disease have been taken. An inspector of the Local Government Board has been down here, and has expressed himself satisfied with the arrangements. There have been a good many cases of English cholera during the past few weeks scattered irregularly through the city. The deaths, however, have been but few, and have mainly occurred in the worst parts of the north end.

A young man is now in prison here who, for some months, has been stealing anything he could lay his hands upon from the houses of medical men. He obtained admission by saying he wished to consult the doctor. It was proved that he had been plying his trade in Manchester and Salford, as well as in Birkenhead and Liverpool. In this neighbourhood he robbed at least thirty medical men, carrying off overcoats, umbrellas, and instruments.

Next session a Bill is to be promoted by the Liverpool Corporation to authorise the formation of a new street from new Pall Mall to Scotland Road. This will open up a locality which for years has been a den for the lowest classes of society, and also, of course, a fever-nest.

CORRESPONDENCE.

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE.

SIR.—IN THE BRITISH MEDICAL JOURNAL of the 6th instant, at page 489, there is recorded a "Statement of Reasons for Objecting to the Principle of Compulsory Notification of Infectious Disease," etc., which was drawn up by Dr. Carter, of Liverpool, at the request of the Chairman of the Parliamentary Bills Committee of the British Medical Association, and was circulated among the members of the House of Commons.

Now, as the information which this document contains is misleading, and draws incorrect inferences as far as Manchester is concerned, I trust you will allow me space to place the matter in its true light, and to make a plain statement of facts.

In paragraph 2, Dr. Carter notices a paper, published in the *Sanitary Record* of February 1884, which states, among other things, that, in consequence of the Act, many more cases of infectious disease had been removed to hospital, and that comparatively little friction had occurred between the health-authorities and the medical profession. Then, in order as it were to discount the first statement, he quotes the *Lancet*, which says: "In Manchester, the death-rate has steadily increased during the last three years, notwithstanding the general decline in English urban mortality." This increased death-rate of Manchester, where the Act is in force, he contrasts with the decreasing death-rate of Liverpool, where there is no compulsory Act.

But, sir, is there a necessary and constant relation between the general death-rate of a town and the zymotic death-rate, or rather the death-rate from those zymotic diseases included in the Manchester local Act? Does Dr. Carter mean to imply that the operation of the Act in question can affect the mortality from pulmonary disease, measles, diarrhoea, or whooping-cough? Would it not have been more to the point to have contrasted the death-rate or the total deaths from the zymotic diseases included in the schedule before the Act came into

and demerits. The general death-rate in this portion of the district represented 16.6 per 1,000, which is slightly above the average for the previous ten years; but, on the other hand, there was a noticeable decline in the mortality from zymotic causes. In his report on the Belper division, Mr. Allen makes an urgent plea for the provision of an infectious hospital. As he well observes, "if a case of foot and mouth disease occurs on a farm, bills are posted all over the neighbourhood, and the magistrates declare this and that place to be an infected district. Isolation of cattle is carried out; why cannot the same care be taken to prevent the spread of disease among the human family?" The question is no new one to the authority, who should seriously and promptly take into their consideration the reiterated recommendations of their health-officer. The mortality statistics are dealt with by Mr. Allen in a very able summary. He estimates that one-half of the total number of deaths due to zymotic causes (28) were caused more or less by personal contact, and the other half by local unsanitary conditions. The death-rate, as a whole, was as low as 14.0 per 1,000 of the population. The mortality statistics registered in 1883, differ but little from those of the previous year. In each division the circumstances attending outbreaks of zymotic disease were carefully investigated by the health-officers, who, as usual, have prepared very complete and exhaustive reports. The district, as a whole, seems to have been systematically inspected, and various improvements are noted, but it is to be regretted that no steps have been taken towards the provision of an infectious hospital.

CONSETT.—From every point of view the health of this district during 1882 was very unsatisfactory. The general death-rate was high, the rate of infantile mortality excessive, and zymotic disease exceptionally prevalent and fatal. Diphtheria was prevalent in a sporadic form from June until November, but Dr. Renton failed to find in his examination of the houses attacked any connecting link between them or any special local circumstances that were not universally present in the district to account for the disease. In commenting on the frequent occurrence of enteric fever, the health-officer regrets that the authority have not provided their district with an infectious hospital. In one instance a patient suffering from this disease succeeded in infecting three members of the family with whom he lodged, the infection being probably caused by the effluvia from the excreta of the patient impregnating the atmosphere of the two-roomed cottage with enteric germs, while another patient probably received his death-blow during removal to the workhouse, a distance of some four miles. Situated as it is, there can be no reason why Consett should not be provided with an hospital for the reception and treatment of cases of this kind. The fact that 50 per cent. of the total number of deaths occurred amongst children under five, points to the existence of grave sanitary defects. Indeed, Dr. Renton's report is largely occupied in dwelling upon the great need that exists for improvement. The death-rate from all causes was equal to 21.7 per 1,000, and the zymotic mortality represented 10.8 per cent. of the whole. A considerable portion of Dr. Renton's report for 1883 is occupied with an appeal to his authority for an improvement in the homes of the working classes, which are in a deplorable condition. He admits that the question is beset with difficulties, but anticipates that much can be done by gradual and patient work. In this, as in other respects, there are signs that the authority recognise the need for action, and it is to be hoped that Dr. Renton, who appears to be working with much spirit, will be able to record an improved state of things in his next report. The general death-rate of 1883 (14.3 per 1,000) was much below the average.

MAIDSTONE.—Mr. Adams has evidently bestowed much care and thought upon his last two reports, which, like their predecessors, leave little to be desired. During 1882 the death-rate from all diseases was 17.44 per 1,000, and from zymotic diseases 2.2 per 1,000. Much of the prevalence of measles seems to have been due to the mischievous agency of schools, and to the peculiar apathy with which parents regard this disease. Scarletina, although not so prevalent, was more fatal than measles. In alluding to the mortality from this cause, Mr. Adams observes "the earlier cases were extremely mild, in one respect unfortunately so, for without doubt, not a few, owing to their mild character, never came to light at all, and thus, because unrecognised and unrestrained, became foci for the spread of disorder in a way that more serious cases would never have been allowed to do." This element of mildness is, as many health-officers have testified, one of serious difficulty in outbreaks of scarlatina. Diphtheria and typhoid fever caused together 15 deaths, and in almost every instance the disease was found in association with serious sanitary defects. Mr. Adams has adopted an excellent plan of preventing, so far as possible in the absence of compulsory notification, the attendance of infected children at school. The outbreak of small-pox at Maidstone gaol and the influence of climatic causes in the production of disease are subjects to

which we have already referred in these columns. A hospital for infectious diseases was opened in September, 1883, and since that date its wards have never been empty. The accommodation afforded by the building has been readily sought by persons of good position, which augurs well for its future. In the early part of the year an epidemic of scarlatina occurred of such a nature as to call for the investigation at the hands of Mr. Power of the Local Government Board. The outbreak was clearly traced to the consumption of a certain supply of milk, although no association with scarlatina could be found, and Mr. Power is inclined to believe that the milk was infected by the cow itself. Evidence, confirmatory of this hypothesis, was forthcoming at an inquiry held into a similar outbreak at North London (see BRITISH MEDICAL JOURNAL, May 31, 1884, p. 1056). The general death-rate of 1883 was equivalent to 18.53 per 1,000.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 18th, 1884.

Armon, Frank Greasley, Yoxall, Burton-on-Trent.
Barker, William James Townsend, 106, Redland Road, Clifton.
Chamberlain, Charles Basham d'Evycourt, University College Hospital.
Jones, Issiah Henry, 53, Maida Vale, W.
Simpson, George Augustus Garry, 50, Maryland Road, Sutherland Gardens, W.

MEDICAL VACANCIES.

The following vacancies are announced.

BURY ST. EDMUNDS FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION.—Senior Resident Medical Officer. Salary, 200. per annum. Applications to S. B. Hazell, 35, Victoria Street, Bury St. Edmunds.

ENNISTYMON UNION.—Medical Officer for Workhouse. Salary, 70. per annum. Election on September 30th.

FRIENDLY SOCIETIES' PROVIDENT MEDICAL INSTITUTE.—Medical Officer. Salary, 150. per annum. Applications to the Secretary, 4, Bath Street, Bath.

HARTLEPOOLS FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Junior Medical Officer. Applications to T. Tweddell, West Hartlepool.

NATIONAL DENTAL HOSPITAL.—149, Great Portland Street, W. House-Surgeon. Salary 50. per annum. Applications by September 29th.

OMAGH UNION.—Medical Officer, Sixmilecross Dispensary. Salary, 115. per annum, and fees. Applications to Jno. Johnston, Honorary Secretary, to October 15th.

SWANSEA HOSPITAL.—Resident Medical Officer. Salary, 100. per annum. Applications by October 28th.

UNIVERSITY OF ABERDEEN.—Six Examiners in Medicine. Each examiner will be appointed for one year, and will receive a grant of 30. each year. Applications to Robert Walker, Secretary.

MEDICAL APPOINTMENTS.

BRADSHAW.—Thomas R., M.D. Dub., M.R.C.S., appointed Junior House-Surgeon to the Northern Hospital, Liverpool, vice F. Johnston, M.B., C.M. Glas., promoted.

BRAINE.—G. M. P., M.R.C.S. Eng., L.R.C.P. Lond., appointed Second Assistant Medical Officer at the Worcester County and City Lunatic Asylum vice J. H. Doubt, F.R.C.S. Eng., L.S.A. Lond., promoted.

DOUTY.—J. H., M.R.C.S. Eng., L.S.A. Lond., appointed Senior Assistant Medical Officer and Deputy Superintendent at the Worcester County and City Lunatic Asylum vice R. Atkinson, F.R.C.S. Eng., L.S.A. Lond., resigned.

FLECK.—William, M.D., M.Ch., Q.U.I., appointed Medical Officer to the Workhouse of the Wycombe Union vice W. G. Hayden, L.R.C.P. Lond., M.R.C.S. Eng., resigned.

JELLY.—Frederick, A.M.B. and C.M. appointed Assistant Medical Officer to Wynnford House Hospital for the Insane, Exeter, vice W. A. Moynan, M.D., resigned.

JOHNSTON.—Francis, M.B., C.M. Glas., appointed House Physician to the Northern Hospital, Liverpool, vice H. W. Roughton, M.B. Lond., M.R.C.S., resigned.

MARTIN.—James P., M.R.C.S. Eng., appointed Junior Assistant Medical Officer to the Wiltshire County Asylum, Devizes.

MCWILLIAM.—Alexander, M.B., M.C. Aberdeen, appointed Senior Assistant Medical Officer at the Somerset and Bath Asylum, vice W. C. Beatty, M.D. Durham, resigned.

WILLIAMS.—Charles, L.R.C.P., L.R.C.S., L.S.A., appointed Admiralty Surgeon and Agent at Port Isaac, Cornwall.

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.

UPTON.—On September 18th, at Rio Lodge, Brighton, the wife of Alfred Upton, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., of a daughter.

MARRIAGE.

BLAND-JACKSON.—On September 20th, at St. Paul's, Grove Park, Chiswick, by the Rev. Charles Nevison Whitfield, A. R. Hamilton Bland, M.D., of 11, Gloucester Terrace, South Kensington, to Mary Jackson of Chiswick, j.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	St. Bartholomew's, 1.30 P.M.—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.—Hospital for Women, 2 P.M.
TUESDAY.....	St. Bartholomew's, 1.30 P.M.—Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.
WEDNESDAY.....	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.—Chelsea Hospital for Women, 2 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. T., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th.; 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, Th., 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., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.
ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.
UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.
WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 8; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

FRIDAY.—West London Medico-Chirurgical Society, 8 P.M. President's (Mr. F. Laurence's) Address, and a case of Foreign Body impacted in the Foot. Mr. Bernard Pitts: Foreign Body in the Air-passages, followed by Abscess of the Lung: Recovery. Mr. A. Litton Forbes: Pharyngeal Deafness; its Pathology and Treatment, with Analysis of Cases. Mr. Gunton Alderton, for Mr. M. Thompson: Case of Retention relieved by Railroad-catheter: Fever: Death in Three Days.

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.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL should be addressed to the Editor at the office of the JOURNAL, and not to his private house.

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

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*.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

THE MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE SOCIETY.

The application of Mr. John Gunn, Thurso, N.B., for particulars regarding the Medical Sickness, Annuity, and Life Assurance Society has been forwarded to the Secretary of the Society, Mr. Radley, 26, Wynne Road, Brixton, who will be happy to supply the required particulars to our correspondent, or to any member of the profession desiring to join the Society.

M.R.C.S.—So far as we know, there is no book published on the connection of the general pathology of these diseases; and we are not sure that it is desirable there should be.

INTERNATIONAL HEALTH EXHIBITION LIBRARY.

SIR.—Permit me to express my coincidence with your excellent suggestion in the JOURNAL of August 30th, with regard to the Library of the Health Exhibition. No one who has had the opportunity of visiting it can fail to recognise the importance for educational and reference purposes of the books so well arranged and catalogued in the Albert Hall. It would be no small public loss if the works thus collected from every part of the globe should be now dispersed; and I would venture to say that every contributor would cheerfully acquiesce in your recommendation, were it only possible to secure a suitable permanent local habitation for this valuable collection.—I remain, sir, your obedient servant,

ONE OF THE CONTRIBUTORS TO THE LIBRARY.

MEDICAL ADVERTISING EXTRAORDINARY.—The practice to which "A Layman" refers, namely, the writing of a local guide to a watering-place for the purpose of advertising its medical author or editor, is unfortunately not rare. It is useless to remonstrate with persons so devoid of taste and high principle.

POISONOUS DYES.

In the paragraph on this subject in the JOURNAL, September 20th, page 576, in reference to the exhibit, at the International Health Exhibition, illustrating the evil effects of wearing stockings and flannels coloured with aniline dyes, the name of the exhibitor should have been Mr. James Startin, not "Mr. Stacker."

YOUNG PHYSICIAN.—1. No. 2. The catheter may be passed at the end of five hours. It is unusual to make extra charges until after the tenth day of the lying-in.

NOISES IN THE HEAD.

SIR.—The patient of your correspondent "Inquirens" is, in my opinion, suffering from "chronic aural catarrh of the middle ear," and the affection is, indeed, a very common one. But, unfortunately, the task in prescribing in this case is a difficult one, as "Inquirens" does not give any of the objective symptoms, and only one subjective, namely, "the noises." Whether, at the same time the noise appeared, there was not a sense of fulness in the ear, and also the comparison of "the sound of steam issuing from a small pipe," whether it does not at times change to "a ringing or buzzing sensation." In nearly every case, however, the noise in the head is due to increased vascularity from acute inflammation of the lining of the tube and cavity of the tympanum, and the causes are manifold. Any undue exposure to the influence of cold may produce it in the acute form; getting the feet wet, or the surface of the body chilled by standing in the cold; a draught of air blowing, for instance, through the window of a railway-carriage in rapid motion, or "walking out on a foggy day;" and once caused, "is also aggravated by damp foggy weather."—I am, sir, yours truly,

ROBERT TORRANCE, F.R.C.S.E., Consulting Surgeon to the Throat and Ear Infirmary, Newcastle-on-Tyne.

7, Saville Row.

A QUESTION OF TREATMENT.

SIR.—I am writing to ask if you will kindly give me your opinion on the following question of treatment.

The outlines are briefly these. The case is that of an alveolar abscess. The tooth has been thoroughly removed; free discharge of pus through cavity produced by extracted tooth. Notwithstanding this, abscess increases in size and points under chin; to save tissue an incision is made. A probe passed, bare bone felt. The local treatment, up to this stage, had been poppy fomentation; hot water frequently held in the mouth in the interval between the fomentations; face well covered with cotton-wool. Treatment, local, after external incision. Free vent for pus, fomentations stopped, external opening to be frequently washed with spirit and water; mouth frequently washed with spirit and water. Under this treatment the redness had disappeared in about a couple of days. There was still free discharge of pus, but every appearance that the parts were quietly resolving.

The question I wish to ask is: Would you consider it proper treatment, under these circumstances, to advise poulticing?—I am, yours truly,

ALPHA.

EXTRAPATH OF THE CANCEROUS UTERUS.

A CORRESPONDENT, in reference to a paragraph on this subject, published in the JOURNAL, vol. ii, 1883, p. 837, would feel greatly obliged if any of our readers could inform him as to the number of successful cases in the practice of the following operators, and as to the work or journal wherein the cases are published. Schatz, 9 operations; Howitz, 2 ditto; De Vecchi, 1; Novaro, 1; Guarneri, 1; Pawlik, 1; Müller, 1; Tauter, 1; Holmer, 1; Stuhsgaard, 1; Leisirink, 1; Calderini, 1; Paggi, 1; and Wile, 1.

LOCAL SOURCES OF SEPTICEMIA.

SIR.—We read of many unexpected deaths from "blood-poisoning," the result of (apparently not serious) incisive, punctured, or contused wounds, in which cases suppurative erysipelas suddenly sets in, concomitant with symptoms analogous to the last stage of delirium tremens, muttering delirium, and exhausted vitality.

In these cases salines, whether febrifuge, diuretic, diaphoretic, or cathartic, are decidedly prejudicial, and ought not to be given.

If, when such symptoms appear, the end of a stick of nitrate of silver be pushed gently to the bottom of the wound, and drawn over its whole surface once only, and the wound dressed with adhesive plaster, put on so as to give gentle pressure, and this latter continued daily, and stimulants, ether chlor., etc., with opiate sedatives, administered as may be required, the bowels being regulated with astringent cathartics, with beef-tea and oatmeal-gruel diet, the dressing will arrest the progress of the erysipelas, the sedative restore the nervous equilibrium, and the stimulant increase the vitality. And I am of opinion, with such treatment, that the reports of death from "blood-poisoning," the result of such causes, would be very greatly diminished.—Yours obediently,

JAMES SHAW.

Pulhouse, Eccles, Manchester.

DISINFECTION OF ALVINE DISCHARGES.

SIR.—At the present moment, when so much is said and written with reference to cholera, and noticing in the JOURNAL remarks and essays dealing with this subject, it might not be inopportune to acquaint you, sir, and your many readers, of the fact that, according to the statement of one of the most eminent German physicians just to hand, "Hartmann's Patent Wood-Wool" is an excellent material for rapidly absorbing and disinfecting fluids discharged from the intestines. If employed for this purpose, the "wood-wool" is impregnated with carbolic acid, as the latter appears to be particularly efficient against the cholera-bacillus. One of the principal advantages in the employment of "Hartmann's Patent Wood-Wool" with cholera patients lies in the fact that it can be simply scattered into the bed without in the least inconveniencing or disturbing the patient, and with the same ease may it be removed.—We have the honour to remain, sir, your obedient servants,

ESSINGER and NEUBERGER.

ACETIC ACID IN CHOLERA.

SIR.—At page 574, paragraph 10, of "Dr. Salmon's New Lond. Dispensatory, 1882," the following passage occurs. "Acetum Regis Polonice, the King of Poland's vinegar. Take of the best vinegar, lb. xii; clarified juice of Celandine, lb. ix; nutmegs, leaves and roots of avena, roots of elecampane, A. 3j; roots of angelica, zedoary, juniper berries, A. 3j; sage, m; digest two days in bm. It is a powerful thing both in preservation from and cure of the plague and other malignant fevers. It clears the eyesight also to a wonder. No man that drunk this medicine in the great plague of 1592 was infected with it or any other disease.—Salomon."

I have a vague recollection that pyroligneous acid was used both outwardly and internally during the cholera at Marseilles in 1836. This would be quite a traditional treatment, as aromatic vinegar, then called "vinaigre des quatre voleurs," vinegar of the four thieves, is said to have been compounded by four miscreants who are supposed to have imbibed it to preserve themselves from the plague at Marseilles while they pillaged its victims.—Yours truly,

124, Fulham Road:

V. POULAIN, M.D.

CARBOLIC ACID IN CHOLERA.

SIR.—The treatment of English cholera by carbolic acid is not new by any means. In this way I have used it during the past ten years; though where I first saw it recommended I cannot say. It is easy to believe the addition of chloral would increase its efficacy; but the use of belladonna in this complaint is difficult to understand. During the present season I have found one minim doses of carbolic acid control both vomiting and diarrhoea.—I am, yours, etc.,

Lewisham House, Dartmouth Park Hill, N.

E. G. WAKE.

BOROGLYCERIDE IN SICKNESS.

SIR.—Boroglyceride is made by saturating hot glycerine with boracic acid. "F. R." will find its uses, mode of preparation, and percentage with water when used as a lotion, fully set forth by Mr. Richard Barwell, in the JOURNAL, vol. ii, 1882, p. 362.

Mr. Barwell operates in the open, without spray, previously cleansing the hands, instruments, and patient's skin with carbolic acid. "The operation completed, the wound is thoroughly mopped and sponged with a five per cent. solution of boroglyceride in water (that is, one ounce to the pint); or, in case of a cup-shaped wound, I fill it with the solution." All is then covered with eight or ten layers of lint soaked in the same solution, and covered with mackintosh.

My personal experience of its use in surgery has been highly favourable. In one case of very severe cystitis, it acted like magic when injected into the bladder of a woman who was suffering from that disease, after a bad labour, followed by retention of urine. The patient in question was in great agony. Although tormented by a constant desire to micturate, she was unable to pass any urine whatever, and, on my passing the catheter as usual, I found the urine to be like birdlime; so thick, indeed, was it, that I had to fit a syringe to the gum-catheter to suck some of it out of the bladder. After one injection of boroglyceride in warm water, the patient was very much relieved, and, with four or five of them, she was cured. When I proceeded to draw off the urine some four hours after the first injection had been made, it flowed freely through the catheter, and was completely altered in character. It is evidently an antiseptic preparation of great value.—I am, etc.,

H. A. LATIMER, M.R.C.S., etc., Surgeon to Swansea Hospital.

TREATMENT OF STAMMERING.

SIR.—Anyone may be cured of stammering by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jacky Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.—I am, etc.,

10, Roland Gardens, S.W.

SIR.—I would advise your correspondent "J. F. W." to place his son under the care of Mr. N. H. Mason, 18, Stavordale Road, Highbury, N., with whose method of the treatment of stammering I am familiar, and believe it to be the one most likely to cure. The earlier some treatment is adopted, the better.—Yours truly,

M.R.C.S. Eng., L.R.C.P. Lond., L.S.A. Lond.

BEOWULF, THE MARSH-DEMON.

DR. ARTHUR DOWNS, of Chelmsford, writes to the *Times*: The interesting article in the *Times* of August 26th recalls the thought, suggested by a perusal of Beowulf some years ago, that, under the myth of Grendel, the pernicious demon, we have a personification of the ague-giving marsh-miasis; Grendel of the ninth century becomes the bacillus malaris of the nineteenth. Each of the limbs of the heroes' the home of each is in the stagnant fen; in tears the limbs of the heroes; the home of each is in the stagnant fen; in the fen alone, by diving to its utmost recesses, can Beowulf kill the monster, and the bog who gave him birth; only in the fen itself, by deepest drainage, can we in our day effectually root out malaria, and the cause of malaria. To Grendel the light of the sun would be fatal; the night-mist hides him:

" then
Came from the moor under a
Mist-screen Grendel ganging."

Modern science shows this to be as true of the bacillus as of Grendel, but science is the bathos of poetic truth. The spear of the hero has given place to the inoculating lancet of the *savant*; Beowulf the marsh-drainer has received his apotheosis; Jenner has somewhere a statue, Koch a professorship, Pasteur probably a street. Years later, Beowulf, in single-handed contest with a new foe, a fiery dragon, receives his death-wound; *ab sit omen*.

For the rest, my suggestion is, I think, a-tune with modern views of mythology; if it be not in the present case a new one, I trust I may be pardoned for unwittingly offering it as such.

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

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BOOKS, ETC., RECEIVED.

Lessons for Deaf and Dumb Children. Parts I and II. By W. Van Praagh. London: Trübner and Co. 1884.

Nerves and Nerve-Troubles. By J. Mortimer Granville. London: W. H. Allen and Co. 1884.

The Science and Art of Surgery. By J. E. Erichsen, F.R.S., LL.D., F.R.C.S. Revised and Edited by M. Beck, M.S. and M.B. Vols. I and II. London: Longmans, Green and Co. 1884.

Diphtheria, Croup, etc. By C. B. Galentine, M.D. New York: J. H. Vail and Co. 1884.

A Handbook for Midwives. By H. F. Smith, B.A. Second Edition. London: Longmans, Green and Co. 1884.

A Few Suggestions to Mothers on the Management of their Children. By A Mother. London: J. and A. Churchill. 1884.

A Manual for the Practice of Surgery. By T. Bryant, F.R.C.S. Vols. I and II. London: J. and A. Churchill. 1884.

A Practical Treatise on Disease in Children. By Eustace Smith, M.D. London: J. and A. Churchill. 1884.

The National Dispensary. By A. Stillé, LL.D., and J. M. Marsch, Phar. D. Third Edition. London: J. and A. Churchill. 1884.

The Use and Abuse of Pessaries. By G. G. Bantock. London: H. K. Lewis. 1884.

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