

Mr. Jonathan Hutchinson gave notice of the following motion: That the Council do take into consideration the proposals for widening the basis upon which the Fellowship is obtained.

The Council, on the report of the Committee of Management of the Colleges of Physicians and Surgeons, agreed to the addition of the Ceylon Medical College to the list of Medical Schools recognised by the Colleges.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1886.

#### ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Meetings of the Council will be held on January 20th, April 14th, July 14th, and October 20th, 1886. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary, not later than twenty-one days before each meeting, namely, December 30th, 1885, and March 25th, June 24th, and September 30th, 1886.

Candidates seeking election by a Branch Council should apply to the secretary of the Branch. No member can be elected by a Branch Council, unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS ROWKE, General Secretary.

### COLLECTIVE INVESTIGATION OF DISEASE.

THE inquiry on CHOREA is now closed, the tabulation of the returns being completed.

Inquiries are in progress on the subjects of  
DIPHTHERIA, ACUTE RHEUMATISM,  
OLD AGE, CANCER OF THE BREAST.

Memoranda on the above, and forms for recording individual cases, may be had on application.

It is requested that returns on Acute Rheumatism be sent in as early a date as possible, as the printing of the Tables is in progress.

The greater part of the "Old Age" form may be filled in by a non-medical person, if necessary.

The Committee are also glad to receive reports of cases of the following conditions, memoranda and forms for which are prepared: PAROXYSMAL HEMOGLOBINURIA, ALBUMINURIA IN THE APPARENTLY HEALTHY, SLEEP-WALKING, ACUTE GOUT. Returns on ACUTE PNEUMONIA are still received.

The "Sleep-walking" form may be filled in by a non-medical person if necessary.

PUERPERAL PYREXIA.—The Committee will be glad to receive reports of cases illustrative of the points mentioned in the JOURNAL of January 31st, 1885 (p. 249). Separate copies of the article and questions alluded to will be forwarded on application.

THE CONNECTION OF DISEASE WITH HABITS OF INTemperance.—A schedule of inquiry upon this subject has been prepared by the Committee, and was issued with the JOURNAL of May 9th. Replies are requested on the schedule issued with the JOURNAL of May 9th. Additional copies of the schedule may be had at once on application.

THE ETIOLOGY OF PHthisis.—Continuation of inquiry. The Committee will be glad to receive the names of gentlemen willing to engage in joint investigation of any of the following points in relation to the origin of cases of Phthisis:—(a) The influence of residence and occupation; (b) the previous state of the patients' thoracic organs and general health; (c) heredity and communication. Full particulars will be sent on application.

Application for forms, memoranda, or further information, may be made to any of the Honorary Local Secretaries, or to the Secretary of the Collective Investigation Committee, 161a, Strand, W.C.

### BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.—The next meeting of the above Branch will be held at the Bear Hotel, Lewes, on Wednesday, November 25th. Dr. Crosskey will preside. Paper by Dr. Ranking: Cases of Recent Tumours. The Honorary Secretary will be glad to receive early intimation of intended contributions, short papers, and cases of interest, being especially welcome. J. JENNER VERNALL, Honorary Secretary, 48, Western Road, Brighton.—October 25th, 1885.

STAFFORDSHIRE BRANCH.—The first general meeting of the present season will be held at the Railway Hotel, Stoke-upon-Trent, on Thursday, November 26th. The President (J. H. Hartill, Esq.) will take the chair at half-past three o'clock. —VINCENT JACKSON, General Secretary, Wolverhampton, November 2nd, 1885.

GLoucestershire BRANCH.—The annual meeting will be held, under the presidency of Dr. Needham, at 6.30 p.m., on Tuesday, November 17th, 1885, in the board-room of the General Hospital, Cheltenham. The supper will be at the Queen's Hotel at 8.30 p.m., tickets 3s. 6d., not including wine. Agenda.—1. Scrutiny of the voting papers, and declaration of the result. 2. Presentation of the balance-sheet. 3. Exhibition of a Case of Hemoglobinuria accompanied with Symmetrical Gangrene, with Notes and Remarks, by Dr. Wilson (Cheltenham). 4. Exhibition and Description of an Apparatus for Dry Antiseptic Vapour-Treatment of Wounds, and for Producing a Constant Antiseptic Air in Rooms, by T. S. Ellis, Esq. (Gloucester). 5. Some Remarks on the Frequent Non-Recognition of Glaucoma, by E. D. Bower, Esq. (Gloucester). 6. A New and Simple Form of Splint for Use after Tenotomy in Talipes, by G. Arthur Cardew, Esq. (Cheltenham).

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.—The next meeting of this District will be held at the Dolphin Hotel, Chichester, on Friday, November 20th, at 3 p.m. Dr. Tyacke in the chair. Agenda:—1. Remarks on Sanitary Matters, by the Chairman. 2. Report on Collective Investigation Work, by Dr. A. E. Buckell, Honorary Secretary for the District. 3. A Case of Typhilitis, by Mr. G. B. Collet. Dinner will be served at 5 p.m.; charge 6s. 6d., exclusive of wine.—G. B. COLLET, Honorary Secretary, Worthing.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at the Kent and Canterbury Hospital, on Thursday, November 26th, at 3 p.m. Mr. Whitehead Reid in the chair. Agenda: 3 p.m. Mr. Raven, Purulent Pericarditis; Mr. W. Knight Treves, Treatment of Big Glandular Swellings; Dr. A. de Wetteville, On the Practical Application of Electricity in Disease. The chairman will show a specimen of Calculus passed through the Female Urethra. The dinner will take place at 5 p.m., at the Royal Fountain Hotel. The president will be happy to see members and their friends to luncheon, between 12.30 and 2, at his residence, 34, St. George's Place. All members of the South-Eastern Branch are entitled to attend these meetings, and to introduce professional friends. N.B.—All gentlemen purposing to dine are particularly requested to inform Mr. Whitehead Reid, by Tuesday, November 24th, that proper arrangements may be made.—W. J. Trson, Honorary Secretary, 10, Langhorne Gardens, Folkestone.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—A meeting of the above District will be held at St. Bartholomew's Hospital, Chatham, on Friday, December 18th, at 3 p.m. Gentlemen who propose to read papers, etc., are requested to signify their intention to the Honorary Secretary, A. W. Nankivell, Esq., St. Bartholomew's Hospital, Chatham, not later than November 24th.—A. W. NANKIVELL, Honorary Secretary, November 2nd, 1885.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held at Brooke House Asylum, opposite Clapton Station, on Thursday, November 19th, at 8.30. The chair will be taken by J. S. Bristowe, M.D., F.R.S. A demonstration of patients suffering from nervous diseases will be given by Walter B. Hadden, M.D. A Case of Elephantiasis Scrofi will be shown by A. T. Gibbings, M.D.—J. W. HUNT, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: HEREFORDSHIRE DISTRICT.—A meeting of the above District will be held in the Council Chamber, Clarendon Hotel, Watford, on Wednesday, November 18th. The chair will be taken at 5.30 p.m., by the President, Dr. W. Dickson. The following papers will be read.—1. Displacements of Pelvic Viscera: Dr. P. Horrocks. 2. A Case of Empyema and Thoracentesis: Dr. W. H. Blake. 3. A Few Short Notes on a Case of Raynard's Disease, with Drawings: Dr. A. D. Murray, of Rickmansworth.—H. LESLIE BATES, Honorary Secretary, St. Alban's.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.—The next meeting will be held at 198, Union Street, Aberdeen, on Wednesday, November 18th, at 8 p.m.—ROBERT JOHN GARDEN and J. MACKENZIE BOOTH, Honorary Secretaries, 231, Union Street, Aberdeen.

### SOUTH WALES AND MONMOUTHSHIRE BRANCH: AUTUMNAL MEETING.

THE autumn meeting of this Branch was held at Tredegar on October 29th; GEORGE A. BROWN, Esq. (Tredegar), President. About twenty members attended.

New Members.—Benj. Griffiths, M.B., Mardy; W. L. Former, Esq., Brecon; B. A. Daniell, Esq., Aberavon, were elected members of the Association and Branch. J. T. Thomas, Esq., Risca; R. C. Hunter, Esq., Pontypridd; Rees S. E. Davies, Esq., New Tredegar; E. S. Wood, Esq., Pontypool; J. W. Phillips, Esq., Cowbridge; A. G. Lawrence, M.D., Chepstow, were elected members of the Branch.

Telegrams from Drs. Talfourd Jones and D. A. Davies, regretting inability to attend, were read.

Papers, etc.—The following communications were made.

1. The President showed a man, a boiler-maker, in whom a piece of steel had struck the left eye, producing dislocation of the lens into the anterior chamber. The lens was successfully removed. Two years after, a similar accident occurred to the right eye, with a similar result; the lens was removed by suction. He has now good sight in both eyes, with convex lenses.

2. Dr. Sheen (Cardiff) read the following: a. Therapeutic note on

the use of Extract of Male Fern in the treatment of Tapeworm; specimen of worm, with head, shown; *b.* Case of Gall-stones; specimens shown; *c.* Case of Colic from passage of a Calculus down ureter to bladder; specimen shown; *d.* A case of severe injuries to a child fourteen months old, with recovery (fractured lower jaw, fracture of both clavicles, and of three ribs).

**Enteric Fever and Hospitals.**—Dr. SHEEN introduced a discussion on the question, "Should cases of Enteric Fever be admitted into the wards of a general hospital?" He argued in favour of their admission. He pointed out that, in scarlet fever, measles, small-pox, and typhus, the diseased process mainly affected the skin, and to a large extent; thus offering a large infecting surface, the infection from which it was quite impossible to destroy during the continuance of the disease; whereas, in enteric fever, it was mainly through the stools and the linen soiled thereby that infection was carried, the infective surface was limited, and the consequent infective material could be destroyed during the treatment of the case. He contended that it was neither proved nor disproved that infection in enteric fever occurred through any other channels, and was inclined to think that, where any case was brought forward to support this view, there had been some negligence in disinfecting stools and linen. He quoted the opinions of Dr. B. W. Richardson, who, at a discussion before the Medical Society of London, in 1871, said that "he had seen much of it in Glasgow Infirmary, but had never seen a case communicated;" of Dr. Murchison, who said that "cases of enteric fever may be distributed in the wards of a general hospital with impunity;" and of Wilson (*Handbook of Hygiene*), who said, "if proper precautions be taken, there is little or no risk that the disease will spread to persons who nurse or otherwise closely attend upon the sick." There was another important reason why cases of enteric fever should be admitted into the wards of a general hospital, in the fact that in no other way could nurses be trained to nurse a disease in which recovery depended so much upon careful trained nursing. — Messrs. Eben Davies, Steel, Webster, G. A. Davies, F. J. Davies, and the President, took part in the discussion, and an affirmative answer was unanimously given to the question submitted.

**A Live Hair-worm.**—Dr. REDWOOD (Rhymney) showed a hair-worm, alive, which came with the water from a tap supplied by the water-works.

**Collective Investigation.**—Letters were read from Dr. Isambard Owen, Secretary to the Collective Investigation Committee, on the importance of an inquiry into the extreme duration of infection in scarlet fever, small-pox, measles, mumps, and diphtheria; and on cases of disease of the heart-valves in which the disease had been known to exist for five years without causing serious trouble.

Specimens of Danielsson and Co.'s Clinical Figures were laid upon the table.

**Dinner.**—The members and some visitors afterwards partook of an excellent dinner at the Castle Hotel.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

*Two Cases of Bilharzia Hematobia.*—*Trichina.*—*Malformation of the Fingers.*—*New Effects from Coffee-Intoxication.*—*New Facts concerning the Radial Nerve.*—*The Contagiousness of Tetanus.*—*Inoculation of Chicken-pox during a Hospital Epidemic.*—*The Inefficacy of Vaccine Lymph taken from Re-vaccinated Subjects.*—*Hydrophobia.*—*General News.*

At a recent meeting of the Société Anatomique de Paris, M. Ruault showed two bladders removed from patients with Bilharzia hematobia. One, an Egyptian soldier, had suffered from hematuria six years before he enlisted, and had regularly served his time. With patients in this condition, good general health continues for some time, but death ultimately results from nephritis. The second, a fellow, aged 29, had hematuria during four years. Distomata were found in the pelvic veins.

M. Budor, at the same meeting, read notes on a case of trichina. The patient had a small tumour on his back, which, when removed, was found to contain the head of a cysticercus. A few months subsequently, he was readmitted into M. Budor's wards, and died from interstitial nephritis. The characteristic minute cysts were found in the muscles, cellular tissue, liver, brain, etc.

M. J. Guérin showed, at a recent meeting of the Académie de Médecine, a woman with congenital malformation of the fingers.

There was lateral deviation of the phalanges of both index-fingers. The subject had not been injured, nor was she rachitic. Her grandmother had been much struck by the movement of a lobster's claws, and her mother had suffered great anxiety lest her children should have the same digital malformation as herself. M. Guérin considered this malformation to be purely articular, and believed that butting the ligaments would enable the fingers to be straightened. M. Trélat considers the hereditary transmission of this deformity very remarkable, and believes that there are osseous as well as articular lesions.

M. Brown-Séquard stated, at a recent meeting of the Biological Society, that, in addition to the well known effects of intoxication from coffee, he has observed anal and vulvar pruritus. The cause and effect was clearly established, the symptoms increased and decreased according to the doses administered.

M. Farabeuf demonstrated to the Société Anatomique de Paris that the radial nerve does not pass along the spiral groove, as is generally supposed. In a normal humerus, this groove is completely occupied by the insertion of the brachialis anticus. A ridge below this groove receives the nerve, which is in immediate contact with the periosteum.

M. Laiger, in a paper read before the Société de Chirurgie, maintained that tetanus is contagious, and of an epidemic character. M. Ferrier considers that M. Laiger does not distinguish between veterinary and human medical science. Spontaneous tetanus among animals must be admitted. The facts in favour of the contagion of tetanus are often the outcome of careless clinical study. Rose and Billroth admit the contagion of tetanus, but all attempts to inoculate that disease, even those recently made by M. Nocard, have been unsuccessful.

M. d'Heilly, during an epidemic in his wards of chicken-pox, made several inoculations, which succeeded three times in ten. Trousseau attempted, but was always unsuccessful; Steiner succeeded in 80 per cent. After successful inoculations, chicken-pox is not preceded by prodromata. The period of incubation is from three to seventeen days, an average of from fourteen to seventeen. Chicken-pox always resulted, and never small-pox. One of the children had been previously attacked by small-pox; the subsequent attack of chicken-pox ran its usual course. In children previously vaccinated and then inoculated with small-pox, the vaccination-pustule dried on the eighth day; chicken-pox appeared on the twelfth, and followed its ordinary evolutions. In one case, a small-pox eruption appeared two days after the chicken-pox eruption, and went on through all the stages. M. d'Heilly considers that these facts demonstrate that chicken-pox and small-pox are two distinct diseases. The period of incubation can be coexistent, or follow closely one after the other. Chicken-pox vaccination did not leave any marks, and the eruption was not near the area of vaccination. M. d'Heilly vaccinated from chicken-pox vesicles on the second day. M. Dumontpallier observed that M. De Heilly's experiments were not conclusive, because the children vaccinated for small-pox remained in the ward among the children suffering from this disease. The experiments of the same kind he had made with Trousseau all failed, the children were removed from contact with chicken-pox patients.

At a recent meeting of the Académie de Médecine, M. Blot read his annual report on vaccination and revaccination, and dwelt on the utility of compulsory vaccination. M. Buquoy expressed grave doubts as the efficacy of vaccine lymph taken from subjects who had been previously vaccinated. The question was discussed at the Société Médicale des Hôpitaux, and it was demonstrated that this vaccine lymph had lost its properties. M. Vidal stated that he had successfully vaccinated several people with lymph from revaccinated people; and he vaccinated them again three months afterwards with the same success.

In consequence of a report on hydrophobia, drawn up by M. Dujardin-Beaumetz, the Conseil d'Hygiène et de Salubrité de la Seine issued a warning to the general public that cauterising with ammonia, carbolic acid, arnica, alcohol, etc., is perfectly useless when anyone is bitten by a mad dog; the only prompt treatment is to make the wound bleed, wash it, and then cauterise. The Council also recommends that strict measures should be taken to reduce the number of stray dogs; these animals are the propagators of hydrophobia; owned dogs are bitten by them, and their masters conceal the fact in order not to have them killed. It would be well to make it generally known that all such offenders are not only liable to pay damages, but also to be proceeded against for breaking the sanitary law of July 21st, 1881, concerning animals.

M. Edme, Chef du Bureau de la Police Sanitaire et Industrielle at the Ministry of Commerce, is named Chevalier of the Legion of Honour for services rendered during the cholera epidemics of 1884 and 1885.

Surgeon-Major G. GRANT, M.D., Bengal Establishment, has retired from the service, which he entered as Assistant-Surgeon, February 10th, 1859, attaining to Surgeon-Major, July 1st, 1873. He does not appear to have seen war-service.

Surgeon A. T. L. PATCH, M.D., Madras Establishment, is ordered to do general duty under the orders of the Deputy Surgeon-General of Her Majesty's Forces, Eastern District.

Surgeon E. R. DA COSTA, Madras Establishment, is ordered to do general duty under the orders of the Deputy Surgeon-General of Her Majesty's Forces, Hyderabad Subsidiary Force.

Surgeon M. B. BRAGANZA, Bombay Establishment, has been detailed from general duty Presidency Circle, for duty with field and general hospital, Suakin.

Brigade-Surgeon J. BROWNE, M.D., Bengal Establishment, is directed to officiate as Statistical Officer to the Government of India in the Sanitary and Medical Departments, during the absence on deputation of Surgeon-Major A. Stephen, M.B.

Brigade-Surgeon G. FARRELL, Bengal Establishment, Medical Officer to the 5th Gorkhas, and Honorary Surgeon to the Viceroy, is appointed to the medical charge of the Brigade Staff, in addition to his other duties, *vice* Surgeon Nelis, who has proceeded on leave.

Surgeon-Major W. E. JOHNSON, M.D., Madras Establishment, is appointed Secretary and Statistical Officer to the Surgeon-General of Her Majesty's Forces, Madras, *vice* W. Macrae, M.B., deceased.

Surgeon-Major O. T. DUKE, M.B., Bengal Establishment, has been appointed Medical Officer to the 16th Bengal Cavalry, one of the newly organised regiments.

Surgeon-Major W. E. GRIFFITHS, Bengal Establishment, has been appointed to the medical charge of the 17th Bengal Cavalry, also newly organised.

Surgeon W. B. BROWNING, Madras Establishment, is appointed to the medical charge of the 31st Native Infantry, *vice* Surgeon W. A. Quayle, who has been transferred to civil employ.

Surgeon-Major L. E. EADES, of the Bengal Establishment, has retired from the service, which he entered as Assistant-Surgeon, March 31st, 1866, attaining the rank of Surgeon-Major twelve years thereafter.

Surgeon-Major A. L. HACKERT, Madras Establishment, Civil Surgeon of Negapatam, and Acting Principal Medical Storekeeper, is appointed Surgeon of the second district, Health Officer and Superintendent of the Lock Hospital, Madras, *vice* Brigade-Surgeon C. J. Roberts, vacated, but to continue to act as principal storekeeper until relieved.

Surgeon T. H. POPE, M.B., Madras Establishment, Officiating Residency Surgeon at Travancore, is appointed Civil Surgeon at Negapatam.

Surgeon J. LEONARD, Madras Establishment, is directed to officiate as Residency Surgeon at Travancore during the absence of Surgeon-Major Esmonde-White on furlough.

With the sanction of Her Majesty's Secretary of State for India, Brigade-Surgeon H. COOK, M.D., of the Bombay Establishment, is promoted, as a special case, to the rank of Deputy Surgeon-General (superannuated) from June 23rd, 1884, the date on which Deputy Surgeon-General T. G. Hewlett, C.I.E., Sanitary Commissioner for the Government of Bombay, completed five years' tenure of the rank of Deputy Surgeon-General; Deputy Surgeon-General H. Cook, will cease to be superannuated from the date when Deputy Surgeon-General Hewlett's appointment as sanitary commissioner expires. Dr. Cook has been appointed Chairman of the Town Council of Bombay, *vice* Sir Frank Souter, K.C.S.I., who is proceeding on furlough.

Surgeon-Major J. T. WELSH, M.D., Bombay Establishment, Superintendent of Vaccination Western Goojerat Circle, has retired from the Service. Dr. Welsh ranked as Assistant-Surgeon from March 31st, 1865, and as Surgeon-Major from January 26th, 1878.

The undermentioned gentlemen, all of the Bengal Establishment, have obtained leave of absence for the periods specified:—Brigade-Surgeon J. BROWNE, for one year and ninety-nine days; Surgeon H. HAMILTON M.D., Medical Officer to the 23rd Native Infantry, for one year, on private affairs; Surgeon G. J. KELLIE, in medical charge of the 4th Cavalry of the Hyderabad Contingent, for one year, on private affairs; Surgeon P. de H. HAIG, in medical charge of the 4th Punjab Cavalry, for one year, on private affairs; and Surgeon-Major J. J. MONTEATH, M.D., Civil Surgeon of Seebangor, in extension, for six months, on medical certificate.

Surgeon WILLIAM STEVENSON, M.D., late of the Bengal Establishment, died at Crief, N.B., on October 29th, in the 86th year of his age, his commission as Surgeon being dated March 17th, 1838.

Surgeon-Major P. W. COCKELL, Bombay Establishment, has retired with the honorary rank of Brigade-Surgeon. He entered as Assistant-Surgeon, July 23rd, 1858, and obtained the rank of Surgeon-Major twelve years thereafter. He served during the Indian Mutiny in 1858, and was present as a volunteer at the siege of Dwaraka.

Surgeon F. C. CHATTERJEE, Bengal Establishment, is appointed to the medical charge of the 30th Punjab Infantry at Peshawur, *vice* Surgeon-Major D. N. Martin, who has been transferred to civil employ.

Surgeon G. S. GRIFFITHS, Bengal Establishment, is appointed Medical Officer to the 32nd Pioneers, *vice* Surgeon H. K. McKay.

Brigade-Surgeon W. R. RICE, M.D., Bengal Establishment, Civil Surgeon of Jubbulpore, is temporarily appointed to the visiting charge of the Nursingpore district, in addition to his other duties.

Surgeon W. A. QUAYLE, M.D., Madras Establishment, whose services have been placed at the disposal of the Chief Commissioner of the Central Provinces, is posted temporarily as Civil Surgeon of Nursingpore.

Surgeon-Major F. R. DIVCHA, Madras Establishment, is appointed to the medical charge of the 8th Native Infantry, *vice* Surgeon-Major J. W. Strong, who has retired from the service.

Surgeon W. H. QUICKE, Bombay Establishment, is transferred from the Quetta Division to general duty, Poona Circle.

Surgeon E. S. BRANDER, Bengal Establishment, is appointed Medical Officer to the 21st Punjab Infantry, *vice* Surgeon-Major W. E. Griffiths, who had been transferred to the 17th Bengal Cavalry.

Surgeon-Major J. W. STRONG, Madras Establishment, has retired from the service on a pension of £292 per annum.

The undermentioned gentlemen have leave of absence for the periods specified: Surgeon-Major A. N. ROGERS-HARRISON, Madras Establishment, in medical charge of the 34th Native Infantry, for one year on medical certificate; Surgeon-Major H. PORTER, M.D., Bengal Establishment, Medical Officer of the 18th Native Infantry, for 182 days on private affairs; Surgeon D. W. D. COMINS, Bengal Establishment, Civil Surgeon of Jessore, for six months on extension; Brigade-Surgeon C. ROBERTSON, M.D., Madras Establishment, for three months on private affairs; Brigade-Surgeon W. H. MORGAN, Madras Establishment, Civil Surgeon, Cochin, for three months on privilege-leave.

## UNIVERSITY INTELLIGENCE.

### UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES, MICHAELMAS TERM, 1885.—The examinations will be held, except as mentioned below, in the Philosophical Library, New Museums. The following is the plan of examinations (subject to alteration in details, of which due notice will be given).

*Degree of Bachelor of Medicine.*—First Examination: December 3rd, 9 A.M. to 12 M.: Elementary Biology (in the Biological Laboratory). December 4th, 9 A.M. and 1.30 P.M.: Oral and Practical Examination in Elementary Biology (in the Biological Laboratory). December 5th, 9 A.M. to 12 M.: Chemistry; 1.30 to 4 P.M., Mechanics and Hydrostatics. December 7th, 9 A.M. to 12 M.: Heat, Electricity, and Optics; 1.30 P.M., Practical Chemistry (in the University Laboratory), and Oral Examination. December 8th, 9 A.M.: Practical Chemistry (in the University Laboratory) and Oral Examination. Second Examination. December 3rd, 9 A.M. to 12 M.: Human Anatomy; 2 to 4 P.M., Pharmacy and Pharmaceutical Chemistry. December 4th, 9 A.M. to 12 M.: Physiology I; 1.30 to 4.30 P.M., Physiology II. December 5th and 7th, 9 A.M.: Oral Examination and Dissection (in the Anatomical School). December 7th, 2.15 P.M. - Oral Examination in Pharmacy, etc. December 8th, 9 A.M.: Oral and Practical Examination in Physiology (in the Physiological Laboratory); Oral Examination in Pharmacy, etc. Third Examination: Part I.—December 8th, 9 A.M. to 12 M.: Principles of Surgery; 2 to 4.30 P.M., Midwifery. December 11th, 10 A.M.: Oral Examination. Third Examination: Part II.—December 9th, 9 A.M. to 12 M.: Pathology; 2 to 4.30 P.M., Elements of Hygiene. December 10th, 9 A.M. to 12 M.: Principles and Practice of Physic; 2 to 4 P.M., Medical Jurisprudence. December 12th, 10 A.M.: Clinical Examination (at the Hospital); 2.30 P.M., Microscopical Specimens and Oral Examination. December 14th, 10 A.M.: Clinical Examination (at the Hospital); 2.30 P.M.: Oral Examination and writing prescriptions. December 15th, 9 A.M.: Oral Examination.

*Degree of Bachelor of Surgery.*—December 12th, 9 A.M.: Surgical Operations and the Application of Surgical Apparatus (in the Anatomical School); 12 M., the Examination of Surgical Patients (at the Hospital).

*Degree of Master of Surgery.*—December 11th, 9 A.M. to 12 M.: Pathology, and Principles and Practice of Surgery; 2 to 4 P.M., Essay on Surgical Case and Topic relating to Surgery; 4 P.M., Oral Examination. December 12th, 9 A.M.: Surgical Operations and Surgical Anatomy (in the Anatomical School); 12 M., Examination of Surgical Patients (at the Hospital).

The names of candidates for the Third Examination and for the Examinations in Surgery must be sent to the Registry (through the Prælectors of their respective colleges) on or before Monday, November 30th; those for the First or Second Examinations, on or before Monday, November 23rd. Forms on which it is requested that the names may be written will be sent to the Prælectors. The certificates of candidates, accompanied by their postal addresses, should be sent to the Registry not less than seven days before the beginning of the examination for which they are entered. The fees for the examination must be paid to the Registry when the certificates are sent in.

## OBITUARY.

WILLIAM BENJAMIN CARPENTER, C.B., M.D.,  
LL.D., F.R.S.

DR. W. B. CARPENTER, who died at the age of 72 on Tuesday last, was the son of Dr. Lant Carpenter, an eminent Unitarian minister in Bristol, where he was born in 1813. He was educated under the superintendence of his father. It had been intended that he should follow the profession of a civil engineer, but he soon found himself drawn in a different direction. At the age of 20, he joined the medical classes at University College, London. In 1835, he passed the examinations of the Royal College of Surgeons and the Apothecaries' Society, and soon afterwards went to Edinburgh, where he graduated as M.D. in 1839. While there, he published in the medical and scientific journals papers "On the Voluntary and Instinctive Actions

of Living Beings," "On the Unity of Function in Organised Beings," "On the Differences of the Laws regulating Vital and Physical Phenomena," and "On the Physiological Inferences to be deduced from the Structure of the Nervous System of Invertebrate Animals." This last essay attracted the notice of Johannes Müller, who inserted a translation of it in his *Archiv* for 1840. His earliest systematic work on biology appeared in 1839 under the title of *Principles of General and Comparative Physiology, intended as an Introduction to the Study of Human Physiology, and as a Guide to the Philosophical Pursuit of Natural History*. The work was well received, and in 1841 a new edition was called for.

Dr. Carpenter now removed to Bristol, intending to settle there in practice, and received the appointment of Lecturer on Medical Jurisprudence in the medical school of that city. He soon, however, resolved to devote himself to literary and scientific pursuits. In 1843, he left Bristol to reside in London. In the same year, he began the publication of the *Popular Cyclopædia of Science*, in which mechanics, botany, physiology, and zoology were treated in an attractive style. New editions of his large systematic work being demanded, he decided to divide the subject. In 1846, the *Principles of Human Physiology* appeared as a separate work, the *Principles of General and Comparative Physiology* being thenceforth dealt with in a separate form. His *Principles of Human Physiology*, and his smaller *Manual* on the same subject, soon became favourite text-books in the medical schools. He also published, in 1874, a treatise entitled *Principles of Mental Physiology*. He contributed several papers to the *Philosophical Transactions* on the "Foraminifera," and other subjects. Dr. Carpenter also wrote several articles for the *Cyclopædia of Anatomy and Physiology*, and a volume on the *Microscope and its Revelations*. For some years Dr. Carpenter edited *The Medical-Chirurgical Review*. In 1844, he was elected a Fellow of the Royal Society; the Council of which body also voted him its gold medal in 1861 for his contributions to physiological science. Some time after his removal to London he was appointed Professor of Medical Jurisprudence in University College, Lecturer on General Anatomy and Physiology at the London Hospital School of Medicine, and Examiner in Physiology and Comparative Anatomy in the University of London. In 1856 he resigned these positions on being appointed Registrar of the University of London, which office he held until 1879.

In 1868, and the two following years, he took a principal part in promoting the expeditions fitted out for deep sea exploration, which have yielded results of great importance to physical and biological science; and it was at his and Sir Wyville Thompson's instance that the *Challenger* was despatched. His reports of those expeditions are contained in the *Proceedings of the Royal Society*, and in the *Journal of the Royal Geographical Society*. In 1871, the honorary degree of LL.D. was conferred on Dr. Carpenter by the University of Edinburgh. In 1872, he presided over the British Association at its meeting at Brighton. In 1873, he was elected a Corresponding Member of the Academy of France. In 1875, he was made a Companion of the Order of the Bath.

The death of Dr. Carpenter was caused by a melancholy accident. He was taking a hot-air bath on Monday, when, by some accident, the curtains of the bed took fire. He died at 3 A.M. on Tuesday.

should at once apply to the justice or magistrate who was concerned in the case, for an order on the guardians to pay this fee, which, under the circumstances, is a very reasonable demand.

## MEDICAL NEWS.

**UNIVERSITY OF CAMBRIDGE.**—Schools and Hospitals recognised by the Special Board for Medicine.—The Special Board for Medicine give notice that, in pursuance of Regulation 4 of the Regulations for Medical and Surgical Degrees (Grace 15, Nov. 1883), they have defined as follows the evidence of medical study out of the University required of candidates for medical and surgical degrees. For the time claimed by the student as passed in medical study out of the University, evidence shall be required of attendance on lectures in one of the recognised Schools of Medicine, or on the practice in one of the recognised hospitals. The following Schools of Medicine and General Hospitals are recognised by the Board.

The University of Oxford.—London Schools of Medicine and Hospitals: The Medical Schools of Charing Cross Hospital, Guy's Hospital, King's College (and Hospital), London Hospital, Middlesex Hospital, St. Bartholomew's Hospital, St. George's Hospital, St. Mary's Hospital, St. Thomas's Hospital, University College (and Hospital), Westminster Hospital.—Provincial Schools of Medicine: Birmingham: Queen's College. Bristol: University College Medical School. Leeds: School of Medicine. Liverpool: University College and Royal Infirmary School of Medicine. Manchester: Owens College and Royal School of Medicine. Newcastle-upon-Tyne: College of Medicine. Sheffield: School of Medicine.—Provincial Hospitals: Bath: Royal United Hospital. Bedford: General Infirmary. Birmingham: General Hospital, Queen's Hospital. Brighton: Sussex County Hospital. Bristol: Royal Infirmary, General Hospital. Cambridge: Addenbrooke's Hospital. Canterbury: Kent and Canterbury Hospital. Derby: Derbyshire General Infirmary. Exeter: Devon and Exeter Hospital. Gloucester: General Infirmary. Hull: General Infirmary. Leeds: General Infirmary. Leicester: Infirmary. Liverpool: Royal Infirmary, Northern Hospital, Royal Southern Hospital. Manchester: Royal Infirmary. Newcastle-upon-Tyne: Infirmary. Northampton: General Infirmary. Norwich: Norfolk and Norwich Hospital. Nottingham: General Hospital. Oxford: Radcliffe Infirmary. Salisbury: General Infirmary. Sheffield: General Infirmary. Shrewsbury: Salop Infirmary. Southampton: Royal South Hants Infirmary. Stafford: Staffordshire General Infirmary. Winchester: Royal Hants County Hospital. Worcester: General Infirmary.—Scotch Schools of Medicine: Anderson's College, Glasgow; University of Aberdeen; Surgeon's Hall School of Medicine, Edinburgh; University of Edinburgh; University of Glasgow.—Scotch Hospitals: Aberdeen: Royal Infirmary. Dundee: Royal Infirmary. Edinburgh: Royal Infirmary. Glasgow: Royal Infirmary, Western Infirmary. Greenock: Hospital and Infirmary. Paisley: Infirmary.—Irish Schools of Medicine: Carmichael College, Dublin; Catholic University, Dublin; Royal College of Surgeons, Dublin; Ledwich School of Surgery, Dublin; Queen's College, Belfast; Queen's College, Cork; Queen's College, Galway; Trinity College, Dublin.—Irish Hospitals: Cork: North Charitable Infirmary, South Charitable Infirmary. Dublin: Adelaide Hospital, City of Dublin Hospital, Dr. Stevens's Hospital, Meath Hospital, Richmond, Whitworth, and Hardwicke (Government) Hospital, Sir Patrick Dun's Hospital, St. Vincent's Hospital. Belfast: Royal Hospital. Galway: County Infirmary.—Colonial and Foreign Schools of Medicine and Hospitals: Berlin: Bombay: Grant Medical College; Bonn: Boston: Harvard University; Breslau: Brussels: Calcutta: Medical College; Copenhagen: Göttingen: Heidelberg: Leipzig: Leyden: Madras: Medical College; Australia: University of Melbourne; Montpellier; Montreal: McGill College and University; Munich; University of the City of New York; Padua: Paris: Pavia: Philadelphia: Jefferson Medical College, Pennsylvania University; Prague: Stockholm: Tübingen; Turin; Vienna; Würzburg; Zürich.

Of the three years during which attendance on medical practice is required previous to the Second Part of the Third M.B. Examination (Reg. 20), periods not exceeding six months may be passed in attendance at a recognised asylum or hospital for the insane, not exceeding six months at a recognised hospital for children, either as a student (in Hospitals A), or as a resident medical officer (in Hospitals B), not exceeding three months at a recognised maternity-hospital, and not exceeding three months at a recognised fever-hospital. Of the two years during which attendance on surgical practice is required previously to the B.C. Examination, a period not exceeding three months may be passed in attendance at a recognised ophthalmic hospital. The following special hospitals are recognised by the Board.

Hospitals for the Insane: England: The County and Borough Asylums, and Public Hospitals for the Insane. Scotland: The Public Asylums for the Insane. Ireland: The District Asylums, the Asylum at Dundrum, Swift's Hospital.—Hospitals for Children: a London: The Hospital for Sick Children, Great Ormond Street. Edinburgh: Royal Hospital for Sick Children. Glasgow: Hospital for Sick Children.—Hospitals for Children: b London: East London Hospital for Children, Evelina Hospital, North London Hospital for Children. Birmingham: Free Hospital for Sick Children. Liverpool: Infirmary for Children. Manchester: Pendlebury Hospital for Sick Children.—Maternity-Hospitals: London: Queen Charlotte's Lying-in Hospital. Dublin: Rotunda Lying-in Hospital.—Fever-Hospitals: London: London Fever-Hospital (Liverpool Road). Edinburgh: Fever-Hospital. Glasgow: City of Glasgow Fever-Hospital. Dublin: Fever-Hospital (Cork Street).—Ophthalmic Hospital: London: Royal London Ophthalmic Hospital (Moorfields).

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### FEE FOR CERTIFICATION OF LUNATICS.

SIR,—I hold the appointment of medical officer to a colliery here. A patient connected therewith, after an illness of some weeks, became mentally unsound. Not being able to pay for admission and keep in asylum, application to parochial authorities was made. By them, I was instructed to examine and report. For this, a fee of 10s. 6d. is offered. Is this the usual fee? or should I claim 21s.? An answer early will oblige

HAYWOOD.

\* \* We have, on several occasions, pointed out that the determination of the amount of the fee which should be given to a medical gentleman for examining and certifying as to the mental condition of a person who has become a charge upon the parish rests with the magistrate or justice of the peace who countersigned the order. Boards of guardians pretty generally assume this power of deciding what should be given; and, in the case where the examining surgeon is the parochial medical officer, it is advisable, for the sake of peace and quietness, to accept what is offered. In the case before us, as "Haywood" has no official relations with the board, he can safely claim a guinea for his examination and certificate. Should the guardians decline to pay, we advise that he

**UNIVERSITY OF GLASGOW.**—At the professional examinations for the degrees of M.B. and C.M., October 1885, the following candidates have passed.

**First Professional Examination.**—J. Abbott, J. Adam, J. Adams, R. J. Aitken, J. Aitken, D. Allan, W. E. L. Allen, T. C. Barras, J. J. Batty, J. Banchope, T. K. Bell, J. T. Biernacki, T. L. Blackburn, M. Blair, M. H. Bland, J. F. Boa, J. Boag, J. P. Boyd, M. A. Boyle, R. C. Brodie, J. Brown, A. Buchanan, R. M. Buchanan, F. S. Campbell, J. Charles, H. O. Cowen, J. Cullross, J. David, T. J. Davies, J. Donald, M. A. W. C. Downs, D. Ferguson, P. Ferguson, H. Findlay, T. Fleming, E. H. Fyfe, H. Girvan, D. C. Gray, J. G. Gray, R. Hall, A. Halliday, R. T. Halliday, W. C. Hamilton, H. Highet, J. C. Howie, M. A. M. Hutton, R. G. Inglis, T. H. Jackson, R. Jamieson, H. Jones, A. B. Kelly, J. G. Kerr, H. L. G. Leask, C. A. Lewis, J. Livingstone, J. L. Loudon, T. M. Martin, T. K. Monro, J. B. Morton, J. M. M. Muir, W. Muir, J. Macarthur, D. M'Dougall, J. M'Fadyen, A. N. M'Gregor, J. M'Kee, K. C. MacKenzie, J. M'Lachlan, J. T. M'Lachlan, T. M'Murray, D. M'Nicol, J. M. Macphail, M. A. C. R. Niven, F. L. Norris, L. R. Oswald, H. H. Park, W. R. Paton, O. T. Pinck, R. L. Pinkerton, M. A. W. Primrose, C. E. Robertson, W. Roxburgh, H. S. Russell, R. P. Shearer, J. Smith, J. Smith, M. A. J. D. Smith, J. T. Smith, J. Somerville, G. Steele, R. Steel, J. Stevenson, H. G. Stewart, J. A. Stewart, W. Stewart, J. Strang, J. P. Tannock, A. W. Taylor, J. Taylor, J. W. Thoms, A. F. Walker, W. M. Wilson, J. Wright, H. J. Younger.

**Second Professional Examination.**—J. Adam, M. A. J. Anderson, R. Anderson, F. Ashurst, W. G. Barras, T. M. Bonar, B. Bryce, T. Cameron, A. Campbell, B. Clarke, D. Craig, A. D. Crawford, H. R. V. Crossfield, D. Curle, W. J. Daly, J. Dewar, E. Dickie, M. A. J. Dickinson, W. Dinsmore, J. Dobbin, J. E. Duncan, J. C. Duncanson, A. W. Dunlop, M. A. J. M. I. Eadie, J. Edgar, M. A. J. D. Erskine, J. F. Fergus, M. A. H. W. Finlayson, J. P. Gillespie, J. A. Goodfellow, R. Greenhill, W. F. Grier, W. T. Hannah, J. F. Hughes, G. J. Inrie, D. Jones, H. Kirkland, D. Laird, E. Lang, J. R. Marshall, J. Mechan, W. H. Murray, J. M'Corkindale, J. M'Dougall, J. M'Kendrick, M. A. Mackintosh, D. Maclean, W. MacLennan, R. A. Macleod, A. L. McMillan, J. C. C. Macnab, J. Macpherson, L. M'Whannel, R. B. W. M. A. J. D. Ness, M. A. J. Park, W. H. Parry, T. L. Paterson, W. F. Paton, M. A. J. D. Penney, J. W. W. Penney, J. Porter, R. G. Reid, T. J. Redhead, R. Robertson, W. Robertson, J. S. Rosser, G. Russell, W. Russell, A. Shanks, A. Somerville, A. Sprott, R. Stevenson, J. M. Stewart, D. Stone, A. Tannahill, G. Thomson, R. D. Walker, J. B. Wallace, W. Wallace, M. A. J. D. Watt, C. M. Wildridge, R. O. Willis, R. Wilson, J. M'G. Young.

**Third Professional Examination.**—C. Banks (2), R. Brown (2), J. Bruce (3), A. Bryce (2), J. H. Carslaw (3), J. G. Connal (3), R. Corbett (3), R. Craik (2), S. S. Dale (2), J. L. Downes (3), T. T. Downie (3), A. Duncan (2), J. Dunlop (3), G. G. Ferguson (3), W. R. Forrester (2), W. Fox (3), W. F. Grier (2), C. S. Harris (3), R. C. Highet (3), J. W. Hill (3), A. D. Hughes (3), J. E. Hunter (3), J. A. Jackson (2), J. Jago (3), J. Keddie (3), J. A. Kennedy, M. A. (2), J. Laurie (3), W. B. Leishman (3), R. Mair (3), J. Marshall (2), W. Miller (3), R. C. Miller (3), J. Muirhead (3), J. M'Donald (2), T. Macdonald (3), G. M'Intyre (2), W. M'Kinlay (3), J. Macphail (2), W. T. Nicholson (3), J. H. Nicoll (2), A. T. Nisbet (3), R. S. Penman (3), H. W. Robinson (3), A. Shah (3), W. Snodgrass, M. A. (3), R. Stirling (2), J. B. Stewart (2), J. Stewart (3), T. Watt, M. A. (3), R. Whitelaw (3), D. Wingate (3), A. Wylie (3), J. Young (3).

**SOCIETY OF APOTHECARIES OF LONDON.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Thursday, November 5th, 1885.

Anderson, James, The Abbey, Abingdon.  
Williams, David, Pontgarreg, Johnstown, Carmarthen.

The following also passed in the Science and Practice of Medicine, and received a certificate to practise.

Shackleton, Thomas Francis, Grassmere, Honley Road, Catford.

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

Avane, Arthur Blair, London Hospital.

Bell, John Conyers, Guy's Hospital.

Thomas, Charles Ernest, Middlesex Hospital.

### MEDICAL VACANCIES.

The following vacancies are announced.

**ALNWICK INFIRMARY.**—Surgeon. Salary, £120 per annum. Applications by November 17th.

**BRISTOL GENERAL HOSPITAL.**—House-Surgeon. Salary, £120 per annum. Applications by December 2nd.

**DURHAM COUNTY HOSPITAL.**—House-Surgeon. Salary, £100 per annum. Applications by November 27th.

**FISHERTON HOUSE ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum. Applications to Dr. Finch, Fisherton Asylum, Salisbury.

**HOSPITAL FOR DISEASES OF THE THROAT,** Golden Square, W.—Resident Medical Officer. Salary, £100 per annum. Applications by November 17th.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC,** Queen Square, Bloomsbury. House Physician. Salary, £100 per annum. Applications by November 21st.

**NORFOLK AND NORWICH HOSPITAL.**—Secretary and House Steward. Salary, £100 per annum. Applications by November 14th.

**SMETHWICK AND HANDSWORTH A. F. S. MEDICAL ASSOCIATION.**—Medical Officer. Applications to J. Mitchell, 2, Windmill Lane, Smethwick near Birmingham.

**ST. MARYLEBONE GENERAL DISPENSARY.**—Resident Medical Officer. Salary, £105 per annum. Applications by November 30th.

**WINDSOR ROYAL INFIRMARY.**—House-Surgeon. Salary, £100 per annum. Applications by November 25th.

### MEDICAL APPOINTMENTS.

**BRISTOL.** William Moss, M.R.C.S. Eng., L.R.C.P. Ed., late House-Surgeon, appointed House-Physician, to the Liverpool Royal Infirmary.

**BROWN, John, L.R.C.P. Lond.,** re-appointed Medical Officer of Health to the Urban Sanitary Authority for one year.

**BURD, Edward Lyett, B.A. Cantab., M.R.C.S.,** appointed Clinical Assistant to the Royal Westminster Ophthalmic Hospital.

**BUSH, J. Paul, M.R.C.S. Eng.,** appointed Assistant-Surgeon to the Bristol Royal Infirmary.

**CARLESS, Albert, M.R.C.S., L.S.A.,** appointed House-Surgeon to King's College Hospital, vice J. F. Harries, M.R.C.S. Eng., retired.

**CHURCHHOUSE, W. T. Franklin, L.R.C.P. Ed., L.F.P.S., L.S.A.,** appointed Medical Officer of Health for the Urban District of the Daventry Union.

**COLLINS, A. Ward, L.R.C.P. Lond., M.R.C.S.,** appointed House-Surgeon to the Liverpool Royal Infirmary.

**COOPER, Charles B., L.R.C.P. Lond., M.R.C.S., L.S.A.,** appointed Assistant House-Surgeon to the Liverpool Northern Hospital.

**COX, Alfred Harold, L.S.A.,** appointed Assistant House-Physician to King's College Hospital, vice P. G. Lewis, L.S.A., retired.

**DINNEEN, William Thomas, L.K.Q.C.P. and M.R.C.S.,** appointed Surgeon to the Juvenile Lodge, in connection with the Loyal Harbour of Refuge Lodge of Oddfellows (M.U.), Holyhead, Anglesea, North Wales.

**GEMMEL, J. E., M.B., C.M. Ed.,** appointed House-Physician to the Liverpool Royal Infirmary.

**HARRIES, John Frail, M.R.C.S.,** appointed Ophthalmic Clinical Assistant to King's College Hospital, vice J. P. Gray, M.R.C.S., L.S.A., retired.

**HUGHES, Edgar Alfred, M.R.C.S., L.R.C.P., L.S.A.,** appointed House-Surgeon to King's College Hospital, vice R. C. Priestley, M.R.C.S., retired.

**HUGHES, S., M.B., C.M. Ed., M.R.C.S.,** reappointed House-Surgeon to the Liverpool Royal Infirmary.

**JACOOMB-HOOD, Charles John, M.R.C.S., L.S.A.,** appointed Assistant House-Accoucheur to King's College Hospital, vice C. P. Childe, M.R.C.S., retired.

**LEWIS, Percy George, L.S.A.,** appointed Physician's Assistant to King's College Hospital, vice C. H. East, L.S.A., retired.

**PENNY, Francis, M.R.C.S., L.S.A.,** appointed Physician-Accoucheur's Assistant to King's College Hospital, vice E. A. Hughes, M.R.C.S., L.R.C.P., retired.

**SMITH, Ernest Henry, M.R.C.S., L.S.A.,** appointed House-Surgeon to King's College Hospital, vice F. Jeffree, M.R.C.S., retired.

**WEIGHTMAN, A. E., L.R.C.P., and L.R.C.S. Ed.,** late House-Physician, appointed House-Surgeon, to the Liverpool Royal Infirmary.

### 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.

#### MARRIAGES.

**BARNES—HYLAND.**—On October 15th, at St. Peter's Church, St. George's, Bermuda, by the Rev. F. A. Lighthourne, M.A., Rector, assisted by the Rev. C. F. O'Reilly, Chaplain to H. M. Forces, Henry John Barnes, Surgeon, Army Medical Staff, to Nellie Ross, daughter of W. C. J. Hyland, Esq., J.P., of Caledonia Park, Bermuda.

**JOHNSTON—LEAF.**—On November 5th, at St. Stephen's Church, South Kensington, by the Right Rev. Bishop Alfred, James Johnston, M.D., F.R.C.S.E., late of Shanghai, to Margaret Elizabeth, daughter of the late William Ladler Leaf, of Woodlands, Clapham Park.

**RENDALL—MOULTON.**—On November 2nd, at Fulham Parish Church, Stanley Morton Rendall, M.D., of Mentone and Aix les Bains, to Clara Louisa, younger daughter of the late George Canning Moulton, and granddaughter of the late Stephen Moulton, J.P., of Kingston House, Bradford-on-Avon.

#### DEATH.

**RENNIE.**—At Cawnpore, N. W. Provinces, India, On October 18th, of cholera, Kate, the beloved wife of Surgeon Rennie, Medical Staff, in the 24th year of her age. Requiescat in pace.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.**—Medical Society of London, 8.30 P.M. Dr. Colcott Fox and Mr. Heneage Gibbes: Specimens of Bromide of Potassium Eruption. Mr. C. T. Dent and Mr. W. C. Bull: Central Necrosis occurring in Children.

**TUESDAY.**—Pathological Society of London, 8.30 P.M. Mr. Eve: Two Cases of Sarcoma of the Tongue. Dr. Chaffey: Hemorrhage into Grey Matter of Spinal Cord. Mr. Sutton: Cysts in the Reproductive Organs of Animals. Dr. Hale White: 1. Fatty and Cirrhotic Liver; 2. (for Dr. Beavan Rake). Specimen of Leprosy (card). Mr. Lockwood: Casts and Dissected Specimens of Contracted Fingers. Dr. Norman Moore: Cases of Gout. Mr. Shattock: Iridescent Calculi. Dr. Gulliver: Stricture of Small Intestine. Mr. D'Arcy Power: 1. Two Cases of Osteitis Deformans; 2. Quiet Necrosis of Femur (card). Mr. Larder: Cancer of Esophagus (card). Dr. Hadden: Right-sided Ulcerative Endocarditis (card). Mr. Fenwick: Miliary Tubercle of Bladder (card).

**THURSDAY.**—Harveian Society of London, 8.30 P.M. Harveian Lectures, by Dr. T. Buzzard, On Some Varieties of Paralysis dependent upon Peripheral Neuritis.

**FRIDAY.**—Society of Medical Officers of Health. Dr. Heron: On Koch's Cholera Organism, with Demonstrations.



## OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b> .....	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.
<b>TUESDAY</b> .....	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, 2.30 P.M.—St. Mark's, 2 P.M.—St. Thomas's (Ophthalmic Department), 4 P.M.—Cancer Hospital, Brompton, 2.30 P.M.
<b>WEDNESDAY</b> ..	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 Central, 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, 2.30 P.M.—National Orthopaedic, 10 A.M.—King's College, 3 to 4 P.M.
<b>THURSDAY</b> ....	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.
<b>FRIDAY</b> .....	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.—West London 2.30 P.M.—East London Hospital for Children, 2 P.M.
<b>SATURDAY</b> ....	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.—Cancer Hospital, Brompton, 2.30 P.M.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

<b>CHARING CROSS.</b> —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30 Skin, M. Th.,; Dental, M. W. F., 9.30.
<b>GUY'S.</b> —Medical and Surgical, daily, exc. Tu., 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
<b>KING'S COLLEGE.</b> —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. 3; Dental, Tu. F., 10.
<b>LONDON.</b> —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
<b>MIDDLESEX.</b> —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.
<b>ST. BARTHOLOMEW'S.</b> —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.
<b>ST. GEORGE'S.</b> —Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
<b>ST. MARY'S.</b> —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.
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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 PROGRESSIVE CHARACTER OF MEDICAL SCIENCE.

Sir.—Most people who carefully consider will agree that medical science ought to be progressive. This was no doubt the opinion of that celebrated philosopher and physician, Dr. Thomas Young, who, when asked by a patient why he had chosen the medical profession, said, "Because there is always something to learn."

At the present time, it is important to consider why improvement advances so slowly in regard to one important question, the use of alcohol in health and disease. In the year 1847, the following declaration was signed by 2,000 members of the medical profession, including many of the most eminent men then living, such as Dr. Babington, Dr. Addison, Sir Benjamin Brodie (the President of the Royal College of Surgeons), and others, "We, the undersigned, are of opinion, first, that a very large portion of human misery, including poverty, disease, and crime, is induced by the use of alcoholic or fermented liquors as beverages; secondly, that the most perfect health is compatible with total abstinence from all intoxicating beverages, whether in the form of ardent spirits, or as wine, beer, ale, porter, cider, etc.; thirdly, that persons accustomed to use such drinks may, with perfect safety, discontinue them entirely, either at once, or gradually after a short time; fourthly, that total and universal abstinence from alcoholic liquors and beverages of all sorts would greatly contribute to the health, the prosperity, the morality, and the happiness of the human race."

Thus, it is clear it has been long known that beer, wine, and spirits are dangerous luxuries; and, after this strong opinion, it is evident that the medical men who commend and order these articles as part of the diet, or as a means of recovering tone or stamina, have not made much progress in medical science. Such medical men have also neglected to observe the successful practice of the Temperance Hospital during the past twelve years, to which may also now be added two other hospitals, where neither beer, wine, nor spirits were used during 1884. It would appear, from an examination of more than forty recent hospital reports, that there is a great diversity in the expenditure of the different hospitals on alcoholic liquors. Thus:

	s. d.
At the Brompton Hospital intoxicating drink costs..	10 7 per patient
" Royal Free Hospital ..	5 3 "
" St. George's Hospital ..	5 1 "
" German Hospital ..	4 5 "
" St. Mary's Hospital ..	4 4 "
" Middlesex Hospital ..	4 3 "
" London Hospital ..	3 1 "

This diversity in the practice of the different hospitals may be taken as a loud call to the medical profession to make inquiry, and ascertain what is conducive to the welfare of their patients and the public good; the more especially as at certain provincial hospitals successful practice is carried on in a much more economical manner. Thus

	s. d.
At the Royal Infirmary, Manchester, alcohol costs..	0 8 per patient
" Infirmary at Chester ..	0 11 "
" Queen's Hospital, Birmingham ..	1 0 "

It has been clearly proved, and open to observation for the past twelve years that none of these stimulants are necessary at the Temperance Hospital in London.—I am, etc.,

Sydenham Hill.

## A LONG SUFFERING PATIENT.

Sir.—A. B., aged 42, dressmaker, a multipara, has suffered more or less for twelve months from what she describes as a distinct stoppage of the heart. She feels as if "she was drawing her last" when the symptom troubles her. She is well nourished; there is no anæmia; she has a good appetite; no sensations before, during, or after food. The bowels are kept regular by pills. Every system is normal except the circulatory, there being a slight presystolic murmur in the mitral area. No such stoppage as she feels of the heart takes place at all. I may add that she is highly neurotic, this state being unavoidably increased by family misfortunes.

The only symptom of which she complains is this "stoppage," which troubles her at any time of the day, occasionally at night; though generally she sleeps well. She affirms that she is not thinking about her misfortunes at all at the time the distressing symptom makes its appearance. There is no globus hystericus, nor any other symptom which might point to hysteria.

The reproductive system is apparently normal. I say apparently because, there being no subjective symptoms (connected with this system) present, I have not thought myself justified in proposing a vaginal examination.

For treatment, the following drugs have been used, variously combined from time to time; internally: bromide of potassium; bicarbonate of soda; liquor bismuthi; subnitrate of bismuth; aromatic spirit of ammonia; dilute hydrocyanic acid; tincture of ginger; compound tincture of cardamom; sulphate of iron; compound decoction of aloes; fluid extract of ergot; tincture of digitalis; tincture of nux vomica; liquor arsenicalis; liquor opii sedativus; liquor morphie; tincture of belladonna; externally: mustard; belladonna; opium, etc. The diet is carefully regulated; the bowels are kept regular by pills of iron, aloes, and hyoscyamin. Daily exercise is enjoined. Every drug before mentioned has been tried carefully, increasing gradually such drugs as arsenic, digitalis, and opium to their maximum doses, and giving the bromide of potassium in large doses. Not one of them, nor the combination of any, seems to have any permanent benefit, though several of their combinations have produced temporary improvement. Change of air has been tried with some—I may even say marked—benefit; but, on returning home, the symptom reappeared. Her means obviously preclude her from making many excursions. Wine, such as claret, has been taken at dinner with some benefit. Small doses also of alcohol in the form of whisky have been taken twice a day with some slight improvement; but nothing, I repeat, has that permanent effect which one could desire. If any brother could suggest any remedy which would be likely to prove beneficial, I should be extremely obliged to him.—I am, etc.,

F.R.S.

## A PORTABLE MEDICINE CHEST.

Sir.—I should be much obliged if any of my brother members could tell me where I could obtain a convenient case for carrying medicines, fluid and solid, into the country, for dispensing purposes—not an emergency case, I have one, but a sort of medicine-chest for a professional man.—Yours truly,

RUS.

MR. R. ROXBURGH (Weston-super-Mare).—Information as to provident dispensaries can be obtained from Mr. W. G. Bunn, 5, Lamb's Conduit Street, London, W.C. Our correspondent might also write to Mr. Wyeth, Honorary Secretary of the Camberwell Provident Dispensary, Camberwell Green, London, S.E.

## CONGENITAL DEFORMITIES.

SIR.—I have had recently two cases of congenital deformity, a description of which may be of interest. Neither of the women expected or looked for any abnormality. They were not of a nervous temperament, nor could they in any way account for the cause of the deformity.

A. G., unmarried, was confined, on September 8th, 1884, of a seven months' dead male child. It had absence of the cervical vertebrae and occipital bone; the skin of the face was continuous with that of the shoulders. In other respects, it was apparently well formed and healthy-looking. The eyelids were small and drawn tightly back; they would not even permit covering the eyes, which were very prominent.

Mrs. G., who had two healthy, well formed, living children, was confined, on June 23rd this year, of a six months' dead male child. The left leg was absent; there was no cuticle over the abdomen, all the organs of which were visible through a delicate membrane, which was continued over the placenta. The umbilical cord was about half an inch in length. The scrotum was situated farther back than usual, and by the side of it, in place of the absent leg, was a tumour of the size and appearance of the scrotum. In other respects, the body was well formed, and in good condition.

With the exception of slight defects in formation, these are the only two cases I have met with whilst attending five or six hundred births. Occasionally, a mother has inquired of me at a birth whether the infant had a mark upon it, mentioning the part she had expected to have received the impression, when no such defect existed; at other times, when marks or blemishes have been discovered, no mention was voluntarily made by the mother that she had been alarmed at any time whilst pregnant; although, upon inquiry, a fright she received at some distant time might be mentioned by her. I have observed that, when a woman has been alarmed, and it has impressed her that the child would be marked, and it has actually been the case, the accident has always happened between the third and fifth months of gestation. When (as sometimes happens) deformity is hereditary, is it not rather a production of the same class of formation of species than maternal impression?—I am, etc., J. T. McMAHON, Dartford.

STATE MEDICINE AND THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS. SIR.—In the BRITISH MEDICAL JOURNAL of September 19th, and 26th, Surgeon-Major Ewart, and Dr. Thomas Dolan, have raised very important questions as to the better organisation of the civil medical services, and the desirability of special and higher medical education of medical officers connected therewith. This is, I think, a very important matter; and in view of the present movement of the Royal Colleges of Physicians and Surgeons to obtain the power of granting medical degrees, why should they not carry out to the fullest their regal titles by constituting themselves a Royal or State University of Medicine, which shall be the representative of our profession in the eyes of the nation and in her councils? The first step in attaining such an end would be the institution of a degree in State Medicine, such as D.S.M., in addition to those which they now have under consideration. No one could question, I think, the justifiability of such a title, which embraces the subjects of hygiene, medical jurisprudence, and the medico-legal aspects of poverty, crime, and lunacy, based on a sound knowledge of the social sciences, and general medicine.

The importance of such a step would not rest long before its significance would be appreciated by Parliament; and the organisation of the medico-civil service would, I think, soon follow the special qualification of medical men in the above named subjects, and with it the increased political and social power of the profession. The study of State Medicine, which is now so disjointed, would by the union of its component parts receive increased impetus; the intimate relations of poverty, crime, and lunacy, their causes and power of amelioration, would be more carefully worked out; and by the institution of proper laboratories, the origin and mitigation of preventable diseases would be investigated with greater facility, and so also all other matters relating to Public Health.

In such a scheme, gold medals for special merit to commemorate the labours of Parkes and Taylor might well be associated. An university so constituted, with the medical schools of London affiliated, would indeed be a Teaching University of Medicine, affording opportunities for research and teaching equal to those of other European capitals. At the present time, all these matters are in a state of almost hopeless chaos. The medical officers of health, of prisons, of asylums, and workhouses, while bent on studying their own departments, too often lose sight of the intimate relations of the others, on which so much depends. The very unconnected nature of these services increases the breach which special education and union would fill up.

There is now hardly any social question on which medicine does not in some way or other come to the front; and indeed, so great has been its power for good, in spite of its wants in organisation, that one must feel that still greater results must accrue to the community by its closer union to the State. The law may enact penalties for crime perpetrated, and make provisions for poverty and lunacy existing, but it is the coming advent to power of medicine in the councils of the nation to remove or ameliorate those conditions, those diseases on which crime, poverty, and lunacy, so largely depend. To further this end is, I think, a very high aim and well worthy to be associated with a movement relating to the individual requirements of London students, as it is not only for their own personal advantage, but is, I feel, for the benefit of the profession and the whole community. To achieve such results the first steps must first be taken. Now there seems to be an opportunity for the first advance, and that appears to me to be the thorough qualification of medical men, who devote themselves to the various branches of the medico-civil service. Would not the conferring in addition to the ordinary medical titles, the one also of Doctor of State Medicine on those who embark in the above services be a most important move?—Your obedient servant, SPES.

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## BOOKS, etc., RECEIVED.

- History of Homoeopathy. By Wilhelm Ameke, M.D. Translated by Alfred E. Drysdale, M.B. Edited by R. E. Dudgeon, M.D. London: E. Gould and Son. 1885.
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- Basic Aural Dyscrasia and Vascular Deafness. By R. T. Cooper, M.A., M.D. London: Baillière, Tindall, and Cox. 1885.
- A Reference-Handbook of the Medical Sciences. By Various Writers. Edited by A. H. Buck, M.D. New York City. Illustrated. Vol. I. New York: Wm. Wood and Co. 1885.
- The Transactions of the Medico-Chirurgical Society of Edinburgh. Volume IV. New Series. Session 1884 and 1885. Edinburgh: Oliver and Boyd. 1885.
- History of Queen Charlotte's Hospital. London: Hutchins and Crossley, Limited. 1885.
- Calendar of the Royal College of Surgeons of England, July 9th, 1885. London: Taylor and Francis. 1885.
- Epitome of Diseases of the Skin. By Louis Duhring, M.D. Reported by Henry Wile, M.D. Philadelphia: J. B. Lippincott and Co. 1886.

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