

ENTRANCE SCHOLARSHIPS AND PRIZES.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE.

THE Open Scholarship in Science, of the value of £130, tenable for one year, for students under 25 years of age, has been awarded to Mr. E. L. Jones, B.A. Cantab.; the open Scholarship in Science, of the value of £130, tenable for one year, for students under twenty years of age, to Mr. H. J. Waring, of Owens College, Manchester; and the Jeafferson Exhibition, of the value of £50, to Mr. F. M. Mangan.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.

THE Entrance Scholarship of £30, tenable for one year, has been awarded to Mr. Robert Douglas Muir; and that of £20, tenable for one year, to Mr. William Stainton Mercer.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

THE Entrance Scholarship, value £30, has been awarded to Miss Madgshon, of Jarrow-on-Tyne.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.

THE Entrance Scholarship in Natural Science, of the value of one hundred guineas, has been awarded to Mr. C. P. Lovell, B.A.; the three Entrance Scholarships in Natural Science, of the value of fifty guineas each, to Mr. L. E. Parkhurst, B.A., Mr. W. B. Winston, and Mr. F. W. Lewis; and the Scholarship of fifty guineas, open to students from a university, who have not entered at any London Medical School, to Mr. E. L. Sortain, B.A.

THE CHOLERA.

A ST. PETERSBURG telegram says:—Advices from Vladivostock report that cholera is making frightful ravages at Seoul, Corea, and the neighbouring district. Hundreds succumb daily to the disease.

THE CHOLERA IN EUROPE.

THE following are the cholera returns from October 2nd to October 6th:—Trieste, 44 cases, 7 deaths; Pesth, 10 cases, 7 deaths; Ponticello, 2 cases, 2 deaths; Torre dell' Annunziata, 17 cases, 10 deaths; Pesth, 23 cases, 10 deaths; Santagnello, 4 cases, 3 deaths; Castiglione, 10 cases, 8 deaths; Sestri, 5 cases, 2 deaths; Casarsa, 4 cases, 4 deaths; Cagliari, 25 cases, 10 deaths; Padua, 7 cases, 3 deaths; Taranto, 13 cases, 5 deaths; Szegedin, 28 cases, 11 deaths.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room, Exeter Hall, Strand, London, on Wednesday, the 20th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, September 29th, 1886.

COLLECTIVE INVESTIGATION OF DISEASE.

INQUIRIES are in progress on the subjects of

DIPHTHERIA, CANCER OF THE BREAST,
OLD AGE, THE VALUE OF HAMAMELIS,
THE VALUE OF PURE TEREBENE.

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

The general inquiries into THE THERAPEUTIC VALUE OF HAMAMELIS AND PURE TEREBENE will be continued for another year, and

a full report presented to the Section of Therapeutics in the Annual Meeting of 1887.

Returns are still received on THE CONNECTION OF DISEASE WITH HABITS OF INTEMPERANCE, and schedules will be forwarded 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.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The opening meeting of the session will take place at the Hackney Town Hall on Thursday, October 21st, when an address will be given by Dr. Playfair. The chair will be taken at 8.30 p.m. by the President of the Branch, J. Syer Bristowe, M.D., F.R.S. All medical men will be welcome, whether members of the Association or not.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—A meeting of the above District will take place at the West Kent Hospital, Maidstone, on October 29th. Gentlemen who wish to read papers, exhibit specimens, etc., are requested to inform the Honorary District Secretary, A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than October 9th. Further particulars will be duly announced.—A. W. NANKIVELL, St. Bartholomew's Hospital, Chatham, September 11th, 1886.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—A meeting will be held at the White Hart Hotel, Reigate, on Thursday, October 14th, at 4 p.m., Charles E. Oldman, M.D., of Bletchingley, in the chair. Dinner at 6 p.m., charge 7s., exclusive of wine. The following papers, etc., have been promised. Dr. Galabin: Modern Improvements in Casarean Section. Dr. Samuel West: On some Points connected with the Diagnosis and Treatment of Empyema. Dr. Oldman: A Case of Wound of the Orbit. Dr. Duncan, Mr. T. A. Richardson, Mr. A. Matthey: Pathological Specimens. Members desirous of exhibiting or reading notes of cases are invited to communicate with the Honorary Secretary, Dr. P. T. DUNCAN, Park House, Croydon, September 28th, 1886.

MIDLAND BRANCH.—There will be a meeting of this Branch on Thursday, October 21st, at 2 p.m., at the Infirmary, Stamford, when it is hoped there will be a discussion on the Duration of Infectiousness in Scarlatina, Small-pox, Measles, Mumps, and Diphtheria. Members desirous of reading papers or exhibiting cases are requested to communicate with me.—W. A. CARLINE, Honorary Secretary.

WEST SOMERSET BRANCH.—The annual meeting of this Branch, which was appointed to be held at Minehead on July 30th, was put off in consequence of its being ascertained that probably only three or four members could have attended on that day. The Council have now fixed that the postponed meeting shall be held at the Railway Hotel, Taunton, on Thursday, October 14th, at 4 p.m. The business will be the same as that stated in the circular of July 6th, and the dinner will be at 5.30 p.m.—W. M. KELLY, M.D., Honorary Secretary.

STAFFORDSHIRE BRANCH.—The thirteenth annual general meeting of this Branch will be held at Burton-on-Trent on Thursday, October 28th. An address will be delivered by the President-elect, Dr. W. G. Lowe.—VINCENT JACKSON, General Secretary, Wolverhampton, September 22nd, 1886.

BORDER COUNTIES BRANCH.—The autumn meeting of this Branch will be held at the Keswick Hotel, Keswick, on Friday, October 22nd. The President, Dr. Eaton, Cleator Moor, will take the chair at 1 p.m. Dr. Speirs, Cleator Moor, will read Notes of a Case of Poisoning by Spirits of Salt. Dr. Eaton will read An Obscure Medico-legal Case, involving the Consideration of Deaths from Alcoholic Poisoning, Suffocation, and Epilepsy. Dr. Black, Keswick, will contribute Notes of a Case of Hydatid of the Liver. Morbid specimens will be shown by Dr. Welby, Anson and others. Dinner at the Hotel at 4 p.m. The Secretary will be glad to receive immediate notice of papers for reading, and patients or specimens for exhibition.—H. A. LEDIARD, Honorary Secretary, 41, Lowther Street, Carlisle.

SOUTH MIDLAND BRANCH.—The autumnal meeting will be held at the George Hotel, Kimbolton, on Thursday, October 14th, at 2 o'clock p.m. The President, J. Hughes Hemming, Esq., invites the members to luncheon at his house, from 1 to 2 o'clock, and will be glad of a reply from those gentlemen intending to be present. By the kind permission of his Grace the Duke of Manchester, members will have the opportunity of visiting Kimbolton Castle. Gentlemen wishing to bring forward communications, etc., at the meeting, are requested to send the titles of the same at once to the Honorary Secretary. Papers, etc., promised.—Dr. T. J. Walker: An Apparatus for Irrigation of the Bladder. Mr. R. A. Milligan: 1. Case of Popliteal Aneurysm cured by Ligature after Failure of Pressure; 2. Two Large Calculi removed from Children by Lateral Lithotomy. Mr. J. Crew: Short Notes of a Case of Brain-Lesion. The subject of the Election of Representatives to the General Medical Council will be brought before the meeting.—C. J. EVANS, Honorary Secretary.

OXFORD AND DISTRICT BRANCH.—The next meeting of this Branch will be held at the Radcliffe Infirmary, Oxford, in the afternoon of Wednesday, October 27th. Members who wish to show cases or read papers are requested to communicate with one of the Secretaries on or before October 18th. Dinner, at 5s. (exclusive of wine), will be provided for those only who give in their names before Monday, October 25th.—Dr. DARBISHIRE, 60, High Street; W. L. MORGAN, Esq., 42, Broad Street, Oxford, Honorary Secretaries.

THAMES VALLEY BRANCH.—Meetings of the Branch will be held on November 10th, January 26th, and March 30th. Members willing to read papers or exhibit cases are requested to communicate with the Honorary Secretary, CHARLES C. SCOTT, M.B., St. Margaret's, Twickenham.

DORSET AND WEST HANTS BRANCH.—The next meeting will be held at Portland, on Wednesday, October 13th, 1886. The business meeting will be held at the Victoria Hotel, at 1.30 p.m. Agenda.—Election of Officers for 1887. Election of New Members of the Branch. Dr. Batterbury will move: "That it is advisable that three meetings of the Branch be held every year, instead of two, as at present." In the event of the above resolution being carried, it will be moved that by-law 10 be altered in accordance therewith. Communications.—Mr. Pridham: Case of Large Fibroid Polypus of Uterus; Removal; Specimen. Mr. Parkinson: Two Cases of Extra-uterine Fotation; Rupture and Death from Hæmorrhage. Dr. Batterbury: Specimen; Salivary Calculus. Dr. McLean: 1. Two Cases of Conservative Surgery of the Hand; 2. Two Cases of Empyema, illustrating Different Modes of Treatment; 3. Case of Nævus, cured by Injection of Tincture of Iodine. Dr. Macdonald: Observations on some of the new Hypnotics. Discussion.—The Treatment of Hæmorrhage from Internal Organs; for example, Lung, Liver, Stomach, Kidneys. Dinner at 4.15 p.m.; charge 6s. each, without wine. Members intending to be present are requested to notify the same to Dr. McLean, Weymouth, on or before Monday, October 11th.—WM. VAWDREY LUSH, M.D., Weymouth; C. H. WATTS PARKINSON, Wimborne, Honorary Secretaries.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

The Pathological Action of Corrosive Sublimate.—On the Antiseptic Action of Bile.—A New Fact in Testing for Sugar in Blood.—Local Electrification and Rise of Temperature.—Gelosine.—General News.

SINCE corrosive sublimate (mercuric chloride) has been so generally used in surgery, and especially in obstetric practice, the attention of medical men has been attracted to the various intestinal lesions which have fallen under their notice. It has been asserted that mercuric chloride can produce deep lesions in the large intestines. Complex clinical facts may be interpreted in different ways, and have, therefore, not furnished convincing proofs of this assertion. Some authors suppose that, in cases of parturition where the sublimate has been used, the visceral lesions are due to the septic condition existing in the patient, and that the sublimate is not to blame. Experimental data, especially those obtained by Prévost's experiments, described in the *Revue Médicale de la Suisse Romande*, 1882, p. 553, indicate that visceral lesions often result from the effect of corrosive sublimate. Similar lesions to those observed in patients were experimentally provoked in animals; ecchymosis and hæmorrhage, but neither gangrene nor ulceration were observed. MM. Charrin and Roger used an aqueous solution of corrosive sublimate at 1 per 1,000, and 1 per 4,000, which was injected under the skin or into the veins; this last method required smaller doses. After injecting two milligrammes under the skin of a guinea-pig weighing 500 grammes, several ulcerated areas were observed; the injection of 5 milligrammes given in the course of eighteen days, or 3 milligrammes in six days, were powerless. These animals, experimented on by MM. Charrin and Roger, did not present during life any important symptoms of intestinal lesion; they grew thinner, had albuminuria, but rarely diarrhoea, and never intestinal hæmorrhage. When the dose of mercuric chloride was weak, the animals did not succumb to it; they were killed at successive periods, in order to follow the course of the lesions. It was observed that the morbid appearances were localised in the large intestines, and especially in the ascending colon and cæcum; sometimes the ileo-cæcal valve and the terminal portion of the ileum were attacked. The earliest lesion consisted of small spots of hæmorrhage dotted about on the intestinal mucous membrane, the peritoneum, the omentum, the outer surface of the kidneys, and especially the tissue of the lung. At a later stage these spots appeared as small ecchymoses, forming lines parallel to the axis of the intestines, varying in length from three to four centimètres. Later on, these ecchymoses became more extended, and the central portions sloughed away. A black eschar was thus formed, which gradually fell off and left an ulcerated spot. The contiguous portion of peritoneum sometimes showed signs of inflammation. Intestinal perforation has never been observed by these investigators. Thus the principal lesion which occurs after free administration of corrosive sublimate, is apparently intestinal hæmorrhage, which slightly tumefies the intestinal mucous membrane, and thus disables it as a factor in the process of nutrition. This hypothesis was verified by microscopical examination, which revealed the presence of spots of hæmorrhage in the areolar tissue. The mucous membranes became detached and sphacelous without any glandular change taking place, as might be supposed would result from the elimination of the poison. These facts in ex-

perimental physiology applied to human patients indicate that a dose of 24 centigrammes of corrosive sublimate is necessary to produce intestinal ulceration in a man of sixty kilogrammes; but the conclusion is not applicable unless the sublimate be given in hypodermic or venous injections. It remains also to be proved whether human susceptibility to the influence of this substance is the same as that of the lower animals; some clinical facts suggest that smaller doses of corrosive sublimate act on the human subject and provoke intestinal lesions. Nevertheless, MM. Charrin and Roger do not consider that the possibility of these accidents ought to be urged as a reason for proscribing the use of corrosive sublimate as an antiseptic agent.

Many physiologists believe that bile acts as an antiseptic agent on the organised ferments of the intestines; clinical facts appear to support this hypothesis. In jaundiced patients, when the bile does not flow into the intestines, intestinal putrescence increases. MM. Charrin and Roger have endeavoured to study the direct action of bile on micro-organisms observed in the upper part of the small intestines. Fresh intact bile, added to sterilised broth, in the proportion of sixty-six cubic centimètres (or even more) of bile per litre of sterilised broth, was not found to prevent the microbes from developing. These artificial cultivations became turbid, and emitted a foetid odour. If slightly shaken, gases collected on the surface. If, instead of intact bile, some of its component elements were used, it was observed that each separate constituent of the bile exercised a different action. Biliary salts were more energetic in their action than bilirubin; this was especially true of the taurocholates. The antiseptic properties of bilirubin were very slight. Lecithin and cholesterine are apparently inert as antiseptic agents. Intact bile was less energetic than its constituent elements taken separately. Bufalin came to the same conclusion, after studying the action of bile and its constituent parts on ferments.

At a recent meeting of the Biological Society, M. Quinquand stated that, having ascertained that there were several errors in the existing method of testing blood for sugar with the usual reagents, he had modified the system of analysis, and used isinglass. He obtained precise results, and ascertained from them that the proportion of sugar contained in the blood was inferior to that stated by C. Bernard. At the same meeting, M. Quinquand stated that he had succeeded, by means of local electrification of a group of muscles in a dog, in increasing the central temperature to such an extent as to produce death in a short time. The blood returned in the veins of the region thus stimulated contained less sugar than the blood in the veins of the corresponding group of muscles on the opposite side of the animal. Therefore, animal heat could be increased experimentally, and the resulting physiological phenomena carefully studied. M. Quinquand's experiments apparently furnished a therapeutic means of increasing the temperature of patients.

At a recent meeting of the Société de Thérapeutique, M. Guérin read a paper on Gelosine, a mucilaginous substance extracted from a Japanese alga, which is sold in the form of dry whitish leaves. Gelosine is an excellent base, mixing easily with all pharmaceutical substances, soluble in alcohol and water, and in acidulated or alkaline water; it served as a medium for salts, powders, and different tinctures, and was of great utility in preparing suppositories. Gelosine gradually contracts and expels the water and medical substances it contains, which are thus spread over the surface of wounds or cavities, in which it is placed in any form. Gelosine thus gradually regains its original volume, but can be used more than once for the purposes cited above. Gelosine, therefore, appeared to be preferable to liniments and ointments. M. Guérin showed specimens of cylinders and slabs of gelosine, containing camphor, creosote, sulphate of zinc, eucaine, tincture of belladonna, iodoform, corrosive sublimate, carbolic acid, and coal-tar. In order to use gelosine as a medium, the quantity required should be immersed in its weight of hot water; the therapeutic agent is then added and incorporated. When the mixture becomes as thick as syrup, it is poured into moulds. These operations were completed in a quarter of an hour, and the expense was slight. Sterilised gelosine might be utilised in bacteriological research.

The French Society of Otology and Laryngology will meet in Paris at the Town Hall, Place St. Germain-l'Auxerrois, on October 27th and 28th, at eight o'clock in the evening.

Several cases of pelagra have recently broken out among the foot-soldiers in barracks at Montpellier; the disease is supposed to have been contracted through the men wearing caps which had previously been worn by men affected with the complaint, and which had not been disinfected.

DR. THOMAS LINNINGTON ASH, of Holsworthy, is a candidate for the coronership of the Okehampton district of the county of Devon, vacant by the decease of Mr. Fulford.

prisoned in the farmhouse (a very small one) in which I had taken rooms; and even had it been possible to move them, no one in New Quay would have taken them in. They were thus dependent on the landlord and his wife for quiet in the house, and the hundred little services necessary in such a case. With regard to my landlord and his wife, I will only say that had I absolutely threatened to prosecute them, they might have produced a state of things in the house which would have seriously retarded the child's recovery. His recovery was, of course, the first object with me, and it was necessary to find a *modus vivendi*. I did so by threatening them with prosecution in case they failed in the very least of doing everything to help on the recovery of the child.

After giving the matter the fullest consideration, I came to the conclusion that a prosecution, whoever instituted it, would do little or nothing towards a radical cure of the evil. The general public would probably never hear of it, or if they did, they would learn nothing of the prevalence of the fever in New Quay, and the causes which produced it. Nothing short of a public exposure would, I thought, avail, and I am now glad to learn from a correspondent that my opinion is supported by many of the residents in New Quay itself.—I am, Sir, your obedient servant,

H. NETTLESHIP.

17, Bradmore Road, Oxford.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL SCHOOL.

THE winter session of the Army Medical School commenced on Friday, October 1st, when the introductory address was delivered by Surgeon General Sir T. Longmore, C.B., Professor of Military Surgery. There were sixty-six surgeons on probation present, forty-one being candidates for commissions in the British Medical Service, and twenty-five in the Indian Medical Service.

VOLUNTEER MEDICAL OFFICERS.

WHAT constitutes the requirements of the Board of Examination to enable volunteer medical officers to obtain certificates of proficiency is a question so often asked, that the reproduction of the following information will not be unacceptable.

The following books are recommended, the first only is essential: 1. *Army Medical Regulations*, 1885, price 2s. 6d. 2. *Manual for the Medical Staff Corps for 1885*, price 2s. 3. Longmore's *Gunshot Injuries* (especially chapters on Administration, Equipment, etc.) 4. Parkes's *Hygiene*. 5. Wolsley's *Soldiers' Pocket-Book*. 6. Cantlie's *Accidental Injuries*, price 1s. 7. Evatt *On Ambulance Organisation, Equipment, and Transport*, price 1s. The examination is generally written, but may be partly or entirely *viva voce*. The questions are such as can be answered after careful reading of the *Medical Regulations*, supplemented by the perusal of one or more of the books named. Questions on bearer-company drill are not asked.

The desire of the Director-General, observes Mr. Walter Pearce, Acting-Surgeon, 20th Middlesex (Artists) Rifle Volunteers, to whom we are indebted for the above information, is to make the examination a real test of proficiency, and several rejections have recently taken place. Further information can be obtained through the adjutants of volunteer regiments from the Principal Medical Officers of their respective districts.

THE TROOPS IN BURMAH.

THE detachment under Major Meacham, which has been surrounded for some time past at Thabyabin by Boshway's force was, says a *Times* correspondent, relieved on September 28th, by a force of 120 of the South Wales Borderers, and found to be in a terrible condition. Out of 50 of the South Wales Borderers, 17 had died from fever, and 32 were sick and disabled, only one man remaining fit for duty. A company of the 16th Bengal Infantry, which formed the remainder of the force at Thabyabin, had also suffered from fever, two Sepoys having died and a number being disabled. No casualties had occurred among the officers.

THE NAVY.

THE following appointments have been made at the Admiralty during the past week: T. H. KNOTT, Fleet-Surgeon, to the *Lion*; WILLIAM ROCHE, Fleet-Surgeon, to the *President*; JOHN TYNDALL, Staff-Surgeon, to the *Brilliant*, for temporary service; R. G. BROWN, Staff-Surgeon, to the *Hecla*; JAMES DUNLOP, M.D., to the *Egeria*; A. F. HARPER, Surgeon, to the *Algerine*; H. J. M'C. TODD, Surgeon, to the *Ganges*; A. S. NANCE, Surgeon, to the *Swallow*.

Deputy Inspector-General F. W. DAVIS has been appointed to Jamaica Hospital

MEDICAL STAFF.

SURGEON-MAJOR F. HOWARD, M.D., who is serving in the Madras command, has passed the examination for the lower standard in Persian.

Surgeon-Major H. W. A. MACKINNON, serving in the Madras command, is, on return from Upper Burma, ordered to do general duty in the Eastern District.

Surgeon R. KIRKPATRICK, M.B., who has been doing duty at the Kamptee Station Hospital, in the Madras command, is directed to proceed in medical charge of the 2nd Battalion Royal Munster Fusiliers, under orders to Upper Burma.

Surgeon A. E. TATE, doing duty at the Station Hospital, Secunderabad, Madras command, is directed to proceed to Belgium, and assume medical charge of the 1st Battalion Rifle Brigade, under orders to Upper Burma.

Surgeon H. T. BAYLOR, serving in the Madras command, has been granted leave to England for six months on medical certificate.

Surgeon-Major R. M. CRAIG (doing duty at Poona Station Hospital), Surgeon E. W. KELSALL (Kirkree Station Hospital), Surgeon P. M. ELLIS (Colaba Station Hospital), Surgeon W. G. BIRRELL, M.B. (Mhow Station Hospital), and Surgeon R. H. HALL (Kurrachee Station Hospital), all in the Bombay command, have been detailed for service in Burma.

Brigade-Surgeon J. PAXTON, M.D., Surgeon-Major C. S. CLOSE, Surgeon-Major W. F. SAMUELS, Surgeon G. H. K. M. O'CALLAGHAN, serving in the Bombay command, and whose term of foreign service will expire during the season 1886-7, will proceed to England in Her Majesty's Indian troopships, doing duty with troops on the voyage.

THE INDIAN MEDICAL SERVICE.

THE services of Surgeons G. M. NIXON and J. F. MACLAREN, M.B., of the Bengal Establishment, are temporarily placed at the disposal of the Government of the North-West Provinces and Oudh.

Surgeon-Major D. P. MACDONALD, M.D., medical officer to the 11th Prince of Wales's Own Bengal Lancers, is appointed to the medical charge of the Bundelcund Political Agency, *vice* Surgeon F. Mullan, proceeded on duty to Burma.

Brigade-Surgeon (now Deputy Surgeon-General) J. H. THORNTON, C.B., M.B., Bengal Establishment, is appointed Deputy Surgeon-General, with temporary rank, for the period during which he held the appointment of Principal Medical Officer at Suakin, namely, from June 4th to November 15th, 1885.

Surgeon-Major C. H. JOBERT, M.B., Bengal Establishment, Officiating Civil Surgeon of Burdwan, is appointed to act as Professor of Anatomy at the Medical College, Calcutta, during the absence, on furlough, of Surgeon-Major D. O. RAYE, M.D.

Brigade-Surgeon A. GARDEN, M.D., Bengal Establishment, Civil Surgeon of Saharanpore, is to be in visiting charge of the civil medical duties of the Muzaffernugger District from August 21st.

Surgeon-Major O. BAKER, Bengal Establishment, is transferred from Moulinein to Rangoon, to perform the duties of Junior Civil Surgeon during the absence of Surgeon-Major H. Johnstone, M.B.

Surgeon G. T. THOMAS, Madras Establishment, is transferred from Rangoon to Moulinein, to fill the post of civil surgeon.

The services of Surgeon-Major C. SETHBORPE, of the Madras Establishment, have been replaced at the disposal of the Commander-in-Chief.

Surgeon-Major T. C. H. SPENCER, Madras Establishment, whose services have been replaced at the disposal of the Military Department, is directed to do duty at St. Thomas's Mount, *vice* Brigade-Surgeon C. T. EVES, retired.

Brigade-Surgeon G. Y. HUNTER, Bombay Establishment, who has been on sick furlough, has received permission to return to duty.

Surgeon-Major C. OULVIE and Surgeon H. B. BRIGGS (in medical charge of the 12th Native Infantry), both of the Bombay Establishment, have been detailed for service in Burma.

The undermentioned gentlemen have obtained leave of absence for the periods specified: Surgeon-Major O. T. DUKE, M.B., Bengal Establishment, medical officer 16th Native Cavalry, for one year on medical certificate; Surgeon G. JAMESON, Bengal Establishment, for 182 days.

SURGEONS G. C. TAYLOR, M.B., and F. F. LEE, of the 1st Wilts Volunteers, have been granted the honorary rank of Surgeon-Major.

INDIA AND THE COLONIES.

INDIA.

MORTALITY IN INDIAN GAOLS.—Attention is once more being directed, in India, to the extraordinarily high death-rate in the gaols in Bengal. In no less than nineteen of the gaols the death-rate varied from 200.2 per 1,000, to 61.2. The *Englishman* gives the following as the "returns" from the worst gaols:—Jalpaiguri, 200.2 per 1,000; Hazaribagh, 180.8; Dinajpur, 170.3; Ragshahai, 169.5; Purnia, 133.1; Rungpur, 119; and Monghyr, 111. The mortality is reported to have been greater among newly arrived prisoners than among the older inhabitants of the prisons. How is this terrible mortality explained? It is a well-known fact that the health of the criminal classes in India, even when at large, is bad, a fact to be accounted for chiefly by their precarious calling; they are usually more than half starved on admission, and when to this the barely sufficient food of an Indian prison dietary and the depressing influences inseparable from prison life and discipline are added, it to some extent explains the little resistance to disease of which the wretched inmates of Indian prisons are capable. Most of the prisons named are in unhealthy districts, suffering much from malaria. In one gaol, that of Jalpaiguri, the medical officer reported that, out of 513 prisoners, 80 were in bad, and 321 in indifferent health on admission, and, out of this number, 20 died. After a liberal allowance has been made for the operation of the causes assigned in

explanation of this enormous death-rate, and for the prevalence of cholera in the various districts where the gaols are situated, from which the inmates suffered to some extent, it must be allowed that this excessive mortality demands a searching inquiry. As the matter stands, the "death-penalty" falls on a very large number of criminals whose offences against society, however "worthy of bonds," are surely too severely punished by death. All the world over, the two chief causes of excessive prison-mortality have been overcrowding and insufficient food. We all know what our prisons in England at one time were, loathsome pest-houses, and that now the death-rate of their inmates is lower than that in any class of the population. In a time of general sickness, perhaps, the safest place of refuge in the present day is an English prison. It may not, perhaps, be possible, in such a climate as that of India, to bring up the health-standard of Indian prisons to that of our English gaols, but surely something should be done to improve the condition of the prisoners, and lessen the enormous mortality, which is a blot on our administration.

MEDICO-LEGAL AND MEDICO-ETHICAL.

FEE FOR ATTENDANCE ON MEMBERS OF THE PROFESSION.

SIR,—I shall feel greatly indebted for advice as to what I should do in the following circumstances. Some time ago, I was asked to visit a medical man—a total stranger to me—who lived in a country village about fourteen miles from my house. On visiting him, I found him to be very dangerously ill, and requiring regular medical attendance. My patient, however, absolutely refused to allow any of the neighbouring practitioners to see him; so I was urgently pressed to undertake the attendance on him, which I did, making in all eleven visits, some of them at great inconvenience to myself. I was asked several times, on his recovery, to charge a fee, which, however, I did not do. Some time afterwards, the patient called on me, to thank me for my attention during his illness; and again he pressed me to charge him a fee. I said that I did not think it was customary to do so in the case of a brother medical. To this he replied that the circumstances were quite exceptional, each visit taking from three to four hours, on account of the travelling out and back to town. The railway fares alone came to 35s. My patient is a man in good practice; I am one of the assistant-physicians to the chief hospital in this town. Am I justified, in these circumstances, in charging a fee? and, if so, what would be a reasonable fee to charge?—Yours truly, M.D.

* * As the most authoritative reply (which has unwittingly been delayed) to our correspondent's question, we would refer him to the following suggestive rule, extracted from the second edition of the *Code of Medical Ethics*, ch. ii, sect. 2, page 53, on the principle laid down in which we unreservedly advise him to act.

"All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (not as a matter of right, but) by professional courtesy, to the reasonable and gratuitous services—railway and like expenses excepted—of the faculty resident in their immediate neighbourhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father, or the widow and children of a practitioner left in affluent or well-to-do circumstances, should be charged as ordinary patients, unless feelings of friendship, or other special reasons, render the attendant practitioner averse to professional remuneration; in such case, the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined, for no pecuniary obligation ought to be imposed on the debtor which the debtor himself would not wish to incur."

OBITUARY.

DR. FRANCIS HAY.

DR. FRANCIS HAY was the son of Mr. Francis McD. Hay, of Peterhead. He graduated at the University of Edinburgh, where he took the degree of M.A. in 1871, and the M.B. and C.M., with highest honours, in 1874. He practised for about twelve months in Perthshire, and then went to the Continent and continued his studies at Berlin, Vienna, and Paris. On returning to England, he settled at St. Helen's, Lancashire, and enjoyed an extensive practice there for about six years; but his health gave way from overwork, and about two years ago he returned to Peterhead, and resumed practice there. About three weeks ago he was attacked by erysipelas, but recovered sufficiently to resume work. While visiting a patient on Thursday evening, September 30th, however, he was taken so ill that he had to remain for the night. Next day he went to his home, but getting worse, was taken to his mother's house in Cairnroddie, where he died on October 4th, at the early age of 37. He was unmarried.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE SANITARY CONDITION OF THE THAMES.

THE recommendations of the Royal Commission on metropolitan sewage-discharge, that no crude sewage be discharged into the Thames at any point above the Nore, are, according to the half-yearly report of the Port of London Sanitary Committee of the Corporation, likely to remain as a recommendation, and nothing more. It is stated that in "two cases at Gravesend, where large and offensive outfalls existed, the owners have been compelled to carry the pipes out to low-water mark, and thus minimise the nuisance. With regard to the great and serious question of the sewage of London, no fresh action has been taken by the Metropolitan Board of Works. As was expected, they continue to treat the sewage at the present outfalls. The result up to the present time is exactly what was foreseen—namely, whenever the weather is hot and dry for a week or two, the river becomes discoloured, and gives off the old-familiar smell. Happily, the summer, up to the present time, has been a cool and wet one, and there have been but few spells of weather favourable to the complete development of the Thames nuisance. On a few occasions, the water has been discoloured, and the foul smell has obtruded itself upon the public notice. The nuisance is not, however, a constant one. With a spell of warm weather, it becomes marked, and is at once taken up by the public and the press. With the advent of cool weather and rain, the trouble is diminished, and the subject is once again forgotten."

Mr. W. Chippendale Cotton, on the other hand, states that the Board of Works have arranged for experiments being carried out at Crossness pumping-station for treatment of London sewage by means of filtration. This method will—(1) entirely dispense with the "fleet of vessels" for carrying the solid matter to the ocean; it will (2) permit the affluent being turned into the river freed from all objectionable or noxious matter; and it will (3) convert the solid refuse, in conjunction with the filtering material, into a valuable fertiliser, which can be carried away either in blocks or in a powdered state. The results already achieved at Wimbledon, he adds, leave no doubt as to the ultimate success of the larger scheme at Crossness, both from an economic and hygienic point of view.

HEALTH OF ENGLISH TOWNS.

IN the twenty-eight large English towns, including London, dealt with in the Registrar-General's Weekly Return, which have an estimated population of 9,093,817 persons, 5,539 births and 3,592 deaths were registered during the week ending Saturday, October 2nd. The annual rate of mortality, which had been 22.6 and 21.0 per 1,000 in the two preceding weeks, further declined to 20.6 during the week under notice. The rates in the several towns, ranged in order from the lowest, were as follow:—Brighton, 15.2; Bradford, 16.9; London, 17.0; Derby, 17.6; Plymouth, 18.4; Huddersfield, 18.8; Sunderland, 20.1; Portsmouth, 20.3; Birkenhead, 21.3; Birmingham, 21.5; Nottingham, 21.6; Leicester, 22.0; Oldham, 22.0; Bristol, 22.4; Sheffield, 23.2; Newcastle-upon-Tyne, 23.9; Hull, 24.3; Cardiff, 24.3; Salford, 24.5; Blackburn, 24.6; Norwich, 24.9; Halifax, 26.0; Liverpool, 26.4; Wolverhampton, 27.4; Leeds, 27.7; Bolton, 27.7; Manchester, 29.2; and the highest rate during the week, 29.4 in Preston. In the twenty-seven provincial towns, the death-rate averaged 23.7 per 1,000, and exceeded by as much as 6.7 the rate recorded in London, which, as before stated, was but 17.0 per 1,000. The 3,592 deaths registered in the twenty-eight towns during the week under notice included 532 which were referred to diarrhoea, 61 to scarlet fever, 59 to fever (principally enteric), 33 to diphtheria, 32 to measles, 29 to whooping-cough, and not one to small-pox; in all, 746 deaths resulted from these principal zymotic diseases, against 1,199, 1,132, and 933 in the three preceding weeks. The zymotic death-rate was equal to 4.3 per 1,000. In London, the zymotic rate during the week under notice was 2.4 per 1,000, while in the twenty-seven provincial towns it averaged 5.8, and ranged from 2.4 in Huddersfield, and 2.7 in Plymouth, to 8.5 in Leeds, 9.1 in Norwich, 10.4 in Wolverhampton, and 12.4 in Preston. The fatal cases of diarrhoea, which had declined from 998 to 724 in the three preceding weeks, further fell during the week under notice to 746, and caused the highest death-rates in Sheffield, Norwich, Cardiff, Wolverhampton, Hull, and Preston. In London, the diarrhoea rate did not exceed 1.4 per 1,000. The deaths referred to scarlet fever, which had been 43 and 52 in the two previous weeks, further rose during the week to 61, and exceeded the number recorded in any week since the end of 1884; they were proportionally most numerous in Liverpool, Bristol, and Salford. The 59 fatal cases of "fever" showed a decline of 4 from the number in the preceding week, and caused the highest death-rates in Portsmouth, Norwich, and Plymouth. The deaths referred to diphtheria, which had increased in the four previous weeks from 19 to 28, further rose during the week under notice to 33, a higher number than in any week since February last; 20 occurred in London, 4 in Liverpool, 2 in Leeds, and 2 in Cardiff. The fatal cases of measles, which had steadily declined from 57 to 29 in the five preceding weeks, rose again during the week to 32, and caused the highest death-rates in Halifax and Blackburn. The 29 deaths from whooping-cough showed a further marked decline from recent weekly numbers, and were proportionally most numerous in Norwich and Wolverhampton. No death was referred to small-pox, either in London or in any of the twenty-seven provincial towns. The Metropolitan Asylum Hospitals contained but one small-pox patient at the end of last week. The death-rate from diseases of the respiratory organs

in London during the week under notice was equal to 2.4 per 1,000, and was below the average. The causes of 87, or 2.4 per cent., of the 3,592 deaths registered during the week in the twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, October 2nd, 790 births and 452 deaths were registered in the eight principal Scotch towns, having an estimated population of 1,283,977 persons. The annual rate of mortality, which had declined from 20.6 to 16.8 per 1,000 in the three preceding weeks, rose again to 18.3 during the week under notice, but was 2.3 per 1,000 below the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 9.8 in Perth, 13.0 in Paisley, 14.4 in Dundee, 14.7 in Edinburgh, 19.2 in Leith, 19.5 in Greenock, 19.9 in Aberdeen, and 21.7 in Glasgow. The 452 deaths registered during the week under notice in these towns included 63 which were referred to the principal zymotic diseases, against 73 and 78 in the two preceding weeks; of these, 34 resulted from diarrhoea, 14 from whooping-cough, 8 from scarlet fever, 4 from "fever," 2 from diphtheria, 1 from measles, and not one from small-pox. These 63 deaths were equal to an annual rate of 2.6 per 1,000, which was 1.7 below the mean zymotic death-rate during the same period in the twenty-eight large English towns. The highest zymotic rates in the Scotch towns during the week under notice were recorded in Dundee, Aberdeen, and Glasgow. The fatal cases of diarrhoea, which had been 57, 45, and 43 in the three preceding weeks, further declined in the week under notice to 34, which, however, considerably exceeded the number in the corresponding week of last year; 15 occurred in Glasgow, 6 in Dundee, 4 in Edinburgh, and 4 in Aberdeen. The 14 deaths referred to whooping-cough showed a decline of 4 from the number in the preceding week, and included 10 in Glasgow and 3 in Edinburgh. The fatal cases of scarlet fever, which had been 7 and 9 in the two previous weeks, were 8 during the week under notice, of which 7 occurred in Glasgow. The 4 deaths referred to "fever," corresponded with the number in the preceding week, and included 2 in Glasgow. The death-rate from diseases of the respiratory organs in these Scotch towns during the week under notice, was equal to 3.0 per 1,000, against 2.4 in London. The causes of 66, or 14.6 per cent., of the 452 deaths registered during the week in these Scotch towns were uncertified.

HEALTH OF IRISH TOWNS.

IN the week ending October 2nd, 358 deaths were registered in the sixteen principal town districts of Ireland. The average annual death-rate represented by the deaths registered was 21.6 per 1,000 of the population. The deaths registered during the week under notice in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000: Armagh, 20.7; Belfast, 19.3; Cork, 26.0; Drogheda, 16.9; Dublin, 22.4; Dundalk, 8.7; Galway, 33.6; Kilkenny, 25.4; Limerick, 31.0; Lisburn, 24.2; Londonderry, 16.0; Lurgan, 25.7; Newry, 3.5; Sligo, 24.1; Waterford, 18.5; Wexford, 8.6. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 3.7 per 1,000, the rates varying from 0.0 in nine of the districts to 6.7 in Galway; the 10 deaths from all causes registered in that district comprising 1 from simple continued fever and 1 from diarrhoea. Among the 82 deaths from all causes in Belfast are 6 from scarlet fever, 1 from typhus, 1 from whooping-cough, 4 from enteric fever, and 5 from diarrhoea; and the 40 deaths in Cork comprised 3 from typhus, 1 from diphtheria, 2 from diarrhoea. One of the 2 deaths registered in Dundalk was caused by scarlatina. In the Dublin Registration District the deaths registered during the week amounted to 154—78 males and 76 females. Thirty-three deaths from zymotic diseases were registered in Dublin, being 1 over the average for the corresponding week of the last ten years, but one under the number for the week ending September 25th; they consist of 8 from scarlet fever, 2 from enteric fever, 21 (including 13 of children under 5 years old) from diarrhoea, and 2 from dysentery. There were but 11 deaths from diseases of the respiratory system registered during the week, being 9 under the number for the preceding week, and 12 below the average for the thirty-ninth week of the last ten years; they comprised 6 from bronchitis. The deaths of 16 children (including 12 infants under one year old) were ascribed to convulsions. Two deaths were caused by apoplexy, 7 by other diseases of the brain and nervous system (exclusive of convulsions), and 13 by diseases of the circulatory system. Phthisis, or pulmonary consumption, caused 18 deaths, mesenteric disease 3, and cancer 3. Three accidental deaths and 1 case of suicide were registered. In 23 instances the cause of death was uncertified, there having been no medical attendant during the last illness.

HEALTH OF FOREIGN CITIES.

IT appears, from statistics published in the Registrar-General's return for the week ending October 2nd, that the annual death-rate was recently equal to 21.8 in Bombay, and 23.0 in Calcutta. Cholera caused 15 deaths in Calcutta, and the mortality from fever showed the largest excess in Bombay. According to the most recently received weekly returns, the annual death-rate averaged 28.2 per 1,000 persons estimated to be living in twenty-one of the largest European cities, and exceeded by as much as 7.6 the mean rate during the week in the twenty-eight large English towns. The death-rate in St. Petersburg was 24.4, and showed a decline from the rates in recent weeks; the 434 deaths included 70 from diarrhoeal diseases, 15 from scarlet fever, and 8 from "fever." In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged 27.0 per 1,000, and ranged from 17.5 in Stockholm to 36.6 in Copenhagen; diarrhoeal diseases caused 56 deaths in Copenhagen, and 38 in Stockholm, while 15 deaths were referred to diphtheria and croup in Christiania. In Paris, the death-rate was equal to 20.2, and showed a decline from the rates in recent weeks, although it exceeded by 3.2 the rate that prevailed in London; the deaths included 16 from typhoid fever, 13 from diphtheria and croup, and 152 from infantile diarrhoea. The 199 deaths in Brussels, of which 62 were due to diarrhoeal diseases, and 1 to small-pox, gave a rate of 23.8. The rate in Geneva did not exceed 15.8, and no fatal case of zymotic disease was reported. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 25.4, the several rates being 21.8 in Amsterdam, 23.1 in Rotterdam, and 37.5 in the Hague; a fatal case of small-pox, and 10 deaths from measles, were recorded in the Hague. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 34.4 per 1,000, and ranged from 20.8 in Vienna and 26.7 in Prague, to 37.9 in Munich, 42.3 in Breslau, and 50.0 in Trieste. Diarrhoeal diseases were fatally prevalent in each of these German cities; diphtheria caused the highest mortality in Berlin, Hamburg and Dresden; small-pox caused 35 deaths in Buda-Pesth, measles 28 in Trieste, while 16 fatal

cases of cholera were returned in Buda-Pesth. The death-rate was equal to 18.3 in Turin and to 27.9 in Venice; typhoid fever caused 6, and measles 3, deaths in Turin, while 14 cases of cholera occurred in Venice, against 11 and 12 in the two preceding weeks. The death-rate was 46.2 in Cairo and 48.7 in Alexandria; diarrhoeal diseases caused 128 deaths in Cairo, and 55 in Alexandria; typhoid fever 23 in Cairo, and 8 in Alexandria. Among the principal American cities, the death-rate was equal to 19.8 in Philadelphia, 20.4 in Baltimore, and 24.0 in Brooklyn; 68 deaths were referred to diarrhoeal diseases in Brooklyn, and typhoid fever caused 13 deaths in Philadelphia and 7 in Baltimore.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

RIVER TYNE PORT.—Mr. H. E. Armstrong's report for 1885 gives details of the work of a period of much anxiety, owing chiefly to the continuance of cholera abroad, and the consequent need for exertion at home. The movements of vessels from cholera-infected or suspected ports were closely watched. All such vessels arriving at the port were boarded, and the condition of the drinking-water inquired into. On two vessels, cases of diarrhoea occurred, and the drinking-water was changed. The orders of the Local Government Board, with regard to the importation of rags, received due attention. Mr. Armstrong gives some interesting particulars bearing on the transmission of the infection of disease from place to place. Eleven patients were admitted to the floating hospital, five being cases of small-pox removed from the brig *Edissa*. Fourteen vessels were fumigated on account of infectious sickness on board, either shortly before arrival or whilst in port; and, in forty-three cases, the drinking-water was changed and the tanks cleansed and purified.

WHITBY.—Dr. Johnson Herbert sends a fairly satisfactory report of the public health of this borough during his first year of office. The death-rate from all causes was 20.62 per 1,000. There were 46 deaths from zymotic diseases, including 22 from whooping-cough, and 15 from measles. A single fatal case of typhoid fever was imported. The epidemic of measles affected chiefly the east side, which is the most populous and unsanitary part of the town; the board-school had to be closed. Dr. Herbert's experience as to the ignorance and want of proper precaution in isolation on the part of parents is common to all health-officers. A case of small-pox was imported into the town in March, 1885. Prompt measures of precaution were taken, but another member of the family contracted the disease, although in a mild form. A prosecution arose out of this case for wilfully exposing and transmitting infected clothing, and a conviction was obtained. The erection of an infectious hospital, for which the Board is endeavouring to secure a suitable site, will be a great boon to the town; and until it is provided, Whitby cannot regard its sanitary defences as perfect.

MEDICAL NEWS.

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, September 30th, 1886.

Barrett, Ernest, 15, Elm Road, Dulwich.
 Horner, Charles Julian, M.R.C.S., Fern Hill, Walthamstow.
 Sibley, Walter Knowsley, 7, Harley Street, W.
 Stevenson, George, 466, Edgware Road, W.

MEDICAL VACANCIES.

The following vacancies are announced.

BRIGHTON AND HOVE LYING-IN INSTITUTION.—House-Surgeon. Applications by October 30th to the Secretary.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Registrar and Pathologist. Applications to the Secretary.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Three Clinical Assistants. Applications to the Secretary.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Assistant Physician. Applications by October 16th to the Secretary.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Clinical Assistant. Applications by October 11th to the Secretary, 24, Finsbury Circus, E.C.

CLIFTON DISPENSARY.—Resident Medical Officer. Salary, £175 per annum. Applications by October 23rd to the Rev. R. W. Southey, 4, Royal Park, Clifton, Bristol.

DEWSBURY AND DISTRICT GENERAL INFIRMARY.—House-Surgeon. Salary, £50 per annum, with board and lodging. Applications by October 14th to the Secretary.

ECCLES AND DISTRICT MEDICAL ASSOCIATION.—Senior Resident Medical Officer. Applications to J. Ramsdale, Esq., 1, Milton Terrace, Cromwell Road, Patricroft.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident Clinical Assistant. Applications by October 16th to the Secretary.

LONDON HOSPITAL.—Medical Registrar. Salary, £100 per annum. Applications by October 25th to the Secretary.

MEDICAL AID ASSOCIATION OF BIRSA, HARRY, AND SANDWICK, Mainland of Orkney.—Medical Officer. Salary, £27 per annum, with house. Applications by October 23rd to the Rev. J. A. Selbie, Birsa, Stromness.

METROPOLITAN FIRE BRIGADE, Eastern District.—Medical Officer. Applications by October 18th to the Clerk of the Metropolitan Board of Works, Spring Gardens, S.W.

NOTTINGHAM GENERAL HOSPITAL.—Resident Surgical Assistant.—Applications by October 11th to the Honorary Secretary of the Medical Board.

ROTHERHAM HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum, with board and lodging. Applications by October 31st to the Honorary Secretary.

ST. THOMAS'S HOSPITAL.—Assistant Dental Surgeon. Applications by October 23rd to the Secretary.

ST. THOMAS'S HOSPITAL.—Assistant Surgeon. Applications by October 23rd to the Secretary.

THE KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.—Two Honorary vacancies on Medical Staff. Applications by October 19th to T. W. Dobson, Esq., The Dispensary, 13, Kilburn Park Road, N.W.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road, W.—Assistant Surgeon. Applications by October 23rd to the Secretary.

WORCESTER GENERAL INFIRMARY.—Surgeon. Applications by October 16th to W. Stallard, Esq., Worcester Chambers, Pierpoint Street, Worcester.

MEDICAL APPOINTMENTS.

ANDERSON, James, M.D., M.R.C.P., appointed Assistant Physician to the London Hospital.

BLACK, James, F.R.C.S., appointed Aural Surgeon to the Westminster Hospital.

COLLINGWOOD, F. W., M.R.C.S.E., L.R.C.P.Lond., appointed Junior House-Surgeon and Dispenser to the Torbay Hospital and Provident Dispensary, *vice* G. Y. Eales, M.R.C.S.E., L.R.C.P.Lond., promoted.

CUSSE, Ernest, M.R.C.S.Eng., L.S.A., appointed Resident Medical Officer and Secretary to the Bournemouth Cottage Hospital and Dispensary, *vice* T. G. Parrott, M.R.C.S., L.R.C.P.Lond., resigned.

DOVE, Augustus Charles, M.B., M.R.C.S., appointed Junior House-Surgeon to the Cancer Hospital, Brompton.

EALLES, George Young, M.R.C.S., L.R.C.P., appointed Senior House-Surgeon to the Torbay Hospital, Torquay, *vice* W. G. B. Tyrrell, resigned.

GUTHRIE, Leonard L., M.A., M.R.C.S., L.S.A., appointed House-Surgeon to the Paddington Green Children's Hospital, *vice* Dr. George Parker.

HASLEWOOD, A. O., M.R.C.S., appointed Honorary Medical Officer to the Devonshire Hospital and Buxton Bath Charity, *vice* W. H. Flint, L.R.C.P., resigned.

PARROTT, Thos. Godfrey, M.R.C.S., L.R.C.P.Lond., appointed Resident Medical Officer to the National Sanatorium for Consumption and Diseases of the Chest, Bournemouth, *vice* Dr. Hunby, resigned.

SHAW, Hugh Grosvenor, L.R.C.P., M.R.C.S., appointed Senior House-Surgeon to the Cancer Hospital, Brompton, *vice* E. W. Paul, M.R.C.S., etc., resigned.

SHEILD, A. Marmaduke, M.B., F.R.C.S., appointed Assistant Surgeon to the Westminster Hospital.

STAVELBY, W. H. C., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

WELSFORD, George Frederic, M.B. Cantab., M.R.C.S., appointed Medical Officer for the Second District of the Woodstock Union.

WILLIAMS, D. W., M.B.Lond., M.R.C.S., appointed Assistant Resident Medical Officer to the Bristol Royal Infirmary, *vice* H. C. Thurston, M.R.C.S., L.R.C.P., resigned.

WILKINSON, J., M.B. and Ch.M. Edin., appointed Resident Medical Officer to the Eastern Dispensary, Bath, *vice* A. M. Irwin, L.R.C.S.I., resigned.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY.—Hunterian Society, 8 P.M. Mr. Hutchinson: On the Value and Measuring of Certain Symptoms.—The British Gynecological Society, 8.30 P.M. Dr. Meadows: On Casarean Section. Mr. Lawson Tait: On Extraperitoneal cysts. Specimens will be shown by Dr. Edis, Dr. Fancourt Barnes, and others.—Royal Microscopical Society, 8 P.M. Papers: Mr. T. B. Rosseter, Trichodina as an Endoparasite; Desiccation of Rotifers; The Abbe-Zeiss new Objectives, and Eyepieces.

FRIDAY.—Society of Medical Officers of Health, 7.30 P.M. Address by President: A Consideration of the Various Modes of House-Refuse and Sewage Disposal.

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.

LITHGOW.—On October 2nd, the wife of Dr. T. G. Lithgow, F.R.C.S., L.R.C.P. Lond., Stirling House, Farnborough, Hants, of a son.

DEATHS.

ASHMEAD.—On the 4th inst., at Talbot House, Brierley Hill, Staffordshire, Helen Wilhelmina, the beloved wife of George Ashmead, L.R.C.P. and L.R.C.S. Edin., and youngest daughter of the late Captain Henry Walker, of Castle Stuart, Inverness-shire, deeply regretted.

PEARCE.—On October 1st, at Eastbourne, Dr. George Pearce, of Leicester, aged 47.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY.....10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.

TUESDAY.....9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department).

WEDNESDAY...10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Mary's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.

THURSDAY....10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-west London; Chelsea Hospital for Women.

FRIDAY.....9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.

SATURDAY....9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.

GUY'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. 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., 8; 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. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; 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, W., 2; Throat, Th., 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., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetrics, 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., 3. Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL 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.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication. CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

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.

680—the probable number of the 910 who will eventually qualify—will go to Scotland or Ireland, and pass in the subjects before graduating, I think we may assume that at least one-third of the London students will go through a full course of natural science before qualifying.

How much longer do the London hospital authorities intend to hesitate before they arrange to grant fair degrees to their students? It is pitiable to read (*Lancet*, May 1st, 1885, page 836) that, while 265 students entered at Edinburgh, 164 at Glasgow, and 90 at Cambridge, only 88 entered at St. Bartholomew's, 50 at St. Thomas's, 41 at Guy's, 39 at University, and 34 at King's. London is losing way terribly, and, when she tries to reform, she will find, as the Indian Medical Service is doing, that a reputation once gained cannot always be traded on for ever. SHIRLEY DEAKIN, F.R.C.S. Eng. Bumm, Punjab.

INCREASED COST OF MEDICAL EDUCATION AND THE APPRENTICESHIP SYSTEM.

MR. W. P. HOURIGAN (Freshford, co. Kilkenny) writes: In the course of communication with my provincial brethren, a very important question has been raised with regard to the heavy charges which such of us as have sons going into the profession have to pay for them.

Allow me now to point out to my provincial brethren that this has been brought about by the entire exclusion of countrymen from the governing body of the profession. We have been without voice or vote, and our lot has been like the lot of all unenfranchised masses. We stand almost alone in regard to the absence of any extra facilities for the introduction of our sons into our own calling. The attorney, the engineer, and others enjoy, through the agency of the apprenticeship system, these facilities which are now denied to us. Even the barrister, through the increase of the apprenticeship system, really, though not nominally, is enabled to give his son his profession on easier terms than an outsider can receive it.

Now, in former times, this was not the state of things which existed, and I desire to call pointed attention to the fact that this was brought about by the operation of the classes who have hitherto held exclusive sway over us in the Medical Council. A new scheme was introduced into the Irish College a few years ago, and advantage was taken of it by the presidents and councillors of that institution to abolish clinical recognition of the provincial hospitals. Furthermore, when the partial remaining provincial privilege allowed by it, namely, one year with a provincial practitioner, was seen to be likely to be availed of more and more every day, the representative of that body on the Medical Council moved and carried there a resolution increasing the compulsory attendance at medical schools, thereby strangling the poor privilege accorded us.

THE PROPOSED NEW MEDICAL DEGREE.

BETA writes: I do not gather, from the correspondence in the medical journals on the subject of the proposed new medical degree, whether any provision is contemplated for the admission to the degree without further examination of men who are already Fellows of the Royal College of Surgeons of England, or Members of the Royal College of Physicians of London; but I cannot help thinking that, if this proposal were fairly considered, it would receive the support of the "powers that be."

It must be remembered that, before the University of Durham made its present liberal provision for practitioners of fifteen years' standing, some men in practice, moved by a laudable desire to possess a higher qualification than that which they had obtained at the close of their career as students, passed the examination for one or other of the above-mentioned distinctions; and some have done so who, having been less than fifteen years in practice, were not at the time eligible for the Durham degree.

Now, I think it will be admitted by all that a man who has obtained the superior qualification of either of the two London colleges must be, from a professional point of view, more completely trained and educated than the ordinary run of men, and might, therefore, most appropriately be admitted at once to the new doctorate without being subjected to the annoyance of any further examination-test; perhaps, even, the University of Durham itself, if this matter were laid before their Senate in a proper light, might be willing to concede that the incorporations among their own graduates of the few men who might desire admission from among those to whom my remarks refer, would not be likely in any way to damage the prestige of their degree, while those who were so incorporated could hardly fail to derive much gratification from being thus recognised by, and connected with, one of the great educational centres of the kingdom.

INQUESTS AND MEDICAL MEN.

MR. R. M. CRAVEN (Southport) writes: I should like to ask whether there is any obligation, either legal or moral, upon a medical man to report to a coroner concerning the death of any person. Are we not all of us medical jurists—educated, examined, and licensed by law as such? Why then shall we consider ourselves called upon to report to the coroner, who is probably a solicitor, and knows far less of the probable cause of death than we do ourselves? Is a coroner's officer (who is probably a policeman) or a coroner's jury, which most likely consists of a few respectable shopkeepers, with one or two offscourings from the adjoining bar-parlour to complete the number, taking the places of absentees who have been warned to attend, more competent to sift evidence, and to express an opinion thereon as to the cause of death than we are?

As Mr. Hussey expresses it, "Some registrars think that, when information of the death is given by the friends of the deceased person, with the certificate from a practitioner, their duty under the Registration Act is to register the death, and the cause of it, as stated in the certificate, without further question."

Registrars who think thus are perfectly right (*vide* Births and Deaths Registration Act), and those who act otherwise, and refuse to register the death when a certificate of a practitioner is produced, are liable to a heavy penalty (on conviction) for their illegal act.

I submit that the medical attendant (who is a legally qualified medical jurist) is more competent than the coroner or his officer to express an opinion on the necessity or otherwise for holding an inquest. Neither the coroner nor the Lord Chancellor has any power whatever to prevent the registration of a death, the cause of which is certified by a practitioner; and it is equally absurd to suggest that a practitioner should, even for an hour, withhold a certificate

"until he has the sanction of the coroner to give it," as Mr. Hussey expresses it, for no coroner has any power or authority either to give or withhold such "sanction."

A medical man who obtains the sanction of the friends of the deceased to such a course, is at liberty to make a *post mortem* examination of the body of a deceased person without any instructions from the coroner, if he considers that such examination is necessary in order that he may arrive at a correct opinion as to the cause of death.

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

Mr. J. H. Pugh, London; Dr. Cranstoun Charles, London; Dr. C. Y. Biss, London; Dr. G. H. Mackenzie, Edinburgh; Dr. Dolan, Halifax; Mr. T. W. Lacey, Woolwich; Dr. H. W. Williams, London; Mr. J. West, London; Dr. W. Squire, London; Mr. B. J. Tuck, Seaford; Mr. F. W. Barry, Settle; Mr. J. L. Callaghan, Street; The Rev. M. de Colleville, Brighton; Sir T. Longmore, Woolston; Dr. H. Vernon, Southport; Mr. A. Browne, Nottingham; Dr. J. D. Miller, London; Dr. Hutchison, Chipping-Norton; Mr. W. Sykes, Mexboro'; Mr. J. Quale, Finchley; Mr. J. Black, London; Dr. J. D. Hayward, Liverpool; Mr. H. Whates, London; Miss C. Young, Galgorm; Dr. P. Duncan, Croydon; Dr. J. Stephen, Brighton; Mr. T. G. Farrott, Bournemouth; Mr. J. P. Hentsch, London; Mr. H. Nettleship, Oxford; Mr. W. Partington, Tunstall; Dr. H. Barnes, Carlisle; Mr. C. Roberts, London; Mr. W. Pearce, London; Mr. F. E. Pirakis, Nutfield; Mr. John Hughes, Workington; Dr. Wagstaffe, Sevenoaks; Mr. C. J. R. McLean, Yeadon, near Leeds; Dr. Taaffe, Brighton; Dr. Maxwell, Woolwich; Our Paris Correspondent; Dr. Wadham, London; Mr. E. S. Warburton, Pontypridd; Mr. W. S. Elliott, Downpatrick; Mr. W. H. Spurgin, Maryport; Mr. A. W. Sinclair, Selangor, Straits Settlements; Mr. W. P. Howrigan, Freshford; Mr. Cooper, Dartford; Professor Annandale, Edinburgh; Dr. Mapother, Dublin; Mr. Pratt, Dublin; Dr. G. Johnson, London; Mr. J. Currie, Totnes; The Bon Food Supply Co., London; Dr. P. L. Batterbury, Coventry; Mr. Gresswell, Louth; Mr. T. G. Lithgow, Farnborough; Dr. E. Casey, Windsor; Messrs. Bennett and Co., London; Mr. A. P. Fiddian, Cardiff; Dr. Brailley, London; Mr. A. D. Pithie, Greenock; Our Newcastle-on-Tyne Correspondent; Dr. D'Arcy Adams, London; Dr. Baines, Croydon; Registrar-General, New Zealand; Sir Henry Thompson, London; Dr. Edwards, London; Dr. Kerr, London; Mr. S. Smyth, Rouxville, Orange Free State, South Africa; The Hon. Mrs. Stanley, Allerton; Mr. George Birch, Lower Clapton; Dr. A. T. Myers, London; Mr. W. P. Brown, Sowerby Bridge; Dr. James Anderson, London; Dr. James Grey Glover, London; Mr. Halewood, Buxton; Dr. W. G. V. Lush, Weymouth; Mr. W. Arnold Thomson, Amptill; Mr. A. J. Garland, Oamaru, New Zealand; Mr. R. W. Barnes, Sandown; Mr. E. Baines, Henley-on-Thames; Mr. C. C. Scott, Twickenham; Mr. G. Ashmead, Brierley Hill; Mr. G. H. Williams, Barrow; Mr. H. T. Legat, Salisbury; Mr. H. Harlock, Wivenhoe; Mr. D. Christy, Letterkenny; Dr. V. Idelson, Berne; Our Liverpool Correspondent; Dr. Strong, Croydon; Dr. T. Eytton-Jones, Denbigh; Dr. G. H. Mackenzie, Edinburgh; Mr. T. H. Moore, Leicester; Dr. Smith, Ramsgate; Dr. J. Morton, Glasgow; Mr. F. W. H. Penfold, Rainham; Mr. G. F. Welsford, Woodstock, etc.

BOOKS, etc., RECEIVED.

Lectures on Medical Pathology delivered at the London Hospital, 1885. By H. G. Sutton, M.B. London: Baillière, Tindall, and Cox. 1886.

Food Grains of India. By A. H. Church, M.A. London: Chapman and Hall. 1886.

A Manual of Diseases of the Nervous System. By W. R. Gowers, M.D. Vol. I. London: J. and A. Churchill.

Ambulance Work, Illustrated. Lectures by R. Lawton Roberts, M.D. Second Edition. London: H. K. Lewis. 1886.

The Diagnosis and Treatment of Syphilis. By Tom Robinson, M.D. London: J. and A. Churchill. 1886.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL."

Seven lines and under	—	—	—	—	£0 8 6
Each additional line	—	—	—	—	0 0 4
A whole column	—	—	—	—	1 15 0
A page	—	—	—	—	5 0 0

An average line contains eight words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	—	—	—	10 per cent.
" 12 or 18 "	—	—	—	20 "
" 26 "	—	—	—	25 "
" 52 "	—	—	—	30 "

For *esse terms*, the series must, in each case, be completed within twelve months from the date of first insertion.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office, High Holborn. Small amounts may be paid in postage-stamps.