

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1889. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 16th, April 17th, July 10th, and October 16th, 1889. 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 27th, 1888, March 28th, June 20th, and September 26th, 1889.

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.

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 FOWKE, *General Secretary.*

### COLLECTIVE INVESTIGATION OF DISEASE.

REPORTS upon the two remaining inquiries, namely, that into DIPHTHERIA, and that into the GEOGRAPHICAL DISTRIBUTION OF CERTAIN DISEASES, are in preparation, and will be published as soon as ready.

The following inquiry only of the first series remains open, namely, that on the ETIOLOGY OF PHTHISIS.

A fresh inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA has been issued.

*Memoranda upon these subjects, and forms for recording observations, may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.*

### BRANCH MEETINGS TO BE HELD.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The inaugural meeting of the session will take place on Thursday, November 29th, at the Hackney Town Hall at 8.30 p.m. The chair will be taken by the President of the Branch. A paper on Chronic Metritis will be read by H. Gervis, M.D. All medical practitioners will receive a cordial welcome.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.**—The next meeting of the above District will take place at Canterbury on Thursday, November 29th. Anyone wishing to send papers, etc., should communicate at once with the Honorary Secretary, W. J. TYSON, 10, Langhorne Gardens, Folkestone.

**SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.**—A meeting of the above District will be held at the Queen's Hotel, Eastbourne, on Friday, November 23rd. Dr. Roberts in the chair. Those desirous of reading papers or showing cases should communicate with the Honorary Secretary, T. JENNER VERRALL, 97, Montpellier Road, Brighton.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this district will take place at the West Kent Hospital, Maidstone, on Thursday, December 13th, Dr. Shaw in the chair. Gentlemen desirous of reading papers or exhibiting patients or specimens are requested to inform the Honorary Secretary of the District, A. W. NANKIVELL, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than November 24th. Further particulars will be duly announced.—A. W. NANKIVELL, Honorary Secretary.

**SOUTH WALES AND MONMOUTHSHIRE BRANCH.**—The next meeting will be held at the Wyndham Arms Hotel on Thursday, November 15th. Members wishing to read papers, etc., are desired to communicate titles forthwith to Dr. Sheen, Cardiff.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B. Swansea, Honorary Secretaries.

**THAMES VALLEY BRANCH.**—The next meeting of the Branch will be held at the Talbot Hotel, Richmond, on Wednesday, November 14th, at 6 p.m. Members willing to read papers or exhibit cases are requested to communicate with the Honorary Secretary. *Office-bearers for 1888-89.*—President: Dr. FENN. *Vice-Presidents:* Dr. Langdon Down, Dr. Wyman. *Council:* G. Farr White, Esq., Dr. Atkinson, Dr. Crichton, Dr. Günther, Dr. Wadd, Dr. Graham.—CHARLES C. SCOTT, M.B., Honorary Secretary, St. Margaret's, Twickenham.

**STAFFORDSHIRE BRANCH.**—The first general meeting of the present session will be held at the Railway Hotel, Stoke-on-Trent, on Thursday, November 29th. The President, Mr. F. Baldero, will take the chair at 3.30 in the afternoon.—GEORGE REID, M.D., Honorary Secretary, Stafford.

### SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.

A MEETING of this District was held at the Marine Hotel, Worthing, on Tuesday, October 30th; W. J. HARRIS, Esq., of Worthing, in the chair.

**Next Meeting.**—It was decided to hold the next meeting of the District at Petworth in May.

**Papers.**—Dr. A. E. BUCKELL, of Chichester, read a paper on Puerperal Septicæmia, showing the value of Intra-uterine Injections; and Dr. GOSTLING, of Worthing, read a case of Puerperal Convulsions with Albuminuria. These papers were followed by practical and interesting discussions, in which all the members present took part.

### SYDNEY AND NEW SOUTH WALES BRANCH.

THE ordinary meeting of the Branch was held in the Royal Society's Rooms, Sydney, on Friday, August 3rd, 1888; Dr. CHAMBERS (President) in the chair. The following gentlemen were present: Drs. Knaggs, Ross, Lloyd, Megginson, Pockley, W. W. J. O'Reilly, Wm. Chisholm, Warren, Fiaschi, Quaife, Hanksins, Shewen, A. T. O'Reilly, Garrett, Fisher, Scot Skirving, Clubbe, McCulloch, Parker, Thring, Twynam, Crago, West, Horrall, Kendall, Sydney Jones, Breneman. Mr. McDonald was present as a visitor. The minutes of the previous meeting were read and confirmed.

**New Member.**—The following gentleman was elected a new member: Dr. Todd, of Waverley.

**A Question of Charity.**—The Honorary Secretary (Dr. Scot SKIRVING) read a letter from Mr. John Elliott, drawing the attention of the members to the destitute condition of Dr. Cummings, of Woollahra. Resolved that the matter be left in the hands of Dr. W. W. J. O'Reilly.

**Ethics of Anæsthetics.**—Dr. KNAGGS read a paper on the Ethics of the Administration of Anæsthetics, introducing a discussion on the subject.—The PRESIDENT said there were two things which men just fresh from the university always thought they thoroughly understood, first, the administration of anæsthetics; and, secondly, the diseases of women. As to the responsibility of the operator and the administrator, he (Dr. Chambers) was not quite sure as to the exact amount of responsibility each should take; but there should, without doubt, be the utmost confidence between them. With regard to the chloroformist being present at the consultation prior to the operation, no doubt it would be advantageous; but he (Dr. Chambers) thought it hardly practicable. It would be a great advantage to have a chloroformist appointed to each of the Sydney hospitals, not only for the administration of anæsthetics, but also to give instruction to the students, for as far as he (Dr. Chambers) knew, there was little or no instruction in this subject given to the students at the present time. Deaths very rarely, if ever, occurred under the hands of an experienced chloroformist.

—Dr. SHEWEN said he did not think the responsibility of the administration of an anæsthetic should be equally divided between the operator and the administrator, but always fall wholly on the latter once the patient was taken charge of.—Mr. G. T. HANKINS agreed in the main with the remarks of Dr. Shewen.—Dr. CLUBBE said Dr. Knaggs had made no mention of the ethics of the administration of an anæsthetic by one man single-handed. He (Dr. Clubbe) would like to know what the members thought of this point.—Dr. QUATIFFE said he had given a great deal of thought to the point raised by Dr. Clubbe, and had come to the conclusion that in a great city like Sydney, where the services of a second man could be easily obtained, it was always better to call in assistance. Of course there would always be cases where a man would use a little chloroform by himself.—After some remarks by Dr. Worrall, Dr. MEGGINSON said that at Leeds Infirmary the house-surgeon always gave the anæsthetic. At Edinburgh, second and even first year's men gave the anæsthetic. To give the students the impression that this duty was very dangerous would be a false course of action, and the impression would be difficult to remove afterwards. Touching civil actions, if a jury was allowed to censure the chloroformist, for being young for instance, there would be no end to further extension of such a view. Suitors against medical men were not of the genus who know much about ethics; if they did, they set it aside carefully. In dealing with that question, it would be forced upon us to make a rule of obtaining written release from legal action previously to operating. This part of the subject and its "ethics" were surely worthy of development at the present day on their own account.—Dr. SHAND made a few remarks.—Mr. G. E. TWYNAM said that Mr. Clover, of London, was a man of very large experience, and yet he had administered anæsthetics to 4,000 patients without a death, and then had two deaths in a fortnight.—Dr. Scot SKIRVING said that Dr. Shewen stated that the students at the Alfred Hospital received proper instruction as to

the administration of anæsthetics; this he (Dr. Scot Skirving) did not think was quite the case. In Edinburgh all students were allowed personally to administer them, under proper supervision, and if our students were allowed to feel the personal responsibility of giving chloroform under the supervision of an experienced man, there would ultimately be fewer deaths under chloroform.—Dr. SYDNEY JONES said the regular medical attendant was the proper person to decide what anæsthetic should be used. The moment the operation was commenced, the operator could not possibly be expected to have any responsibility as to the administration of the drug. He (Dr. Jones) was strongly of opinion that chloroform specialists should be appointed to all metropolitan hospitals, and that every student should have opportunities of administering chloroform.—Dr. KNAGGS, in reply, apologised for appearing to oppose the appointment of specialists to administer anæsthetics in public hospitals, while he really approved of such officials as experts and instructors of students. His apparent antagonism was merely a subterfuge adopted to draw a decided expression of opinion from those speakers who were to follow him. With regard to Dr. Chambers's opinion that deaths from chloroform very rarely occurred under the hands of experienced chloroformists, he wished to state that in six of the cases occurring in Sydney during the past four years wherein he had made necropsies, it was proved that every reasonable care had been used in the administration of the anæsthetic. The question as to the respective degree of responsibility incurred by the operator and the administrator of the anæsthetic was a difficult one to decide. He thought Dr. Sydney Jones had best described the position in saying that it differed in time and in degree. An investigation into the causes of death during operations under anæsthetics, and a decision as to which of the parties concerned in the operation should face the coroner and jury, in case of a fatal result, might tend to settle this question. It certainly was within the fitness of things to establish a rule in medical ethics that every person who took an active part in a surgical operation under anæsthetics, which terminated fatally, should attend and give evidence at the judicial inquiry into the cause of death. He might relate an instructive instance that happened in his own practice as a reply to those who thought that the administrator of the anæsthetic was to be held responsible once the patient was under its influence. A scorpion-bite caused a malignant ulcer, involving the elbow-joint of a lad; amputation seemed the only chance of saving life, but the usual friend of the family interfered, and prevented the parents from giving their consent until some weeks later, when it was palpable to them that death must soon ensue. At their urgent request, when the case was all but hopeless, he operated, and the lad died on the table. Here was a death to which the administrator of the anæsthetic did not in the least contribute. He would relate another instance which was investigated by a coroner's jury; a very trivial operation was attempted, in order to relieve the agony of a dying man, with fatal results. Yet it was difficult to decide which contributed most to cause death, the operation or the anæsthetic—at most, the final end of the case was but briefly anticipated. Assuming, therefore, that the respective responsibilities of operator and anæsthetist not only differed in time and in degree, but also varied according to circumstances, he thought that both, as essential factors to every operation, should be prepared equally to share the responsibility; and, while doing so, adopt such a code of ethics as would contribute towards the protection of all.

THE seventy-fourth general meeting of this Branch was held in the Royal Society's Room, Sydney, on Friday, September 7th, Dr. CHAMBERS (President) in the chair. The following gentlemen were present: Drs. Quaife, Fiaschi, Shewen, Sydney Jones, Twynam, W. Chisholm, Faithfull, Crago, Garrett, Knaggs, Hankins, Roth, Worrall, Fisher, Marano, Scot Skirving, Lyden, Breneman, West, Brady, Thring, McCulloch; Dr. Hurst, visitor. The minutes of the previous meeting were read and confirmed.

**New Members.**—The following gentlemen were elected members: Dr. H. H. Marshall, Liverpool Street; Dr. R. F. Reading, Elizabeth Street.

**Death of Dr. G. Marshall.**—The PRESIDENT announced that since the last meeting of the Branch Dr. George Marshall had died.—Dr. QUAIFFE proposed, and Mr. HANKINS second: "That a letter of condolence be forwarded to Mrs. Marshall."

**Uterine Appendages.**—The PRESIDENT exhibited a specimen of uterine appendages.

**Hydatid Tumour.**—Dr. SYDNEY JONES read a paper on Two

Cases of Hydatid Tumour Simulating Distension of the Bladder.—Dr. SHEWEN said he would like to ask Dr. Jones how he ascertained that the hydatid cyst was in front of the bladder, and also as to where the puncture was made.—Dr. QUAIFFE said that in the first case mentioned by Dr. Jones the tumour was distinctly in front of the bladder. The puncture was made about the middle line. There were no bad symptoms, and the man was about again in a few days.—Mr. G. T. HANKINS said that he remembered a case in the Prince Alfred Hospital of a woman suffering from an enlargement resembling an ovarian tumour. When punctured it showed clearly hydatid fluid, and about six pints were drawn off. After two weeks the operation was repeated. The patient was afterwards readmitted, and a pailful of fluid was taken away.—Dr. SYDNEY JONES, in reply, said that it was easy to ascertain that the cyst was in front of the bladder by rectal examination. The puncture was made in the middle line, about one inch and a-half above the pubes.

**Suprapubic Cystotomy.**—Mr. GEORGE E. TWYNAM read a paper on the Present Position of the Suprapubic Operation, with a case and an analysis of sixty-seven others.—Dr. FIASCHI said that Mr. Twynam had made an *ex parte* statement as to the revival of an old method, and had not brought forth convincing proof as to its superiority. There was a possible danger in the suprapubic operation which had not been mentioned by Mr. Twynam, namely, rupture of the rectum.—Mr. G. T. HANKINS said, with regard to the question of suturing the bladder, this could be readily done in the case of females. He had removed a stone weighing four ounces, in which case he sutured at once, and made provision for proper drainage. A slight leakage occurred about the eighth or ninth day, but after that the patient made a good recovery. Another case was that of a man who had been operated on previously. In this case no suture was put in and no catheter was used. It was found that the wound became sloughy and was very slow in healing.—Mr. G. E. TWYNAM, in reply, said that Dr. Fiaschi's remark as to the possible danger of rupturing the rectum was correct; over-dilatation should always be carefully avoided. As to the paper being an *ex parte* statement, Mr. Twynam said he had started with the idea of making certain comparisons, and had been very much astonished at the results, so much so that he might possibly have been led to think a great deal of the suprapubic operation.

**Ague-cake Spleen.**—Dr. A. SHEWEN read some notes on a case of ague-cake spleen, and exhibited a specimen.

**The Jockel Fund.**—The CHAIRMAN announced that £133 19s., had been collected for the widow of the late Dr. Jockel. Resolved that the expenses of collection be deducted from the amount collected, and the balance handed to Mrs. Jockel.

#### EAST YORK, AND NORTH LINCOLN AND YORKSHIRE BRANCHES.

A CONJOINT meeting of these Branches was held at York on Wednesday, October 31st; Dr. RAMSAY (President of the Yorkshire Branch) and Dr. F. NICHOLSON (President of the East York and North Lincoln) presiding.

**Communications, etc.**—The following papers were read: Dr. ELLIOTT: Landry's or Acute Ascending Paralysis. Mr. E. ATKINSON: Ichthyosis Linguae. Dr. TEMPEST ANDERSON exhibited (1) a simple Eye Speculum; (2) a Bench for Operating on the Eyes of Children; (3) a Method of Applying Eye Ointment. Mr. PIGEON: A case of Carotid Aneurysm. Mr. SNELL: Eye Accidents, and some remarks on Prevention. Mr. ARTHUR ROBERTS related a case of Tetanus, with a view to a discussion of its Pathology and Treatment. Dr. F. NICHOLSON: Pseudo-hypertrophic Paralysis occurring in Four Brothers. Mr. H. BENDELACK HEWETSON: Further Investigations into the Relationship between Optical Defects and occasional Epileptiform Attacks. Dr. MYRTLE: Neurasthenia: True and False, Diagnosis and Treatment.

**Dinner.**—After the meeting, twenty-six members of the two Branches sat down to dinner at the Station Hotel.

#### BATH AND BRISTOL BRANCH.

THE first ordinary meeting of the session was held at the Museum and Library, Bristol, on Wednesday evening, October 31st. J. HINTON, Esq., President, in the chair.

**The Late Mr. F. Mason.**—The following resolution was proposed by Dr. GOODBRIDGE, seconded by Dr. SWAYNE, and adopted unanimously:—"That the members of the Bath and Bristol Branch of the British Medical Association deeply deplore the loss of their esteemed associate Mr. Frederick Mason, and beg to ex-

press their hearty sympathy with the relations of the deceased."

**Communications.**—Dr. MICHELL CLARKE read a paper on Two Cases of Muscular Hypertonicity in Paralysis, with remarks. Drs. WALDO, SHINGLETON SMITH, LONG FOX, and PARKER, joined in the discussion which followed. Mr. RICHARDSON CROSS read a paper on The Treatment of Iritis, and exhibited illustrative cases. Dr. A. E. AUST LAWRENCE read a paper on Uterine Hemorrhages occurring during Pregnancy, upon which Dr. SWAYNE made some remarks. Dr. WALDO read a paper on Pernicious Anæmia, which was discussed by Dr. ROXBURGH.

## SPECIAL CORRESPONDENCE.

### BERLIN.

[FROM OUR OWN CORRESPONDENT.]

*Professor Koch on the Prevention and Treatment of Epidemics in Armies in the Field.*

PROFESSOR ROBERT KOCH recently delivered an address on epidemic diseases among soldiers in the field, in which he said that the hygiene of clothing, food, and lodging was of the first importance for an army; for instance, at the beginning of the last war, 30,000 men were made useless for service, owing to unsuitable foot-gear. Whilst, however, in such a matter, the soldier may to some extent help himself, he is entirely powerless if epidemic diseases break out in the army; against these only one protection is left him, namely, hygiene. In former campaigns it was reckoned that for one man who fell in battle, about six died from diseases such as typhus, cholera, dysentery, etc. During the Crimean war the French and English armies were both placed in similar circumstances as to climate, diet, and medical treatment; yet during the first winter the English lost 10,285 men from diseases, whilst the French, although four times more numerous, lost only 10,934, so that the English mortality was four times as large as the French. In the second winter, on the contrary, the British lost 551 men, the French, 21,182. In other words, the French mortality was ten times as great as the British. This wonderful change in the rate of mortality, showing a diminution to one-fortieth of the first number, was due to the hygienic measures adopted by the English physicians; who, by a lucky hit, were able almost to stamp out typhus in their army. The preventive measures, however, cost fifteen million francs. What then proved correct empirically, was demonstrated nowadays beyond doubt by the immense progress of hygienic science. Since the parasitic pathogenic micro-organisms, and their conditions of life, were exactly known, we were more and more enabled to prevent every special disease by special means. Professor Koch proceeded to lay down the following principles: "All matter causing infection consists in micro-organisms; every infectious disease is a parasitic one. Micro-organisms, pathogenic as well as harmless, are never produced by *generatio æquivoca*, but are all generated by organisms of the same kind. Therefore, all infecting diseases are generated not by matter in the form of gas, but by matter in the form of dust. Hence all measures against gaseous matter, that is, against putrefaction, prove useless. Infectious diseases, and above all those prevalent in armies in the field, are produced not by dirt and misery, but in every case by contact with specific germs. One form of disease is never changed into another (for instance, dysentery into petechial typhus). There are differences in the virulence of the infectious matter, causing a severer or a milder form of the epidemic. The real element of infectious matter is moisture; some germs, if dried, will perish, others come to a standstill in their development. They are unable to pass into the air from the moist substance unless this dries up and falls into dust. Thorough ventilation of the sick-room will effectually prevent this. The pollution of the floor is only of importance so far as infection may be conveyed, either directly by soiled feet, heads, and articles in use, or else indirectly through subterranean channels emptying themselves into water for drink or use."

Professor Koch here argued strongly against the views of Professor von Pettenkofer. He then continued: "It is essentially water which carries the micro-parasites, especially water exposed to the air, either standing or flowing—pools, pumps, and cisterns. Hygienic preventives must meet the different kinds of infection. Those organisms which can develop only in animal bodies take effect by immediate contact or else by being contained in the dust;

and here it would be useless to direct any means against soil or water; whilst just this is necessary to be done against organisms which have the faculty of propagating outside of the body in the water and soil. Some of them take effect in the digestive canal; here attention must be paid to water and food; others settle on the respiratory organs or on the skin; here other measures are required. The prophylactic rules are: limitation of all possibilities for infection by water, soil, air, or clothing. Prevention of great crowding of men—especially night quarters in insufficiently ventilated rooms—thorough ventilation of sleeping apartments and sick-rooms. The ground should be kept dry by drainage of the surface and, if need be, by underground drainage. All excrementitious matter, soiled bed-linen and clothing, dirty water, etc., should be removed and buried deep in the ground. The greatest care should be taken to ensure the purity of the water-supply. Filtered water is best for camps, hospitals, etc. Doubtful water must be boiled before being used. All food, especially milk, must be freshly boiled. The greatest attention must be paid to cleanliness of dwellings, of clothes, and of the person. If, in spite of all these precautions, an epidemic arises, it is of the greatest importance to recognise the first cases at once. This requires an intimate acquaintance with bacteriological and microscopical methods. The early cases must be strictly isolated; all suspicious objects, clothes, bedding, tents, etc., should immediately be burned. Infected buildings must be at once abandoned, and thoroughly disinfected after the new methods. In cases of dysentery, cholera, typhoid, etc., attention must be chiefly given to the purity of the water and the soil; in petechial fever to the purity of the air. If the epidemic has had time to get settled, a change of place—the further removed the better—will be of the greatest use. Perhaps we may yet arrive at a preventive vaccination for other diseases, the method having proved so effective in the case of small-pox."

### GLASGOW.

[FROM OUR OWN CORRESPONDENT.]

*Princess Louise's Visit to Glasgow.*—Queen Margaret College.—Queen Victoria Nurses' Institute: Scottish Branch—Paisley Medical Officer.—Scarlet Fever in Glasgow.—Death of Dr. Wallace, City Analyst for Glasgow.

DURING her recent visit to Glasgow, Princess Louise, accompanied by the Marquis of Lorne, visited Queen Margaret College, of which she is Honorary President, and the Sick Children's Hospital, of which she is Patroness. At the former she was received by a large muster of the lady students and the full staff of professors, lecturers, and tutors, and was presented with an address. At the Sick Children's Hospital she was welcomed by the staff, and went the round of several wards, expressing her gratification with the arrangements made to secure the comfort of the children, and with the brightness and cleanliness which characterise the hospital.

It is some years since a movement was set on foot for the endowment of Queen Margaret College for Women in Glasgow. The smallest sum required is £25,000, and by the liberality of some friends in Glasgow £12,000 were speedily raised. For the past year or two, however, effort has been in abeyance, owing to the depressed state of trade. On the success of the endowment scheme depends the securing as the absolute property of the College the magnificent building and grounds provided by Mr. John Elder. It has, therefore, been determined this winter to push forward the scheme, and for this purpose a public meeting was held in Glasgow on November 5th, under the presidency of the Lord Provost of the city, Sir James King, and was attended by many of the most influential and representative gentlemen of Glasgow and the West of Scotland. Sir James King traced the growth of the institution from the meeting of the British Association in 1876. Hitherto its success has been mainly due to the energy of Mrs. Campbell, of Tillichewan, the generosity of Mrs. Elder, who provided the buildings, and other friends, who endowed two chairs at a cost of £3,000, and raised an annual sum of £105 for bursaries; and to the able management of the Honorary Secretary, Miss Galloway. The numbers of ladies who have taken advantage of the institution show its need; 300 last year attended lectures, and 400 engaged in the correspondence classes. This year the enrolment of students promises to be larger than before. These facts, as well as the prospect of affiliation to the University held out by the new Universities Bill, supply the reason for the renewed effort for

Grantham was of opinion that the Act did not mean that proper expenses, properly incurred, could not be recovered except after an order by the Lord Chancellor allowing the same, but, as junior judge, withdrew his judgment, with the result that the appeal was dismissed, with leave to appeal; the Court of Appeal to deal with all the costs.

#### THE PRICE OF A DEGREE.

A CORRESPONDENT has recently received the following letter:—  
"Private and Confidential."

"DEAR SIR,—Owing to the step the London Combined Colleges have taken their licentiates will, in all probability, soon be M.D.'s. This result will leave Scotch and Irish double licentiates in a very unfair position. If you feel disposed to possess an M.D. I can obtain you one from a recognised foreign university upon certain conditions in virtue of your threefold qualification. If you decide to accept my offer I must ask you to send me a thesis in English on some subject of professional interest (three pages of foolscap), stating when and where you passed your arts examinations, and fee of £18. If these are satisfactory the degree will be forwarded to you in about three weeks or a month.—I am, Sir, yours truly, M.D., M.R.C.P., L.R.C.S., L.M.Ed."

"\* That an individual practitioner, imbued with a spirit of covetousness, might, for the sake of petty lucre, be induced to lend himself to such an unprincipled proceeding, we can understand; but that a "recognised" (not, we take it, by the General Medical Council) foreign university should be primarily associated therewith as indicated passes comprehension. In a matter deeply affecting the true interests of the profession and the public, we fail to recognise the assumed right that such a missive is to be regarded as "Private and Confidential," and therefore willingly accord it insertion in the columns of the JOURNAL.

#### ADVERTISEMENTS FOR RESIDENT PATIENTS.

SENIOR PRACTITIONER will be obliged for an answer to the following query. Can any censure be passed on a surgeon for advertising in a Christian weekly paper, and a daily paper, or the *Exchange and Mart*, to the effect that he will be pleased to receive (a) an invalid patient to reside in his house, (b) or a lady for accouchement? Could he lose any of his qualifications as a doctor for so doing?

"\* Although it would, in our opinion, be better to restrict such an advertisement as that indicated by our correspondent to the medical journals, we nevertheless do not recognise any serious objection to its insertion in a standard "Christian weekly" or "daily paper." At the same time, we entertain a doubt as to the construction which the public might put upon the proffer to receive "in his house a lady for accouchement;" whether, in fact, it more especially referred to illegitimate cases of maternity. The proposed advertisement, therefore, should be carefully worded. In reply to his third question we may observe that the advertisement would not of itself entail "the loss of his qualifications as a doctor."

#### AN ADVERTISING OPHTHALMOLOGIST.

In reply to our correspondent's communication relative to Dr. G.'s advertisements in the *Ceylon Observer*, we may venture to assure him that not only are they most unprofessional, but in contravention of the disciplinary rules of the Royal Colleges of which the person is a registered member, to the President of which (not to the General Medical Council, as conditionally determined on at the meeting in Ceylon) we would advise him, in conjunction with some three or four resident practitioners, to address a memorial letter and forward therewith a copy of the newspapers containing the tradelike advertisements, and solicit their attention thereto. Such memorial will, we apprehend, induce them to communicate with the offending practitioner, and request an explanation of his conduct in the matter.

#### PROFESSIONAL LISTS: NAMES ONE SHILLING EACH.

MEMBER B. M. A.—We do not advise your correspondent to assent to Messrs. K. and Co.'s proposition to embody his name and address in the special "professional list" at the end of the local directory, the general columns of which, if judiciously arranged, ought to afford the public all the necessary information without his being mulcted of an extra fee.

#### FOREIGN DEGREES.

In reference to the note under the above heading (reply to "W. McD."), which appeared in our last week's issue, it is essential to state that no foreign degree can be registered in the *Medical Register* except it was obtained prior to the Medical Acts Amendment Act, 1886.

#### REFUSAL TO MEET IN CONSULTATION.

UNDER the circumstances related by "A Young Practitioner," it would be a grave breach of professional etiquette "for him to call at —, and examine the boy's leg." At the same time, if Dr. B. is permitted to retain the case, and persists in declining to meet our correspondent in consultation, we would venture to suggest, in the interest of the boy, that the opinion of some other practitioner should be obtained ere the family sanctions the operation.

L.R.C.P., L.R.C.S.—A person holding these qualifications is entitled to call himself a physician and surgeon.

JUSTITIA.—If a homoeopathic practitioner is a registered medical practitioner he is under no legal disability which would prevent him from holding the office of medical officer to a school or schools.

THE Birmingham General Hospital has benefited to the extent of £2,500 by the proceeds of the recent Birmingham Musical Festival.

## UNIVERSITY INTELLIGENCE.

### OXFORD.

SCIENCE SCHOLARSHIPS.—An examination will be held on Tuesday, November 20th, for Natural Science Scholarships, at Balliol, Christ Church, and Trinity Colleges.

THE JUNIOR SCIENTIFIC CLUB.—The Junior Scientific Club in the University, which comprises most members of the University below the standing of Master of Arts who are studying science, intends giving a *conversazione* on November 23rd. Professor Milnes Marshall, of Manchester, is announced to deliver a short lecture, and it is anticipated that Colonel Gouraud will attend and show the new phonograph. The Club's ordinary meetings are well attended, and prove the growing interest of the University in science. The President for this year is Mr. Pritchard, of Hertford College, who graduated in the Physiology School, and who is now a medical student.

### CAMBRIDGE.

DR. SYDNEY RINGER, F.R.S., has been appointed an Elector to the Downing Professorship of Medicine, in the room of the late Sir George Burrows, Bart.

AMONG the new Fellows of St. John's College elected on November 5th is Mr. Edward Hamilton Acton, First Class in the Natural Sciences Tripos, 1886, in Botany. Mr. Acton is also a distinguished chemist, and takes part in the chemical instruction of the medical students of St. John's.

INSTRUCTION IN VACCINATION.—Arrangements have been made by which Dr. Robert Cory, of the Local Government Board, will attend at the Vaccination Station, Barnwell Road, Cambridge, on Fridays for the purpose of giving instruction in vaccination, and issuing the certificates of proficiency required by the medical regulations of candidates for the third M.B. examination. Thus one of the last of the certificates, which a student has hitherto had to seek outside the University, can now be obtained in Cambridge.

COUNCIL OF THE SENATE.—At the election to the Council of the Senate on November 7th, which was very keenly contested, the following were returned:—Dr. Peile, Master of Christ's College, and Mr. Henry Latham, Master of Trinity Hall; Professor Alexander Macalister, M.D., St. John's, and Professor G. F. Browne, B.D., St. Catharine's; Mr. A. Austen Leigh, Vice-Provost of King's College; Dr. Henry Jackson, of Trinity College; Dr. Routh, of Peterhouse, and Mr. Hill, St. John's. Among the unsuccessful candidates were Dr. Porter, Master of Peterhouse; Professor G. G. Stokes, P.R.S., M.P., of Pembroke College; and Dr. Sheridan Lea, of Gonville and Caius College. Professor Living retires.

APPOINTMENT OF EXAMINERS.—The examiners for the first and second M.B. examinations appointed under the new scheme are as follows:—*Chemistry*: Mr. Neville, Sidney, and Mr. Fenton, Christ's. *Physics*: Professor W. G. Adams, St. John's and London, and Mr. Hart, St. John's. *Biology*: Mr. Francis Darwin, Trinity, and Mr. Harmer, King's. *Anatomy*: Dr. Hill, Master of Downing, and Professor Cleland, Glasgow. *Physiology*: Dr. Gaskell, Trinity, and Professor Stirling, Manchester. *Pharmaceutical Chemistry*: Mr. Robinson, Downing, and Mr. Pattison, Muir, Caius.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES. Plan of Examinations in Michaelmas Term, 1888 (subject to alteration in details, of which due notice will be given). *First Examination*.—December 4th, Mechanics and Hydrostatics; Heat, Electricity, and Optics. December 5th, Elementary Biology, Chemistry. December 7th, Oral and Practical Examination in Physics. December 10th, Oral and Practical Examination in Elementary Biology. December 11th, Oral and Practical Examination in Chemistry. December 12th, Oral and Practical Examination in Chemistry (continued).

*Second Examination*.—December 4th, Physiology and Practical Examination in Pharmaceutical Chemistry. December 5th, Human Anatomy. December 6th, Oral and Practical Examination in Pharmaceutical Chemistry. December 7th, Oral Examination in Pharmaceutical Chemistry (continued). December 10th, Oral and Practical Examination in Physiology. December 11th, Oral Examination in Human Anatomy. December 12th, Practical Examination in Human Anatomy.

*Third Examination: Part I*.—December 11th, Principles and Practice of Surgery, Midwifery. December 14th, Oral Examination in Surgery and Surgical Operations; Oral Examination in

Midwifery. December 15th, Oral Examination in Surgery and Midwifery, and Surgical Operations; Clinical Examination (at the hospital). December 17th, Clinical Examination (at the hospital).

*Third Examination: Part II.*—December 12th, Pathology, Elements of Hygiene. December 13th, Principles and Practice of Physic, Medical Jurisprudence. December 17th, Clinical Examination (at the hospital); Therapeutics and Prescriptions, and Oral Examination. December 18th, Clinical Examination (at the hospital); Microscopical Specimens, and Oral Examination. December 19th, Oral Examination.

*For Degree of Bachelor of Surgery.*—Candidates who passed the Third Examination, Part I, before June, 1887, are examined in Surgical Operations and the Application of Surgical Apparatus on Saturday, December 15th, and also in Clinical Surgery, unless they have already passed in that subject.

*For Degree of Master of Surgery.*—December 14th, Pathology, and Principles and Practice of Surgery; Essay on Surgical Case and Topic relating to Surgery. December 15th, Oral Examination, Surgical Operations and Surgical Anatomy (in the Anatomical School). December 17th, Clinical and Oral Examination (at the hospital).

THE ANATOMICAL DEPARTMENT.—In the discussion in the Arts School, on November 1st, the question of providing additional accommodation for the departments of human anatomy and physiology was brought before the Senate. Sir George Paget remarked that, in considering the proposal for an outlay for this purpose, the University should be aware of the great increase in the number of its medical students, and the advantages, both in public estimation and in other respects, which had followed from the excellent manner in which those who had conducted these studies had done their work. The increase was about tenfold, and with the present numbers, medical students contributed each year in degree fees, capitation tax, and so on, not to mention a large excess of examination fees over expenses, about £600 a year. There was therefore a claim on their part to be well taught. And as questions had been raised of late as to assistance given by Colleges to the University, he would point out that while the medical students made this considerable contribution to the University chest, they must be contributing much more than that to the Colleges of which they were members. He would not have referred to this if the whole question had not been so much a question of expense, and, if the matter were not rather a personal one, he could point out that in reality the University received from these students something more like double the amount he had mentioned. To himself the question was one of reputation to the University. The University of old had set the example to the world of fostering and rewarding the study of mathematics and classics. It now appreciated the advantages of the study of other subjects in addition to those. Professor Macalister pressed upon members of the Senate the urgent need there was of the proposed buildings for human anatomy. All the department asked for was a decent roof and sufficient light, with no architectural ornamentation: indeed, anything of the kind would be out of keeping with the buildings all round the place where the new buildings were to be put. Of all things a lecture room was greatly wanted, for they now had only one, where the light was so bad they could scarcely see, and after three consecutive lectures the air was so bad that they could scarcely breathe. In Continental universities, seated in small towns and with a small number of students, he had seen the buildings of such a character that it was with a feeling of shame that he returned to Cambridge and saw in what a small corner and with what extremely inadequate means the large number of students in Cambridge had to be instructed in his department.

## MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Tuesday, November 6th.

*Lunacy.*—Upon the vote to complete the sum of £15,217 for the Lunacy Commission, Mr. MOLLOY moved the reduction of the vote by £5,000 on the ground of what he considered the incomplete and unsatisfactory nature of the reports of the Commissioners.—Mr. A. O'CONNOR argued that the Commissioners had discharged their duties in a singularly bold and perfunctory way. The increase in lunacy in this country had been principally among the poor. He should like to have investigated whether there was

not a connection between the accumulation of the poor in the borough and county asylums and the extraordinary high death-rate there discovered, and also the falling ratio of cure. A radical fault of the system was that the medical superintendents were not regarded by the Government in their scientific capacity, but as so many stewards or clerks engaged in financial and other arrangements, besides which the number of medical officers was totally inadequate.—Mr. S. SMITH protested against the plan at present in force of placing idiot children in asylums with adult pauper lunatics.—Mr. STUART WORTLEY maintained that the report of the Lunacy Commissioners showed that they had gone about their labours with energy, and had prosecuted their powers to the full extent. Hon. members who were criticising the estimates might render assistance in passing a measure which represented the labour, experience, and concurrence of the opinion of three successive Lord Chancellors. With a little assistance from hon. members from whom comment had proceeded that night, the Lunacy Law Amendment Bill, now before the House, might be passed even without reference to a Grand Committee.—Dr. TANNER said he hoped the time would soon come when all lunatics, whether pauper or otherwise, would be taken charge of by the State. There was no doubt that the Commissioners did not visit often enough. It was almost criminal that patients restored to health should be allowed to associate with lunatics. There were a great many insane persons in workhouses, and boards of guardians were not fitted to deal with them, nor was proper means of treatment to be found in those places. He maintained that lunatic institutions were under-officered, and he trusted before long the question would be thoroughly looked into. The amendment was then by leave withdrawn, and the vote agreed to.

*Vaccination.*—The House went into Committee of Supply. On the vote of £173,968 for salaries and expenses of the Local Government Board, Dr. CLARK called attention to the vote for medical vaccination, which amounted to £400 in Scotland and £21,000 in England. In the Medical Department in England they paid £9,080 in salaries and £2,900 in expenses, while Scotland only got £200. £149,200 was paid for medical officers of health, and £74,500 for the poor-law in England, while the entire Scotch vote was £20,600. Taking the population the vote meant £10 per 1,000 for England and £5 10s. per 1,000 for Scotland. The hon. gentleman asked for an explanation. If the statement was unsatisfactory he should move the reduction of the vote by £100,000 to bring the English to the level of Scotch payments.—Mr. BRADLAUGH moved to reduce the vote by the amount of the bonuses paid to vaccination officers in England. These bonuses were not given in Ireland and Scotland, and had failed to accomplish their object in this country.—Mr. PICTON thought that £18,000 was too large a sum to be wasted. He contended that many places where the amount of bonus paid was small were almost free from disease, whereas in many districts where the bonus was large disease prevailed. He asked the President of the Local Government Board to say whether some further inquiry into the subject might not now be ordered, in the new position the matter had assumed medically.—Mr. RITCHIE said the position which he took up was this; if vaccination were a good thing (and he thought it must be conceded that it was), it was right to take precautions that the vaccination should be carried out under conditions which would secure the greatest amount of safety and the greatest amount of efficiency. Only one payment was made to the vaccination officer, but a portion of that payment was contingent on the vaccination being successful. It was not contended that vaccination was an absolute preventive of small-pox, but he asserted that it was a great protection against that disease. He had arranged with the Registrar-General to let the Local Government Board know of any case where death was in any way attributed to vaccination, and he would at once direct full medical inquiry into the whole circumstances of the case.—Sir G. HUNTER said his observations in India led him to the conclusion that revaccination was necessary for the prevention of small-pox.—Dr. TANNER hoped the Government would cause proper inquiry to be made into the subject, with the view of checking the effect of the anti-vaccination doctrines that prevailed.—Mr. WHITEHEAD doubted whether the advocates of vaccination were not losing far more than they gained by insisting on the continuance of a sham compulsory system.—Dr. FITZGERALD suggested as a remedy for small-pox the ancient one of calf-lymph.—Mr. RITCHIE said the opposition of anti-vaccinators to vaccination would not be less strong if every child in the kingdom were vaccinated with calf-lymph. It would be impossible for the Government to set up all through the country establish-



ments for that purpose, but they did all they could to provide public vaccinators with calf-lymph. This was the last year that this item would appear on the estimates, as in future it would be borne on the local rates. The Committee divided—for the reduction, 45; against, 154; majority against, 109.

## INDIA AND THE COLONIES.

### INDIA.

**PRESENTATION.**—Surgeon S. J. Rennie, Medical Staff, has been presented with a handsome travelling clock by the members of the Mussoorie ambulance class in token of their appreciation of his services as instructor of the class, which was set on foot by the Deputy Surgeon-General of the Meerut Division, Dr. Collis, in which division the hill station of Mussoorie is situated. The attendance numbered over a hundred, and the class was a great success.

**SANITATION IN MADRAS.**—Dr. Bidie, the sanitary commissioner of Madras, in an important paper entitled "Our Duty to Our Filthy Neighbours," expresses the opinion that little can be done except under the advice of qualified sanitary engineers. It is pointed out that in order to fully carry out the plans of these engineers it will be also necessary to employ under them trained sanitary inspectors, as the inspectors and overseers at present employed for this duty are without any of the special knowledge required. Where to find them at present is the difficulty, but Dr. Bidie suggests that hygiene should be included in any scheme of technical education, when fairly educated men might qualify for sanitary inspectors, especially if the study were made obligatory.

**THE DUCHESS OF CONNAUGHT** has attended a course of the St. John Ambulance nursing lectures at Poona, India, and passed a satisfactory examination. Her Royal Highness obtained the "first aid" certificate some weeks previously.

**LEPERS IN INDIA.**—In response to the request made by the Government of India to the local governments to send in reports as to the extent of leprosy in India and management of leper asylums, and as to what steps are taken for the segregation of the sexes, an important and remarkable return has been made. It is anything but satisfactory to learn "that the number of lepers who come under organised relief in institutions maintained by charity or assisted by Government amounts only to about 1 per cent. of the number of lepers actually known to exist in the country, and in these institutions orders for the segregation of sexes are not always enforced." The census of 1881 gave a return of 131,618 lepers in British India, but these figures, in the opinion of the Governor-General and Council, do not afford a true measure of the disease, the deduction being that about 120,000 lepers are scattered throughout the country, mixing more or less with their fellow-men, and so spreading the disease. In the Bombay Presidency only 576 lepers received treatment last year in asylums and hospitals, although the census gave a return of 10,800 lepers; in Madras 438 were under treatment in the same year, the census of that Presidency giving a return of 11,000. A still more remarkable state of things is said to prevail in Bengal; out of a census return of 53,800 lepers, only 276 were under treatment last year. The North-West Provinces included 17,000 lepers in 1881, of whom 648 were treated last year. The Punjab shows a slightly better state of affairs; of 5,600 lepers, according to the census of 1881, the cases treated last year were 530. There appears to be a larger prevalence of male over female lepers, the proportion being 98,982 of the former to 32,636 of the latter. In many places it has been ascertained that no attempt is made to segregate the sexes. In certain asylums not only are married couples, being lepers, permitted to live together, but some of the patients are permitted to contract marriage. The resolution of the Government of India acknowledges the fact that, though medical science can alleviate the sufferings of natives, it has as yet discovered no cure for leprosy. "The Governor-General in Council is assured that no measure can effectually stamp out the disease which stopped short of the absolute segregation of the sexes and the confinement for life of all affected by it." Such a measure, it says, would not only be repugnant to public opinion in India, but be perfectly impracticable. The *Times of India* advocates the establishment by the local governments of asylums, "as the small and poor State of Norway has done, and by means of them decreased the disease 45 per cent. in thirty years." His Excellency in Council has arrived at the conclusion that for the present "it is impossible for Govern-

ment to attempt to do more than encourage the grant and charitable relief to lepers in voluntary hospitals and leper asylums," and adds that the grants to institutions should be dependent upon the strict enforcement of the segregation of sexes. "The least the Government can do," says the *Times of India*, "is to insist on compulsory segregation when the malady arrives at that stage from which contagion may occur. In insisting on this the Government will, it believes, have the support of the educated natives."

**THE BOMANJEE EDULJEE ALBLESS HOSPITAL, BOMBAY.**—The Governor in Council has notified that the trustees of the estate of the late Bomanjee Eduljee Albless have placed at the disposal of Government the sum of 66,000 rupees; 60,000 rupees to be devoted to the erection of an obstetric hospital, to be named after the donor, on a plot of Government ground adjoining the Cama Hospital, and the balance of 6,000 rupees, contributed by the trustees themselves, to be applied towards the construction of quarters for the resident lady physicians in charge of the hospital.

**CHOLERA IN BENGAL.**—In October, the deaths from cholera in Calcutta numbered 130. The Government of India had addressed a letter to the Bengal Government, urging it to adopt sustained and energetic measures to remedy the sanitary difficulties in Calcutta. The Lieutenant-Governor is requested to impress the Municipal Commissioners with the absolute and immediate necessity of rendering the sanitary inspection efficient, and of rectifying every insanitary condition. It is pointed out by the health officer that the Viceroy is convinced that Dr. Simpson's reiterated demands for sanitary inspectors are reasonable, and that those demands should be complied with.

**NATIONAL ASSOCIATION FOR MEDICAL AID.**—Lady Dufferin, whose recent visit to Lahore was connected with the formal opening of an institution in aid of the objects of the National Association for Medical Aid, has received an address of welcome from the Purdanashin ladies of Lahore, who gratefully recognise her humanitarian efforts for supplying medical aid to the women of India, and refer to the fact that the prejudices against medical treatment on the European lines are rapidly disappearing before the progress of scientific education, and that "at no distant date adequate female medical skill will be abundantly available to the Indian women, whose beds of sickness, even in very serious feminine ailments, no male doctor can approach."

## PUBLIC HEALTH

AND

### POOR LAW MEDICAL SERVICES.

#### THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the third or summer quarter of this year, and to the marriages in the three months ending June last. The marriage-rate was lower than in the corresponding quarter of any year since 1883, and considerably below the mean rate in the second quarter of the ten preceding years, 1878-87. The birth-rate and the death-rate were also considerably below their respective averages. The mean temperature of the air during the quarter was much below the average, and the weather was, on the whole, favourable to the public health.

The births registered in England and Wales during the three months ending September last were 214,665, equal to an annual rate of 29.7 per 1,000 of the population, estimated by the Registrar-General to be 28,628,804 persons. This birth-rate showed a further decline from the rates recorded in the third quarters of recent years, and was as much as 3.2 per 1,000 below the mean rate in the third quarters of the ten years 1878-87; it was also lower than that recorded in the corresponding period of any year since 1847. The birth-rate during the quarter under notice in the several counties ranged from 23.6 in Rutlandshire and 23.8 in Sussex to 33.4 in Durham, 33.5 in Northumberland, 33.7 in Essex, and 35.6 in Monmouthshire. In the twenty-eight large towns for which the Registrar-General publishes weekly returns, the birth-rate last quarter averaged 30.4 per 1,000, ranging from 22.3 in Huddersfield and 23.8 in Brighton to 37.1 in Preston, 37.3 in Newcastle-upon-Tyne, and 40.7 in Cardiff. The births registered in England and Wales during the quarter under notice exceeded the deaths by 106,753; this represents the natural increase of the population

proportion of uncertified deaths is not increasing. The proportion of the uncertified deaths to the sum of the deaths was not quite 2.2 per cent. in 1887; the mean proportion during the nine years, 1878-86, was 2.8 per cent."

**BRIGHTON** (Population, 118,186).—*Low, Decreasing Death-rate.*—Dr. Newsholme's appointment as health officer of Brighton is of recent date, and his report for 1887 is necessarily brief and almost entirely confined to statistics. During the year, 1,988 deaths were registered in the municipal borough, equal to a death-rate of 16.9 per 1,000. The seven principal zymotic diseases caused 262 deaths, or an annual death-rate of 2.21 per 1,000 of the population. In London the corresponding rate was 3.02, and in the twenty-eight great towns 3.21 per 1,000. Measles was the most fatal infectious disease, and whooping-cough next in order of fatality. There were no deaths from small-pox, and only 10 from scarlet fever. Compared with those of the twenty-eight largest towns of England and Wales, the general death-rate of Brighton is lowest on the list, and the zymotic rate is also, with one exception, the lowest. The mortality was the most favourable recorded for the town within the last ten years. During that decade there has been a steady and almost uninterrupted decline in the death-rate.

**CARDIFF** (Population 111,148).—*Resignation of Dr. Paine, the Medical Officer of Health.*—The report for 1887, with which Dr. H. J. Paine closes his long career as health officer of Cardiff, is just that which an earnest sanitarian would write, drawing, as it does, upon the experiences of the past for the guidance of the future. The extraordinary improvements in the death-rate during his administration are matters of history, and have received public acknowledgment, yet with interest as keen as ever Dr. Paine points out the weak spots and urges their amendment. Each incident recorded is used to point a moral. Thus the epidemic of small-pox which broke out in February, 1887, and prevailed until the following September is made the occasion for giving a practical outline of the past and present history of the disease and of vaccination. It is satisfactory to find that during the year the mortality from zymotic diseases was low, the death-rate being 2.6 per 1,000, as against 4.1 per 1,000 in the large towns. Dr. Paine attributes the slight increase in the general mortality to the inclement weather which characterised the early months of the year, and it may be noticed that in the quarter when the general death-rate was highest the mortality from zymotic diseases was almost at its lowest. As usual, the greatest mortality from these diseases was in the third quarter of the year; but, though the high temperature and persistent drought should have caused an increase in diarrhoea and enteric fever, a judicious flushing of sewers with chemically-prepared water seems to have had the effect of reducing the mortality.

**EPHING RURAL** (Population, 22,733).—*Diphtheria: Disease Spread by Gipsies.*—During 1887 there were in this district very few deaths from infectious diseases, and not much illness due to them. Measles, scarlatina, and diphtheria caused 1 death each; whooping-cough, 4; and enteric and other fevers caused 6. Dr. Fowler reports that it is now ten years since the district was so free from diphtheria. The yearly average for the previous five years was 12. He believes the reduced prevalence of diphtheria in 1887 to be mainly attributable to the long drought in the summer, and hence his opinion is strengthened that the outbreaks in previous years have been attributable to peculiarities of a cold, damp, misty atmosphere, due to an impervious clay soil, and the faultily constructed houses in which the poor have to live, rather than to any specific source of contamination. Several sporadic cases of scarlatina occurred in various parishes. With regard to many of them no history of infection could be traced, but considering the great prevalence of the disease in London, there seems little doubt but that it was imported from the metropolis. There was no spread of the disease until October, when a serious outbreak occurred at Matching, and there were strong reasons for suspecting that the infection had been conveyed there by gipsies. Of 27 deaths from zymotic diseases, 14 were due to diarrhoea. The death-rate from these causes was 1.1 per 1,000 and the general death-rate was 15.0 per 1,000.

**GLANFORD BRIGG RURAL** (Population, 30,655).—*Reduction in Prevalence of Typhoid Fever.*—The small mortality from infectious diseases and the generally favourable climatic conditions of 1887

had their effect in a marked reduction of the death-rate. Mr. Moxon states that it has only once previously been lower, namely, in 1879, when it was 14.2 per 1,000 as against 14.4 for the year under notice. All ages profited by the fine dry season, for not only were there 20 fewer deaths among children than in 1886, but in the ages 25 to 60 and upwards, there was a difference of 55 deaths. Measles and scarlet fever prevailed over various parts of the district, but each disease was remarkably mild in character. Isolated cases of diphtheria occurred, 3 of which terminated fatally. Typhoid fever caused 7 deaths, though there was nothing like an epidemic of the disease. The cases appeared mostly to depend upon unhealthy circumstances of a local character, though in some instances no probable cause could be discovered. Mr. Moxon states that of late years typhoid has not been at all a common disease in the district, though he remembers that thirty years ago he used to treat a large number of cases, and certain villages were considered "fever villages." He attributes this great improvement to the better drainage of the country generally. Consumption was not quite so fatal as in other years, the dry weather being probably favourable to persons predisposed to this disease.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### GIFT OF A HOSPITAL TO LANGHOLM.

MR. THOMAS HOPE, of New York, who is now on a visit to Langholm, his native place, has intimated his intention to build and endow a hospital in Langholm for sick and infirm persons. He has already secured a site for the hospital at a cost of £1,500, and conveyed it to trustees. In connection with this event, a deputation of representatives of various public bodies in Langholm have presented Mr. Hope with an address of thanks. The precise amount of the benefaction has not been publicly stated, but it is understood to be a very large sum.

### TAUNTON NURSING INSTITUTION.

THE Victoria Jubilee Nursing Institute, which was opened at Taunton last week, has been erected and endowed at a cost of £10,000. The institute adjoins the Taunton and Somerset Hospital, which was erected as a memorial of the Jubilee of George III. The scheme of enlarging the usefulness of this institution has been promoted by Dr. Edward Liddon, and on an appeal being made for subscriptions, an anonymous donor gave £5,000. The whole of the desired sum has been raised. The architect was Mr. Houghton Spencer, of Taunton.

### VICTORIA HOSPITAL, BOURNEMOUTH.

THE Victoria Hospital, which is being built at Bournemouth at a cost of £6,000, is rapidly approaching completion; at a recent meeting of the dispensary governors and hospital subscribers it was decided to amalgamate the two institutions; a provisional committee was appointed to take over the funds and properties of the Victoria Hospital on January next.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS, ENGLAND.**—The following gentlemen having passed the necessary examinations, were at a meeting of the College, on November 8th, admitted Members, namely:

Alamson, Horatio George, L.R.C.P.Lond., 26, Grange Road, Ealing, W.  
Andrew, Bennett Harvey, L.S.A., 33, Tyrwhitt Road, St. John's, S.E.  
Andrew, Francis Charles, L.R.C.P.Lond., 13, Broad Street, Manchester.  
Barker, Frederic, L.R.C.P.Lond., 20, Morton Place, Belgrave Road.  
Blaxall, Frank Richardson, L.R.C.P.Lond., 166, Stanhope Street, N.W.  
Boycott, Arthur Norman, L.R.C.P.Lond., 47, Richmond Terrace, Clapham.  
Bray, Hubert Alaric, L.R.C.P.Lond., 41, Great Russell Street, W.C.  
Briscoe, John Edward, L.R.C.P.Lond., 37, Wellclose Terrace, Leeds.  
Broadway, Sigismund Alexander William Edward, L.R.C.P.Lond., 63, Arlington Road, Tulse Hill.  
Barland, Herbert, L.R.C.P.Lond., Poolstock House, Wigan, Lancashire.  
Burns, Robert John, L.R.C.P.Lond., 1, Beauchamp Terrace, Sunderland.  
Campbell, John, M.D. Q.C.T., 11, Wellington Park Terrace, Belfast.  
Cant, Frederick, L.R.C.P.Lond., 118, Rumford Street, Manchester.  
Caswell, George William, L.S.A., 27, Queen Street, Cheshire, E.C.  
Cheate, Arthur Henry, L.R.C.P.Lond., King's College Hospital, W.C.  
Cheetham, Charles Francis, L.R.C.P.Lond., 7, York Place, Manchester.  
Cholmeley, William Frederick, L.R.C.P.Lond., Charleton Road, Hectory Attleborough.

Clapham, John Thurlow, L.R.C.P.Lond., 29, Lingfield Road, Wimbledon.  
 Clark, Percy John, L.S.A., 22, Margaret Street, W.  
 Clarke, William, L.S.A., St. Paul's Square, Burton-on-Trent.  
 Collington, Frank Arnott, L.R.C.P.Lond., College Villa, St. Heliers, Jersey.  
 Cooke, Thomas Alfred Burnard, L.R.C.P.Lond., St. John's Vicarage Brixton.  
 Copeland, William Henry Lawrence, L.R.C.P.Lond., 27, Philbeach Gardens.  
 Corner, Harry, L.R.C.P.Lond., Manor House, Poplar, E.  
 Cressy, Charles James, L.R.C.P.Lond., Haydesden, Wallington, Surrey.  
 Cross, Edward John, L.R.C.P.Lond., St. Neots, Hunts.  
 Date, William Hortou, L.S.A., Elmhyrst, Ilkeston, Derbyshire.  
 Douty, Edward Henry, L.R.C.P.Lond., King's College, Cambridge.  
 Dowling, Edward Alfred Griffiths, L.R.C.P.Lond., Belvedere Road, Upper Norwood.  
 Dugon, Francis, L.R.C.P.Lond., 35, Brockley Road, S.E.  
 Eaton, Oliver, L.R.C.P.Lond., Arley Hall, Blackrod, Chorley.  
 Farmer, Frederick Reginald, L.R.C.P.Lond., Courtfield, Byculla Park, Kenfield, N.  
 Firth, John Lacy, L.R.C.P.Lond., 52, Burton Crescent, W.C.  
 Foster, Michael George, L.R.C.P.Lond., 9 Wells, Great Shelford, Cambridgeshire.  
 Franklin, Lawrence, L.R.C.P.Lond., Clarence House, Thaxted, Essex.  
 Fullard, John, L.S.A., Dudley Port, Tipton.  
 Gomes, Anthony Clement, L.R.C.P.Lond., 196, Stanhope Street, N.W.  
 Gornall, John Pegge Joseph, L.R.C.P.Lond., Newton Heath, Manchester.  
 Gott, Henry, L.R.C.P.Lond., 14, Hanover Square, Leeds.  
 Graves, Charles, L.R.C.P.Lond., 77, Maryland Road, Paddington, W.  
 Grosvenor, Wilshaw William, L.R.C.P.Lond., 9, Greville Place, Maida Vale.  
 Halley, William, L.R.C.P.Lond., 38, Elgin Crescent, S.W.  
 Hanson, Arthur Stephen, L.R.C.P.Lond., 61, Warwick Gardens, Kensington.  
 Hawthorne, Herbert John, L.R.C.P.Lond., Uttoxeter, Staffordshire.  
 Hayes, Horace Frederick, M.B.Melb., Marlow, Bush Hill Park, Enfield.  
 Hayward, Charles William, L.R.C.P.Lond., 117, Grove Street, Liverpool.  
 Heasman, William Gratwicke, L.R.C.P.Lond., Court Wick, Littlehampton, Sussex.  
 Hewer, Alfred Earnshaw, L.R.C.P.Lond., 33, Highbury New Road, N.  
 Hewlett, Clarence William, L.R.C.P.Lond., 12, Royal Naval Cottages, St. John's Road, Penze, S.E.  
 Hill, George Leonard, L.R.C.P.Lond., The Grove, St. George's, near Wellington, Salop.  
 Hudson, Frank Horace, L.R.C.P.Lond., 6, Royal York Crescent, Clifton, Bristol.  
 Humphreys, George Herbert, L.R.C.P.Lond., St. Bartholomew's Hospital.  
 Hutt, Charles Edward, L.R.C.P.Lond., 102, Chetwynd Road, Highgate.  
 Johns, John Francis, L.R.C.P.Lond., 184, High Street, Southampton.  
 Joslen, Hubert, L.R.C.P.Lond., Heathercroft, Buckland Hill, Maidstone.  
 Kemp, George Lajus, L.R.C.P.Lond., 46, Gipsy Hill, S.E.  
 King, Richard Henry, L.R.C.P.Lond., 7, Granville Square, W.C.  
 Le Feuvre, William Philip, L.R.C.P.Lond., 4, Northbrook Road, Lee, S.E.  
 Lewer, Edward Stewart, L.R.C.P.Lond., 71, Upper Leeson Street, Dublin.  
 Lewis, Benjamin Morgan, L.R.C.P.Lond., Glaubalden, Abergavenny.  
 Liston, Walter Lawrence, L.R.C.P.Lond., 21, Aberdeen Place, Maida Vale.  
 Locke, Charles Alfred, L.R.C.P.Lond., 34, Keppel Street, Russell Square.  
 Luson, Thomas, M.B.Edin., 45, Thornton Heath, Surrey.  
 Mackay, Percy Barnard, L.R.C.P.Lond., Langton Vicarage, Wragby, Lincolnshire.  
 Macleod, David Thomas, M.D.Glas., 13, Kelvin Drive, Kelvin-side, Glasgow.  
 McQueen, Charles Alexander Simpson, M.D.Philad., 34, Harrington Square.  
 Mead, Theophilus William, L.S.A., Woodville, Kingston Road, Portsmouth.  
 Metcalfe, George, L.R.C.P.Lond., 25, Harrison Place, Jesmond, Newcastle.  
 Miers, Arthur, L.R.C.P.Lond., Seacroft, Leeds.  
 Morland, Charles Henry Duncan, L.R.C.P.Lond., 5, Portsea Place, Connaught Square, W.  
 Nicholls, Alfred Robert, L.R.C.P.Lond., 16, Philip Road, Peckham, S.E.  
 Nuttall, Alfred Edward, L.R.C.P.Lond., North Staffordshire Infirmary, Stoke-on-Trent.  
 Ogle, Cyril, L.R.C.P.Lond., 30, Cavendish Square, W.  
 Ormerod, Charles Evelyn, L.R.C.P.Lond., 1, Fell Road, Croydon.  
 Owen, John Lewis, L.R.C.P.Lond., 31, St. Patrick Square, Edinburgh.  
 Paddbury, George John, L.R.C.P.Lond., 325, City Road, E.C.  
 Parsons, George Gooden, L.S.A., 5, Barr's Hill Terrace, Coventry.  
 Pearse, Albert, L.R.C.P.Lond., 16, South Hill Park, Hampstead, N.W.  
 Pedley, Samuel Edward, L.R.C.P.Lond., 9, The Terrace, Camberwell.  
 Phipps, Henry Hostache, L.R.C.P.Lond., Eastcote, near Towcester, North Hants.  
 Prosser, Astley Bennett, L.R.C.P.Lond., 136, Brearly Street, Birmingham.  
 Quirk, Thomas Augustus Frederick, L.R.C.P.Lond., Melbourne, Australia.  
 Reed, John Sleeman, L.R.C.P.Lond., 159, Edgware Road, Hyde Park.  
 Reynolds, Ernest James, Milton, Sittingbourne, Kent.  
 Rilot, Charles Frederick, 17, Grange Park, Ealing.  
 Ring, John, 12, Cambridge Gardens, Kilburn, N.W.  
 Robert, Richard Lewis, 18, Rochester Square, N.W.  
 Robertson, John, St. Anne's, Thurlow Park Road, West Dulwich, S.E.  
 Robinson, George Arbuthnot, 104, Inverness Terrace, Bayswater, W.  
 Rolston, Thomas Restarick, Clarendon Villa, Stoke, Devonport.  
 Scott, Thomas Wilfred, Heathfield, Bromley, Kent.  
 Shaw, John Custance, Walton House, Wakefield, Yorks.  
 Sheldon, Robert Garnett, 223, Boundary Street, Liverpool.  
 Smith, Herbert Arthur, "Winchcombe," Turnham Green, Chiswick.  
 Spencer, Thomas Edward, 49, Wimpole Street, Cavendish Square.  
 Stephens, Richard John, King's College Hospital.  
 Stevens, William Edward, 97, Old Market Street, Bristol.  
 Thompson, George Hobson, 2, Holly Place, Hampstead Heath.  
 Thorp, Charles Glover, Ashdown Villa, Wickham Terrace, Lewisham High Road, S.E.  
 Tunnicliffe, Francis Whittaker, Riverlea, Woodside Park, N.  
 Turner, Edgar Olive, 64, Alexandra Road, South Hampstead.  
 Walker, Alexander Hope, Penkhull, Stoke-on-Trent.  
 Ward, Walter Fisher, 58, Queen's Road, Peckham, S.E.  
 Watkins, Walter, 13, Tavistock Place, W.C.

Wells, Frank Barber, 17, Nassington Road, Hampstead Heath.  
 Williams, Robert Edwin, 41, Trinity Square, S.E.  
 Winnett, Frederick, 51, Simcoe Street, Toronto, Ontario.  
 Wright, Thomas Nesbitt, Foulkath, Old Dover Road, Blackheath.  
 Young, James, L.R.C.P.Lond., Oakwood, Worsley, Lancashire.

The following gentlemen having passed the necessary Examinations at a meeting of the Board of Examiners on the 7th instant, were at the same meeting admitted Licentiates in Dental Surgery, namely:

I. J. H. Boyton, 2, Woodlands Road, Barnes Common; W. H. Dolamore, 83, The Grove, Ealing, W.; F. G. Grimsdale, 53, High Street, Uxbridge; F. A. Harsant, 16, Parliament Hill Road, N.W.; A. S. Hayman, 5, Belle Vue, Clevedon, Somerset; H. L. C. Hone, Rockholme, Hastings; F. R. Howard, Villa Road, Handsworth; W. T. Madin, Shustoke, Colehill, Birmingham; E. A. Manton, 51, Frithville Gardens, Shepherd's Bush; A. E. Marten, 22, Tyson Road, Forest Hill, S.E.; J. Mountford, 2, Richmond Terrace, Clapham Road; A. C. Pritchard, 13, Delamere Terrace, Bayswater; L. C. Smith, Grove House, Durham; P. L. Webster, 2, Redesdale Terrace, West Hampstead; C. Winterbottom, M.R.C.S.Eng., 16, Sloane Street, S.W.

## MEDICAL VACANCIES.

The following Vacancies are announced:

**BRADFORD INFIRMARY AND DISPENSARY.**—House-Physician. Salary, £100 per annum, with board. Applications by November 24th to William Maw, Esq., Secretary.  
**CAHERCIVEN UNION, Caher Dispensary.**—Medical Officer. Salary, £95 per annum and fees. Applications to Mr. J. J. Keating, Honorary Secretary. Election on November 15th.  
**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—Assistant Physician. Applications by November 16th to the Secretary, 24, Finsbury Circus, E.C.  
**DENTAL HOSPITAL OF LONDON AND SCHOOL OF DENTAL SURGERY.** Leicester Square.—Lecturer on Mechanical Dentistry. Applications by November 12th to the Dean.  
**DOVER HOSPITAL AND DISPENSARY.**—House-Surgeon. Salary, £100 per annum, with furnished apartments, etc. Applications to the Secretary, Mr. E. Elwin, Castle Street, Dover.  
**GRANTHAM FRIENDLY AND TRADE SOCIETIES' MEDICAL INSTITUTION.**—Resident Medical Officer. Salary, £150 per annum, with fees and residence, etc. Applications by November 21st to Mr. F. Hullott, Stanton Street, Grantham.  
**HOSPITAL FOR CONSUMPTION, Brompton.**—Physician. Applications by November 14th to the Secretary.  
**KENSINGTON DISPENSARY.**—Honorary Surgeon. Applications to F. Leach, Esq., Honorary Secretary, 7, Stanford Road, Kensington Square, by November 30th.  
**LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool.**—Resident Medical Superintendent. Salary, £1,000 per annum, with certain allowances. Applications by November 21st, to W. Swift, Esq., Clerk to the Committee, 11, Dale Street, Liverpool.  
**LEEDS FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.** Bischoff House Surgery.—Surgeon. Salary, £200 per annum, with extras and travelling allowances. Applications by November 13th to C. H. Wilson, Esq., 8, South Parade, Leeds.  
**LISNASKEA UNION, Derrylin Dispensary.**—Salary, £115 per annum and fees. Applications to Major B. Winslow, Honorary Secretary, Mount Prospect, Derrylin. Election on November 14th.  
**LONDON TEMPERANCE HOSPITAL, Hampstead Road.**—Junior House-Surgeon. Board and residence. Applications by November 17th to the Secretary.  
**NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM.**—Superintendent. Salary, £450 per annum, with furnished apartments, etc. Applications by November 14th to J. Atkinson, Esq., Solicitor, 21, Grainger Street West, Newcastle-upon-Tyne.  
**ROYAL SOUTH HANTS INFIRMARY, Southampton.**—Surgeon. Applications by November 24th to the Secretary.  
**ROYAL SOUTH HANTS INFIRMARY, Southampton.**—Assistant Surgeon. Applications by November 24th to the Secretary.  
**TOBERCERRY UNION.**—Medical Officer to Coolaney Dispensary. Salary, £120 per annum, and fees. Applications to Honorary Secretary, Dispensary Committee. Election on November 15th.  
**VICTORIA UNIVERSITY.**—Joint Lecturer on Forensic Medicine. Applications to the Registrar of the Yorkshire College.

## MEDICAL APPOINTMENTS.

**BENFORD, Charles Henry, M.B., C.M.Edin., M.R.C.S.Eng.,** appointed Clinica Assistant, Ear, Throat, and Nose Department, Royal Infirmary, Edinburgh.  
**CALLAGHAN, James Leslie, L.R.C.S.I., L.R.C.P.Ed.,** appointed District Medical Officer to No. 8 District, Houniton Union, *vice* P. A. O'Meara, deceased.  
**CLARKE, E. A., L.S.A.,** appointed House-Surgeon to the Wrexham Infirmary and Dispensary, *vice* J. N. Maclean, M.B., resigned.  
**COTTS, C. E. H., M.B., B.S., F.R.C.S.,** appointed Surgeon to Out-patients to the Great Northern Central Hospital, *vice* C. B. Lockwood, F.R.C.S., promoted.  
**DICKINSON, W. W., M.R.C.S., L.S.A.,** appointed Medical Officer to the Uffculme District of the Tiverton Union, *vice* R. Bryden, M.R.C.S., resigned.  
**FOX, W. H. Piercy, L.R.C.P. and S.Edin.,** appointed Medical Officer to No. 6 District, Lambeth Parish, *vice* Walter Arthur, M.R.C.S., L.S.A., resigned.  
**GAFF, J. D., M.D., M.Ch.,** appointed Medical Officer to No. 5 District, Lambeth Parish, *vice* Walter Arthur, M.R.C.S., L.S.A., resigned.



LLOYD, P. A., F.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Surgeon to the General Hospital, Nottingham, *vice* A. R. Anderson, F.R.C.S.Eng., resigned.

MORISON, Rutherford, M.D., F.R.C.S.Eng., appointed Assistant Surgeon, Royal Infirmary, Newcastle-on-Tyne.

NAPIER, A. D. Leith, M.D.Aberd., F.R.S.Edin., M.R.C.P.Lond., appointed Physician-Accoucheur to the St. Pancras and Northern Dispensary, *vice* H. Boxall, M.D., M.R.C.P., resigned.

NIELSEN, F. W., M.R.C.S.Eng., L.S.A., appointed Assistant Medical Officer to the Royal Albert Asylum, Lancaster, *vice* T. B. Hyslop, M.B., C.M., resigned.

OWEN, D. C. Lloyd, F.R.C.S.I., appointed Richard Middlemore Post-Graduate Lecturer, Birmingham and Midland Eye Hospital.

SHEA, J. G., L.R.C.S.I., L.K.Q.C.P.I., appointed Medical Officer to the Parishes of Brampton and Walton, and the Industrial Schools in the Chesterfield Union, *vice* Richard Jeffreys, M.R.C.S., L.S.A., resigned.

SHELDON, R. Garnett, M.R.C.S., L.S.A., appointed House Surgeon to the Liverpool Royal Infirmary, *vice* B. J. Steele, M.R.C.S., L.R.C.P., resigned.

SNAPE, E. A., appointed Medical Officer to the St. Marylebone General Dispensary, Welbeck Street, *vice* A. L. Achard, L.R.C.P., M.R.C.S., resigned.

SYERS, H. W., M.D., M.R.C.P., appointed Physician to Out-patients to the Great Northern Central Hospital, *vice* E. Clifford Beale, M.B., M.R.C.P., promoted.

THOMSON, John Anstruther Mulville, appointed Certifying Factory Surgeon, Bradford-on-Avon, Wilts, *vice* W. D. Lovell, M.R.C.P., M.R.C.S., retired.

ST. BARTHOLOMEW'S HOSPITAL AND MEDICAL SCHOOL.—At a special meeting of the School Committee on Saturday, October 27th, the following medals and prizes were presented by the senior physician, Dr. Andrew, on behalf of the School:—Preliminary Scientific Exhibition: Mr. R. E. Scholefield. Bentley Surgical Prize: Mr. E. A. Edelsten, B.A.Oxon. Hichens Prize: Mr. F. Mangan. Foster Prize: Mr. M. L. Hepburn. Treasurer's Prize: Mr. N. O. Wilson. Harvey Prize: Mr. J. F. Nall. Skynner Prize: Mr. Bedford Pierce and Mr. W. G. Willoughby. The Open Scholarships in Science: Senior, Mr. W. N. Soden; junior, Mr. J. W. Pickering. Shuter Scholarship: Mr. J. A. Edwards, M.A.Cantab. Junior Scholarships (in anatomy, etc.): Messrs. A. S. Blackwell, H. W. Armstead, and A. A. Weir. Senior Scholarships (in anatomy, etc.): Mr. H. J. Waring. The Brackenbury Scholarships: Medical, Mr. Bedford Pierce; Surgical, Mr. G. E. Colby. Kirkes Medal and Scholarship: Mr. C. H. Roberts. Laurence Medal and Scholarship: Mr. G. Heaton, B.A.Oxon. The total value of the prizes and scholarships, etc., amounted to between £700 and £800.

METROPOLITAN ASYLUMS BOARD.—The last fortnightly reports of the Board showed that only one case of small-pox had been admitted (this in the Eastern Hospital), and which ended fatally soon after admission, leaving a clean sheet in all the hospitals. In respect to fever, 159 acute cases had been admitted, as against 216 in the previous fortnight; 156 had been discharged recovered; and there remained under treatment on Thursday in last week 1,012, against 1,033 in the previous fortnight. Of these, 923 were scarlet fever cases, 10 of diphtheria, 1 of typhus, 77 of enteric fever, and 1 of other disease of a febrile type. It was decided that a communication should be made to the boards of guardians of the parishes and unions of the metropolis, calling attention to the letter of the Local Government Board in respect to the admission of diphtheritic cases into the managers' hospitals. The committees of the four chief fever asylums had made provision for 50 cases of diphtheria each, the first admissions of which had been reported that day.

THE total number of suicides in France during the year 1887 was 7,572, of which 2,168 are attributed to mental afflictions of different kinds, 1,228 to physical suffering, 975 to domestic troubles, 800 to drunkenness, 483 to poverty, 305 to pecuniary difficulties, 208 to the desire to avoid imprisonment, 100 to the loss of employment, 89 to the fear of exposure, 56 to the loss of relatives, and 25 to the dread of military service. Among the other causes specified in the returns, 227 suicides are put down to jealousy and crossing in love.

DENTAL HOSPITAL DINNER.—The annual dinner of the staff and past and present students of the Dental Hospital of London will be held on Saturday, December 1st, at the Holborn Restaurant, when the chair will be taken by James Smith Turner, Esq. Gentlemen, either now or formerly connected with the hospital or medical school, who may through inadvertence not have received special notice, and who desire to be present, are requested to communicate with the Dean of the Hospital.

THE Lord Mayor has subscribed £50 to the building fund of the new French Hospital to be erected in Shaftesbury Avenue.

RICHARD MIDDLEMORE POST-GRADUATE LECTURES.—The first appointment under this Trust, in connection with the Birmingham Eye Hospital, was made on November 1st, when the committee of selection appointed Mr. Lloyd Owen, Senior Honorary Surgeon to the Hospital, as Lecturer for the year 1889. These lectures have been established by Mr. Richard Middlemore, the senior consulting surgeon to the Hospital, with a view of extending the usefulness of the Hospital as a teaching centre.

PRESENTATION.—On his resignation of the post of Senior Assistant Medical Officer to the Lambeth Infirmary, the nursing staff of the infirmary have presented, as a testimonial of their esteem, a handsome spirit stand to Dr. George Lewis Rugg.

## DIARY FOR NEXT WEEK.

### MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Gulliver: A Case of Ascites, presenting some Unusual Features. Dr. E. Symes Thompson: On the Climate of Cape Colony and the Voyage Thither.

### TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Edmund Owen, F.R.C.S.: Arthroctomy; Erasion of Joints. William Robert Smith, M.D., D.Sc.: The Etiology of Puerperal Fever.

### WEDNESDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Specimens will be exhibited by Mr. Lawson Tait, Dr. Granville Bantock, Dr. Fenton, Dr. Bedford Fenwick, Dr. Mansell-Moullin, and the President. Dr. Arthur W. Edis: On the Treatment of Cases of Incomplete Abortion.

ROYAL MICROSCOPICAL SOCIETY, King's College, W.C., 8 P.M.—Mr. W. West: List of Desmids from Massachusetts, U.S.A.

HUNTERIAN SOCIETY, 8 P.M.—Clinical evening. Dr. H. Fox: 1. Exaggerated Elbow and Wrist-Jerk. 2. Syphilitic Disease of Nervous System. Mr. Tatham: Recovery from Traumatic Paraplegia. Dr. Davies: Growth in the Tongue. Mr. Poland: 1. Supernumerary Breast. 2. Pyæmic Epiphysitis. And other cases.

PHARMACEUTICAL SOCIETY, 8 P.M.—Chemistry of Tartar Emetic (from the Research Laboratory). The Ancient Materia Medica of the Egyptians.

### THURSDAY.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Mr. Mitchell Banks: On the Permanence of the Radical Cure of Hernia. Messrs. Bryant, Treves, Lawson Tait, Kendal Franks, and Barker, will take part in the discussion.

NEUROLOGICAL SOCIETY OF LONDON, 8.30 P.M., at the National Hospital for the Paralysed and Epileptic, Queen Square.—Cases at 8 P.M. Dr. Ormerod: Peculiar Affection of Speech. Dr. de Watterville: 1. Atrophic Paralysis of Arms and Neck. 2. Atrophic Paralysis with Increased Tendon Reactions. Dr. Hughlings Jackson: Case of Return of Knee-Jerk in Tabes Dorsalis after Hemiplegia. Dr. James Anderson: Case of Facial Hemiatrophy. Dr. Beevor: 1. Case of Poliomyelitis from Injury. 2. Case of Traumatic Functional Contracture with Anæsthesia. Dr. Hadden: Case of Neuro-Muscular Irritability.

### FRIDAY.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND, 4 P.M.—Quarterly meeting at Bethlem Hospital. Pathological specimens will be exhibited by several members of the Association. J. W. Plaxton, M.R.C.S.: A case of Pachymeningitis. Dr. Hack Tuke (if time permits): A Short Account of a Recent Visit to Kennoway.

## 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 announcement.

### BIRTH.

ORTON.—On July 21st, at Stanthorpe, Queensland, the wife of Arthur Orton, M.R.C.S.Eng., L.S.A., late of Foleshill, Warwickshire.

### MARRIAGES.

COLE—SAWYER.—On October 4th, at St. George's Cathedral, Sierra Leone, by the Venerable Archdeacon Robbin, Sylvester John Cole, M.B., C.M., Assistant Colonial Surgeon, Gold Coast Colony, to Adelaide Nancy, only daughter of the Honourable T. J. Sawyer, merchant and Member of the Legislative Council, Sierra Leone, West Africa.

KIRKLAND—MACLULLICH.—At Aird's Cottage, Strachur, Argyllshire, on Wednesday, October 31st, by the Rev. Neil Macpherson, M.A., Inverary, assisted by the Rev. H. F. Macdonald, Strachur, Hugh Kirkland, M.B., C.M., to Nina, youngest daughter of the late Duncan MacLulich, Procurator Fiscal of Argyllshire. No cards.

PARKER—GREENE.—November 7th, at the Parish Church, Roby, by the Rev. S. A. K. Sylvester, M.A., Vicar, assisted by the Rev. W. J. Melville, M.A., Rector of Ashton, and the Rev. Astell Powell, M.A., Dr. Roger Parker, of Stoneycroft, Liverpool, to Mrs. Greene, only daughter of the late Isaac Penny, Esq., J.P., Liscard Manor, Cheshire.

### DEATH.

WALTER.—On November 5th, at Tarrazona, Bournemouth, William Walter, M.D., formerly of Stephen's Green, Dublin, aged 76.

## OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b> .....	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.
<b>TUESDAY</b> .....	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); St. Mary's; 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).
<b>WEDNESDAY</b> .....	10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew'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.
<b>THURSDAY</b> .....	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; St. Thomas's (Obstetric Department); Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-West London; Chelsea Hospital for Women.
<b>FRIDAY</b> .....	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.
<b>SATURDAY</b> .....	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., 2; Throat, Th., 3; Dental, Tu. F., 10.

**LONDON.**—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu. S., 9.

**MIDDLESEX.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p. W. S., 1.30; Eye, W. S., 9.30; Ear and Throat, Tu., 9; Skin, Tu., 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. T. F. S., 1; Obstetric, Tu. S., 1; o.p., Tu., 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., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrician, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30; Operations, Tu., 1.30; Ophthalmic Operations, F., 9.

**ST. THOMAS'S.**—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 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, M., 9; Skin, Th., 1; Dental, W. S., 9.15.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN THE FIRST POST ON WEDNESDAY.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, 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, 429, 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.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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.

## QUERIES.

## PRACTICE IN AMERICA.

M.R.C.S. asks what are the chances of obtaining a lucrative practice, by purchase or otherwise, in one of the large western cities of the United States.

## ETIOLOGY OF CLUB-FOOT.

DR. GEORGE BUCHANAN (Professor of Clinical Surgery to Glasgow University) writes: As I am making some inquiry on this subject, I shall take it as a favour if any surgeon will send me a note of any cases in which the subject of club foot were the children of parents with the same deformity.

## PREVENTION OF STYES.

J.W. W. asks for suggestions for treating persistently recurring styes. The patient, a young lady, has suffered from them for years, with short intervals, all treatment being unavailing in preventing their return. Both eyes are affected. There is no apparent local or systemic cause.

## PHOSPHATURIA.

W. B. asks for information concerning cases of amorphous "phosphaturia" in which there really is no increase in the quantity of the daily excretion of phosphates, but merely a deposit occurring in the urine of apparently healthy people during one or other part of almost every day, and perhaps more marked when there is a little dyspepsia; the urine not alkaline and generally slightly acid, otherwise normal, but micturition frequent. Does the deposit (which often forms into gravel, the particles frequently being pyriform, the small end sharp) take place in the kidneys, or the bladder, or where? What are the pathology, prognosis (as regards calculus chiefly), and the treatment of such cases? Mineral acids, of course, are of no use, neither is benzoic or citric.

## ANSWERS.

J. R. M.—*The Surgeon's Handbook*, by Dr. F. von Eschmarch, translated from the third German edition by Dr. B. F. Curtis, of which a review appeared in the JOURNAL of October 27th, is published by Messrs. Sampson Low and Co., Fetter Lane, E.C.

SLIGO.—*Thomas's Complete Pronouncing Medical Dictionary*, published by Lippincott and Company, will be found useful to the general practitioner. It can be obtained through English or Irish booksellers.

## HOSPITAL CONSTRUCTION.

R. J. N. asks for the names of recent French or Belgian hospitals with asylums, with any points of special interest, suitable for study in connection with the study of modern hospital construction.

\**Hospital Construction and Management*, by Dr. F. J. Mouat and Mr. Saxon Snell, contains information on this subject.

## AMBULANCE INSTRUCTION FOR WOMEN.

DR. W. L.—The members of the Medical Committee of the St. John Ambulance Association are strongly of opinion that it is most important that women attending the "nursing course" should first have gone through "the first aid course." Were it not for this proviso, the chief secretary of the Association is convinced that few women would ever attend the "first aid course" at all; if they were allowed to take the "nursing course" first, they would most certainly not trouble themselves about the other. It is altogether an error, although a common one, to suppose that a year must intervene between the two courses. The "nursing course" can be commenced as soon as the result of the "first aid examination" is published. This is done very frequently, and the Association prefer it, offering as an inducement that the nursing examination (if passed) can count as a re-examination towards that coveted distinction, the medalion, thus saving a year.

## TREATMENT OF CORNS.

MR. G. SHERMAN BIGG, F.R.C.S.Ed. (Dover) writes: Pare the corns carefully with a sharp knife without drawing blood, and lightly apply the solid stick of nitrate of silver. In the course of two or three days scrape away the hardened surface. A small, delicate, pinkish blister will be seen, which should be painted over with a 5 per cent. solution of cocaine, and a small crucial incision made. Usually a bead of pus will escape. Apply lead lotion dressing to each toe separately. The deformity is due to reflex muscular contraction, the result of the irritation caused by the corns. A thin leather-soled shoe or slipper, with a heel-piece, should be worn, in which longitudinal slits should be cut corresponding to the spaces between the toes. The corns being covered with ordinary corn plasters, with a central hole, a piece of thin elastic webbing should be threaded through a slit and over the toe covered with plaster, through the next slit, and so on, and finally fastened on the in- or outside of the foot. In severe cases subcutaneous tenotomy may be necessary, but is rarely required. Afterwards a broad-soled shoe should be worn.

DR. G. E. J. GREENE (Ferns, Co. Wexford) writes: In answer to M.R.C.S., first bathe the feet in lukewarm water for about fifteen minutes, then pare away with a sharp knife the upper strata of corn; after which apply the following: R. Acid. salic. 2 parts, collodion flex. 4 parts, creasote 1 part, with a camel-hair brush or feather, and allow it to dry. This treatment to be repeated every day, or other day, as required.

## NOTES, LETTERS, ETC.

ERRATA.—In Dr. Cullingworth's letter on "Puerperal Fever," in the JOURNAL for November 3rd, p. 1021, col. 2, line 39, for "extreme" read "external;" line 42, for "and have" read "than;" line 50, for "invariably" read "invariably."—In Mr. A. W. Loveridge's note on "Chloroform Administration" (Oct. 27th), p. 974, col. 1, line 10, for "thumb" read "thumbs."—In the report of the annual meeting of the Royal College of Surgeons of England, published on November 3rd, the name of Dr. Edward Haughton was incorrectly given as Mr. E. Horton, p. 997.—Mr. Walter Fowler, M.A., M.B., B.C. Cant., etc., has been appointed Surgeon to the Seamen's Hospital, Greenwich, and not, as we were incorrectly informed, Dispenser.—It was Mr. G. G. Stopford Taylor who showed the cases of excision of the tongue at the Lancashire and Cheshire

have come out to the door to watch me riding homewards. The celerity with which one responds to a "call" quite astonishes them. It is quite easy to pack up a frock-coat in the tricycle bag (which measures 14 foot by 1 foot), when one has to remain at a patient's house. The best dress to wear in winter is a thick pea-jacket, with or without a short lounge coat underneath, and gaiters are occasionally necessary.

#### INQUESTS AND DEATHS FROM CHLOROFORM.

M.B., M.A. writes: I should like to ask, through your columns, why it is considered necessary to hold inquests in cases of death occurring during the administration of an anæsthetic? I am at a loss to understand why, unless the friends of the deceased wish for an inquiry, or express doubts as to the skill or care with which the anæsthetic has been administered, the coroner, with his jury of small shopkeepers, should be called upon to go through the farce of deciding that the anæsthetic was a proper one, and that due precautions were observed. When a death from chloroform occurred in this neighbourhood a few years ago, the coroner, upon being informed that two qualified medical men had been present during the administration, declined to hold an inquest, so that the custom is not universal, and, to my mind, is one more honoured in the breach than the observance. Surely, if coroners' inquests are necessary in these cases, they are equally so in cases of death occurring as the result of operations, but we do not yet hear of a jury being summoned to decide if Mr. A. applied a tourniquet properly, or if Mr. B. ligatured the arteries skilfully, or whether all had been done with full Listerian rites. We may in time arrive at this perfection of lay control, but so long as we are considered worthy of being entrusted with the lives of our fellow-creatures while undergoing capital operations, and not called to account before a coroner and his jury because one died from hemorrhage, or another succumbed soon after the giving of morphia hypodermically, I fail to see why the same confidence should not be reposed in us when an anæsthetic happens to shorten life.

The only effect of the holding of an inquest, and the publication in the local papers of the evidence, is to create a prejudice against anæsthetics and their administrators, and to render patients so nervous and frightened when they have to be placed under their influence, that the risks of accidents occurring are thereby doubled.

I think all medical men should keep a record of those cases in which they give an anæsthetic, the nature of the anæsthetic, and the mode and result of its administration being noted; and if these results could be periodically collated, we should be in possession of data from which a sound opinion could be formed as to which is the safest and best mode of producing anæsthesia. It is now the fashion in some quarters to decry chloroform; I am, however, old-fashioned enough to believe in it; and having an experience of some ten thousand cases without a death, I think I am justified in my preference. Deaths, no doubt, are frequently recorded from its use; but before deciding to abandon it for some other anæsthetic, it is necessary to know how much more frequently it is administered than any other. Judging from local experience, I should think it is given fifty times for every once that any other is given. A record such as I have mentioned would settle this question satisfactorily. The JOURNAL has in its time done much good work. Will it add to our indebtedness by placing such information within our reach?

#### TREATMENT OF OBESITY.

DR. ROBT. SAUNDERSON, JUN. (Rhode, King's Co.), writes: It would be of great advantage to some of Mr. Towers-Smith's stout brethren and the corpulent public if he would give more particulars of his treatment of obesity, namely, how he divided his daily gallon of hot water? If he used any other kind of food—such as bread, vegetables, fruit, etc., in addition to the grilled cod and rump steak; if so, what kind and quantity, and on what principle he can explain the process of reduction in weight. A patient of mine, to whom I was speaking on the matter, remarked that it would also be very interesting to know the nature and amount of his previous dietary when his daily lowering scale was so liberal as one pound of fish, three pounds of flesh, one glass of whisky, and water *ad lib.*

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

Mr. H. Taylor, Coltishall, Norwich; W. Fowler, M.B., London; Mr. E. G. S. Taylor, Liverpool; Mr. H. Heald, Ormskirk; Dr. A. H. Kelly, Parsonstown; Mr. M. Smale, London; Mr. J. R. Hill, London; Mr. W. P. Bridges, Cirencester; the Secretary of the University of Cambridge; Dr. P. Baker, Bombay; Mr. J. E. Stuart, Mallow; Mr. A. Jackson, Sheffield; Dr. C. R. Illingworth, Accrington; the Secretary of the General Hospital, Birmingham; Dr. G. Halket, Anderston, Glasgow; Mr. W. B. Hodgson, London; Mr. E. Lloyd Jones, London; Dr. J. A. S. Grant Bey, Cairo; Mr. W. W. Baxter, Swansea; Dr. H. Woods, London; Mr. J. Ewers, Clifton; Surgeon H. J. Wyatt, Dublin; Dr. G. Cran, Banbury; Dr. E. Houghton, London; Mr. E. T. Clifford, London; Mr. C. B. Lockwood, London; Mr. T. P. Hopgood, Sunderland; Dr. J. Lowe, London; Mr. S. Craddock, Bath; Dr. Purdon, Belfast; Mr. J. J. de Z. Marshall, Hastings; Dr. Mickle, London; Mr. T. Holland, London; Dr. M. Thomson, Bradford-on-Avon; Dr. W. Woodward, Worcester; Mr. J. Tisdall, Liverpool; Mr. E. Elwin, Dover; Dr. Homfray, Darlington; Mr. T. F. Squarey, Liverpool; Dr. Pierce, Manchester; Mr. D. Munro, Pollokshaws; Dr. Fishbourne, Monte Carlo; Mr. H. Kornfeld, Berlin; Messrs. Berger, Spence, and Co., London; W. Stewart, M.B., Kirkwall; Mr. S. W. Coombs, Worcester; Dr. P. O'Connell, Chicago; Mr. J. MacLachlan, Jamestown; Dr. Buchanan, Glasgow; Dr. D. B. Smith, Netley; Mr. G. S. Bigg, Dover; Mr. R. H. Huffman, Eccles; Mr. A. Feltrup, Derby; Dr. T. M. Robertson, Rotherham; Mr. J. H. Waters, London; Dr. G. E. J. Greene, Ferns; Mr. R. G. Sheldon, Liverpool; the Lady Superintendent of the School of Massage and Electricity, London; Mr. C. B. Humphreys, Bournemouth; Professor Crookshank, London; Mr. F. Haswell, Carlisle; Dr. A. Bronner, Bradford; Mr. C. T. Street, Ashton; Mr. S. Murphy, London; Mr. E. G. Hunt, Bembridge; Mr. J. N. Cogan,

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#### BOOKS, ETC., RECEIVED.

- Alpine Winter in its Medical Aspect, with Notes of Davos Platz, Wiesen, St. Moritz, and Maloja. By A. Tucker Wise, M.D., L.R.C.P., M.R.C.S. Fourth edition. London: J. and A. Churchill. 1888.
- Animal Physiology. By William S. Furneaux; with 218 illustrations. London: Longmans, Green and Co. 1888.
- A Handbook of Therapeutics. By Sidney Ringer, M.D., F.R.S. Twelfth edition. London: H. K. Lewis. 1888.
- A Handbook of Surface Anatomy and Landmarks. By Bertram C. A. Windle, M.A., M.D. London: H. K. Lewis. 1888.
- Section Cutting and Staining. By Walter S. Colman, M.B. London: H. K. Lewis. 1888.
- Epitome of Diseases and Injuries of the Ear. By W. R. H. Stewart, F.R.C.S. London: H. K. Lewis. 1888.
- The British Journal of Dermatology. Edited by Malcolm Morris (London) and H. G. Brooks (Manchester). London: H. K. Lewis. 1888.

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