

Much of the success of the meeting was undoubtedly due to the courtesy of the Mayor and Corporation, who placed the Pavilion, with all its splendid facilities for the reception of the members, both in their scientific and social gatherings, at the service of the Association. A full report of the meeting will be published in the September issue of the *Journal of the British Dental Association* (September 15th), which will contain the papers and discussion on Anæsthetics, if space permits.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 16th day of October next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

September 12th, 1889.

NOTICE OF QUARTERLY MEETINGS FOR 1889.

ELECTION OF MEMBERS.

A MEETING of the Council will be held on 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, 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*.

BRANCH MEETINGS TO BE HELD.

BORDER COUNTIES BRANCH.—The autumn meeting of the Border Counties Branch will be held at Riggs Hotel, Windermere, on Friday, September 27th, at 3.15 P.M. Dinner at 6 o'clock; 5s., exclusive of wine. Members intending to read papers are requested to give notice to the Honorary Secretary.—JAMES ALTHAM, Penrith.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above district will be held at the Royal Seabathing Infirmary, Margate, on Thursday, September 19th, at 3 P.M.; Mr. Knight Treves in the chair. The Directors of the Royal Seabathing Infirmary invite members to luncheon from 1 to 2, at the Infirmary. The dinner will take place at 5 P.M., at the Naylor Rock Hotel; price, 6s. 6d. (exclusive of wine). Agenda: The Chairman, On Non-Dispensing. Dr. Henry Lewis will propose the following resolution: "That the disproportionate growth of the out-patient department in all hospitals demands a general inquiry, as well as the subject of provident dispensaries, medical aid associations, and sick clubs. Mr. W. L. Chubb, Notes of a Case of Empyema.—W. J. TYSON, Honorary Secretary, 10, Langhorne Gardens, Folkestone.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—A meeting of the above District will be held at the Queen's Hotel, Hastings, on Thursday, September 26th. Meeting at 3.30 P.M., dinner at 5.30. A. C. ROUTH, Esq., will preside. Gentlemen desirous of reading papers or showing cases, should communicate with the Honorary Secretary, T. JENNER VERRALL, 97, Montpellier Road, Brighton.

SOUTH MIDLAND BRANCH.—The autumnal meeting will be held at Higham Ferrers, on Thursday, October 3rd, 1889, under the presidency of John Crew, Esq. Gentlemen wishing to bring forward communications, etc., are requested to intimate their intention to the Honorary Secretary, without delay.—C. J. EVANS, Honorary Secretary.

EAST ANGLIAN BRANCH: ESSEX DISTRICT.—The next meeting of this district will be held at the Horn Hotel, Braintree, on Tuesday, September 24th, at 2 P.M. Dr. Sinclair Holden, President of the Branch, will preside. Members wishing to read papers, etc., are requested to communicate with the Honorary Secretary as soon as possible, in order that particulars may appear in the circulars.—C. E. ABBOTT, Honorary Secretary, Braintree.

SPECIAL CORRESPONDENCE.

EGYPT.

[FROM OUR OWN CORRESPONDENT.]

The Native Egyptian as a Subject for Surgery.—The Soudanese from the same Point of View.—Laparotomy at Kasr-el-Aini.—How to Stamp out Small-pox.—Mr. Baldwin Latham and the Drainage of Cairo.—Dr. Sidky Bey.

THE native Egyptian is an extremely good subject for surgical operation. Clot Bey, the founder of modern medicine in Egypt, has it that "it requires as much surgery to kill one Egyptian as seven Europeans. In the native hospitals, the man whose thigh has been amputated at two o'clock is sitting up and lively at six, and the woman who has had her breast removed for cancer, and her axilla completely dissected out, is walking the corridor next morning." Shock is almost entirely unknown, and dread of an impending operation quite an exception. In explanation may be noted the resignation inculcated by their religion; the very small proportion of meat in, and the total absence of alcohol from, their diet; and in general their regular, abstemious, out-of-door life.

The Soudanese inhabiting Egypt, on the other hand, are in one or two respects most unfavourable subjects for surgery. Their bones become carious on the slightest provocation, and the carious process is of a low type and most obstinate to treatment. Cure by scraping or other ordinary means is most rare, and amputation is frequently followed by caries of the bone of the stump, and generally the case terminates by the supervention within a very short period of pulmonary phthisis. Similarly, a sinus or fistula of the soft parts will rarely heal; and in many cases where long sinuses have been slit up, the wounds, in spite of every form of application, have remained for months without a sign of granulation, the surface continuing perfectly smooth and unchanged. The Soudanese in Egypt, especially the women, seem to be almost entirely deficient in vitality, and certainly appear to have the power of dying at will. So great is their tendency to suppuration, and so certain, if this occur, is the ultimate termination of the case in phthisis, that occasionally almost heroic operations have to be undertaken as affording the sole chance of cure.

The following case, lately treated at Kasr-el-Aini Hospital by Dr. Milton, is in this connection very interesting. The patient was a fine Soudanese woman, between 25 and 30, who, in September, 1888, had been operated on for a very large pyosalpynx, occupying the whole of the right side of the abdomen. An incision had been made opposite to the middle of the anterior surface of the right kidney, and two large drainage-tubes inserted. When she re-entered the hospital in May last, there was an opening in the right lumbar region, and a sinus, about seven inches long, leading to a round tumour the size of an large orange, situated just above and to the right of the uterus. Bearing in mind the idiosyncrasy of the Soudanese, Dr. Milton considered that it was hopeless to attempt a cure by dilatation and drainage of this intra-abdominal sinus and cavity. He accordingly performed laparotomy, the primary incision extending from the pubes to the umbilicus, and disclosing a tumour in the broad ligament with a thick neck running down to the external opening. The tumour was first separated from the uterus, when it was found that its outer part and neck were so bound down to the deeper tissues that the abdominal wall had to be divided transversely from the umbilicus to the opening of the sinus, opposite the anterior surface of the kidney. The tumour and its neck were then dissected off two coils of intestine, from the liver, and from the kidney, and finally the portion of the abdominal wall surrounding the sinus was excised, and the whole abscess cavity, sinus, and opening, removed. The peritoneal cavity was then carefully washed out, the peritoneum sewn together with catgut, and the wound in the abdominal wall, which had a total length of sixteen inches, united with silver wire stitches, traversing the whole thickness. The time occupied in the operation was three hours and a half. No antiseptic was employed; recently boiled distilled water was used for irrigation; and all instruments had been baked for three hours at 130°C. On the fifth day, the wound was dressed and the stitches removed, when it was found that the skin was united along nearly the whole of the wound, but that pus existed beneath, and that a probe could be passed between the closed peritoneum and the united skin from one end of the wound to the other. It seemed

during the same period in the twenty-eight English towns. The highest zymotic rates were recorded in Glasgow and Paisley. The 208 deaths registered in Glasgow during the week under notice included 25 which resulted from diarrhoea, 6 from whooping-cough, 5 from "fever," and 2 from scarlet fever. Two fatal cases of diphtheria were recorded in Leith, and 3 of measles in Edinburgh. The death-rate from diseases of the respiratory organs in these Scotch towns during the week was equal to 2.4 per 1,000, against 2.2 in London.

In the eight principal Scotch towns 717 births and 475 deaths were registered during the week ending Saturday, August 10th. The annual rate of mortality, which had been 17.9 and 18.3 in the two preceding weeks, rose again to 18.6 during the week under notice, and was 0.2 per 1,000 below the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Aberdeen and Leith, and the highest in Glasgow and Paisley. The 475 deaths in these towns during the week under notice included 107 which were referred to the principal zymotic diseases, equal to an annual rate of 4.2 per 1,000, which was slightly below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Dundee and Paisley, and the lowest in Aberdeen and Greenock. The 213 deaths in Glasgow during the week included 23 from diarrhoea, 14 from whooping-cough, 5 from "fever," and 3 from diphtheria. Four deaths were referred to measles in Edinburgh, and 3 in Leith. The death-rate from diseases of the respiratory organs in these towns was equal to 2.4 per 1,000, against 1.8 in London.

In the eight principal Scotch towns 763 births and 455 deaths were registered during the week ending Saturday, August 17th. The annual rate of mortality, which had risen from 17.9 to 18.6 per 1,000 in three preceding weeks, declined again to 17.8 during the week under notice, and was 1.4 per 1,000 below the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Aberdeen and Greenock, and the highest in Glasgow and Perth. The 455 deaths registered in these towns during the week under notice included 87 which were referred to the principal zymotic diseases, equal to an annual rate of 3.4 per 1,000, which was 1.0 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Leith and Paisley. The 210 deaths registered in Glasgow during the week under notice included 23 from diarrhoea, 12 from whooping-cough, 4 from measles, and 2 from diphtheria. Three fatal cases of diphtheria occurred in Edinburgh and 2 in Dundee. The death-rate from diseases of the respiratory organs in these towns was equal to 2.2 per 1,000, against 1.9 in London.

During the week ending Saturday, August 24th, 787 births and 462 deaths were registered in the eight principal Scotch towns. The annual rate of mortality, which had been 18.6 and 17.8 per 1,000 in the two preceding weeks, rose again to 18.1 during the week under notice, and exceeded by 0.9 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among the Scotch towns the lowest rates were recorded in Greenock and Edinburgh, and the highest in Glasgow and Paisley. The 462 deaths in these towns during the week under notice included 89 which were referred to the principal zymotic diseases, equal to an annual rate of 3.6 per 1,000, which was slightly above the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Leith and Paisley. The 212 deaths registered in Glasgow included 24 from diarrhoea, 5 from whooping-cough, 3 from diphtheria, and 3 from measles. Five fatal cases of measles were recorded in Leith. The death-rate from diseases of the respiratory organs in these towns was equal to 1.9 per 1,000, against 1.4 in London.

In the eight principal Scotch towns, 815 births and 449 deaths were registered during the week ending Saturday, August 31st. The annual rate of mortality in these towns, which had been 17.8 and 18.1 per 1,000 in the two preceding weeks, declined again to 17.6 during the week under notice, but exceeded by 0.7 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among the Scotch towns the lowest rates were recorded in Greenock and Aberdeen, and the highest in Leith and Paisley. The 449 deaths registered in these towns during the week under notice included 74 which were referred to the principal zymotic diseases, equal to an annual rate of 2.9 per 1,000, which was slightly below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Leith and Paisley. The 195 deaths registered in Glasgow during the week under notice included 14 from diarrhoea, 11 from whooping-cough, and 5 from diphtheria. Three fatal cases of scarlet fever were recorded in Edinburgh, and 3 of measles in Leith. The death-rate from diseases of the respiratory organs in these towns was equal to 2.2 per 1,000, against 1.5 in London.

During the week ending Saturday, September 7th, 782 births and 423 deaths were registered in the eight principal Scotch towns. The annual rate of mortality in these towns, which had been 18.1 and 17.6 per 1,000 in the two preceding weeks, further declined to 16.5 during the week under notice, but exceeded by 0.3 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Perth and Paisley, and the highest in Aberdeen and Glasgow. The 423 deaths registered in these towns during the week under notice included 86 which were referred to the principal zymotic diseases, equal to an annual rate of 2.6 per 1,000, which was slightly below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Glasgow and Leith. The 215 deaths registered in Glasgow during the week under notice included 13 from diarrhoea, 10 from whooping-cough, 6 from "fever," and 3 from diphtheria. Three fatal cases of diphtheria were recorded in Leith and 2 in Edinburgh. The death-rates from diseases of the respiratory organs in these towns was equal to 2.1 per 1,000, against 1.7 in London.

HEALTH OF IRISH TOWNS.

The deaths registered in the sixteen principal town districts of Ireland during the week ending Saturday, August 17th, were equal to an annual rate of 23.0 per 1,000. The lowest rates were recorded in Drogheda and Wexford, and the highest in Dundalk and Lurgan. The death-rate from the principal zymotic diseases averaged 5.0 per 1,000. The 165 deaths registered in Dublin during the week under notice were equal to an annual rate of 24.4 per 1,000 (against 20.7 and 24.3 in the two preceding weeks), the rate for the same period being only 16.6 in London and 15.4 in Edinburgh. These 165 deaths included 34 which resulted from the principal zymotic diseases (equal to an annual rate of 5.0 per 1,000), of which 25 were referred to diarrhoea, 4 to whooping-cough, and 3 to "fever."

In the sixteen principal town districts of Ireland the deaths registered during

the week ending Saturday, August 24th, were equal to an annual rate of 22.5 per 1,000. The lowest rates were recorded in Kilkenny and Lurgan, and the highest in Waterford and Sligo. The death-rate from the principal zymotic diseases averaged 4.1 per 1,000. The 170 deaths in Dublin during the week under notice were equal to an annual rate of 25.1 per 1,000 (against 24.8 and 24.4 in the two preceding weeks), the rate for the same period being only 14.9 in London and 14.6 in Edinburgh. These 170 deaths included 33 which resulted from the principal zymotic diseases (equal to an annual rate of 4.9 per 1,000), of which 25 were referred to diarrhoea, 4 to "fever," and 2 to whooping-cough.

MEDICAL NEWS.

THE Queen has presented a coloured portrait of herself on satin to the Station Hospital at Quetta.

MEDICAL MAGISTRATE.—Dr. Bird, R.N. (retired), has been appointed a Justice of the Peace for the County of Cork.

AN anonymous donor has generously offered to rebuild a new wing (for men) to the Felixstowe Convalescent Home.

CHOLERA is said to be so prevalent at Pekin that, with the exception of the Custom House officials and some other functionaries, all foreigners have taken refuge in the mountains.

A MAN, aged 54, who was bitten by a rabid dog on July 5th, and treated at the Pasteur Institute from the same date to July 26th, is stated to have died of hydrophobia on August 10th.

THE monthly return of the Secretary of the Dogs' Home, Battersea, shows that 3,563 lost and unmuzzled dogs were taken into the home during August.

THE offer of the Mayor of Bangor to subscribe £500 towards the erection of an infectious hospital has been supplemented by a gift of £100 from Alderman Richards.

By a recent decree of the Holy Synod of Russia, it is enacted that elementary instruction in medicine shall be given in the Orthodox seminaries of the empire.

MARGATE DRAINAGE.—The Corporation of Margate have signed a contract for £58,291 with Messrs. Cooke and Son, of London, for the completion of the drainage of the borough.

THE epidemic of small-pox which was lately raging at Milan appears to be fast subsiding. As against 161 cases in January and 236 in April, there were only 55 in June, a number which fell to 28 in July.

THE Duke of Cambridge on September 7th laid the memorial stone of the Woolwich and Plumstead Cottage Hospital at Shooter's Hill, as a memento of the Queen's Jubilee, on a piece of ground given for the purpose by the War Office.

PROFESSOR LEXIS, of Göttingen, has recently published statistics showing that there are in the German universities twice as many students as can hope to make a living by the professions which they are preparing to enter.

GURJUN OIL IN LEPROSY.—A systematic trial of the gurjun oil treatment, from which Father Damien and several members of his afflicted flock at Molokai are said to have derived benefit, is now being made at the Leper Hospital at Agra. Six typical cases have been selected, and the results are being closely watched by the medical officers of the hospital. Their report will be looked forward to with interest.

GOLD MEDAL FRUIT ESSAY.—We are requested by Mr. O. C. T. Bagleton, the Clerk of the Worshipful Company of Fruiterers, to announce that the prize of twenty-five guineas placed at the disposal of the Company by H. R. Williams, Esq. (Past Master), for an essay on profitable fruit-growing for cottagers and others with small holdings, and the gold medal provided by Dr. Hogg, the proprietor of the *Journal of Horticulture*, have been awarded to Mr. J. Wright, of 36, Alma Road, Wandsworth, the winner in the competition.

FRUIT AND EGGS.—Professor Fresenius, of Wiesbaden, after a long series of chemical analyses, declares that an egg contains as much nourishment as a pound and an ounce of cherries, a pound and a quarter of grapes, a pound and a half of russet apples, two pounds of gooseberries, and four pounds of pears; and that 114 pounds of grapes, 127 pounds of russet apples, 192 pound of pears, and 327 pounds of plums are equal in nourishment to 100 pounds of potatoes.

VANISHING PRESCRIPTIONS.—It is said that a Paris stationer has invented an ink warranted to fade off the paper in a week, without leaving the slightest trace. To say nothing of the advantages of such a discovery to fickle lovers and shifty politicians the use of this convenient liquid may perhaps commend itself to medical practitioners who have strong opinions on the question of vested interests in prescriptions.

LITERARY INTELLIGENCE.—A second edition of Dr. A. M. Brown's work on the *Animal Alkaloids* is nearly ready. The new edition will contain an article on "Auto-intoxication in Health and Disease." Messrs. Hirschfeld Brothers are the publishers. —The concluding portion of Professor McKendrick's *Textbook of Physiology*, entitled "Special Physiology," and including Nutrition, Innervation, and Reproduction, will be issued in a few days by Messrs. James Maclehose and Sons, Glasgow. The first volume, containing General Physiology, was published last year.

APOTHECARIES' HALL OF IRELAND.—At the annual meeting of the Governors and Council of the Apothecaries' Hall of Ireland, convened by statute of incorporation on August 1st, 1889, the following members were duly balloted for and elected office-bearers for the ensuing year:—*Governor*: Charles F. Moore, M.D., F.R.C.S.I. *Deputy Governor*: Richard G. O. Flaherty, M.B. T.C.D., L.R.C.S.I. *Court Examiners and Directors*: Patrick Charles Baxter, B.A., M.D.T.C.D., F.R.C.S.I.; Edward H. Bolland, M.D.; Thomas Collins, M.R.C.S.; John Evans, L.A.H.; Robert Montgomery, M.R.C.S.; Robert J. Montgomery, B.A., M.B.T.C.D., F.R.C.S.I.; Henry P. Nolan, M.D.; Edward J. O'Neil, M.D., L.R.C.S.I.; Sir George Owens, M.D.; Michael J. Moore, M.D.; John Ryan, M.D.; James Shaw, L.R.C.S.I.; George Wise, M.D. *Representative on the General Medical Council*: Thomas Collins, M.R.C.S. *Secretary*: Robert Montgomery, M.R.C.S. The laboratory is under the management of Professor Tichborne, LL.D., F.C.S., L.A.H.I.

TREATMENT OF WARTS.—Altschul recommends the treatment of warts by Unna's method, namely, mercurial ointment, containing 5 to 10 per cent. arsenic. The ointment is spread on linen, and applied over the wart, which gradually softens, and is finally absorbed without leaving any mark. The method is painless. The treatment of warts by arsenical paste is by no means a new one, and its efficacy has been frequently confirmed.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BOYLE UNION, BALLYFARNON DISPENSARY.**—Medical Officer. Salary, £110 per annum, and fees. Applications to Mr. Thomas Rea, Honorary Secretary, Annaghloy. Election on September 23rd.
- CHESTER GENERAL INFIRMARY.**—Surgeon (Visiting). Salary, £80 per annum, with residence, etc. Applications by September 21st to the Chairman of the Board.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—House-Physician. Board and residence. Applications by September 20th to the Secretary, 24, Finsbury Circus, E.C.
- COUNTY WEXFORD INFIRMARY.**—Surgeon. Salary, £120 per annum, and house. Election on September 30th.
- EVELINA HOSPITAL FOR SICK CHILDREN.** Southwark Bridge Road, S.E.—House-Surgeon. Salary, £70 per annum, with board, washing and residence. Applications by September 23rd to the Committee of Management.
- FLINTSHIRE DISPENSARY.**—House-Surgeon. Salary, £100 per annum, with furnished house, etc. Applications by October 7th to the Secretary, Board Room, Bajillt Street, Holywell.
- GLASGOW ROYAL INFIRMARY AND ST. MUNGO'S COLLEGE.**—Curator of the Museum and Pathologist. Salary, £50 per annum. Applications by September 20th to Mr. Henry Lamond, 93, West Regent Street, Glasgow.
- GREAT NORTHERN CENTRAL HOSPITAL.** Holloway Road.—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications by September 23rd to the Secretary.
- IPSWICH BOROUGH LUNATIC ASYLUM.**—Resident Medical Superintendent. Salary, £400 per annum, with residence, etc. Applications by September 16th, endorsed "Application for post of Medical Superintendent," to be sent to the Town Clerk's office.
- LUTON FRIENDLY SOCIETIES' MEDICAL INSTITUTE.**—Assistant Medical Officer. Salary, £120 per annum. Applications by September 18th to the Secretary, 25, Melson Street, Luton.
- MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon. Salary, £100. Applications by September 14th to the Chairman House Committee, Macclesfield Infirmary.
- MANCHESTER ROYAL INFIRMARY.**—Honorary Assistant-Surgeon. Applications by September 21st to the Chairman of the Board.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL.** Marylebone, N.W.—Resident Medical Officer. Appointment for four months. Salary at rate of £80 per annum, with board and residence. Applications by September 18th to the Secretary.

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION. Ventnor.—Assistant Resident Medical Officer. Salary, £80 per annum, with board and lodging. Applications by September 23rd to the Chairman of the Board of Management, 34, Craven Street, Strand, W.C.

ROYAL SOUTH HANTS INFIRMARY. Southampton.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications by September 20th to the Secretary.

ROYAL UNITED HOSPITAL. Bath.—House-Surgeon. Salary, £60 per annum, with board, lodging, etc. Applications by September 19th to A. E. Boyce.

RURAL SANITARY AUTHORITY, BASFORD UNION.—Medical Officer of Health. Salary, £400 per annum. Applications by September 26th to C. J. Spencer, Public Offices, Basford, Nottingham.

ST. VINCENT'S HOSPITAL. Dublin.—Assistant-Surgeon. Applications by September 21st to the Honorary Secretary.

ST. VINCENT'S HOSPITAL. Dublin.—House-Physician. Applications by September 21st to the Honorary Secretary.

ST. VINCENT'S HOSPITAL. Dublin.—House-Surgeon. Applications by September 21st to the Honorary Secretary.

SCARBOROUGH HOSPITAL AND DISPENSARY.—House-Surgeon. Salary, £80 per annum, with board, lodging, etc. Applications by September 15th to the Secretary.

WEST LONDON HOSPITAL. Hammersmith Road.—House-Surgeon. Board and lodging. Applications by September 25th to the Secretary-Superintendent.

MEDICAL APPOINTMENTS.

COUCH, J. KYNASTON, M.R.C.S.Eng., L.R.C.P.Lond., appointed Chloroformist and Pathologist to the Swansea Hospital.

CROOKE, G. F., M.D., M.R.C.S., appointed Physician for Out-patients to the Queen's Hospital, Birmingham, *vice* E. Hogben, M.D.

DUNLOP, J., M.B., B.Ch.Vict., appointed House-Surgeon to the Manchester Royal Infirmary.

EDELSTEIN, Ernest A., M.A., M.B., B.Ch.Oxon., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the East London Hospital for Children, Shadwell.

EWENS, H. L., M.B., B.Ch., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Medical Officer to the Children's Hospital, Birmingham, *vice* E. T. Roberts, M.B.

HALLIWELL, J., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Manchester Royal Infirmary.

HOPKINSON, Albert, M.A., M.B., B.C.Camb., appointed House-Physician to the Manchester Royal Infirmary.

KELYNACK, T. N., M.B., B.Ch.Vict., appointed House-Physician to the Manchester Royal Infirmary.

MCALDOWIE, A.M., M.D., M.B., C.M., F.R.S.E., appointed Honorary Medical Officer to the North Staffordshire Infirmary, *vice* C. Orton, M.D., appointed Consulting Physician to the Infirmary.

MCGOWAN, J. S., B.Sc.Lond., M.B., B.Ch.Vict., M.R.C.S.Eng., appointed House-Surgeon to the Manchester Royal Infirmary.

RICHARDSON, M. J., M.B., C.M., appointed Assistant House-Surgeon to the Rotherham Hospital, *vice* G. H. O'Reilly, M.B., resigned.

SULLY, A. M., L.R.C.P.Lond., M.R.C.S.Eng., appointed Assistant Resident Medical Officer to the Children's Hospital, Birmingham, *vice* H. L. Ewens, M.B., resigned.

SYKES, J., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Manchester Royal Infirmary.

THRESE, J. C., L.R.C.P.Édin., L.M., L.F.P.S.Glas., L.M., L.S.A.Lond., appointed Medical Officer of Health to the Chelmsford and Maldon Sanitary Authority, *vice* A. H. Downes, M.D.Aber., resigned.

TUNSTALL, John Ogle, M.D.Lond., M.R.C.S.Eng., appointed Senior Resident Assistant Medical Officer to the Birmingham Workhouse Infirmary.

WEATHERLY, A. J., M.R.C.S.Eng., L.R.C.P.Lond., appointed Civil Medical Officer of the first class, to the Kurseong Division of the Darjeeling District; also appointed Consulting Medical Officer to the Darjeeling Himalayan Railway.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which should be forwarded in stamps with the announcement. The first post on Thursday mornings is the latest by which advertisements can be received.

BIRTH.

THOMPSON.—On September 1st, at Priory House, Launceston, Cornwall, the wife of W. F. Thompson, M.B., of a son.

MARRIAGE.

BALLANTYNE—MATHEW.—On the 5th instant, at Sawston Congregational Church, Cambs, by the Rev. G. T. Bnalls, Leytonstone, assisted by the Rev. G. Borrow, Sawston, John William Ballantyne, M.D., F.R.C.P., Edinburgh, eldest son of the late John Ballantyne, Birkdale, Windermere, to Emily Rosa, second daughter of the late George Mathew, Worsted Lodge, Cambs.

DEATHS.

JACKSON.—On September 1st, at 9, Princess Square, Plymouth, Louis Pilkington Jackson, L.R.C.P., etc. Aged 26. Dearly loved and deeply mourned.

KERNOT.—On the 5th instant, at his residence, Bishnauth, First Avenue, Brighton, Charles Noyce Kernot, Esq., M.D., F.R.C.S.E., Lic.Med., etc., of Dalhousie Square, Calcutta, aged 49 years. Indian and Australian papers please copy.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY.....10 A.M.: Royal London Ophthalmic.—10.30 A.M.: Royal Free (Ophthalmic Department).—1.30 P.M.: Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Central London Ophthalmic; Hospital for Women; Royal Orthopaedic; St. Mark's; London.—2.30 P.M.: Chelsea Hospital for Women.

TUESDAY.....10 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; Royal Westminster Ophthalmic; St. Bartholomew's (Ophthalmic Department); St. Mary's.—2 P.M.: Cancer Hospital, Brompton; Central London Ophthalmic; London; Westminster.—2.30 P.M.: St. Mark's; West London.—4 P.M.: St. Thomas's (Ophthalmic Department).

WEDNESDAY.....10 A.M.: National Orthopaedic; Royal London Ophthalmic.—11 A.M.: St. Mary's (Orthopaedic).—1 P.M.: Middlesex.—1.30 P.M.: Royal Westminster Ophthalmic; St. Bartholomew's; St. Thomas's.—2 P.M.: Central London Ophthalmic; Great Northern Central; London; Royal Free; University College; Westminster.—2.30 P.M.: St. Peter's; Samaritan Free Hospital for Women and Children.—3 to 4 P.M.: King's College.

THURSDAY.....10 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.: Central London Ophthalmic; Charing Cross; Hospital for Diseases of the Throat; Hospital for Women; London; University.—2.30 P.M.: Chelsea Hospital for Women; North-West London.

FRIDAY.....9 A.M.: Metropolitan; St. Mary's (Ophthalmic Department).—10 A.M.: Royal London Ophthalmic.—10.30 A.M.: Royal Free (Ophthalmic Department).—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: Central London Ophthalmic; East London Hospital for Children; King's College; London; St. Thomas's (Ophthalmic Department).—2.30 P.M.: West London.

SATURDAY.....9 A.M.: Royal Free (Department for Diseases of Women).—10 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: Royal Westminster Ophthalmic; St. Bartholomew's; St. Thomas's.—2 P.M.: Cancer Hospital, Brompton; Central London Ophthalmic; Charing Cross; London; Middlesex; Royal Free; University.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

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

CHELSEA HOSPITAL FOR WOMEN.—M. Tu. W. and F., 1.30.

GREAT NORTHERN CENTRAL.—Medical and Surgical, M. Tu. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. F., 10; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2.

GUY'S.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. 1; Skin, Tu. 1; Dental, Tu. Th. F., 1.30.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 1.30; o.p., W. F., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, M. Th., 9.30.

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

MIDDLESEX.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 9.30; o.p., W., 1.30; Eye, W. S., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30.

NATIONAL ORTHOPAEDIC.—M. Tu. Th. F., 2.

NORTH-WEST LONDON.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9.

ROYAL ORTHOPAEDIC.—Daily, 1.

ROYAL FREE.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9.

ST. BARTHOLOMEW'S.—Medical and Surgical daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. 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., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu., S., 9.

ST. MARK'S HOSPITAL.—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45.

ST. MARY'S.—Medical and Surgical, daily, 1.45, o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, 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. Tu. W. Th., F., 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1.30; Obstetrics, M. Th., 1.30; Tu., W. F., 2; Eye, Tu. F., 2; Ear, M. F., 9; Skin, W., 1.45, S., 9.15; Throat, Th., 1.30; Dental, W., 9.30.

WESTMINSTER.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 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 MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

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.

"LOOSE CARTILAGE" IN KNEE-JOINT.

A MEMBER writes: I have had a case of bursitis over patella, containing a "loose cartilage," in a girl aged 12, caused, as she says, by a lady shaking her, and giving her a kick on the edge of the patella. Two days after she came to me complaining of the loose body, and fainted on the slightest touch. With rest and iodine the swelling went down, and the body (size of pea) was removed a few days after. They are going to law, and as it is an unusual case I would like to know if any member could suggest anything. Is it possible for the loose cartilage to come on two days after the alleged shake or blow, or could it be caused by anything else?

ANSWERS.

M.B., M.S.—The subject was very recently dealt with in our pages.

ARBUTUS.—The postage of the JOURNAL to Australia varies according to its weight, that is to say, according to the number of pages of which it consists. If the weight is within four ounces the postage is one penny, but now that the JOURNAL is so much larger than it used to be, the average charge is twopence.

THE M.R.C.P. LOND.

GRATEFUL.—We should recommend our correspondent to "get up" Celsus in the original; if he does this he will be pretty safe, so far as Latin is concerned. Messrs. Cassell and Co. publish a useful French dictionary. For medical terms there is nothing equal to the *Dictionnaire de Médecine*, of Littré and Robin, which, besides giving the English, German, Italian, and Spanish equivalent under each word, contains full glossaries of the medical terms used in all these languages, and in Latin and Greek.

TREATMENT OF DANDRUFF.

P. M. S. writes: In answer to "Country Member," I would suggest the following ointment to be applied to the roots of the hair every night for a fortnight or so. R Ung. hydrarg. nitr. 5j; vaseline 5viij. The hair to be cut short and well brushed every morning.

R. T., in reply to a "Country Member," suggests the following ointment, used as a pomade: Red oxide of mercury, ammoniated mercury, of each ten grains; Spermaceti ointment, an ounce.

DR. H. LAIRD PEARSON (Birkenhead) writes: Personal experience enables me to recommend the following: R Hydrarg. perchlor. 5ss; glycerine 3v; eau de Cologne 3v; aq. ad 5xx. M. Ft. Lotio No. 1. R β naphthol 5ij; alcohol. ethylic. 5xx. M. Ft. Lotio No. 2. R Acid. salicyl. 5ij; tr. benzoin co. 3iss; ol. olive ad 5x. M. Ft. applicatio. Wash the head thoroughly with terebene soap; rinse well and dry with a rough towel; rub in some of the No. 1 lotion and dry with towel; next apply lotion No. 2, and allow it to evaporate off; finally rub in thoroughly a small quantity of the oily application. The treatment should be carried out daily for a month, and then every alternate day for a fortnight. The dandruff disappears in a few days, and the hair becomes vigorous and supple in a remarkably short time.

E. MANSEL SYMPSON, M.B. (Lincoln), writes: I have used the accompanying formula with very good results, both in simple alopecia, and that attended by, or perhaps rather caused by, dandruff. R Tr. cantharidis, ac. acet. dil. aa 5ss; sp. rosamarin 3j; glycerin. 5ss; aq. rosæ dulc. ad 5viij. Ft. lotio. Let this be well rubbed into the roots of the hair with a small sponge or a flannel, and let special care be taken not to wash the head, for as far as I have seen, washing only aggravates the evil. Good brushing and combing should be quite sufficient to keep the hair clean. The formula given above is slightly altered from one of the late Mr. George Naylor's.

TREATMENT OF WORMS.

DR. A. CORDES, M.R.C.P. LOND. (Geneva), writes: In answer to "Member," JOURNAL, August 24th, p. 448, I would advise him to try rectal injection with cod-liver oil, or with sublimate solution, $\frac{1}{1000}$, or with a saturated solution of sugar in water.

MEDICAL LIBRARY FOR A JUNIOR PRACTITIONER.

B.Sc., F.R.M.S., etc., writes: 1. What book or books would you advise as the best practical and most excellent for a junior practitioner in Australia or the

for diplomas would best consult their own interests by turning their faces London-wise, as three-fourths of them ultimately will find employment outside Ireland.

DR. SPENCER SMYTH, F.R.C.S. (Bournemouth) writes: Being a practitioner of some status (M.R.C.S. 1842), I have been much interested in perusing the address delivered by Mr. Wheelhouse, F.R.C.S., at the meeting of the British Medical Association at Leeds, in which mention is made of pupillage with some medical practitioner prior to entering as a student at a recognised school of medicine. In former days the system of apprenticeship was compulsory; but then the term was too long—three to five years. I would propose that a youth, after passing the required preliminary examination in Arts, should be confided to the care of some general practitioner who has charge of patients in some hospital or workhouse infirmary. Poor-law union or public dispensary, where the pupil would have every facility afforded him of acquiring elementary knowledge of medical and surgical cases, so that by this means it would give him a taste or dislike for the profession, as also afford an opportunity to his parents or guardians of judging if he be in every way suitable for the work he will be called upon to undertake. Also, by being with a practitioner, the pupil would have the opportunity of making himself cognisant of the nature of drugs and the dispensing of medicines. One year at least—two years better—should be so passed.

I consider the age of 18 years ought to be the lowest period at which a student is permitted to enter a recognised school of medicine, when four years should be devoted to study, before being allowed to present himself for his final examination. If no pupillage be passed, then five years ought to be undergone. Students of the present day, even with additional work, endeavour to become fully-fledged practitioners after four years' study, whereas in days gone by six and seven years were required.

THE LEPERS AT ROBBER ISLAND.

A CORRESPONDENT writes: The anonymous writer of the article on the "Lepers at the Cape," in this month's number of *Blackwood's Magazine*, has certainly brought before the public notice something of the lives of misery of those afflicted with leprosy in one of our colonies, of whose progress and rapid civilisation Englishmen are wont to be so proud. The article is written in a markedly emotional and pathetic tone; but the point of importance is, how much of the description is true when its adventitious details are removed, and whether a state of things such as represented is allowed to exist uninterrupted by the Colonial Government.

On the whole, the account—judging by what I saw when I visited the island a few months ago—is correct. The rotten, tumbling down wooden sheds are low and have little or no light—which, taken by itself, may be an advantage, in that it hides something of what might be seen within; but, nevertheless, it is also a drawback, as it prevents the medical man from being able to examine with anything like accuracy a patient lying in one of the beds. I found the floor of earth full of holes, and in places saturated with the discharges of past generations of lepers; the atmosphere stifling and offensive; complete absence of articles of furniture or decoration, even of china for washing purposes.

There is no regular system of nursing, patients who are able to be about, if they be so well-disposed, attending on those in whom the disease has run to a further stage. There are no forms of amusements or even of systematic work for those who are as yet able to be up. The patients lie during the long hours of the day on the ground, clad in shabby, filthy rags, under what shelter they can find from the blazing southern sun. The only forms of existence which appear at all at home are the myriads of flies, which sometimes cover the exposed parts of the diseased creatures' bodies.

Sights such as these are revolting even to the minds of those well steered to the ordinary spectacles of poverty and disease concomitant with modern human existence. No wonder, then, that the reflections of anyone visiting Robber Island with even a vague notion of hospital arrangement and sanitary details should be enough to stir such a one to attempt something on behalf of its unfortunate inhabitants, the majority of whom are doomed to a life of slow decay through no fault of their own, whose only shadow of hope—however vague that may be—is in the complete death of what remains of their mortal frame, to close for ever from their view that awful molecular death which has for years encroached upon their members.

Some will say, But after all these creatures are for the most part blacks; and, as experience teaches us that they, through the process of modern civilisation, must die off before the civilising force, why should we do more to prolong their existence? As members of a profession whose aim and object is to preserve the life of all living beings under all circumstances, absolutely impartial as to the exact form or species with which we are brought into contact, our duty is, primarily, to see to the well-being of the individual, and, secondarily, to that of the community at large; and, this being so, we cannot for one moment accept such a short-sighted though possibly patriotic philanthropy. Let us trust that this outcry may arouse some sympathy from the Government—for we must charitably conclude that it has been an oversight and not wanton indifference on the part of those responsible.

SHORTHAND FOR MEDICAL STUDENTS.

MR. H. F. SEMPLE, M.R.C.S. Eng., L.R.C.P. Lond. (Ladysmith, Cape Colony, South Africa) writes: In the *JOURNAL* of June 15th I see with pleasure a report of a meeting held in London for the purpose of advancing the study of that useful accomplishment, shorthand, among students. At this meeting it was agreed that Pitman's system of shorthand should be the subject of study. This is, I think, a pity, as there are many more excellent systems than Pitman's. My object in writing is to suggest to students and medical men who have not too much time to spare for acquiring this useful accomplishment to compare the System of Cursive Shorthand, by Hugh Callendar, B.A. Camb., and published by C. J. Clay and Son, Ave Maria Lane, London, with Pitman's or any other system, which from experience I have found to be easier to learn, quicker to both read and write, and more correct than Pitman's. I have used both systems, and I am confident that anyone who compares the two will agree with me as to the vast superiority of "Cursive" shorthand, for medical men especially.

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

MR. C. E. ABBOTT BRAINTREE, Dr. F. H. Daly, London; **MR. F. C. SPURGIN**, Stratford St. Mary; **DR. J. W. HUNT**, London; **MR. R. H. BELSTON**, Boston;

MR. J. S. MASKEW, Fawley; **DR. J. RICHARDSON**, Torquay; **MR. G. G. CLARKE**, Morpeth; **MR. T. RICHMOND**, Glasgow; **DR. F. DALE**, Burnley; **MR. A. C. DIXEY**, London; **MR. B. F. COSTELLOE**, London; **DR. T. OLIVER**, Newcastle-on-Tyne; **THE EDITOR OF THE SANITARY RECORD**, London; **MR. E. P. JACKSON**, Plymouth; **DR. G. E. J. GREENE**, Ferns; **MR. H. L. PEARSON**, Birkenhead; **DR. LESLIE PHILLIPS**, Birmingham; **MR. E. A. EDELSTEN**, London; **MR. J. K. COUCH**, Swansea; **MR. W. P. DEXTER**, West Hartlepool; **OUR BIRMINGHAM CORRESPONDENT**; **MR. F. SIMMS**, London; **DR. F. W. EDRIDGE-GREEN**, London; **MR. A. C. JACKSON**, London; **MR. K. JONES**, London; **DR. MONCKTON**, Maidstone; **MR. W. T. COLE**, Holywell; **MR. H. LAWSON**, London; **DR. J. B. BARON**, Bristol; **MR. C. UMNEY**, London; **MESSRS. SPURGEON AND SON**, Malden; **MR. B. REDWOOD**, London; **MR. S. OLIVER EADES**, Ipswich; **THE REGISTRAR OF OWENS COLLEGE**, Manchester; **MR. E. MEACHAM**, Manchester; **DR. J. T. ARLIDGE**, Stoke-upon-Trent; **MESSRS. G. BACK AND CO.**, London; **DR. F. THOMPSON**, M.B., Launceston; **MR. J. H. EASTERBROOK**, London; **MR. R. RUTLE**, Burnley; **A. N. MONTGOMERY**, M.B., Glasgow; **THE SECRETARY OF THE UNIVERSITY OF DURHAM COLLEGE OF MEDICINE**, Newcastle-on-Tyne; **OUR PARIS CORRESPONDENT**; **DR. A. E. F. LONGHURST**, London; **DR. H. WOODS**, London; **DR. R. RENTOUL**, Liverpool; **MR. T. JENNER VERRALL**, Brighton; **MR. J. M. SCOTT**, Denny; **MR. H. C. DAVIES**, Coventry; **MR. R. THOMASON**, Hereford; **DR. C. BEGG**, Edinburgh; **MR. F. N. BROWN**, Pirbright; **MR. N. STOWERS**, London; **DR. W. K. SIBLEY**, London; **Geo. BLACK**, M.B., Torquay; **DR. M. A. RUFFER**, London; **DR. G. SMITH**, London; **MR. A. W. GREEN**, London; **DR. R. M. WYCKOFF**, New York; **DR. PERCY SMITH**, London; **DR. K. GROSSMANN**, Liverpool; **DR. CRANSTON CHARLES**, London; **DR. S. HERBERT HABERSHORN**, London; **DR. WARD COUSINS**, Southsea; **MR. C. BRAID**, Walsall; **MR. LAWSON TAIT**, Birmingham; **DR. J. S. NAIRNE**, Glasgow; **MR. J. W. WILSON**, Plymouth; **DR. B. ANNIGSON**, Cambridge; **MR. H. BECK**, London; **DR. E. M. SYMPSON**, Lincoln; **MR. J. H. VINRACE**, London; **MR. A. V. TROW**, Kidderminster; **MESSRS. BURROUGHS, WELLCOME, AND CO.**, London; **MR. F. P. H. HUGHES**, Weston-super-Mare; **MR. G. MEADOWS**, Hastings; **DR. A. HIRST**, Prestwich; **DR. T. CHURTON**, Leeds; **MR. KERSHAW**, London; **SIR W. DALBY**, London; **DR. GREVILLE MACDONALD**, London; **DR. HAIG**, London; **MR. LENNOX BROWNE**, Paris; **DR. STYRAP**, Shrewsbury; **THE PRESIDENT, ST. THOMAS'S HOSPITAL**; **MR. E. L. POPE**, London; **MR. C. B. LOCKWOOD**, London; **DR. LEWERS**, London; **DR. WALTER PEARCE**, London; **DR. J. HOLMES JOY**, Tamworth; **DR. J. ANDERSON**, London; **THE SECRETARY OF THE UNIVERSITY OF DURHAM**; **DR. LOUIS PARKES**, London; **DR. SINCLAIR**, Lancing; **DR. J. JOHNSTON**, Bolton; **DR. LEECH**, Whalley Range; **MR. A. FOXWELL**, Birmingham; **G. BIRT**, M.B., Stourbridge; **DR. W. A. MICHIE**, London; **DR. J. B. HELLIER**, Leeds; **MR. R. R. LEAPER**, Glasnevin; **MR. H. LAMOND**, Glasgow; **MR. A. D. H. LEADMAN**, Boroughbridge; etc.

BOOKS, ETC., RECEIVED.

Transactions of the Gynaecological Society of Boston. New series, vol. i. Boston: Cupples and Hurd.
Hygiene and Public Health. By Louis C. Parkes, M.D., D.P.H. With illustrations. London: H. K. Lewis. 1889.
On Bedside Urine Testing. By George Oliver, M.D. Lond., F.R.C.P. Fourth edition. London: H. K. Lewis. 1889.
A Manual of Pathology. By Joseph Coats, M.D. London: Longmans and Co. 1889.
Blackie's Modern Cyclopædia. Edited by Chas. Annandale, M.A., LL.D. Vol. iii. London: Blackie and Son. 1889.
Transactions of the American Surgical Association. Volume vii. Edited by J. Ewing Mears, M.D. Philadelphia: P. Blakiston, Son and Co. 1889.

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

Seven lines and under	...	...	...	£0 3 6
Each additional line	...	...	...	0 0 4
A whole column	...	...	...	1 15 0
A page	...	...	...	5 0 0

An average line contains seven words.

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

For 6 insertions, a deduction of	...	...	10 per cent.
" 12 or 13 "	...	...	20 "
" 26 "	...	...	25 "
" 52 "	...	...	30 "

SPECIAL TERMS for occasional change of copy during series:
20 per cent. if not less than 26 pages be taken } or their equivalent
25 " " 52 " " } in half or
30 " " 104 " " } quarter pages.

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

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

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

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-Offices letter addressed to initials only.