

that not one medical certificate in six coming to me is filled up according to the directions plainly set forth on the forms.

This necessitates the return of the certificates from the Commissioners to the asylum; from the asylum to the medical men for correction; they have then to be returned to the asylum and again sent up to the Commissioners. It may be said that they are often returned for trivial omissions, such as the want of the number of the street, but to the legal mind such trivialities are very important.

Again, in filling up the "facts indicating insanity," the directions should be carefully observed; as the law requires that not only shall the medical man be convinced in his own mind that the patient is insane, but he must put on paper facts observed on the day of examination, sufficient to convince anyone who has only the written document to go upon. It is always well, if a distinct delusion can be found, to state it clearly, and it is a very good plan to call it a delusion in the certificate; whenever I can, I use the form recommended by my old teacher of medical jurisprudence in Edinburgh, Dr. Littlejohn, as follows: "He or she has delusions, for example—"

It is also well to record any tendency to violence or destructiveness, and where peculiar, or parsimonious, or extravagant habits are set down as proofs of insanity, it ought always to be stated that these are at variance with the patient's usual habits when in mental health. Here I might point out that great advantage would result from what I advocated in an earlier part of this address, namely, consultation with an asylum physician before the patient is sent to the asylum, as not only could he advise as to the proper cases for asylum and home treatment, but could say whether the evidences of insanity obtainable were sufficient to warrant certification.

NOTE ON A CASE OF APPARENT POISONING BY INGESTA OF OYSTERS.

By SIR CHARLES A. CAMERON,

Professor of Hygiene and Chemistry, R.C.S.I.; President of the
Public Health Medical Society.

In a recent number of the *BRITISH MEDICAL JOURNAL* I gave an account of four fatal cases of poisoning by mussels. I have now to place on record cases—fortunately not fatal ones—of apparent poisoning by oysters. On Saturday last, September 6th, twelve persons in Dublin had luncheon consisting of oysters, chicken and bacon; nine partook of oysters, chicken and bacon, two of the chicken and bacon and one of oysters only. The person who ate only the oysters, and eight of the nine persons who had eaten oysters and chicken and bacon subsequently suffered severely from nausea, vomiting, diarrhoea, and abdominal pain. In some the prostration was very great. In some the symptoms appeared on Saturday night, in the others on Sunday morning. At present (September 10th) the majority are still ill, and confined to their rooms. The oysters seemed to be quite fresh. There was a great scare about oysters in Dublin last winter; very many persons attributing to their use attacks of typhoid fever, diarrhoea, etc. The sale of oysters almost died out in Belfast; it was a common impression that typhoid fever had been caused by eating oysters.

At the meeting of the British Medical Association, at Cambridge, I read a paper entitled *Sewage in Oysters*, in which I pointed out that oysters growing in estuaries and other places to which sewage has access must often contain sewage in their juice. Indeed I found this to be the case with oysters collected near Dublin.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE TREATMENT OF CHOLERA BY BLISTERING OVER THE VAGUS.

CHOLERA having made its appearance again in Europe, and much interest attaching to all that belongs to it, I desire to make known a method of treatment which I adopted nearly three years ago in India with very remarkable success.

While I was stationed at Neemuch, Central India, in 1887, cholera of a very virulent type broke out amongst the European troops there, and all the cases were at first fatal, collapse setting in in a very few hours, and death speedily following. They were all attended with violent abdominal cramps, and constant vomiting and diarrhoea—even a single mouthful of milk, or milk and soda-water, being immediately rejected. Of course, under these circumstances, all medicines given by the mouth proved useless: given *per anum*, nothing was retained more than a minute, and those administered hypodermically produced no lasting impression.

Being convinced that no treatment could be of any avail till the vomiting was restrained, I considered it possible—all other means having signally failed—that I might attain that result by acting through the nervous influence of the pneumogastric (bearing in mind the distribution of this nerve to the stomach) by stimulating it by blistering along its course in the neck, from the styloid process to the clavicle.

An opportunity was afforded me very soon of putting my theory to the test, a man being brought to hospital with unmistakable cholera, who was attended by two of his comrades, who volunteered for that purpose. The usual methods of treatment, which were adopted at first, having failed to go any good, and the vomiting being incessant, I painted the right side of the neck, along the course of the vagus, with liq. epispasticus, and found, to my great satisfaction that, in from ten to fifteen minutes, the vomiting ceased, and he could now retain whatever was given him, food or medicine. This result lasted some hours, and whenever vomiting recommenced, however slightly, I applied the blistering fluid again, putting it on each side of the neck alternately, as by this precautionary measure nothing more than redness of the skin was produced, and the discomfort of a blistered raw surface was avoided. This amount of irritation of the skin, I found, was quite sufficient to prevent vomiting, and the patient being now able to retain milk, brandy, etc., and a mucilaginous astringent mixture with tr. nuc. vomice, he made a rapid recovery, being out of danger in twenty-four hours. So marked was the effect of the application of the blistering fluid, that his comrade attendants repeatedly voluntarily remarked to me on my going into the tent to see him, that the "stuff" I put on his neck always stopped the vomiting almost immediately.

Surgeon-Major Waghorn, M.S., now stationed at Newport, Mon., who was in charge of the hospital at the time, and who has had very great experience in the treatment of cholera during a residence of nearly twenty years in India, was much impressed with the good effects of my treatment, to which alone he believed the man's recovery was due.

I used the tr. nuc. vomice to brace up the nervous system generally, having observed in all the cases how severe and protracted was the nervous depression which always set in very early. It had also a very good effect on the diarrhoea, indeed, the vomiting being absolutely under control, the diarrhoea became easily manageable.

Since then I have not had a chance of further using this treatment, but I hope this note may obtain for it a trial by all who may have the opportunity. D. V. O'CONNELL, M.D., M.Ch.,
Aden. Surgeon, Medical Staff.

RECTAL OBSTRUCTION IN A CHILD.

I WAS requested to visit T. E., aged 10 years, said to have obstruction of the bowels. Though quite well the day previous, he complained of severe pain in the abdomen, also in the region of the seat when at stool, to which he had frequent and ineffectual calls. Aperients had been administered without effect.

The lad lay in bed in a semi-knee-elbow position, the knees drawn up under the belly, the buttocks being raised and the chest and shoulders low. On examination the rectum was found blocked with a mass of wheat grains, which the bowel was powerless to eject: this was scooped out, with instant relief. An aperient was ordered. Next morning I found the child crying out with the severe abdominal pain and bearing down in the pelvis, and lying in the same position as the day before. The aperient had had no effect, but liquid continually oozed from the bowel; the urine dribbled away. The sphincter ani was seen dilated to the size of a shilling, and a wheat-grain mass could be seen filling the bowel. Immediate relief attended its removal. This second mass of grains had come down from higher up the bowel, aided by the aperient.

It was interesting to note (1) the inability of the bowel (*plus*

voluntary effort) to evacuate these grain masses, being probably due to the moistened surfaces of the wheat grains sliding over each other, and affording no *point d'appui* to the expelling efforts; (2) the position assumed to relieve the pressure on the sphincter; (3) the morbid taste exhibited in the swallowing of so much grain, obtained from a vessel unloading in dock, without any attempt at mastication.

Edinburgh. C. E. GREY STALKARTT, M.D. Edin., M.R.C.S.

ECZEMA CAUSED BY PRIMULA OBCONICA.

Two cases of eczema having come under my notice, caused by a primula, I desire to bring them before the members of the Association.

A. D., head gardener to a resident in the neighbourhood, came to me a year ago complaining of an eczematous condition of his hands and forearms. He told me that he was firmly persuaded that this was caused by some plant with which he had been working, but could not identify it. The appearance of the hands and forearms was that of a moist eczema, papulous and excoriated, with, over the joints of the fingers, severe cracking, such as is seen in frosting or hacking of the hands during winter. He complained of great itching of the skin, and had tried various household remedies without benefit.

D. H. succeeded the former case, in the same situation, and called on me a few weeks ago, showing a condition of the skin exactly akin to that mentioned in the case of A. D. He also believed that it was caused by some plant, and told me that the condition was always worse after working in a certain part of the garden. He, at my request, promised to investigate the matter, and he being a very shrewd man I expected to hear more of it. A few days ago he returned, and told me that he had found the offending plant to be the primula obconica, and had been testing it time after time in order to be quite sure. These plants require some attention during the months of July and August, and as sure as my patient handled them, he told me, his hands and arms were worse at night, and the itching intolerable. The details of treatment are of no importance, as both cases quickly recovered.

Edinburgh.

ALLAN C. SYM, M.D. Edin.

REPORTS

OR

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

NORTH LONSDALE HOSPITAL, BARROW-IN-FURNESS.

ACUTE INTESTINAL OBSTRUCTION—OPERATION—LAPAROTOMY— CURE.

(By Mr. J. T. WILLIAMS, Honorary Surgeon to Hospital.)

[The notes were taken by Dr. WATSON, the House-Surgeon.]

A. W., aged 17, was admitted on July 4th.

Previous History.—Never had an attack of the kind before; had pain in abdomen but it soon passed off and was not accompanied by vomiting.

History of Present Illness.—July 1st. This evening the patient when out was suddenly seized with pain in the left side of the abdomen. He went home to bed and took three pills; his bowels were moved three times.

July 2nd. Pain did not pass off, yet the patient went to work in the morning but was unable to go in the afternoon. The pain since this time gradually got worse, and was of a paroxysmal nature. He started to vomit this afternoon, but it did not become faecal till the morning of the 5th. There was no discharge from the rectum, such as you get in cases of intussusception. Dr. Williams first saw him this evening, July 2nd, and found him in great pain with flatulent distension of abdomen; was ordered carminative mixture.

July 3rd. Enema of warm water, castor oil, and turpentine tried; but in vain.

July 4th. Enema of about one quart of linseed oil tried; but without success.

July 5th. Vomiting became faecal this morning. Was admitted this afternoon. At a consultation of the honorary surgeons it was decided that operation was his only chance. Accordingly,

with the usual preliminaries, an incision was made in linea alba, about three inches long, below umbilicus. The finger was inserted into the abdominal cavity, and thus exploration was made for constricting agent. Dr. Williams came across, with his finger, a very tight band stretching from the umbilical region downwards to the left iliac fossa. This band stretched across and bound down some folds of intestine. Dr. Williams accordingly hooked this up with his finger, ligatured it in two places with strong catgut, and divided it between. The bowel did not protrude through the wound, and no blood escaped into the peritoneal cavity. The wound was closed by deep silk suture and superficial stitches of silver wire, dressed with antiseptic precautions and supported by strapping. After the patient awoke he felt easier at first, but later pain came on and faecal vomiting. This continued till about 11 P.M. He then had a hypodermic injection of morphine, and fell asleep for about two hours.

July 6th, 6 A.M. Vomited about two ounces. Allowed nothing but ice and barley water, or soda water. 11.30 A.M. An enema of two ounces of peptonised beef every four hours. Passed some wind this afternoon for first time. Passed a little liquid this evening like milk and some oil. Feels easier. Brand's beef jelly given through the night.

July 7th. Passed liquid motion about 11 A.M. Outer dressings of wound changed. Bowels been moved about seven times to-day.

July 8th. Bowels moved frequently.

July 10th. Wound dressed; healed in upper part.

July 11th. Superficial stitches removed.

July 15th. Deep stitches removed.

July 16th. Healed.

July 17th. Allowed to get up.

July 27th. Discharged cured.

Patient was much troubled with flatulence for some time after operation; relieved by charcoal, etc. Still much distended. Continuous current battery (Leclanché cells) used daily to aid peristalsis with beneficial results; less distended. He has lost flesh considerably, therefore taking iron and nuxvomica as tonic.

July 30th. Distension of abdomen quite gone.

One feature of the case quite new to me and my colleagues was the presence (free in the abdominal cavity) of large quantities of calcareous matter ranging from the size of a split pea to a pin's head. At least two drachms of this was collected. Did this proceed from degeneration of mesenteric glands, and will it be likely to lead on to future trouble of a tuberculous nature?

REVIEWS AND NOTICES.

TRAITÉ DESCRIPTIF DES MALADIES DE LA PEAU. Symptomatology et Anatomie Pathologique. Par MM. LÉLOIR et VIDAL. Paris: G. Masson, Éditeur. 1889. (Symptomatology und Histologie der Hautkrankheiten, von H. LÉLOIR und E. VIDAL. In Deutscher Bearbeitung, von Dr. E. SCHEFF. Wien, Hamburg, und Leipzig: Leopold Voss.)

WE have before us the first and second parts of an important work by MM. LÉLOIR and VIDAL on the symptomatology and pathological anatomy of diseases of the skin. The work will be completed in nine parts, each of which will contain six plates. The parts already published show that the completed work will to a considerable extent form an epoch in the rapidly changing subject of dermatology. The plates represent with evident accuracy and with great fulness histological preparations prepared and stained from skin cut from the living subject. M. Karmanski, whose name is a guarantee for everything that is exact and artistic in work of this kind, has drawn the preparations from the microscope, and their reproduction in chromo-lithography, with three or four colours, illustrates the characteristic histo-chemical reactions, the knowledge of which we owe to the various stains recently introduced by histologists. Picro-carmin, which is largely used in these preparations, lends itself admirably to work of this kind, and we have seldom seen microscopical sections more perfectly and beautifully reproduced. So far as dermatology is concerned, the work is unique, and must help to place this branch of medicine on a scientific basis.

The translation of the first part into German is also before us, and there is no doubt that the treatise will have an influence in all the important medical schools of both hemispheres.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

NOTICE OF QUARTERLY MEETINGS FOR 1890.

ELECTION OF MEMBERS.

A meeting of the Council will be held on October 15th, 1890. 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 the meeting, namely, September 24th, 1890.

Any qualified medical practitioner, not disqualified by any 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.

EAST ANGLIAN BRANCH.—The autumn meeting of this Branch will be held at Cromer, on Thursday, September 25th. Programme of Proceedings:—2.30. General Meeting in the Library of Cliff House, kindly lent for the occasion by Mr. S. Hoare, M.P., and Mrs. Hoare. Papers: Dr. Shephard Taylor: Cromer as a Health Resort. Dr. McClure: Electricity in Medicine. Mr. Fenner: Notes on Surgical Cases in Cromer Cottage Hospital. Dr. Barton: Nitro-Glycerine as a Therapeutic Agent. Mr. Lawson Tait: A Reply to Sir Joseph Lister's Address "On the Present Position of Antiseptic Surgery." 5 to 7. Reception (Afternoon Tea) by Mrs. McClure and Mrs. Fenner in the grounds of Cliff House, to which members and their ladies are cordially invited. The Cromer Cottage Hospital will be open to the inspection of members.—EDGAR G. BARNES, MICHAEL BEVERLEY, *Honorary Secretaries.*

BORDER COUNTIES BRANCH.—The autumn meeting of this Branch will be held at the Tower Hotel, Hawick, on Friday, October 3rd, at 3 P.M. Members desirous of reading papers should communicate with the Honorary Secretary ten days before the date of meeting.—JAMES ALTHAM, *Honorary Secretary.*

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Deal on Thursday, September 25th; Mr. D. Hughes in the chair. The following have promised to read papers:—Mr. R. Lydden: On Ulcerative Endocarditis, with notes of a case. Dr. Boswell: Some Points about Migraine. Dr. Halstead: Medical Notes. Some interesting pathological specimens will be shown. Anyone wishing to read papers or show specimens should at once communicate with the Honorary Secretary, W. J. TYSON, 10, Langhorne Gardens, Folkestone.

SOUTH MIDLAND BRANCH.—The autumnal meeting will be held at Wellingborough, on Thursday, October 2nd. Gentlemen wishing to bring forward papers, cases, etc., are requested to communicate without delay with the Honorary Secretary, C. J. EVANS, Northampton.

OXFORD AND DISTRICT BRANCH.—A special meeting of the Branch, called by the Council, will be held on Tuesday, September 30th, in the Radcliffe Infirmary, at 3 P.M.—W. LEWIS MORGAN, *Honorary Secretary.*

NEW SOUTH WALES BRANCH.

THE ninety-second meeting of the Branch was held in the Royal Society's Room, Sydney, on Friday, August 1st, Dr. G. T. HANKINS, in the chair. There were thirty-one members present. The minutes of the previous meeting were read and confirmed.

Communications.—Dr. CLARK, of St. Leonards, exhibited a patient on whom he had performed Gastrotomy.—Dr. GEORGE RENNIE read notes on a Case of "Sporadic Cretinism," and exhibited the patient.—Dr. CLUBBE, of Randwick, read notes of a similar case, and exhibited the patient.—Dr. THEO. KENDALL read a paper on Electro-therapeutics. A discussion ensued in which Drs. HODGSON, WORRELL, FIASCHI and HANKINS took part.—Mr. HANKINS exhibited a simple form of Electrode.—Dr. NEWMARCH, of St. Leonards, read notes on a Case of Intuba-

tion of the Larynx. Drs. BOWMAN, CLUBBE, CRAIGO, and HODGSON joined in the discussion.

New Members.—The following gentlemen were elected members: Dr. J. A. Beattie, of Liverpool; Dr. R. Bowman, of Parramatta; Dr. Collins, of Woollahra; and Dr. McSwinn, of Peterham.

SPECIAL CORRESPONDENCE.

PARIS.

Aniline Dyes as Antiseptics.—General News.

At the beginning of the year, Professor Stilling, of Strassburg, stated that he had discovered that aniline dyes, especially violet and yellow, are powerful antiseptics, and recommended in certain ocular affections that they should be used in 1 in 1,000 solutions. Soon after Professor Stilling published these facts several oculists published clinical notes in confirmation of them. M. Vignal, of the Collège de France, and M. Valude, of the Quinze-Vingts Hospital for Eye Diseases, conjointly studied the question, the former undertaking the laboratory experiments and the latter the clinical investigations. They both came to the conclusion that aniline dyes—the "pyocyanines," as Stilling calls them—are very slightly antiseptic. They are to a certain extent toxic, and are not of any clinical value, while the fact that they are powerful colouring agents would greatly restrict their use even if they were powerful antiseptics.

The Municipal Council of Paris have addressed a circular to the Assistance Publique asking that body not to accept either male or female hospital nurses who have not certificates and who cannot furnish satisfactory references; also to consider the question of increasing their salary. The Council also suggest that applicants over 35 years of age should be rejected, and that after twenty-five years' service they should retire with a pension.

SWITZERLAND.

Influenza and the Eye.—Influenza and the Ear.—Subcutaneous Injection of Water and its Therapeutic Uses.

At a meeting of the Medicinisch-Pharmaceutischer Bezirksverein von Bern, Professor Flüger presented a communication on affections of the eye complicating and following influenza. During the recent pandemic he came across a very large number of cases of ocular troubles distinctly due to *grippe*, the conjunctiva and cornea being the structures most frequently affected. The following four varieties of conjunctival disease were observed: 1, a simple acute mucoid inflammation of the palpebral conjunctiva; 2, an intensely acute catarrh of the palpebral and bulbar conjunctiva, associated with oedema of the eyelids, severe subjective irritation phenomena, lachrymation, blepharospasm, etc.; in some cases the affection was accompanied or followed by acute eczema of the conjunctiva, or cornea, or both; 3, blepharo-conjunctivitis proper; 4, eczema of the conjunctiva. The cornea was most frequently affected by eczema of various types, the rash either being limited to this structure alone or simultaneously involving the conjunctiva. Some of the patients had never had eczema before the attack of influenza. More commonly, however, the corneal trouble was observed in persons who had already suffered from it at some previous time, the exanthem being only brought out by influenza. In a robust middle-aged man the attack of influenza was closely followed by a very acute central parenchymatous keratitis, with severe iritis. In a young student there developed, immediately after influenza, iritis first of the left eye and then of the right; while in another patient there supervened periostitis of the lower edge of the right orbit, with consecutive suppurative dacryocystitis. A boy, aged 4, was attacked with croupoid conjunctivitis, followed by enormous exophthalmos, with diffuse swelling around the eye. In five cases the nerve structures of the eye were involved. In two of them retrobulbar optic neuritis with amaurosis set in (in one patient, a girl aged 21, on the right side; in the other, a man, on the left). In the case of another girl, aged 10, complete paralysis of accommodation was observed, characteristic disturbances of speech and swallowing being present at the same time. A fourth case was that of nuclear paralysis of the left oculo-motor, abducent, and trochlear nerves. In the fifth patient influenza left paresis of the left superior rectus, with nystagmus. Professor Haab, of Zurich, states that when in-

MEDICO-LEGAL AND MEDICO-ETHICAL.

A PERSONAL FRIEND.

MEDICUS writes: I should be glad of your opinion on the following case:—A. is a personal friend of B., and acted as his assistant at B.'s principal and branch practices for nearly a year, and occasionally took sole charge at both places. A. afterwards wished to commence practice in the same place, to which B. objected. A. subsequently commenced practice in a neighbouring town and now practises among B.'s patients, and has also opened a branch in the same place as B.'s branch.

*** If B., under the assumption that a mutually honest friendship existed between himself and A., was induced to accept the latter as an assistant without the customary bond to restrain him from independent practice within a specified area, not only is there no legal redress, but he will, we fear, have the mortification of personally realising the inexpediency and risk of trusting solely to the dictates of friendship instead of regarding such arrangements—whether between assumed friends or attached relatives—as pure matters of business, which latter course we have invariably advised practitioners to adopt.

A TOO ACTIVE ASSISTANT.

A MEMBER OF THE BRITISH MEDICAL ASSOCIATION writes: Has the medical profession no protection? I have consulted my solicitor, and he informs me that in his profession a man assuming to be a solicitor would soon be stopped by the Incorporated Society. Now I have an opponent in my district who is a M.R.C.S. He is an assistant to a M.R.C.S., L.S.A., who resides five miles off. This assistant sends out bills with Messrs. —, Physicians and Surgeons. He starts a halfpenny-a-week club in the place, and in the local paper his name is constantly mentioned as Dr. —. He called on the correspondent of the paper here, and abused him for mentioning him as "Mr." in this paper; and if he happens to see a woman *enroute*, he asks her to let him attend her, as he says he will do it cheaper than anyone else. He goes into houses where I am professionally attending, and tries to get my patients away from me. Now, might I ask, What is the use of a man working hard and getting a physician's diploma, if a surgeon can call himself a physician and a Dr.?

I also see he has two different addresses, neither of which are correct, as he has been resident here now for nearly three years, and yet in the *Register* one address is in the North of England, and another address in *Directory* is in the South, and both books are for 1890.

*** Deeply annoying from a personal and equally regrettable from a professional point of view as must be the alleged conduct of the assistant in question, we fear that in the absence of any official medical protective body analogous to the Incorporated Law Society, "A Member" will fail to find the desired protection.

THE TRIALS OF AN ACCOUCHEUR.

J. G. writes: Early in March I received a letter from a lady, asking me to go to see her husband. After examining the patient, he told me that his wife also wished to consult me, which she did. I informed her that she was in all probability pregnant, and prescribed for some of her symptoms. I went to see her afterwards, and she also saw me professionally at my own house. During my visit to her I said something about a nurse, when she said, "Oh, I will leave that all to you, doctor." Since then I have seen both the lady and her husband almost daily, and no mention has been made whatever about changing their medical adviser until a few days ago, when I wrote to say that I should like to see the lady in order to give her a few hints about her approaching accouchement, and to my amazement her husband called to say that his wife's friends had "got round" her to have another doctor. I might here state that the approaching accouchement is the lady's first, and I the first local doctor in attendance, they being only a short time in the neighbourhood.

I afterwards wrote to ask what was to be done about the nurse, whom I had engaged some months ago, and received the reply that I must have engaged the nurse on my own responsibility, and therefore they had nothing to do with the matter.

Will you kindly tell me how I should act under the circumstances?

*** Personally annoying to the engaged accoucheur as must be the officious intervention of the lady's meddling female friends, it is, we regret to know, a not infrequent irritating incident in the career of the young practitioner and of others, and to which, we fear, there is no alternative but to submit with a good grace and calm, unruffled dignity. To ignore, however, the authorised pre-engagement of the nurse, and its attendant expense and annoyance, is an act which cannot well be characterised as otherwise than discreditable.

VISITS OF CEREMONY.

X.Y.Z. writes: When a medical man takes up his residence, with a view to practising his profession, in a large and rapidly spreading town of 60,000 inhabitants, and where the medical practitioners exceed four score, is it in accordance with medical etiquette that he should call on every practitioner, or on those of (1) light and leading, and (2) within a reasonable distance of his dwelling place?

*** The following is the rule on intra-professional etiquette laid down in the *Code of Medical Ethics*, chap. iv, rule 2, to which we may refer "X.Y.Z." for any additional information he requires on the subject:

"2. In towns of not exceeding 35,000 inhabitants, and containing some thirty, more or less, medical men, a preliminary visit of courtesy should be paid to each several practitioner; but in those in which the preceding numbers are much exceeded, the call or visit may very fairly be limited to

such practitioners as live within a radius of (say) half a mile or less, according to the nature and population of the locality; while in London and other large and densely populated cities the area of call must necessarily be very circumscribed, and in a great measure left to the judgment and discretion of the intending practitioner himself, or of a local professional friend. As a safe and simple guide, however, in either or any case, the extreme area of call for such initiatory visits may, perhaps, be sufficiently defined by a circle comprising within its space some thirty practising members of the faculty."

SPECIALISTS AND THE RELATIONS OF MEDICAL MEN.

W. asks: What is the usual custom of specialists as to fees chargeable to the families of medical men? A lady, the wife of the nephew of a medical man and the daughter of one, consults a specialist, who recommends an operation, which he performs to her satisfaction. Under these circumstances ought he to charge a full fee, or make an allowance?

*** By referring to the following extract, which we quote from the *Code of Medical Ethics*, chapter ii, section 2, rule 1, our correspondent will, we think, have no difficulty in arriving at a just conclusion as to what his charge should be under the stated circumstances, the principle of the rule being alike applicable to "specialists" and general practitioners.

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

INDIA AND THE COLONIES.

INDIA.

THE Calcutta Public Health Society have addressed a strong representation to the Government on the subject of child marriage. While not prepared to recommend interference with the ceremonial of marriage, they urge the Legislature to raise the age of consent from 10, to 12 or 13 years, and to regulate the age at which a wife may be taken home for good by her husband. They cite numerous examples of the evils arising from the existing custom, and assert that reform is demanded in the interests of the State, of native Indian society, and of humanity; and they express their belief that the bulk of the educated native community will support such a reform.

At a meeting of the Central Committee of the Dufferin Fund, held at Simla, it was decided to form three new scholarships to be held at the principal colleges in India in consequence of the large number of applications recently received from ladies who are desirous of entering on a medical career.

A LARGE number of female pupils at Agra Medical School have passed their final examinations. These include several students who were especially sent by the Durbars of Ulwar and Tezpur, and the municipalities of Etah, Fyzabad and Raipur.

THE Victoria Caste and Gosha Hospital, at Madras, is now occupied. The financial position of the hospital is said to be unsatisfactory. The indisposition on the part of the natives to support the hospital continues.

NEW SOUTH WALES.

ACCORDING to a return recently presented to the New South Wales Legislature, the number of persons vaccinated during the last twenty-nine years is only one-third of the total number of births in the colony.

LEPROSY.—The report of the medical adviser to the Government (Dr. F. N. Manning) shows that the number of lepers under treatment at the Coast Hospital had increased to 13 during the year 1889. The building in which the lepers were housed at the date of the report (April, 1890), was altogether inadequate and objectionable in relation to the water supply of the hospital, but the erection of new buildings on a suitable site had been approved, and it

was hoped that in a few months the whole Leper Hospital would be placed on a more satisfactory footing. Dr. Manning points out the necessity for a Leper Act, providing for the compulsory detention and isolation of persons afflicted with leprosy.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

EXAMINATION FOR DEGREES IN MEDICINE AND SURGERY.—September, 1890. First Examination for the degree of Bachelor in Medicine. The following candidates have satisfied the examiners:

Elementary Anatomy and Physiology, Chemistry with Chemical Physics, and Botany with Medical Botany.—T. M. Clayton, College of Medicine, Newcastle-upon-Tyne; G. V. Crocker, Yorkshire College, Leeds; E. D. Dingle, College of Medicine, Newcastle-upon-Tyne; J. M. Hope, College of Medicine, Newcastle-upon-Tyne; R. J. Hughes, College of Medicine, Newcastle-upon-Tyne; G. C. B. Kempe, College of Medicine, Newcastle-upon-Tyne; T. J. Lumley, College of Medicine, Newcastle-upon-Tyne; R. W. Morgan, College of Medicine, Newcastle-upon-Tyne; J. P. Sparks, College of Medicine, Newcastle-upon-Tyne; J. C. Thompson, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy and Physiology.—C. H. G. Atkins, Queen's College, Birmingham; T. Hartigan, Medical School, Catholic University, Dublin; C. Partigan, Medical School, Catholic University, Dublin; B. H. Morris, College of Medicine, Newcastle-upon-Tyne; E. E. Woodhouse, College of Medicine, Newcastle-upon-Tyne.

Chemistry with Chemical Physics, and Botany with Medical Botany.—H. R. Battiscombe, College of Medicine, Newcastle-upon-Tyne; R. H. Bellwood, College of Medicine, Newcastle-upon-Tyne; G. F. Bergin, M.R.C.S. Eng., L.R.C.P. Lond., Bristol Medical School; A. G. Cooley, Sheffield School of Medicine; W. H. D. P. D'Este, St. Mary's Hospital; W. E. Gibbs, College of Medicine, Newcastle-upon-Tyne; J. J. Grace, Otago, New Zealand; V. T. Greenyer, St. Bartholomew's Hospital; H. D. Hey, St. Mary's Hospital; W. W. Hodgins, University College, London; J. O. Hollick, Queen's College, Birmingham; M. E. H. Hughes, College of Medicine, Newcastle-upon-Tyne; R. C. Leonard, Bristol Medical School; L. W. Light, St. Thomas's Hospital; F. W. S. Mann, Queen's College, Birmingham; J. W. Mills, St. Thomas's Hospital; F. E. E. Milman, Middlesex Hospital; R. A. Morris, College of Medicine, Newcastle-upon-Tyne; E. F. J. Norman, College of Medicine, Newcastle-upon-Tyne; P. S. W. Sharpe, Yorkshire College, Leeds; W. E. Steven, St. Bartholomew's Hospital; T. C. Visser, College of Medicine, Newcastle-upon-Tyne; C. N. C. Walch, St. Bartholomew's Hospital; J. A. H. White, Queen's College, Birmingham; C. R. Wood, B.A., College of Medicine, Newcastle-upon-Tyne; J. P. Woodhouse, University College, Liverpool.

Chemistry with Chemical Physics.—A. H. C. De Silva, Ceylon Medical College; H. D. Johns, M.R.C.S., L.R.C.P., Charing Cross Hospital.

OBITUARY.

JONATHAN BARBER, M.R.C.S. ENG., L.S.A.

MR. JONATHAN BARBER, a well-known surgeon of Sheffield, died on September 15th. Some four years ago he suffered from a serious illness, from which, however, he recovered, and for a time was able to some extent to resume his practice. For the last two years he was confined to his house. Born in London in 1816, the son of a medical man, he went to Sheffield in 1840 as a pupil of Mr. Wilson Overend, afterwards becoming his assistant, and then his partner. He became M.R.C.S. and L.S.A. in 1846, and soon obtained considerable local reputation, both as a skilful surgeon and as a medical practitioner. For many years he was one of the honorary surgeons of the Sheffield Infirmary; on resigning this position four or five years ago, in consequence of the state of his health, he was elected consulting surgeon. For a lengthened period he was surgeon to the local regiment of cavalry, now known as the Yorkshire Dragoons. Mr. Barber was one of the founders of the Nurses' Home, and he was also more or less prominently associated with several charitable societies in Sheffield. He leaves a family of one daughter and five sons. Two of these are members of the medical profession, Mr. Percival E. Barber being house-surgeon at the Jessop Hospital, and Mr. Sydney E. Barber filling a similar position at the Beckett Hospital, Barnsley.

MEDICAL FEES IN ITALY.—There is no official tariff of medical fees in Italy, but in every province there is a kind of court of appeal to which disputes on this subject between doctors and patients can be referred. The provincial sanitary councils are constituted referees in such cases, and after full consideration of all the circumstances, they decide the amount that is in equity payable. On the basis of this decision, the doctor can then invoke the aid of the law to recover his fees.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

CERTIFICATED SANITARY INSPECTORS.

ONE of the greatest advances in the cause of sanitary reform has been due to the recent recognition by the public that efficiency in sanitary inspection cannot be expected from men who have had no previous knowledge or training in the subject, and that as in all other branches of learning the practice of sanitation on sound principles can only be acquired by teaching and experience. The class from which sanitary inspectors are drawn has not been slow to recognise the correctness of public opinion in this matter, and at the present time there are far more men able and certificated as competent to perform the duties of inspectors than there are posts for them to fill. Many of the large provincial towns and London parishes now recruit their inspectors from these sources; but there are others, which, as in the case of medical men possessing public health diplomas and desirous of holding medical officerships of health, prefer, for local or personal reasons, to appoint men for whose competence to perform their duties efficiently they have no kind of guarantee beyond that of personal character. It is certainly a hardship on the certificated men that they should be passed over for those less thoroughly qualified; but in the case of the inspectors we hope shortly to see the application of the proper remedy—namely, the refusal of the Local Government Board to sanction such appointments unless the selected candidates are certificated. In the practical application of any scheme of the sort, the Local Government Board cannot do better than accept the examinations of the Sanitary Institute, which have already been for so many years in successful operation, and which can be strengthened or otherwise modified as the Local Government Board may determine. The Council of the Institute, would, there is no doubt, readily meet any suggestions of the Government Department to impart to its examinations a national character, and to ensure their thorough efficiency for the purpose in view.

SPECIAL FEES FOR PAUPER MIDWIFERY.

DR. G. S. asks for our opinion on the following case: He attended a pauper in labour, which was, as he says, a natural one, but the placenta was adherent throughout, and it took him over half an hour to remove it by peeling off. He claimed the extra fee under Art. 183, but the guardians, without referring the matter to the Local Government Board, declined to pay it, as they considered the case did not come under the provision of that clause.

"*We are of opinion that Dr. G. S. is entitled to the extra fee of £2 for this case, as it must be held to have been a special one, and that great difficulty did occur in delivery, though not in reference to the child. We fear, however, that Dr. G. S. has weakened his own cause by describing the labour as natural. We are not aware that any authorities on obstetrics recognise a labour as natural when the placenta is morbidly adherent—as it must have been to necessitate removal in the way described.

THE NOTIFICATION ACT AND INCORRECT DIAGNOSES.

ENQUIRER writes: The Infectious Diseases Notification Act is not calculated to cheer the practitioner in poorer districts, where people have the greatest objection to its enforcement; and when to this is added a public exposure of errors in diagnosis, the practitioner's life is not a happy one. Some days ago a friend of mine, who is very strict as a notifier, notified a case as small-pox; the ambulance was sent at once and the patient removed to a small-pox hospital, only to be returned the same day as not being small-pox. This in itself was bad enough; but with the patient the medical man's letter, formal notification, and the hospital medical superintendent's note were given to the parents, apparently unsealed, so that everyone might read them, with this result: about half the neighbourhood have more or less read the correspondence and are full of gossip on the subject.

I consider, when a case is returned from a small-pox hospital, the papers ought to be sealed and addressed to the medical man who sent the case, and so not expose a practitioner to worse annoyance than the case being returned. Notification makes medical men unpopular enough, and, if this method of returning a case is the rule, I think the Act will not be well carried out.

THE CORWEN (MERIONETH) GUARDIANS AND THEIR MEDICAL OFFICERS.

WE learn from the *Oswestry Advertiser* that at a recent meeting of this Board a committee, which appears to have been appointed to consider the remuneration to be paid to the future medical officers of the union, reported that they had decided to recommend a lowering of the amount by £20 per annum, and that they proposed to effect this by reducing the salary of the medical officer of health from £25 to £15, that of the district medical officer from £20 to £15, that of the workhouse medical officer from £15 to £10. The majority of the guardians appear to have voted for this economical proposal and to have carried a resolution to that effect.

We cannot understand on what principle any such decision could have been arrived at. There can be no legitimate reason for any cutting down of Poor-law medical officers' salaries, and the remuneration paid to those of the

of the use of the hospital. Years ago the public hesitated to send their cases to the hospital, but the management and usefulness of the institution have so greatly commended themselves that distrust and hesitation have given way to confidence and appreciation. A curious point observed by Dr. Hill is that isolation in hospital "appears not only to have progressively limited the number of cases of the disease or lowered the crest of the epidemic wave, but to have had also the remarkable effect of lengthening it, so that while in the last epidemic it extended over six years, in the one before it extended over only five years, and in the one before that it extended over only four years." The heaviest mortality amongst the zymotic diseases was from diarrhoea, a disease which Dr. Hill associates intimately with temperature. Sanitation seems to be well looked after in Birmingham. Gradually the midden privies in the city are being superseded by water closets, but the number of privy ashpits still existing reaches the large total of 9,425. Houses unfit for habitation give considerable trouble, the "jerry builder" being one of the chief offenders. The examination of 72 samples of water from shallow wells is suggestive, inasmuch as a glance at the actual analyses shows the majority of them to have highly suspicious characters. The experience of Birmingham as to disinfection is interesting. During last year 10,788 articles of various kinds were disinfected at a total cost of £169. High pressure superheated steam is regarded by Dr. Hill as the best disinfecting agent, and Mr. Washington Lyon's method of applying that agent has been found to give the best results.

LANCASTER (Population 29,876).—*Epidemic of Measles: Insufficient Air Space in Dwellings: Sanitary Measures Undertaken.*—Dr. Parker's annual report for 1889 is instructive as showing the effect which may be produced upon the death-rate for any one period by a prevalence of what is popularly considered a trifling ailment. The returns of that year show an increase under many headings, attributable almost entirely to measles and its sequelæ; the death-rate rose from 22 to 24 per 1,000, the zymotic rate from 1.6 to 4.3, and the infantile mortality reached 165 per 1,000 registered births, or about 22 per 1,000 above the average. The health officer draws attention to the defective fresh air supply in the poorer houses, as an aggravation of this mortality, and compares the percentage of deaths in crowded dwellings with that in airy, healthy houses. In the latter it does not exceed 1 or 2 per cent. He considers that if all the cases of measles reported had been provided with a sufficiency of fresh air the deaths would have numbered 27 or 28 instead of 75. The sanitary improvement of the town seems to have been seriously undertaken as the result of a complete survey of the town during last year by a sanitary sub-committee. Improvement of the sewerage system is proceeding apace, whilst the conversion of privies into water-closets and the paving of the streets and provision for street drainage are being pushed forward as fast as possible.

DERBY (Population, 93,529).—*Association of Scarlet Fever and Diphtheria: Preventable Infantile Mortality.*—The death-rate recorded for this borough for 1889, 16.4 per 1,000, was the same as that for 1888, which was the lowest rate hitherto reached. Amongst the twenty-eight large towns Derby maintained the enviable second position, Brighton alone having a lower death-rate. Though scarlet fever was very prevalent, the zymotic rate showed a decrease of 0.3 on the previous year, and was 1.0 below the average. Dr. Liffé draws attention to the increase concurrently of cases of scarlet fever and diphtheria, for which no special cause could be discovered, as pointing to an association between the two diseases. The history of a previous epidemic period of scarlet fever in 1878-79 also shows an increased mortality from diphtheria. The most unsatisfactory item in the statistics of 1889 is the large proportion of deaths of infants. Improper feeding of infants seems to be largely responsible for this excessive mortality, but the fact that bronchitis was accountable for 52 of the deaths of infants under 1 year of age indicates a want of parental care. The process of "hardening" infants which parents in good faith often practise is not always judiciously carried out, and the result is not infrequently a fatal attack of bronchitis or permanent injury to the child's constitution.

LIVERPOOL (Population, 606,562).—*Diarrhoea, Typhoid Fever.*—The number of deaths in this city during the year 1889 was 13,047, being 888 more than in 1888. The excess occurred chiefly among children under five years of age—the increased number of deaths

at that period of life being 851—and was caused by the prevalence of measles, scarlatina, and diarrhoea. The death-rate amounted to 21.5 per 1,000, the average of the previous ten years being 23.0. Dr. J. Stopford Taylor analyses very closely the chief causes of death, and the tables of statistics bear evidence, as usual, of great care and thoroughness. An important feature in the sanitary history of the year was the increase in the number of cases of fever, chiefly typhoid. More attention, even than usual, was paid to the sanitary arrangements of houses, and the cleansing and flushing of drains and sewers, and though sometimes serious sanitary defects were discovered, the origin of many cases could not be ascertained. There was also an increase of deaths from diarrhoea as compared with the previous year, yet the decennial average was not reached by 39 deaths. The temperature of June was 2.4 degrees above the average of twenty years, with a decrease 1.206 inch of rainfall, a condition favourable for the production of diarrhoea, which was manifested principally in the following month of July, though the temperature was 1.4 below the average, with a rainfall of 1.067 inch decrease. In August the decrease of temperature was 1.5, and an increase of rain of 1.158 inch, when the prevalence of diarrhoea gradually declined.

MEDICAL NEWS.

A CONGRESS of Hydrology will be held at Naples towards the end of October under the presidency of Dr. C. S. Vinaj.

DURING the past year the Pharmacie Centrale of Paris made a net profit of 703,306 francs (about £28,130).

A BACTERIOLOGICAL INSTITUTE has been established as Budapest, under the direction of Dr. O. Pertik.

A CLINIC of Mental Diseases, under the direction of Professor X. Francotte, has been established in the University of Liège.

THE Association of German Naturalists and Physicians has been invited by the Chief Magistrate of Frankfort-on-the-Main to hold its next annual meeting in that city.

ON August 11th a memorial bust of the great French chemist, Gay-Lussac, from the chisel of Aimé Millet, was unveiled at Limoges.

MEDICAL MAGISTRATE.—Mr. J. H. S. May, M.R.C.S. Eng., has been placed upon the Commission of the Peace for the county borough of Plymouth.

THE Marquis of Bristol presided last week at the inauguration of a new wing added to the Felixstowe Convalescent Home through the liberality of Mr. W. Cuthbert Quilter, M.P.

INFLUENZA of a very malignant type is said to be extensively prevalent in Japan. In Tokio alone 100,000 cases are said to have occurred.

THE German Association against the Abuse of Spirituous Liquors will hold its annual meeting at Frankfort-on-the-Main on September 22nd.

AN asylum for youths suffering from pellagra was opened at Inzago in the province of Milan on September 1st. Dr. Giuseppe Friz has been appointed physician to the institution.

Two patients from Brussels are under treatment at the Pasteur Institute—the valet and steward of M. Blanc, secretary to Prince Victor Bonaparte. A poodle belonging to the Prince inflicted the bites.

ON January 1st the number of students in the recently established University of Tomsk in Siberia was 190, of whom 69 belonged to Siberia and 121 to European Russia. All the laboratories and workrooms are now fully equipped.

DR. PAUL EHRLICH, one of the most distinguished of the younger generation of German workers in the field of scientific medicine, has been appointed an Extraordinary Professor in the University of Berlin.

THE Italian Government has, it is stated, proposed to France the establishment of permanent sanitary commissions on the confines of Tunis and Persia, and at Suez and Bab-el-Mandeb. Signor Menabrea is also said to have asked M. Ribot whether the French Government would take part in the formation of an international commission to be entrusted with the duty of drawing up special sanitary regulations for the prevention of cholera.

THE proceedings of the recent Berlin Congress, which include more than 200 addresses and discussions, will be published in full in a large work, which will appear in separate parts. It is expected that the first part will be ready in the course of the autumn.

THE prize of 1,000 rupees offered by the Government of India in 1888 for the best popular textbook of domestic economy and sanitary science for the use of schools has been awarded to Surgeon A. E. Roberts, M.D., the second place being given to the work of Surgeon R. H. Firth, A.M.D.

THE *Siglo Medico* says that an epidemic of small-pox is raging in Madrid, and it complains of the inadequacy of the measures taken by the authorities to prevent the spread of the disease. In the month of August alone the number of deaths from small-pox was 138, the victims in two cases being over 70 years of age.

A BILL making vaccination optional in Holland has been introduced into the legislative chambers by the Dutch Government. The Minister of the Interior is said to be a member of the Anti-vaccination League, but it is not thought at all likely that the proposal will be adopted by the States-General.

PROFESSOR J. GAD and Dr. Heymans, assistants in the Physiological Institute of the University of Berlin, have been awarded the Pourrat prize by the French Académie des Sciences for their work on the influence of temperature on the activity of the muscle substance.

THE sanitary authorities of Chersson, a town in Southern Russia, recently instituted an examination of the local fruit syrups, which showed that almost all the preparations sold under that name were artificial products, coloured with various matters, such as fuchsin, etc.

PRESENTATION.—A testimonial, consisting of one centre and four *entrée* dishes of beautiful design and workmanship, was presented to Dr. E. Purnell, of Wells, by the members of the Loyal Prince Albert Lodge, No. 2,342, I.O.O.F., M.U., at a dinner celebrating the fiftieth anniversary of the Society, in appreciation of his long and zealous services as medical officer.

ON August 2nd the King of Italy signed decrees relative to the organisation of "municipal laboratories of hygienic vigilance" throughout Italy for the examination of foods, beverages, etc. These laboratories must comprise at least two departments—namely, a "medico-micrographic" and a chemical one. They are to be under the direct control of the Minister of the Interior.

A RECENT report of the Russian Medical Department states that in 1890 the number of chemists' shops in Russia was 2,842. In St. Petersburg alone the number in 1889 was 64, the number of prescriptions dispensed by them being 1,822,048 (or 32,342 less than in the previous year). The total receipts amounted to 1,619,374 roubles, the average value of each prescription being about 88 kopecks.

THE late Sir Munguldas Nuthobhoy, C.S.I., of Bombay, by his will directs his executors to build, on land adjoining the sanatorium which he founded, a bungalow, to be used as a dispensary, for which purpose he bequeaths 10,000 rupees, and for its maintenance 30,000 rupees. To provide a Hindoo licentiate as medical officer he gives 30,000 rupees, and for the maintenance of the sanatorium 10,000 rupees.

MORTALITY IN EUROPEAN ARMIES.—Recent statistics relative to the mortality among European troops in time of peace show that the Spanish army occupies the place of dishonour in this particular, with a death-rate of 13 per mille. Russia comes next with one of 9, then Italy with one of 7.74. Next in order come Austria with a mortality of, in round numbers, 7 in the thousand, France with 6, England with a little over 5, Belgium a little over 4, and Germany a little over 4. Consumption is rife among English soldiers, and least prevalent among the French.

SMALL-POX IN PARIS.—The *Temps* states that an epidemic presenting the characters of small-pox and dysentery has appeared in one of the poorest parts of Paris—the rue Moulin-des-Près. Very young children are attacked; adults escape. The inhabitants of this district sent a statement to the Prefect of the Seine, which described the unhealthy condition of the district. Cartloads of rubbish are emptied into an open space near the street. Human bones were among this rubbish, and children played at ball with the skulls. No steps, however, were taken by the authorities to check the nuisance.

ITALIAN MEDICAL CONGRESS.—The third Italian Congress of Internal Medicine will be held at Rome on October 20th, 21st, 22nd, and 23rd, under the presidency of Professor G. Baccelli. The subjects of discussion will be the following: (1) Etiology and Treatment of Pleurisy, introduced by Professors A. Cardarelli, of Naples, and C. Federici, of Florence; (2) Pathology of the Blood, introduced by Professors E. De Renzi, of Naples, and E. Maragliano, of Genoa; (3) Polyneuritis, introduced by Professors P. Grocco and G. Rummo, of Pisa.

THE RED CROSS SOCIETY.—At a meeting of the International Committee of the Red Cross held at Geneva in 1888 on the occasion of the twenty-fifth anniversary of the foundation of the Society, it was decided to offer two prizes of the value of 500 and 300 francs respectively for the best essays on how to check the frequent misuse of the badge and name of the Society. The jury has recently awarded the first prize to Dr. J. C. Buzzati, Professor of International Law at Padua, and the second to Signor C. Castori, Professor of Criminal Law in the same university. There were seven competitors.

DAMAGES FOR SYPHILITIC INFECTION.—A wet nurse at Mar-seilles, who contracted syphilis from her nursing, recently brought an action against the child's father, and was awarded damages to the extent of 1,500 francs, or £60. The sentence was confirmed on appeal, and it having come out at the trial that the nurse had continued to suckle the child in spite of the danger which she ran in so doing, it is now proposed, by certain philanthropists, to confer a decoration of some kind on her, in recognition of this somewhat novel kind of heroism. The story strikes us as decidedly *fin de siècle*.

ACTION FOR MALPRACTICE IN RUSSIA.—An action was recently brought by a Russian railway servant named Jahn Prahmeneek, of Liban, against Dr. Johannsenn, of the same town, who had performed Pirogoff's operation on him in consequence of an injury sustained a few days before. The plea was that the operation was done without either his or his parents' consent, and without necessity. On these grounds, Prahmeneek asked that Dr. Johannsenn should pay him a life annuity of 800 roubles. This modest claim was, however, set aside by the hard-hearted Court, which further condemned the plaintiff to pay the costs, amounting to 373 roubles.

NEW MEDICAL JOURNALS.—Two new medical journals have recently appeared in Italy. One of these, *Il Monitore dei Medici*, is published at Rome every Sunday, and is devoted, as its prospectus states, to the safeguarding of professional interests; the editor is Dr. Cesare Puccinelli. The other, *Il Corriere Sanitario*, is published at Milan; the editor is Dr. Camillo Vincenti. In Spain a journal dealing with children's diseases has recently appeared at Barcelona; it will be published monthly, and is edited by Dr. Jaime Guerra y Estape. The first number of a new French journal, entitled *Revue Internationale d'Electrothérapie*, appeared in Paris on August 1st; it is edited by Dr. G. Gautier.

INSTRUCTION IN HOSPITALS, ETC.—The following particulars were omitted from the BRITISH MEDICAL JOURNAL of September 6th:—Glamorgan and Monmouthshire Infirmary, Cardiff.—*Consulting Physicians*: Drs. H. J. Paine and W. T. Edwards. *Physicians*: Drs. W. Taylor and C. T. Vachell. *Surgeons*: Drs. A. Sheen, T. Wallace, and C. E. Hardyman. *Ophthalmic Surgeon*: Dr. J. T. Thompson. *Medical Officers for Outdoor Patients*: Drs. F. W. Evans, H. R. Vachell, and P. R. Griffiths. There are 120 beds, with a special Eye Department. A Nurse's Training Institute is connected with the infirmary under the supervision of the matron, Mrs. Francis. *House-Surgeon*: Mr. J. Thomas. *Assistant House-Surgeon*: Mr. Higgins.

MEDICAL STUDENTS IN FRANCE.—In the academic year, 1888-89, the total number of students in the six medical faculties and seventeen medical schools of France was 5,978 as against 6,388 in the foregoing year. Of the Faculties, Paris had 3,894, Montpellier 323, Nancy 124, Lyons 385, Lille 145, and Bordeaux 375, making a total of 5,246. Paris had thus in round numbers three times as many students as the other five Faculties together. This proportion is, however, not maintained in the granting of diplomas, for while Paris gave the M.D. degree to 399 candidates, the five Faculties gave it to 226. These figures show that the apparently large number of medical students in the Paris school includes a considerable proportion of amateurs and birds of passage. The seventeen *écoles de médecine* had only 732 students among them, or an average of less than 44 each. In some of them there were more teachers than pupils.

CHOLERA.—Cholera has broken out at Massowah, and the deaths there number fifty daily. The outbreak is stated to be among native tribes under Italian protection. The troops and European residents are free from the disease. A sanitary commission is on its way to Massowah with medicine and disinfectants. Cholera appeared at Aleppo on September 12th. In the beginning of September cholera decreased in Spain, but recently there has been an increase in the cities of Toledo and Valencia, and the epidemic has reappeared in villages of the provinces of Albacete, Alicante, Castellon, Tarragona, and Toledo, where it had subsided. The city of Valencia still has a high rate of mortality—during the last twenty-four hours seventeen fresh cases and eleven deaths.

EPIDEMICS OF TRACHOMA.—A serious epidemic of trachoma has recently occurred in certain lunatic asylums in Austria. In the asylum at Ybbs there were, at the end of July, 125 pronounced and 78 doubtful cases, while in the Vienna Landes-Irrenanstalt there were about the same time 22 cases, of which 7 were recent. The Minister of the Interior has accordingly sent instructions to the directors of all sick asylums in Lower Austria that every patient must be carefully examined for trachoma before admission. The Hungarian Minister of the Interior has, in view of the prevalence of trachoma in the southern districts of Hungary, ordered that special instructions in the recognition and treatment of the disease shall be given to all medical men in the public service.

CLINICAL TEACHING AT MOSCOW.—Extensive additions have recently been made to the buildings used for the purposes of clinical teaching at Moscow, and the medical faculty of that University is now of the best equipped in Russia. The Imperial Treasury provided funds for the erection of a university clinic, and private munificence furnished the means of building clinics for mental diseases and gynaecology, and for the instruction of midwives. All these will be officially opened at the beginning of the scholastic year, and a new clinical hospital will also be opened in January, 1891. The total superficial area of the new clinics is 20,000 square feet. In addition to these new buildings, a children's hospital is in course of erection close to the University Clinic, and will be opened this autumn.

THE POPULATION OF GLASGOW.—The assessor of the city of Glasgow has made his annual return of the number of inhabited houses within the municipality as at June 1st last; and from this number Dr. J. B. Russell has made his annual estimate of the population. The number of inhabited houses is 118,272, and the average number of inhabitants per house being taken as 4.745, the municipal population becomes 561,200 persons. Adding the number of inmates of institutions, 6,456, Dr. Russell gets a total population of 567,656, an increase of 10,052 souls on last year. The increase thus shown is greater than in any year since 1882, and is nearly five times that allowed by the Registrar-General at the inter-census rate. The accumulated result of such a difference is, that while the Registrar-General estimates the population at 530,208, Dr. Russell estimates 37,448 more, and this makes a difference of between 1 and 2 per 1,000 in the death-rate.

AN ANENCEPHALIC FŒTUS BORN ALIVE.—In the *Siglo Medico* of August 17th, Dr. V. M. Bernal relates that on August 6th a full term male child was born at Navalengua which presented the following peculiarities. The whole of the frontal and both parietal bones and half of the occipital bone were wanting, together with the brain and the optic nerve; the cerebellum was represented by a fungous tissue floating in a large quantity of liquid, black-looking blood, the whole being covered with a very thin pellicle. The face was dark-purple in colour, and the ears were wanting. The eyeballs, nose, and mouth, as well as the rest of the body, were perfectly developed. When Dr. Bernal saw the child six hours after its birth it was still alive, but it died two hours afterwards, having thus lived eight hours without a trace of cerebral structure. The mother is a healthy, well-nourished woman of 23; this was her third pregnancy, the two previous ones having resulted in premature births at the sixth month.

DEATHS OF FOREIGN MEDICAL MEN.—Among the prominent foreign medical men who have recently gone over to the majority are Dr. F. Siredey, Physician to the Lariboisière Hospital in Paris, and well known for his researches on the infectious diseases of childhood; Dr. Pulido Pajés, Professor in the Medical Faculty of the University of Havana; Dr. Pincus, Professor of Forensic Medicine in the University of Königsberg; Dr. von Jelenffy, the well-known laryngologist of Buda-Pesth, who died of ulcerative endo-

carditis at Berlin during the meeting of the Congress, in the Laryngological Section of which he was to have read a paper on the Physiology and Pathology of the Movements of the Larynx; Dr. J. von Rotteck, Professor of Medicine in the University of Freiburg; Dr. G. Buonomo, Director of the Provincial Lunatic Asylum, and Professor of Psychiatry in the University of Naples; Dr. Jules Gavarret, "Inspecteur Général de la Médecine," and Professor of Medical Physics in the Paris Faculty of Medicine; Dr. Duménil, Director of the Medical School of Rouen and Chief Surgeon to the Hôtel Dieu of that city; and Dr. Esteban Sánchez Ocana, Professor in the University of Madrid, Medical Dean of the Royal Chamber, and the leading physician of Spain, who was quite recently created a grandee of Spain in recognition of his devoted services to the young King in his serious illness a few months ago. Dr. Ocana's death is said to have been directly due to his untiring exertions on that occasion.

MEDICAL VACANCIES.

The following Vacancies are announced:

- ADMINISTRATIVE COUNTY OF THE PARTS OF HOLLAND, Lincolnshire.**—Public Analyst. Duties to commence on January 1st, 1891. Remuneration, annual fee of £10 10s., together with a fee of 10s. 6d. for each analysis, and an additional fee of £3 3s. for attendance and travelling expenses when required. Applications to H. Chandonton Johnson, Deputy Clerk of the Council Sessions House, Boston, by October 1st.
- ANDERSON'S COLLEGE MEDICAL SCHOOL, Glasgow.**—Chair of Physiology. Applications to be lodged with Mr. John Kidston, 50, West Regent Street, Glasgow, by October 1st.
- BARNBOY UNION WORKHOUSE.**—Medical Officer. Salary, £85 per annum, and £15 per annum for Consulting Sanitary Officer. Applications to Mr. James McGovern, Clerk of the Union. Election on October 6th.
- BELFAST UNION.**—Resident Surgeon. Salary, £100 per annum, first class rations, and apartments. Applications to James C. Neeson, Clerk of the Union, by September 23rd.
- BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.**—House-Surgeon. Board, lodging, and washing provided. Applications, marked on envelope "House-Surgeon," to the Honorary Secretary by October 1st.
- BETHLEM HOSPITAL.**—Two Resident Clinical Assistants; double qualifications. Apartments, rations, and attendance provided. Applications to John Baggallay, Esq., Bridewell Hospital, Blackfriars, by October 11th. Election on October 13th.
- BIRMINGHAM CITY ASYLUM, Ruberry Hill, near Bromsgrove.**—Clinical Assistant. Board and residence provided; no salary. Applications to Dr. Suffern, Ruberry Hill Asylum, Bromsgrove.
- BOLTON INFIRMARY AND DISPENSARY.**—Junior House-Surgeon; double qualifications; age not over 25. Salary, £100 per annum (increasing by £10 per annum to £150), with furnished apartments, board, and attendance. Not to practise on his own account in the Borough of Bolton. Applications to Mr. Kevan, Honorary Secretary, 12, Acresfield, Bolton, by October 3rd.
- BRIGHTON, HOVE AND PRESTON DISPENSARY.**—Honorary Consulting Surgeon. A Member or Fellow of one of the Royal Colleges of Surgeons of Great Britain. Applications addressed to the Honorary Secretary, C. Somers Clarke, must be left at the Dispensary, Queen's Road, before September 30th.
- BRIGHTON, HOVE AND PRESTON DISPENSARY.**—Two Honorary General Practitioners. Doubly qualified. Applications addressed to the Honorary Secretary, S. Somers Clarke, must be left at the Dispensary, Queen's Road, before September 30th.
- CHELTENHAM GENERAL HOSPITAL.**—Junior House-Surgeon; double qualifications; unmarried. Salary, £40 per annum, with board and apartments. Applications to Lieutenant-Colonel Croker-King, Honorary Secretary and Treasurer, by September 30th.
- CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY.**—House-Surgeon; double qualifications; unmarried. Salary, £90 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Clayton Hospital, Wakefield, by September 24th.
- CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY.**—Junior House-Surgeon; unmarried. Salary, £25 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Clayton Hospital, Wakefield, by September 24th.
- COUNTY COUNCIL OF THE ADMINISTRATIVE COUNTY OF THE PARTS OF KESTVEN, Lincolnshire.**—Public Analyst. Remuneration, annual fee £12 12s., with a fee of 10s. 6d. for each analysis made on behalf of the local authority, with an additional £3 3s. per diem for attendance and travelling expenses in the event of personal attendance being required in support of a prosecution. Applications to the Sanitary Committee of the Council, care of Jos. Phillips, Clerk, Office of the Clerk of the Council, Stamford, by September 27th.
- FLINTSHIRE DISPENSARY.**—House-Surgeon. Salary £100 per annum, with furnished house, and an increase of £20 after twelve months' service; a knowledge of Welsh indispensable. Applications to the Secretary, W. Thomas Cole, Board Room, Bagillt Street, Holywell, by September 24th.
- GENERAL HOSPITAL, Birmingham.**—Assistant House-Surgeon; surgical qualification. No salary, but residence, board, and washing provided. Applications to the House Governor, Dr. J. D. M. Coghill, by September 27th.
- HUDDERSFIELD INFIRMARY.**—Junior House-Surgeon. Salary, £40 per annum, board, lodging, and washing. Applications to Joseph Bate, Secretary, by September 23rd.

LIVERPOOL HOSPITAL FOR CHILDREN.—Assistant House-Surgeon. Board and lodging provided. Applications to C. W. Carver, Honorary Secretary, by September 22nd.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Assistant Physician. Applications to the Secretary, Alfred Craske, by September 30th.

PARISH OF DUNDRE COMBINATION, LOCHRE DISTRICT.—Parochial Medical Officer. Salary, £85, additional emoluments, £5. Applications by September 22nd.

PARISH OF PORTREE, Isle of Skye.—Medical Officer and Public Vaccinator. Salary from Parochial Board, £71 per annum; other emoluments value over £27. To commence duties about November 26th next. Applications to R. Macmillan, Inspector of Poor, Portree.

QUEEN'S COLLEGE, Belfast.—Professor of Materia Medica. Testimonials to be forwarded to the Under Secretary, Dublin Castle, on or before September 20th. The appointment is for seven years.

RIPON DISPENSARY AND COTTAGE HOSPITAL.—Resident House-Surgeon and Dispenser; single. Salary, £60 per annum, with board and lodging. Duties to commence on October 1st. Applications to F. D. Wise, Honorary Secretary.

ROSCREA UNION (Bourney Dispensary).—Medical Officer. Salary, £115 per annum, and fees. Applications to Mr. Robert Lloyd, Honorary Secretary. Election on September 24th.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Junior Resident Medical Officer. Board and residence provided. Applications to Conrad W. Thies, Secretary, by September 24th.

ROYAL HANTS COUNTY HOSPITAL.—House-Surgeon; double qualifications; member of Church of England. Salary, £100 per annum, with board and lodging. Applications to the Secretary, Major W. P. Terry, by September 30th.

ROYAL SOUTH LONDON DISPENSARY, St. George's Road, Lambeth, S.E.—Surgeon to the Waterloo District. Honorarium, £20 per annum. Applications to the Resident Medical Officer by September 30th.

ST. PETER'S HOSPITAL FOR STONE, etc., Henrietta Street, Covent Garden.—House-Surgeon, from October 1st. Honorarium, 25 guineas, board, lodging, and washing. Must be M.R.C.S. and held similar post. Applications to Walter E. Scott, Secretary, by September 20th.

SANITARY AUTHORITIES FOR THE SEVERAL SANITARY DISTRICTS OF THE BARNET, BERKHAMSTEAD, HEMEL HEMPSTEAD, WATFORD, AND WELWYN UNIONS, AND FOR THE BARNET AND TRING LOCAL BOARDS.—Medical Officer of Health for the combined districts; double qualifications. Salary, £408 per annum, to cover travelling and other expenses; no fees. Will not be permitted to engage in private practice. Applications to H. Morton Turner, 66, High Street, Watford, by September 20th.

TOWNSHIP OF MANCHESTER.—Medical Officer for the No. 1 District; double qualifications; will be required to provide at his own cost all medicines and appliances (except trusses) for patients under his care. Salary, £170 per annum. Must reside within the district. Applications, endorsed "Medical Appointment," to George Macdonald, Clerk of the Guardians. Poor-Law Offices, New Bridge Street, Manchester, by September 24th.

UNIVERSITY OF ABERDEEN.—Chair of Chemistry. Applications to the Secretary of the Court, Robert Walker, M.A., University Library, Aberdeen, by October 11th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Board and lodging provided. Appointments for six months. Applications to R. J. Gilbert, Secretary and Superintendent, by September 25th. Election on September 29th.

MEDICAL APPOINTMENTS.

BARBER, Percival Ellison, B.A. Cantab., L.R.C.P. Lond., M.R.C.S. Eng., appointed House-Surgeon to the Jessop Hospital for Women, Sheffield, vice J. E. Collins, M.R.C.S.

BERNAU, H., M.R.C.S., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the St. Marylebone Infirmary, vice Mr. N. Faichnie, resigned.

BIRKENHEAD, Harold, L.R.C.P. Lond., M.R.C.S. Eng., promoted to be Senior House-Surgeon to the Royal Infirmary, Wigan, vice E. C. Lomas, M.B. & B.Ch. Vict., M.R.C.S. Eng., resigned.

BLUETT, John, M.R.C.S., L.S.A., reappointed Medical Officer of Health for the Borough of Chesterfield.

BOASE, W. G., M.R.C.S. Eng., L.R.C.P. Lond., appointed Junior House-Surgeon and Dispenser to the Torbay Hospital and Provident Dispensary, Torquay, vice A. E. Watson.

BOND, Frederick, M.D. & C.M. Edin., reappointed Medical Officer of Health to the Raistrick Urban Sanitary Authority.

BURGESS, Edward, L.R.C.P. & S. Edin., appointed by the Zetland County Council District Medical Officer for Nesting, Leumashing, Whalsay, and Skerries.

CHAMBERS, A. B., M.D. Roy. Univ. Irel., M.Ch. & L.M., reappointed Medical Officer of the Stapleford District of the Shardlow Union.

COCHRANE, John, L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for Kirkcowan District, Wigtownshire.

DUKE, Allen F., M.R.C.S., etc., late Senior House-Surgeon to the Cheltenham General Hospital, appointed Resident Surgeon to the Branch Dispensary, Cheltenham, vice F. Mason, resigned.

EDRIDGE-GREEN, F. W., M.D., B.S. Dunedin, M.R.C.S. Eng., L.R.C.P. Lond., appointed Surgeon to the Shannon, Peninsular and Oriental Steamship Company.

FARQUHARSON, A. C., M.B., C.M., etc., appointed Assistant Medical Officer to the County Lunatic Asylum, Burntwood, near Lichfield, vice John Maye, M.R.C.S. Eng., etc.

FARQUHARSON, W. F., M.B., C.M. Edin., late Assistant Medical Officer to the Cumberland and Westmorland Counties Asylum, appointed House-Surgeon to the Dundee Royal Infirmary.

HOYLE, John, M.B. & C.M. Edin., reappointed Medical Officer of Health to the Soyland Urban Sanitary Authority.

HUBBARD, A. O., L.R.C.P. Lond., M.R.C.S., appointed House-Surgeon and Secretary to the Royal Isle of Wight Infirmary, Ryde, vice Mr. B. C. Oldham, resigned.

JOHNSON, Samuel Ebenezer, L.R.C.S. Edin., L.S.A., reappointed Medical Officer for the Balsall Heath and Moseley Districts of the King's Norton Union.

JONES, Parry, M.D., appointed Medical Officer for the 5th District of the Mansfield Union.

KELLETT, R. G., L.K.Q.C.P. Irel., L.R.C.S.I., reappointed Medical Officer to the Halstead Urban Sanitary Authority.

KINNEAR, William, M.A. St. And., M.B. & C.M. Edin., appointed Outdoor Surgeon to the East Dispensary District, Dundee Royal Infirmary.

LING, C. A. S., M.R.C.S., L.S.A., appointed Medical Officer of Health for the Colchester Port Sanitary District.

MACLENNAN, Andrew A., M.B., C.M., appointed by the Zetland County Council District Medical Officer for Burra, Fingwall, Whiteness, and Walsdale.

MATTHEWS, H. Ernest H., L.R.C.P. E., M.R.C.S., appointed Medical Officer and Public Vaccinator to District No. 9 of the Chorlton Union, vice William Clarence Matthews, M.R.C.S., L.S.A., etc., resigned.

MILNE, Dr., appointed by the Zetland County Council District Medical Officer for Yell and Fetlar.

MURRAY, J. W., B.A., M.D., C.M., reappointed Surgeon to the Chorley Dispensary.

PECK, Edward G., M.B. Cantab., M.R.C.S., L.R.C.P. Ed., reappointed Medical Officer of Health to the Northowram Local Board.

ROBERTS, Edward, M.R.C.S., appointed Assistant Surgeon to the Royal Ear Hospital, Manchester.

ROUSE, Eusebius Rouse, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., appointed Assistant Medical Officer to Camberwell House Asylum, London, S.E., vice H. Martyn Eames, L.R.C.P. & S. Edin., resigned.

SIMPSON, Godfrey W., M.R.C.S., etc., appointed Senior House-Surgeon to the Cheltenham General Hospital, vice Allen F. Duke, resigned.

SKAE, Francis D. A., M.D., etc., appointed by the Zetland County Council District Medical Officer for Lerwick (Landward), Bressay, and Quarrf, and County General Medical Officer.

SMITH, John, L.R.C.P. & S. Edin., appointed by the Zetland County Council District Medical Officer for Sandsting, Ainsting, Walls, and Sandness, including islands.

STUART, R. W., L.R.C.P. & S. Edin., appointed by the Zetland County Council District Medical Officer for Dunrossness, Sandwick, and Cunningsburgh, including Fair Isle.

TAYLOR, James L., M.B., C.M., appointed by the Zetland County Council District Medical Officer for Delting and North Mavine.

THOMPSON, Edmund John, M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Twycross District of the Market Bosworth Union.

WINSHIP, W. A., M.R.C.S., L.S.A., appointed Medical Officer for the Alwinton and Eldon Districts of the Rothbury Union.

WRIGHT, Henry, M.R.C.S. Eng., L.M., L.S.A., appointed Medical Officer of the Gainsborough Rural Sanitary District of the Gainsborough Union.

WYNNE, W. A. S., M.D. St. And., M.R.C.S. Eng., reappointed Medical Officer of Health for the Lowestoft Urban and Port Sanitary Districts.

YOUNG, Edward B., M.B., C.M., appointed by the Zetland County Council District Medical Officer for Unst.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d. which sum should be forwarded in Post Office Order or Stamps with the notice no later than Wednesday Morning, in order to insure insertion in current issue.

BIRTHS.

BRAIDWOOD.—On September 14th, at Shirehampton, Bristol, the wife of P. Murray Braidwood, M.D., of a daughter.

MURRAY.—On July 21st, at Johannesburg, Transvaal, the wife of G. E. Murray, M.B., F.R.C.S., of a son.

MARRIAGES.

CLARKE—HAYWARD.—September 13th, at St. George's, Hanover Square, by the Rev. Robert Jamblin, M.A., Vicar of Wilmington, assisted by the Rev. T. B. Howlett, M.A., Vicar of St. Michael and All Angels, Stoke Newington Common, Thomas Furze Clarke, M.R.C.S. Eng., etc., of Horsmans Place, Dartford, to Jessie Field, second daughter of John Camden Hayward, of Monk's Orchard, Wilmington. At home Thursday, October 9th, and Tuesday, October 14th.

SKELDING—WOOD.—On September 16th, at St. Margaret's Church, Leven, Fife, N.B., by the Rev. A. Thomson Grant, Incumbent, Henry Skelding, Esq., B.A., M.B. Camb., M.R.C.S. Lond., of Saint Lyes, Bedford, second son of Joseph Skelding, Esq., M.R.C.S. of London and Tenterden, Kent, to Marion Isabella, third daughter of the Rev. James Wood, of Buccleuch Place, Edinburgh, and of Brae Lodge, Largo, Fife, N.B.

ST. LEGER—BRETT.—At the Parish Church, Watford, on September 16th, by the Rev. R. Lee James, D.C.L., Vicar, Robert Arthur St. Leger, M.B., C.M. Edin., fourth son of F. T. St. Leger, Esq., Cape Town, to Annie Beatrice, third daughter of A. T. Brett, Esq., M.D., Watford House, Watford, Herts.

DEATHS.

BARBER.—On September 15th, at 5, Hounsfield Road, Sheffield, Jonathan Barber, M.R.C.S., Consulting Surgeon to the Sheffield General Infirmary, in his 74th year.

MODLIN.—On September 12th, at Shanklin, I. W., Robert Modlin, M.R.O.S. aged 61.

RALLEY.—At Douglas Cottage, Troon, N.B., on September 12th, in his 29th year, James Ralley, M.B., C.M., late of Irvine. Deeply regretted.

THE BIRMINGHAM MEETING.

DR. HUGH WOODS (Highgate) writes: The leading article in the *BRITISH MEDICAL JOURNAL* of August 9th is calculated to prevent the indignation aroused by the action of the Council in relegating the whole general business of the Association to the end of a long address on the last afternoon of the annual meeting, from passing away. The writer of the article brings forward arguments to show lack of interest among the members. He says: "At the second general meeting, when the question was put to a crowded hall, at the close of the address, whether they would consent to continue the adjourned business, there was almost a universal shout of 'No,' and on every occasion on which the President announced that there was important business for discussion, referring to notices on the paper, there was an almost universal stampede, etc." What are the facts of the case? At the second general meeting the first ordinary business would have been a motion of my own. This was not entered in the *Daily Journal* in the business for the day, and accordingly I was not present, and even if I had been present, and if the meeting had wished the ordinary business to proceed, I should have refused to bring forward my motion in a manner quite irregular, and especially when to have done so would have been a gratuitous insult to the editor of our *JOURNAL* and the other gentlemen to whom presentations were to be made, as announced in the agenda for the day. The President and his advisers best know their motive in asking the meeting a question to which there could be only one answer; but when the writer of the article alluded to bring forward this long-suffering act of courtesy for the purpose of damaging a cause with which he is not in sympathy, he entirely misinterprets the feelings of the meeting. Again as to the "almost universal stampede" when important business came on; the only pretext for such statement arose from the fact that, when my motion on proxy voting was coming on, the president directed (I think very unnecessarily) that all who were not members should withdraw. This compelled the large number of ladies who were present to leave, and a great many members had to escort their lady friends home, as it was very late at night; but even so a very large meeting remained, and the discussion was carried on by so many speakers that at last the meeting, wishing to retire to rest, insisted on the discussion being brought to an end, and a vote taken. The vote was taken in a very full house. I saw no lack of interest, but rather a tendency to needless warmth.

On the last afternoon, with a vast amount of most important business to be done, which had been obstructed on previous days, we were unable to begin until after an address, followed by the usual out of date interchange of adulatory inanities, which took up about an hour and a half. Even then we had a pretty full meeting for the early part of the business, and the fact that a resolute number of intelligent members delayed their homeward journey so as to maintain their right of free discussion showed a determination which the Council will act wisely in noting. If the Council cannot regulate the business of the annual meeting better than it did at Birmingham, the Association would do well to appoint a special committee for that purpose.

THE "MEDICAL DIRECTORY."

F.R.C.P. writes: I see that a correspondent has called attention to the absurdity of some of the addenda to names in the *Medical Directory*. The proprietors increase the bulk of the work by inserting information which is not only unnecessary but ridiculous. For instance, if a man is a member of a local medical society it is inserted, such as "Member of the Sheffield Med. Chir. Society." Now, as this society embraces nearly every respectable member of the profession in the town, its membership is not a distinction, but merely a proof that A. B. pays £1 ls. a year. I also observe that graduates of universities are named as "Members of the University Court." Now, everybody knows that all M.D.s are members of their university court. No such redundancy as this occurs in foreign directories, and, unless it be corrected, I hope another directory will be started on more rational principles. I would insert no membership of a society which did not confer distinction, but merely implied that A. B. was a subscriber to such and such a society.

JECKS MEMORIAL FUND.

THE staff and students of University College Hospital have decided that a memorial should be established to the memory of the late Dr. Cyril Jecks, who, it will be remembered, died of diphtheria contracted in the discharge of his duties as resident medical officer to the hospital. An executive Committee, consisting of the following gentlemen, has been appointed to carry out the object: Dr. G. V. Poore, Mr. Bilton Pollard, Dr. J. Rose Bradford, Mr. H. P. Dean, Mr. W. H. Tate, Mr. E. B. Allen. Dr. J. Rose Bradford is acting as hon. secretary and treasurer. A widespread feeling exists among Dr. Jecks's friends that the memorial should take some permanently useful form, possibly the endowment of a bed, which would be a lasting benefit to the hospital in which he worked so ably. We are glad to learn that up to the present £280 has been received or promised. All subscriptions in aid of the fund should be sent to Dr. Bradford, University College, Gower Street, W.C.

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

Dr. W. A. Carline, Lincoln; K. R.; Dr. A. B. Prowse, Clifton; Mr. G. B. Stainstreet, Carrick-on-Shannon; Dr. P. M. Braidwood, Shirehampton; Mr. B. L. Freer, Birmingham; Mr. E. L. Hussey, Oxford; Dr. O. Wood, London; Dr. L. Parkes, London; Dr. Grimshaw, Greystone; Dr. Balding, Royston; Mr. J. R. Whitwell, Menston; Mrs. Fuller, Croydon; J. Battersby, M.R., Dublin; Dr. W. J. R. Knight, Cookstown; Mr. D. Devereux, Tewkesbury; Dr. L. C. de Landford, Boscombe; Mr. C. L. Todd, London; Miss N. Thompson, London; Dr. A. M. Paterson, London; A. Late House-Surgeon; Our Paris Correspondent; C. E. Hetherington, M.B., Londonderry; Delta; Mr. G. Stillingfleet Johnson, London; Surgeon-Major; Mr. A. E. Duke, Cheltenham; Sir E. Sieveking, Falmouth; Dr. H. W. Syers, London; Dr. J. H. Jones, Manchester; Dr. E. Neale, London; Mr. Lockwood, London; Mr. A. B. Norman, Oakham; Mr. D. T. Smith, Preston; Mr. F. S. Fairbridge, Edinburgh; Enquirer; Dr. A. B. Munro, Bradford; Dr. W. Sykes, Mexborough; Mr. E. Hurry Fenwick, London; Mr. G. G. Clarke, Morpeth; Dr. W. Johnstone, London; Mr. H. E. Allen, London; Dr. J.

Wilson, Kells; Dr. J. J. Hartnett, London; Mr. E. G. Peek, Queensberry; Dr. D. Biddle, Kingston-on-Thames; Dr. Chapman, Inverness; Forceps; Mr. F. A. Coward, Huddersfield; The Secretary of the Volunteer Ambulance School of Instruction, London; Mr. J. B. Gabe, Swansea; Dr. Norman Kerr, London; Mr. G. Willett, Keynsham; Mr. H. Birkenhead, Wigan; Mr. C. A. Walters, Cheltenham; Dr. T. G. Kelly, Desford; Dr. C. M. MacQuibban, Aberdeen; Dr. T. M. Bryson, Limavady; Dr. E. Willoughby, London; Dr. Rentoul, Liverpool; Rev. F. Lawrence, York; Rev. H. B. Carter, Portrush; Dr. W. J. Mickle, London; Member; Dr. R. Purnell, Wells; Messrs. Oppenheimer Brothers and Co., London; Messrs. F. Newbery and Sons, London; Mr. E. R. Rouse, London; Mr. G. M. Thompson, Belaghy; Mrs. Faulkner, Chiswick; Mr. J. L. Nevin, Ballymoney; Dr. W. Bernard, Londonderry; Mr. T. Harris, Cheltenham; Mr. B. Lane, Limavady; The Honorary Secretary of the Oldham Infirmary; Messrs. Lynch and Co., London; Mr. F. Auterson, Magherafelt; Mr. W. H. Caldwell, Coleraine; Dr. Halliburton, London; Mr. J. M. Richards, London; Mr. H. E. H. Matthews, Levenshulme; Dr. Seyfarte, Gotha; The Secretary of the Local Government Board, London; T. D. Poole, M.B., Poulton-le-Fylde; Mr. F. Hall, Storrington; J. Mason, M.B., Dowlais; Mr. D. Stanley, London; Dr. W. Robertson, Newcastle-on-Tyne; Dr. C. R. Illingworth, Accrington; Dr. G. E. Herman, London; Dr. Thresh, Chelmsford; Dr. Major Greenwood, London; Mr. W. L. Morgan, Oxford; X. Y. Z.; Professor G. M. Humphry, Cambridge; The Secretary of the New South Wales Branch of the British Medical Association, Sydney; W. R. Davison, M.B., Broughshane; Dr. R. T. Lyons, Rugby; Dr. W. W. Hardwicke, Dovercourt; Dr. C. E. G. Stalkart, Southsea; Truth; Mr. Lawson Tait, Birmingham; Dr. G. Sims Woodhead, Conway; The Secretary of the University of Durham, Newcastle-on-Tyne; Mr. S. W. Barton, Havant; Dr. P. M. Braidwood, Shirehampton; Dr. Grossmann, Liverpool; Dr. T. W. Hime, Bradford; Dr. J. A. da Gama, Bombay; Mr. E. M. Knapp, Ross; Mr. J. MacLean, Ramsbottom; A Country Member; Dr. T. Dutton, London; Dr. A. C. Sym, Edinburgh; Dr. C. Forsythe, Coleraine; Dr. J. W. Watson, Limavady; Lieutenant-Colonel Army Medical Corps; Mr. E. Roberts, Manchester; Dr. S. Archer, Southampton; Mr. G. Coombs, Southminster; Dr. J. H. Breach, Newbury; Dr. R. P. Smith, Sark; Mr. M. J. C. Marmian, Dungannon; Mr. A. V. Griffiths, Fenton; Dr. Pozzi, Paris; Mr. E. Lapper, Dublin; Mr. J. Phillips, Stamford; Mr. F. E. Hare, Aberdeen; B. Pierce, M.B., Lynton; Dr. Seaton, London; Mr. J. Haysman, London; Mr. A. Sutherland, Lerwick; Dr. A. Duke, Dublin; M.D.; Mr. H. T. Butlin, London; Dr. A. Sheen, Cardiff; Dr. Markham Skerritt, Clifton; Mr. J. W. Orr, Wellingborough; Dr. W. McGowan, Maghera; Professor W. G. Smith, Dublin; Mr. J. H. S. May, Plymouth; Dr. A. Scott, Tollcross; Dr. S. Martin, London; Dr. Arldridge, Stoke-on-Trent; Mr. L. W. Feldin, Kilchattan Bay; Dr. D. Campbell Black, Glasgow; Sir Charles A. Cameron, Dublin; Mr. W. P. Terry, Winchester; Our Egyptian Correspondent, Cairo; Dr. J. R. Bradford, London; Mr. A. Evershed, London; Mr. W. Gripper, Wallington; Third Year's Student; etc.

BOOKS, ETC., RECEIVED.

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