

link in the history of the organism. What I find is this: An isolated individual is present, for example, in an epithelial cell, as in Fig. 3; the cell protoplasm is stained faintly with logwood, and the nucleus is deeply stained, while an eosine-stained globe is present in the cell protoplasm, the globe being surrounded by a clear area or vacuole, which has such a definite limit that it looks somewhat like a capsule, but it can be seen by focussing that the free edge of the naked epithelial cell gives an exactly analogous effect, so that I have no hesitation in saying that there is no true capsule. As regards the clear space itself, while in many places it looks as if it were empty, in others it contains a structureless very transparent substance which tints very delicately. A similar structure is to be found in masses of epithelium (Fig. 7) welded together and lying in spaces. But, both in these epithelial masses and in the vacuoles referred to, there may be small fuchsin bodies surrounded by a clear space and bounded by what we must call either a capsule or a limiting structure. These are represented in Figs. 4 and 5, and their mode of formation has to be dealt with. Now these appearances are of great importance, for on them might be based the contention that here we have to do with an encysted sporozoon, coccidium, or psorosperm. Next, it is to be noted that in the vacuoles there may be two or more small fuchsin bodies (Figs. 3 and 6); in other parts the fuchsin body has become gran-

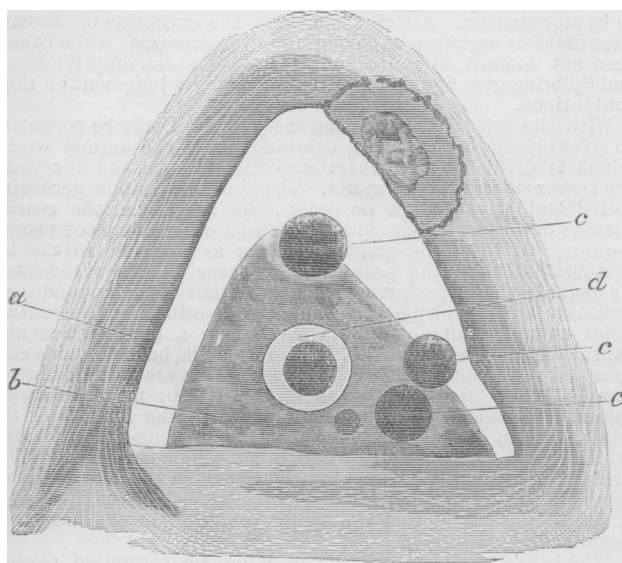


Fig. 11.—Large epithelial cell (b) containing spores (c c c) without vacuole and (d) spore with vacuole.

ular, lost its characteristic staining reaction, but shows in the midst of the granules minute eosine-tinting bodies undoubtedly spores (Figs. 5, 7, 8). Further, I draw attention to Figs. 7 and 8; in them the fuchsin bodies, by our own staining method, are coloured purple instead of red; and this purple colour gave me trouble in my earlier investigations. I then excluded all purple-stained structures, and there is still caution required in the admission of some of them. In these, as the organism becomes granular and degenerates, the spores in it become more visible. In Fig. 9 there is a very large fuchsin body stained purple, and lying in its space and in its spores are very distinctly present. In Fig. 6 there is a large space with four free purple-stained fuchsin bodies, and in the nucleus of an adjoining epithelial cell a similar body which, I take it, has recently migrated; and it is to be noted that this has no vacuole round it. A similar appearance is seen in Fig. 11 (logwood and eosine), where, in a large epithelial cell, there are four fuchsin bodies not surrounded, while one is surrounded by a vacuole.

From all this it might still be contended we were dealing with a protozoon, but I have to draw attention to Fig. 10, from a section stained by Gram's method with methyl-violet. This stain shows the process most diagrammatically, although it is to be observed by other staining methods. Here it is quite unmistakably to be seen that a large fuchsin body gives either off

or out a small globular body (Fig. 10 B), which gradually increases its distance from the parent body, but remains attached to it by a delicate filament (Fig. 10 C); this bud grows and gives off another, and so on, and there is obtained such a figure as is represented in Fig. 10 D. In other cases, however, there are rows, the individuals of which overlap one another, as seen in Fig. 10 A, or a large fuchsin-stained body shows arcs of circles projecting from it. Further, by Gram's method smaller spores can perhaps be seen than by other staining methods, and some appearances are exceedingly suggestive of a parent body having vomited out a number of minute spores. By this same method of staining it can be seen that the small spores appear in the lymphoid cells or leucocytes of the infiltrated area (Fig. 10 F), that the effect of this entrance is that the cell-protoplasm becomes clearer and the chromogenic granules are driven to the circumference of the cell; at all events they disappear, with the result that the small fuchsin body is surrounded by a clear space, with a distinct limiting ring formed by the remains of the comparatively unaltered protoplasm. (Fig. 10 G). This, I take it, is the mode of formation of what we may call the encapsulated fuchsin bodies, lying in vacuoles or amongst epithelial cells, as in Figs. 4 and 5. Now as to the appearances in the interior of the epithelial cells. When the fuchsin body first enters them no vacuole is present (Fig. 11), but a vacuole is produced (Fig. 11 a), this vacuolation being evidently simply a change wrought in the cell protoplasm by the fuchsin body which leads to its clarification, increased transparency, and to a loss of tinting capacity. The limit of this change is a definite line as distinguished from a gradually shaded line, and thus the appearance, which might be mistaken for a capsule, is produced.

From all this there is in my mind absolutely no doubt that the organism here is a fungus which belongs to the sprouting fungi, (*Sprosspilze* of Nägeli).¹⁵ The proof of this is by no means to be readily found in every section nor in every case, for the usual arrangement—as demonstrable by the fuchsin and iodine green method—is that of clusters. The explanation of this, I think, is that our method of staining acts best when the organism is at a certain stage of its growth, and that the smallest spores and degenerating larger individuals either do not stain differentially or they stain purple from a combination of the two colours used.

In conclusion, it is only necessary for me to remind you that this class of fungi includes the yeast fungus, and that if the presence of this parasitic fungus in cancer is confirmed by other observers, we have found in it an organism which from its very character implies the production of a fermentation product; while the nutrition, the reproduction, and the death of the fungus cannot be conceived as occurring in the tissues without producing changes not disproportionate in magnitude to the anatomical changes present in cancer.

I wish further to take this opportunity of acknowledging the loyal devotion and the untiring industry and zeal, as well as the technical skill and care with which my friend and pathological assistant, Mr. W. F. Robertson, has helped me in this investigation.

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

REINFECTION, RECRUDESCENCE, OR WHAT?

THE interest of Dr. Greene's case, published in the "Memoranda" for September 27th, is increased by this recurrence of scarlet fever not being in a special hospital for infectious diseases, as in the five others that have come under my notice. Here the patient, as I have been kindly informed, had not mixed with scarlet fever cases in the interval between her first and second attacks, and all risk of reinfection from clothing had been obviated; but she had returned to her room, where she had sickened just three weeks before, and had occupied it for twelve days, up to the second seizure. A relapse or recrudescence is sometimes seen in the second week, when the fading rash again becomes red, and the throat worse; here the second fever is rarely as high as the first, and desquamation is delayed rather than interrupted. In measles,

¹⁵ Die niederen Pilze, München, 1877. See also *Fungi, Mycetozoa, and Bacteria*, by A. de Barry, English translation, 1887.

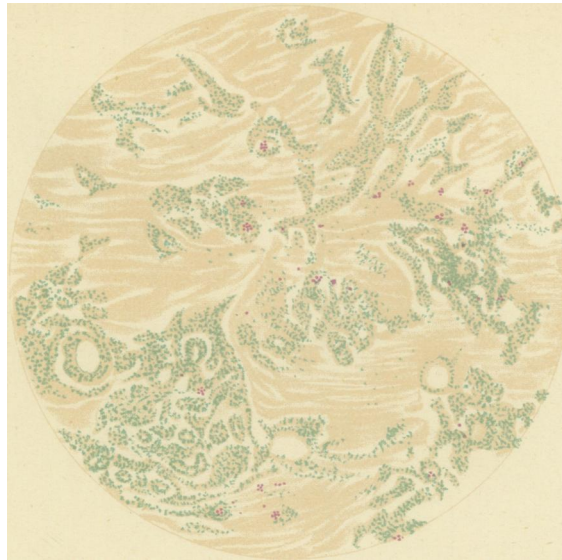


FIG. 1.

Shewing groups of fungi (coloured purple) in small-celled infiltration. From epithelioma of cheek. Stained by special method (see letterpress). (Pillischer, oc. 3, ob. $\frac{1}{2}$ x 75).

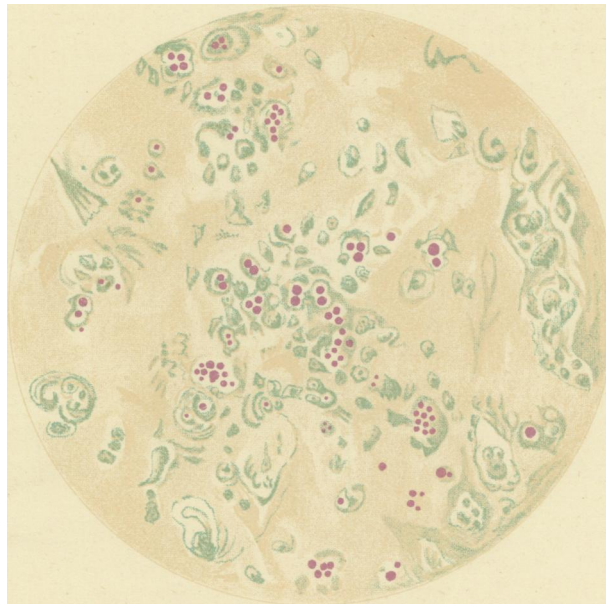


FIG. 2.

Shewing fungus singly and in groups, mainly in epithelial cells, each group surrounded by a clear space. From cancer of adrenal. Stained by special method (see letterpress). (Pillischer, oc. 3, ob. $\frac{1}{2}$ x 285).

the recrudescence occurs mostly in the third or fourth week, but may be as late as the fifth. In measles where second attacks are rare, a return of rash about the tenth day, without the marked fever of the first, points to a recrudescence differing widely from the complications of that exanthema. Second attacks of scarlet fever are not uncommon, occurring in young people at an interval of three and four years. I have cases where the desquamation was equally marked the second time, and the fever higher. This is found in five of the six cases of reinfection referred to. The exceptional case is that of a girl, aged 8 years, at the Homerton Fever Hospital last year, who on April 27th had a return of sore throat a month after scarlet fever, with temperature 101.5°, and no further desquamation. On May 18th, she was suddenly seized with fever and a characteristic rash, followed by desquamation lasting a month or more; the temperature was only 99° after the second day. Was this a second recrudescence? The activity of infection varies; convalescents from scarlet fever who seemed not to be infectious at one time become so afterwards. A boy at home six weeks after scarlet fever is a whole week with his sisters, who then go away for ten days without receiving infection from him, but on their return home are taken ill at the week's end. Either infection had accumulated in this house where the convalescent had stayed throughout, or had become more intense at a certain advanced period of the boy's convalescence. Another hint at increased germ activity may be found in the secondary ulcerations or abscesses of the later convalescence. At this time an auto-reinfection may be possible, and germs given off by a convalescent and accumulating in the sleeping room may be concerned in this effect, similar to what occurs in enteric fever.

Anyone seized with scarlet fever for the first time is known to have been infected from without; but is this always so in reinfection? If not, at what interval from the first attack must the second begin to warrant the supposition of a recrudescence unavoidable by any precaution, and not a reinfection from want of care somewhere? So far, I am disposed to limit the recrudescence of scarlet fever to the first four or five weeks of convalescence, and to attribute all second attacks after six weeks to reinfection. This is a question of importance, for if recrudescence is possible at a longer interval, any suspicions as to careless or incomplete disinfection could only be entertained after the greatest hesitation.

Harley Street, W.

WILLIAM SQUIRE, M.D.

ON THE ADVANTAGES OF PRODUCING ANÆSTHESIA BY SMALL AND CONTINUOUS DOSES OF CHLOROFORM.

DEATHS from chloroform are becoming so frequent that there is a danger that this most valuable anæsthetic will be discarded. In my opinion, chloroform has many advantages over ether, and the dangers attending its use may be greatly diminished if administered in small and continuous doses. It is probably the safest of all anæsthetics. The method I have carried out for a considerable period has been as follows:

A piece of lint is folded as a cone and placed a few inches from the mouth and nose. From five to ten drops of chloroform are poured on the lint from a 2-ounce phial, the cork of which has had two wedge-shaped pieces removed so that the chloroform cannot be poured out freely. This is repeated about every thirty seconds. The respirations should be natural, free, easy, and not too deep; avoid early and deep respirations. In fifteen to thirty minutes the patient is anæsthetised. The average time is about twenty minutes. The advantages of this method are:

1. Toleration of the chloroform is produced and the fears of the patient are allayed.
2. Sense of suffocation and spasm of the glottis are rarely produced.
3. Noisy delirium and violent muscular excitement are less common.
4. Vomiting is also less frequent.
5. Stertorous breathing and lividity of the face are less common; stertorous breathing rarely need be produced at all if the chloroform be given in small doses.
6. Less tendency to syncope.
7. Much less chloroform required.

Experience teaches that the system will tolerate toxic doses of drugs with perfect safety if only small doses are at first given and then gradually increased. This is the principle we need to learn in producing anæsthesia with chloroform.

The disadvantage which is urged against this method is that it

takes too long. Some anæsthetists can produce anæsthesia with chloroform in three or four minutes; but the risks are considerable, and I could not conscientiously do it. The safety of the life of the patient is paramount. Having seen the evils and dangers of the ordinary quick method as carried out in all our hospitals and in private practice, I have been led to try the slow method and am well satisfied. In *Medical Reprints* for October 15th, 1890, I find there is a reference to the slow method, and that Dr. Léon Labbé in 1881 described the method before the Académie de Médecine. Not having read the paper I cannot give the details of it. I would urge that the method described should have a fair trial, and that careful observations should be made in our large hospitals. If this is done I believe the quick method will be for ever discarded, and that "death from chloroform" will be very rarely recorded.

The above remarks refer to adults. Children are less liable to the dangers of chloroform, but with them it is safer to produce anæsthesia more slowly than is commonly done.

Bacup.

JOHN BROWN, M.D., B.S., D.S.Sc.

ON SUDDEN DYSPNŒA ASSOCIATED WITH THYROIDAL TUMOURS.

IN the BRITISH MEDICAL JOURNAL of November 29th, Dr. Christian Simpson (with reference to a case of acute goitre reported by Dr. McDonogh Ellis in the JOURNAL of November 22nd) suggests intubation with an ordinary catheter of large size as a means of relieving sudden dyspnœa in such cases.

May I suggest that such a proceeding—apart from being rapidly accomplished, which is very doubtful, when seconds are a matter of life and death, and with a patient fighting for breath, whose larynx and trachea are displaced from their normal position—is not easily effected, and, moreover, not likely to relieve the dyspnœa? To find the cause of the difficulty of breathing in some of these cases we have to look to the bronchi and the smaller ramifications of these tubes extending deeply into the structure of the lungs. The muscular element entering into their formation seems to be thrown into a state of contraction, and, in order to relieve the patient, our attention must be directed to this cause. Intubation will not help us further than the bifurcation of the trachea, although it may be of use in cases of spasm of the glottis due to implication of the recurrent laryngeal nerve. I am led to make this assertion from the experience of a case which I had to deal with hurriedly several years ago whilst house-surgeon to the Radcliffe Infirmary, Oxford. The patient was a girl, aged about 18, with a large thyroidal growth of simple hypertrophic character, who was suddenly seized with extreme dyspnœa in the middle of the night. The tumour was of such dimensions as to render a hurried tracheotomy through its structure inexpedient; consequently I opened the thyro-hyoid membrane by a transverse incision, getting in that way well above the growth. I then endeavoured to pass a large-sized gum elastic catheter into the trachea through the wound. This, however, I found difficult, and so substituted a perforated, short-beaked bladder sound which I had with me. This, again, I found I was unable to get into the trachea through the rima glottidis, owing, I take it, to the displaced relations of the structures. Delay was impossible, so I converted my transverse incision into a T-shaped one, dividing the thyroid cartilage vertically. This done, I was able to pass the bladder sound with ease certainly as far as the bifurcation of the trachea. The girl's condition was not improved in the slightest by this proceeding, the dyspnœa continuing for a short time after all obstruction capable of removal by intubation had been relieved. The patient died almost directly afterwards, in spite of artificial respiration. Very little hæmorrhage was caused by the operation. I am convinced that, had the alarming dyspnœa been produced by the pressure of the growth upon the trachea, or by spasm of the glottis, this patient would have been relieved by the operative measures adopted.

The sudden onset of the symptoms points to a nervous cause allied to the condition at work in the production of spasmodic asthma, and, should I ever be called upon to treat a similar case, I should certainly resort primarily to the exhibition of remedies in the form of inhalation of chloroform or nitrite of amyl as being likely to reach the smaller bronchial tubes. Should these fail—and in some cases where, possibly, direct pressure may cause the obstruction—lateral compression of the lobes of the thyroid, with the idea of expanding an antero-posteriorly flattened trachea (the reverse proceeding being adopted where the trachea is flattened

laterally), or even division of the cervical fascia and sterno-thyroid muscles over the tumour, might be adopted with advantage.

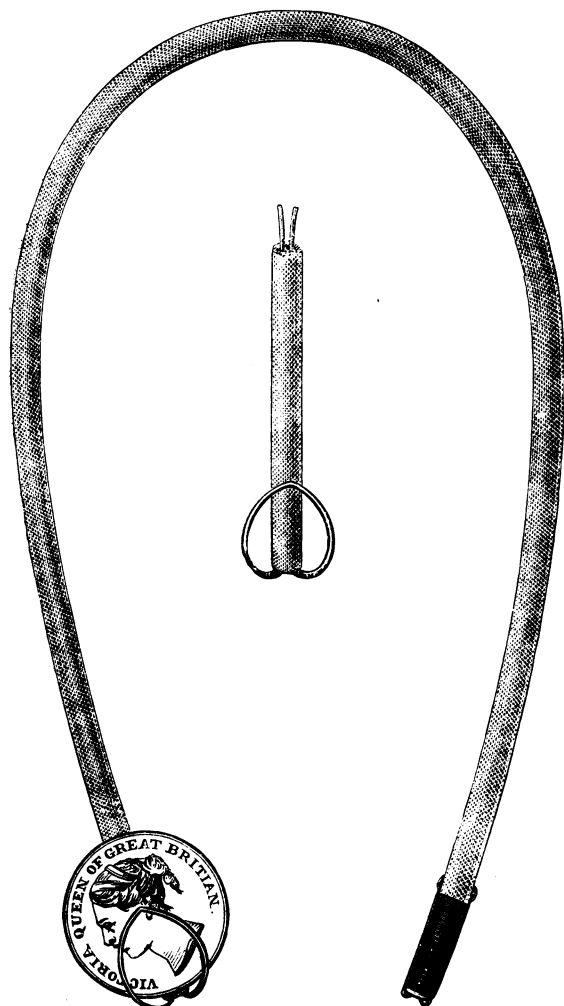
East Sheen.

GEO. HOOK RODMAN, M.D.

A SIMPLE "COIN CATCHER."

ON December 1st I was called to see a child, aged $2\frac{1}{2}$ years, who on the previous day was supposed to have swallowed a copper token about the size of a farthing.

On passing the finger into the pharynx, the upper edge of the coin could just be felt with the finger nail, but could not be removed. The coin was lying in the usual position, namely, edge-ways, at the junction of the pharynx and œsophagus. Not having a "coin catcher" available, I devised the following simple instrument, with which I successfully removed the coin.



Taking a No. 6 gum elastic railroad catheter, I passed a piece of fairly stiff steel piano wire through it from the end to the point and back again, leaving a loop at the point. This loop was made heart-shaped, with the base downwards, and then bent to an angle of 20° with the catheter, thus forming a very effective "catcher." The ends of the wire were bent over and bound with cotton to the catheter, to prevent the wire coming out and to keep the loop firm and in one position.

The advantages of this "catcher" over the ordinary one are: It is inexpensive, and is easily made to any size, to suit both the coin and the case; the gum elastic catheter can be bent to any shape the operator may wish, and, at the same time, is quite stiff enough to pass down the pharynx behind the coin without altering the direction of the "catcher" or hurting the patient.

PRIDBAUX SELBY, L.R.C.P.Lond., M.R.C.S.Eng.

VACCINIA.

A. P., aged 17, farm servant, consulted me on November 14th for some spots and sores which had appeared on her hands. She had been successfully vaccinated as an infant, and never had any breaking out of any kind on her before; looked very stout and healthy. There were vesicles filled with lymph, and in some it was rather thicker; from others, which had been rubbed by the dress sleeve, the clear lymph exuded. A few had begun to turn black, dry up, and form crusts. At first I hardly recognised them as vaccine vesicles, but on learning that she was in the habit of milking, asked if any of the cows had sores on the teats, but she could not remember. I next day asked the farmer for whom she worked, and he, at my request, kept in the cows in the morning until I could examine them. There were three that she had been in the habit of milking. On one out of the three I found distinct sores with indurated bases; some open and raised, others nearly dried up. The appearance reminded me very much of the sores on the girl's hands, which were chiefly on the wrists and the back of the hands, where the skin had been chapped and matter had got in. One spot was on the lower lip near the corner of the mouth. Some days afterwards the glands above the elbow on the right arm became swollen and painful.

By November 23rd the places had nearly all healed up, except one or two which had been broken and rubbed. On that date she again consulted me for a rash on the backs of both arms and on the left side of the face—the same side as the sore on the lip. The rash was well-marked urticaria; the skin was raised and swollen; the rash much thicker on the wrists and hands near the old marks, and fading off near the elbow; none above it; this caused a great deal of smarting and itching. Since then other vesicles have formed on the body (right side over the ribs), on the left eyebrow and right cheek, and there came numerous little ones, the size of a millet seed, which were like sudamina, all over the face. These presented the regular appearance of "pocks," and were pitted in the centre. They caused great pain and swelling of the face, which has now subsided (December 5th).

I think this case interesting, in that there was: 1, direct inoculation from the cow; 2, secondary urticarial rash; 3, I would like to ask: Were the spots on the face auto-inoculation, or were they *vaccine generalisée*?

QUINTIN R. DARLING, L.R.C.S.I., L.M., L.R.C.P.I.,
Public Vaccinator for the Eardisley District.

MASSAGE IN CHRONIC ULCERS.

IN Aden one has to treat numbers of ulcers of feet and legs, some quite incurable, probably dependent mainly for their origin on the want of vegetables and animal food, though few of them are actually scorbutic. The following case illustrates the extremely varied nature of the means that have to be adopted. A patient slightly scorbutic had an ulcer 2 inches long and $1\frac{1}{2}$ inch broad on the dorsum of his foot. The signs of scurvy soon cleared up, but in spite of the most varied dressings, elevation, poultices, and free, deep incisions, after two or three months' treatment the ulcer remained of much the same size. There was a broad, dense margin of cicatricial tissue, and outside this the remaining skin of the dorsum was smooth, pigmented, and immovable on the underlying structures. Then we started massage for half an hour twice daily, with simple dressings. The patient was made to knead and rub the surrounding skin, so as to soften and loosen it. The ulcer at once began to improve, at first rapidly and afterwards more slowly, and now, in little over a month, it has quite healed, though the skin is still pigmented, and rather glossy and bound down. This seems such a common-sense mode of proceeding as to be scarcely worth mentioning; yet it is one that is very apt to be overlooked, and shows the need of departures from regular routine practice. In very large ulcers of the leg which have partly healed, and so become surrounded by a more or less dense and extensive superficial cicatrix, this manipulation has been of much benefit, softening the tissues and improving the defective blood supply.

H. HERBERT,
Acting Civil Surgeon, Aden.

TO CORRESPONDENTS.

OUR correspondents are reminded that prolixity is a great bar to publication, and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early insertion. We are compelled to return or hold over a great number of communications chiefly by reason of their unnecessary length.

In his experiments with the products of their activity, he used at first toxalbumins which had been kept in a dry condition for many months without losing in any way their poisonous properties. These failed entirely to confer immunity against the disease. It appeared, indeed, as if the animal inoculated with this substance in small doses died more quickly after subsequent inoculation than healthy animals.

Better results were obtained when, instead of the toxalbumins, he employed the fluids obtained by filtering the cultures through a porcelain filter, or heating them for an hour to a temperature of 55° C., thus freeing them from all living elements. Some of the animals injected with these cultures gained a certain tolerance of the diphtheritic poison, dying, for example, three, four, six, and nine days after an injection of 0.1 cubic centimetre, instead of in thirty to thirty-six hours, as in the case of untreated animals. They all died, however, none of them acquiring a complete immunity. This result, such as it was, satisfied him that he was on the right track.

A further advance was made when, instead of small quantities, he used larger quantities of these culture fluids. The filtered culture, or the culture itself, was heated for an hour at a temperature of 100° C., and 10 cubic centimetres injected subcutaneously into guinea pigs. A few of the animals so treated survived subsequent inoculation with virulent diphtheria; the great majority of them, however, died, although at later periods than usual, namely, after two weeks and a half.

He finally found that a temperature of 65° to 70° C. maintained for an hour yielded the best results. Injections of 10 to 20 cubic centimetres of a culture of diphtheria bacilli so treated rendered guinea-pigs immune against subsequent injections of even the most virulent poison. Even this conclusion required modification, for it only applied when the subsequent inoculations were made not earlier than fourteen days after immunity had been conferred. If made sooner, the result was uncertain, some animals dying, others not. In the first few days after the injection the resistance of the animal seemed, indeed, to be lessened, the animals dying more rapidly and certainly than before, when inoculated with virulent cultures.

Furthermore, the immunity in this way conferred only applied against subsequent subcutaneous inoculation, and not to subsequent inoculation of mucous membranes—such as the vaginal—with diphtheria. To this extent therefore it is imperfect, and considering the ordinary method of propagation of diphtheria in man through the mucous membrane, this result obviously leaves a wide blank still to be filled up before we can apply these results obtained on animals to man.

The remaining portion of the paper is taken up with a consideration of the nature of the body which confers this immunity. Fraenkel concludes that it is quite distinct from the one that produces the poisonous symptoms, that while the latter is destroyed at a temperature of 55° to 60° C., the former is not destroyed till a temperature of 100° C. is reached, although it is weakened at any temperature above 90° C.

The best temperature, therefore, at which to heat the cultures so as to destroy their toxic properties without destroying those on which their power of conferring immunity depended is 66° to 70° C. This substance which confers immunity has no therapeutic properties. So far, indeed, from this being the case, its injection into animals previously suffering from diphtheria rather hastens their death.

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 1891. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 14th, April 15th, July 8th, and October 22nd, 1891. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, December 25th, 1890, March 26th, June 18th, and October 1st, 1891.

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

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

FRANCIS FOWKE, *General Secretary.*

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

THE inaugural meeting of this session was held at the Great Northern Central Hospital, Holloway Road, on Thursday, Dec. 4th, at 8 P.M.; Sir WILLIAM MAC CORMAC (President of the Metropolitan Counties Branch) in the chair.

Paper.—Mr. C. B. LOCKWOOD, F.R.C.S., read a paper on the Importance of performing a Curative Operation after Operations for Strangulated Hernia.

Cases.—Some interesting cases from the wards were exhibited.

Votes of Thanks.—Votes of thanks were given to the Chairman, the author of the paper, and to the House Committee for their reception.

STAFFORDSHIRE BRANCH.

THE first general meeting of the present session was held at the Railway Hotel, Stoke-upon-Trent, on Thursday, November 27th. Present: Mr. JOHN ALCOCK, President, in the chair, and thirty-two members.

New Members.—Six gentlemen were elected members of the Branch.

Midwives Registration Bill.—The PRESIDENT in introducing a discussion on this Bill said that, granting the necessity for a Bill at all, probably the one suggested was the right one, but he questioned whether a Bill was necessary, and thought it would shut out a field of practice for the young practitioner.—Mr. SPANTON said they now had an opportunity of controlling the nature of the Bill, and if they opposed it entirely they would find that Parliament would bring in a Bill over which they would have little power. Great care had been exercised by the Parliamentary Bills Committee in the revision of the first Bill, which in their opinion was bad, and which through their exertions had been amended. He read a statement made by the Chairman of the Parliamentary Bills Committee at the annual meeting at Birmingham in July last, which gave a summary of the action taken by the Committee with reference to the Bill.—Mr. FOLKER called attention to Clause 5 of the amended Bill, and suggested that unqualified midwives ought not to exist. He also, with reference to Clause 9, said that the period of eighteen months ought, in his opinion, to be reduced to six. Mr. Folker suggested that work-houses ought to be made use of as training schools.—The discussion was continued by Dr. MOSS, Mr. WARRINGTON, Dr. RIDLEY BAILEY, and Dr. BLUMER, and ultimately the following resolution, on the proposal of Mr. FOLKER, seconded by Mr. WARRINGTON, was carried unanimously:—"That this Branch approves in general terms of the Midwives Registration Bill as amended by the select committee, subject to some modifications which the Branch representatives on the Parliamentary Bills Committee are requested to submit to the Committee with a view to secure their adoption, and such other alterations as the representatives may consider it advisable to recommend." The scientific part of the proceedings will be published.

BRITISH GUIANA BRANCH.

THIS Branch held its quarterly meeting at the Colonial Hospital on July 17th, Dr. GRIEVE, Surgeon-General, presiding. There were also present Drs. Anderson, Ferguson, Veendam, Matthey, Leary, Godfrey, Shannon, Castor, Earle, and Neal. The Chairman, at the outset, said he was sorry Dr. Rowland had been unable to come from Berbice, and he would therefore ask Dr. Ferguson,

as on previous occasions, to act for him.—The minutes of the last meeting were read and signed.

Poultices in Surgical Practice.—A paper on this subject by Dr. ROWLAND was read by Dr. FERGUSON. Dr. Rowland said he had long been impressed with the grave results that attended the use of poultices in surgical practice in that colony. The question of poultices in medical inflammation was quite another matter, and as strongly as he objected to the use of poultices in surgery so strongly did he feel that their proper use in medicine was demanded. He had often been astonished at the equanimity with which a patient would show his leg from which he had just removed some vile compound composed of anything from bread or cassava to the solid excreta of the cow. In the out-patient room of the public hospital, Georgetown, he had seen nearly every condition of body and limb poulticed. He had seen poultices applied for pain; to malignant tumours of the mamma; to wounds of the cornea; to aneurysms of the femoral artery; to necrosis of the bones of the foot when sinuses had formed; and over and over again he had had to discharge patients from the New Amsterdam Hospital at their own request because he would not poultice their sores or wounds. He related several cases showing the bad effects of poultices in unsuitable cases, contrasting them with the good results of antiseptic dressings. There were now to be found in the *Pharmacopœia* only six official preparations, all of them nasty and only a few in ordinary use. The mustard poultice perhaps was the most useful, but it had been almost entirely replaced by the use of prepared mustard leaves. As to the linseed meal poultice and the antiseptic poultice made of a mixture of charcoal and linseed meal, which possessed no antiseptic properties properly so called, such a medium was one of the best for the cultivation of bacilli, and it was nothing more than an infusion of vegetable matter that all bacteriologists used for cultivation of these low forms of animal life; it contained all the elements—moisture, moderate heat, and albumen—necessary for their growth and multiplication, and for this reason should never be applied to the broken or cut skin. He drew the following conclusions:—1. That poultices should never under any circumstances be applied to the broken skin. 2. That in no injury to or inflammatory state of the eye should a poultice be used. 3. That the poultice as commonly meant should never be used by anyone except under medical advice, and that in the few cases when the practitioner considered it necessary to temporise, as in some deep-seated inflammatory conditions of the neck, the proper application was a few folds of lint wet with some antiseptic solution as boracic or carbolic acids, thymol or perchloride of mercury, covered with oil silk and wrapped in a layer of cotton wool.—In the discussion which followed, Dr. MATTHEY said he thought very few of them would agree with the paper. Experience had shown them that a linseed poultice was of great service in relieving pain in surgical practice.—Dr. LEARY had great pleasure in corroborating what Dr. Matthey had said with regard to a poultice being a good thing with which to relieve pain.—After some remarks by Dr. FERGUSON, Dr. VEENDAM said he considered that poultices, judiciously applied by the hands of a surgeon, would do a great deal of good. He had often seen deep-seated inflammation removed by the application of a poultice.—Dr. SHANNON did not believe in the wholesale condemnation of the poultice. He had been practising in the colony for over thirty years. During the first few years of these he was in Wakenaam, when at the time ulcers abounded to such an extent that two thirds of the people he was called upon to treat were affected by them. In these cases the people derived much benefit from the judicious use of poultices, coupled with constitutional treatment.—Dr. GODFREY said Dr. Rowland condemned poultices being applied to sloughing wounds, while he (the speaker) invariably used them for such wounds. Human bites he always looked upon as poisonous, and he had seen a great many. He had had three such cases this year, and he was happy to say the finger in each was saved by means of poultices. There was one point Dr. Rowland did not touch on, nor had any of the members, and that was with regard to chigoes. Large ulcers were raised by chigoes, and these could be destroyed by means of poultices. His favourite material in treating such a sore was cassava.—The CHAIRMAN said if they went to the wards of the hospital they would find there wounds of all kinds—simple cuts and contused wounds being treated without poultices and without the formation of pus. If pus formed there was something wrong; there was a mistake in the treatment. Poultices formed pus; and holding, as he did, that the formation of pus in a wound was a sign of mischief, how could he believe that poultices were beneficial? Having so far supported the paper, in the wholesale condemnation of the application of poultices to open sores and wounds, he could not follow Dr. Rowland with regard to the second stage of his argument, where he objected to the use of poultices when the skin was whole and there was deep-seated inflammation. He thought Dr. Rowland would, to some extent, have modified his statement if he knew the relief a hot poultice gave to an abscess; though no doubt if Dr. Rowland had been there he would have met that by saying there were other means of getting warm moist applications.

Vote of Thanks.—A vote of thanks was accorded to Dr. Rowland for his paper.

THE quarterly meeting of the Branch was held on October 9th at the Colonial Hospital, under the chairmanship of the PRESIDENT (Dr. R. Grieve). There were also present: Drs. Veendam, Hill, Godfrey, Smartt, Kohlehr, Anderson, Castor, Ozanne, and Ferguson, who acted as secretary in the absence of Dr. Rowland.

Election of Officers.—The minutes of the previous meeting having been read and confirmed, the following gentlemen were elected officers of the Association, on the motion of Dr. ANDERSON, seconded by Dr. VEENDAM:—*Vice-Presidents*: Drs. Wallbridge and Shannon. *Members of Council*: Drs. Anderson, Pollard, Fisher, and Veendam. *Secretary and Treasurer*: Dr. Rowland.

Clinical Meetings.—The PRESIDENT suggested the holding, between the quarterly meetings, of meetings or interviews of a clinical character, in which pathological specimens, or card specimens, as they were called, could be discussed. On such occasions short notes of cases could be read.—The general opinion was in favour of the suggestion, and it was decided to hold the clinical meetings on one or other Thursday between the quarterly meetings.

Paper.—Dr. GODFREY read a short paper, giving an account of a case of what turned out to be Alcoholic Hemiplegia.—In the course of a brief discussion, Dr. HILL thought a large quantity of neurosis in the colony must be attributed to syphilis.—The PRESIDENT, in conveying the thanks of the meeting to Dr. Godfrey for his paper, agreed with him that neurosis of one form or another was extremely common in the colony, and that its causes were, to a great extent, overlooked. He had discovered that many of the cases set down as locomotor ataxy were really general peripheral neuritis, dependent on one of two causes—alcohol or the presence of syphilis. The amount of nervous disease existing in the colony was immense.—Dr. GODFREY replied.

SYDNEY AND NEW SOUTH WALES BRANCH.

THE ninety-fourth general meeting was held in the Royal Society's Room, Sydney, on October 3rd, 1890, Dr. FIASCHI in the chair. The following gentlemen were present: Drs. Crago, Scot-Skirving, Hankins, Megginson, A. E. Wright, Hodgkins, Jenkins, Foord Hughes, Cohen, Ellis, Huxtable, G. A. Marshall, W. J. O'Reilly, Jas. Parker, Gwynne-Hughes, Thomas, Martin, McDonagh, Graham, and Wm. Chisholm. The minutes of the previous meeting were read and confirmed.

New Members.—The Chairman announced the election of Drs. McMath and W. F. Quaife as new members.

Communications.—Dr. E. A. WRIGHT read a paper on Woodbridge's Method of Coagulating the Blood in the Living Body, with reference to its possible application in surgery, and made some very interesting experiments explaining the method.—Drs. ELLIS and W. J. O'REILLY made some observations, and Dr. WRIGHT replied.—Dr. ELLIS read notes of a case of Abdominal Section. A discussion ensued in which Drs. WORRALL, JENKINS, THOMAS, CRAGO, and MARTIN took part. Dr. ELLIS replied.—Dr. WORRALL read some notes on a Case of Porro's Operation, which was discussed by Drs. ELLIS, MEGGINSON, GRAHAM, JENKINS, CRAGO, MARTIN, and THOMAS.

DRUGGISTS IN BERLIN.—From an enumeration made on November 1st, it appears that there are 118 public pharmacies in Berlin. As the population is 1,551,000, this gives a proportion of one chemist's shop to every 13,000 inhabitants.

UNIVERSITY OF VIENNA.—The number of students in the University of Vienna during 1889-90 shows a decided falling off as compared with the previous year. In the winter semester the number in all faculties was 6,060 as against 6,371, and in the summer semester 4,985 as against 5,448 in 1888-89. The degree of doctor was conferred on 521 candidates in the various faculties.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

ATTENDANCE OF VACCINATION OFFICERS AT STATIONS.

DR. EDMUND ROBINSON (Public Vaccinator, Birmingham) writes: I think your answer to correspondent in the *BRITISH MEDICAL JOURNAL* of December 6th may mislead and probably lead him into difficulties of an unpleasant nature. General order, October 31, 1874, Appendix C 16, from Shaw's *Manual of Vaccination Act*: "He shall, as far as possible, attend the public stations during vaccinating hours, and report to the guardians any insufficiency of accommodation at these stations or any failure of parents to bring for inspection the children on whom vaccination has been performed, or any other matter concerning the business of the station on which the guardians may require his report." The want of this knowledge has been like an explosive shell occasionally, especially in irregular attendances on the part of medical officer. DR. J. B. BUIST (Edinburgh) also writes to call attention to this order.

DISTRICT MEDICAL OFFICER'S EXTRA FEES.

F. H. T. writes: I am district medical officer of a county union, and my salary includes all extras, except cod-liver oil and quinine. Can I be contracted out of the extras allowed by the Local Government Board? I have had to attend a case of fractured femur nine miles off, which necessitated six visits, and for this I was not able to charge as an extra. When I was elected six years ago, the salary was lowered from £80 to £40. I am not resident in the district.

** We apprehend from "F. H. T.'s" own statement that he agreed to accept his present appointment at half the salary which had been previously paid, and that he contracted himself out of the extras, which, if he wished, he could do, with the consent of the Local Government Board. If our supposition is correct, there can be no justification for making a claim for any extra fees.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons, 5,098 births and 3,999 deaths were registered during the week ending Saturday, December 6th. The annual rate of mortality in these towns, which had been 21.3 and 19.0 per 1,000 in the preceding two weeks, rose again to 21.5 during the week under notice. The rates in the several towns ranged from 12.7 in Hull, 16.0 in Brighton, 16.2 in Nottingham, and 16.7 in Bradford to 27.9 in Bolton, 28.2 in Manchester, 29.9 in Halifax, and 38.2 in Preston. In the twenty-seven provincial towns the mean death-rate was equal to 22.3 per 1,000, and exceeded by 1.9 the rate recorded in London, which was 20.4 per 1,000. The 3,999 deaths registered in the twenty-eight towns during the week under notice included 473 which were referred to the principal zymotic diseases, against 481 and 427 in the preceding two weeks; of these, 202 resulted from measles, 69 from whooping-cough, 81 from scarlet fever, 63 from diphtheria, 49 from "fever" (principally enteric), 26 from diarrhoea, and not one from small-pox. These 473 deaths were equal to an annual rate of 2.5 per 1,000; in London the zymotic death-rate was 2.4, while in the twenty-seven provincial towns it averaged 2.7 per 1,000, and ranged from 0.0 in Derby, 0.4 in Nottingham, 0.5 in Hull and 1.0 in Newcastle-upon-Tyne to 4.6 in Oldham, 4.7 in Manchester, 5.0 in Birkenhead, and 5.5 in Preston. Measles showed the highest proportional fatality in Bristol, Manchester, Bolton, Oldham, Preston, and Birkenhead; scarlet fever in Sunderland, Blackburn, and Liverpool; and whooping-cough in Preston, Sunderland, and Norwich. The mortality from "fever" showed no marked excess in any of the large towns. The 63 deaths from diphtheria recorded during the week under notice in the twenty-eight towns included 41 in London, 6 in Manchester, 5 in Salford, 3 in Portsmouth, 2 in Liverpool, and 2 in Birmingham. No fatal case of small-pox was recorded during the week, either in London or in any of the twenty-seven provincial towns; and no small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday, December 6th. These hospitals contained, however, 1,833 scarlet fever patients on the same date, against numbers declining from 2,024 to 1,905 at the end of the preceding three weeks; 139 new cases were admitted during the week, against 197 and 132 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 5.2 per 1,000, and corresponded with the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, December 6th, 814 births and 571 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.3 and 20.7 per 1,000 in the preceding two weeks, rose again to 22.1 during the week under notice, and exceeded by 0.6 per 1,000 the mean rate during the same period in twenty-eight of the largest English towns. The lowest rates were recorded in Edinburgh and Dundee, and the highest in Greenock and Paisley. The 571 deaths in these Scotch towns during the week under notice included 60 which were referred to the principal zymotic diseases, equal to an annual rate of 2.3 per 1,000, which was 0.2 per 1,000 below the mean zymotic rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Leith, Glasgow, and Greenock. The 238 deaths registered in Glasgow during the week included 9 from whooping-cough, 6 from measles, 4 from scarlet fever, and 3 from diphtheria. Three fatal cases of diphtheria were recorded in Edinburgh, 3 in Leith, and 2 in Aberdeen; and 6 deaths resulted from measles in Greenock. The death-rate from diseases of the respiratory organs in these Scotch towns was equal to 6.2 per 1,000, against 5.2 in London.

HEALTH OF IRISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, December 6th, were equal to an annual rate of 22.8 per 1,000. The lowest rates were recorded in Lisburn and Kilkenny, and the highest in Wexford and Galway. The death-rate from the principal zymotic diseases averaged 2.4 per 1,000. The 165 deaths registered in Dublin

were equal to an annual rate of 24.4 per 1,000 (against rates increasing from 20.7 to 23.2 in the preceding three weeks), the rate for the same period being 18.0 in London and 15.4 in Edinburgh. The 165 deaths registered in Dublin included 17 which were referred to the principal zymotic diseases (equal to an annual rate of 2.5 per 1,000), of which 11 resulted from different forms of "fever," 3 from whooping-cough, and 3 from diarrhoea.

UNIVERSITIES AND COLLEGES.

OXFORD.

TERM is now over, and science students begin to feel that the period allowed by the older universities to their students is by no means sufficient. The increased numbers in the medical school are becoming felt, especially in the Junior Scientific Club, which has grown rapidly of late.

PROFESSOR RAY LANKESTER has at length given up his work at University College, and will next term devote himself to Oxford only. The department of Comparative Anatomy cannot but benefit by having a permanent head, as since Professor Moseley's illness the department has been under the control of three different heads in succession.

PROFESSOR VICTOR HORSLEY visited Oxford last week, and gave a lecture on Cerebral Physiology to a crowded audience of the Ashmolean Society.

A NATURAL Science scholarship, value £60 per annum for four years, will be offered for competition at Keble College on April 18th, 1891. The examination will consist of papers and practical work in Biology and Chemistry, but a paper will be set to all candidates in Chemistry, Mechanics, and Physics, and a paper in Elementary Chemistry to those candidates who offer Biology.

THE thesis of Mr. G. H. Pennell, M.B., on the "Pleuritic Effusions in Children, with special reference to the Treatment of Empyema," has been submitted to the Examiners in Medicine and approved by them, thus entitling him to the degree of Doctor of Medicine.

CAMBRIDGE.

EXAMINER IN SURGERY.—Mr. H. W. Page, M.B., M.C., of Christ's College, Surgeon to St. Mary's Hospital, London, has been appointed an additional Examiner in Surgery, on account of the large number of candidates for the Third M.B. Examination now in progress.

ZOOLOGICAL APPOINTMENT.—A. H. L. Newstead, B.A., of Christ's College, has been appointed to the University's Table at Naples for six months, from December 15th, 1890.

ASSISTANT DIRECTOR OF THE PHYSICAL LABORATORY.—Mr. R. T. Glazebrook, F.R.S., who has been senior demonstrator at the Cavendish Laboratory for the last ten years, on resigning that appointment, is to become Assistant Director.

MEDICAL DEGREES.—At the Congregation on December 4th the following degrees were conferred:—*M.D.*: George Lindsay Johnson, M.A., M.B., B.C., Caius College, Ophthalmic Surgeon to the Western Medical Dispensary. *M.B.*: F. W. Burton, St. John's College, House-Physician to Addenbrooke's Hospital. E. P. Manby, M.B., B.C., B.A., Cavendish, has kept the Act for the degree of *M.D.* (thesis, Puerperal Eclampsia).

FIRST EXAMINATION, MICHAELMAS TERM, 1890.—Part I. Chemistry and Physics:

Blatchford, Sid.; Bumsted, Joh.; Charlton, Cai.; Crampton, H. Cav.; C. D. Edwards, Joh.; Fowke, Queen's; Gaine, Emman.; Gaskell, Christ's; Graham, Trin.; Howitt, Cai.; King, H. Selw.; McCurdy, Pemb.; Marshall, Cai.; Martin, Pet.; Maturin, Cai.; Mayor, Joh.; Moore, Joh.; Muriel, Down.; Myers, Cai.; Paterson, Emman.; Prince, Cai.; Rigby, Cai.; Roberts, Down.; Salt, Cai.; Thomas, Cai.; Townsend, Clare.; Traup, Pemb.; Tuckett, Trin.; Turner, Emman.; Tyrrell, Clare.; A. B. Ward, H. Selw.; Wedd, Down.; Wilkinson, Emman.; Young, Cai.

Part II. Elementary Biology:

Ambrose, Clare.; Ascherson, Pemb.; Bumsted, Joh.; Burnett, Joh.; Curme, Cai.; C. E. Dashwood, Magd.; Draper, Joh.; C. D. Edwards, Joh.; E. L. Evans, Trin.; Giles, Pet.; F. A. Godson, Joh.; Gruber, Joh.; R. J. E. Hanson, Trin.; Hey, Trin.; Lance, King's; Le Cren, Christ's; Martin, Pet.; Mort, Trin.; Muriel, Down.; Myers, Cai.; Nicholls, Joh.; Pearce, Trin.; Pentreath, Queens'; Pollitt, Trin.; R. J. Rowland, Corpus; Hon. G. H. Scott, Trin.; Sedgwick, Clare.; Sheppard, Christ's; Thomson, Christ's; Thornely, Clare.; Townsend, Clare.; Turnbull, Cai.; Turner, Emman.; Tyrrell, Clare.; Wedd, Down.; Winkfield, Cai.

SECOND EXAMINATION, MICHAELMAS TERM, 1890.—Part II. Human Anatomy and Physiology:

Allen, Christ's; Barrett, Cai.; Blandford, Pemb.; Blumfeld, Cai.; Bantomley, Cai.; Carver, Christ's; Christopherson, Cai.; Collis, H. Selw.; Cuff, Joh.; Dobie, Cai.; Dodgson, Emman.; Eichholz, Emman.; G. H. Field, Clare.; F. B. Glover, Joh.; Gooding, Cai.; Goodman, Joh.; Grove, Sid.; Grünbaum, Cai.; H. B. Hewitt, Clare.; Hofmeyr, Trin.; H. Hunter, H. Cav.; Ivatt, Christ's; Kempson, Cai.; Lawrence, King's; B. H. Lees, Joh.;

F. H. Lewis, Joh.; Locket, Christ's; Major, Trin.; McCardie, Cai.; Moore, H. Selw.; Murphy, Cai.; Nicolls, Pet.; R. E. Nix, Cai.; Noble, Cai.; Norbury, Trin.; Peatling, Magd.; A. S. Ransome, Trin.; Ransome, Clare; Richards, Christ's; Rogers, Cai.; Russell, Down.; Sankey, Joh.; A. Shillitoe, Trin. H.; Slater, Cai.; W. M. Smith, Cai.; Stewart, Christ's; Still, Cai.; Taylor, Christ's; Waithman, Magd.; J. C. Webb, Clare; Windsor; Woodroffe, Cai.; Wright.

ABERDEEN.

STUDENTS' REPRESENTATIVE COUNCIL.—The first meeting of the Council for this session was held on Thursday, December 4th. The following were elected office-bearers:—*President*: A. H. Bennet. *Vice-Presidents*: P. Macdonald, M.A., and J. Reith. *Secretaries*: Alex. Brown, M.A., B.Sc., and E. Turner. The rules were revised, and one important change made was that members of Council must be matriculated students. There was a considerable amount of routine business transacted.

FOOTBALL.—Neither the Rugby nor Association games have been so popular this season. The great number of serious accidents that have occurred lately—there were four men rendered *hors de combat* at a Rugby match on Monday—may have to do with this. Golf and shinty have, on the other hand, become very popular this year.

CARE OF LIBRARIES AND MUSEUMS.—The recent ordinance of the Universities Commission that these should be managed by a joint committee elected by the Senators from themselves and outside has not been well received by the General Council. The feeling seems to be that they should be managed by separate committees, and if one committee, it should consist of at least twelve members, and that the other bodies should have the right of election as well as the Senators.

QUEEN'S COLLEGE, CORK.

The following scholarships and exhibitions have been awarded in the Faculty of Medicine.—Second year: J. Dimdon, first; J. Reidy, second; Exhibition, J. O'Callaghan. Third year: Wm. A. Rountree, first; Wm. Scott, second; Exhibition, M. J. Byrnes. Fourth year: D. O'Driscoll, first; E. Moynahan, second; Exhibitions, W. C. Sullivan, P. T. O'Sullivan.

UNIVERSITY COLLEGE, LONDON.

MR. W. F. R. WELDON, M.A., F.R.S., Fellow of St. John's College, Cambridge, has been appointed by the Council of University College to the Jodrell Professorship of Comparative Anatomy and Zoology, which was held for sixteen years by Professor Ray Lankester; Mr. F. E. Weiss, B.Sc., has been elected to the Quain Studentship in Botany; and Mr. T. W. P. Lawrence, M.B., F.R.C.S., has been appointed Curator of the Anatomical Museum.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the necessary examinations, and having conformed to the by-laws and regulations, were, at an ordinary meeting of the Council on December 11th, admitted Fellows of the College:

Coumbe, John Batten, M.D.Brux. (St. Mary's Hospital), The Cedars, Twyford, Berks, Date of Membership, July 30th, 1877.
Collins, Edward Treacher, L.R.C.P.Lond. (Middlesex Hospital), 6, West Street, Finsbury Circus, E.C., May 18th, 1883.
Caldwell, Robert, L.R.C.P.Ed. (Westminster Hospital), The Camp, Colchester, July 23rd, 1883.
Evans, Willmott Henderson, M.D.Lond. (University College Hospital), 24, Tavistock Road, Westbourne Park, July 25th, 1883.
Blight, William Lyne, M.D.Durh. (Guy's Hospital), Diss, Norfolk, July 31st, 1884.
Williams, Campbell, L.R.C.P.Lond. (University College Hospital), 62, Welbeck Street, W., January 22nd, 1885.
Barendt, Frank Hugh, M.D.Lond. (Liverpool Royal Infirmary), 17, Rodney Street, Liverpool, April 23rd, 1885.
White, Frank Faulder, L.R.C.P.Lond. (St. Mary's Hospital), Hales Street, Coventry, August 3rd, 1885.
Staveley, William Henry Charles, L.R.C.P.Lond. (St. Thomas's Hospital), 85, Lambeth Palace Road, January 27th, 1886.
Clarke, James Jackson, M.B.Lond. (St. Mary's Hospital), 8, Harewood Street, N.W., October 20th, 1886.
Murray, John, M.B.Dub. (Dublin and Middlesex), The College, Middlesex Hospital, January 17th, 1887.
Braine, Charles Carter, L.R.C.P.Lond. (Charing Cross Hospital), 56, Maddox Street, W., November 10th, 1887.
Cheatle, George Lenthal, L.S.A. (King's College Hospital), 32 Carlisle Mansions, November 10th, 1887.
Collier, Horace Stanfield, L.R.C.P.Lond. (St. Mary's Hospital), St. Mary's Hospital, W., February 9th, 1888.
Da Costa, Francis Xavier, L.R.C.P.Lond. (Bombay and Charing Cross), 126, Cambridge Street, Eccleston Square, February 9th, 1888.
Morthersole, Robert Devereux, L.R.C.P.Lond. (Guy's Hospital), Northern Hospital, Liverpool, February 9th, 1888.
Colby, James George Ernest, M.B.Oxon. (St. Bartholomew's Hospital), Malt-on, Yorkshire, May 10th, 1888.

Parkinson, John Porter, M.D.Lond. (University College Hospital), 21, Richmond Terrace, Blackburn, May 10th, 1888.
Beale, Peyton Todd Bowman, L.R.C.P.Lond. (King's College Hospital), 61, Grosvenor Street, W., February 12th, 1889.
Barratt, John Ogleshorpe Wakelin, M.B.Lond. (University College Hospital), 46, Holloway Head, Birmingham. Not a Member.
Morison, James Rutherford, M.D.Edin. (Durham and Edinburgh University), 14, Savil Row, Newcastle-on-Tyne. Not a Member.
Peters, George A., M.B.Toronto, (Toronto University), Medical College, Toronto. Not a Member.

Thirty-nine candidates presented themselves for examination, twenty-five of whom acquitted themselves satisfactorily, including three candidates who have not yet attained the legal age of 25 years, and will therefore be admitted Fellows at future meetings of the Council. Twelve candidates were referred for six months and two for one year.

The following gentleman, having passed the necessary examinations, and having conformed to the by-laws and regulations, was, at the same meeting, admitted a Member of the College:
Lewis, Albert Cornewalle, L.S.A. (University College Hospital), Brynamman, Carmarthen.

MEDICAL NEWS.

The newly founded Mutual Help Association of St. Petersburg medical practitioners already numbers 475 members. It held its inaugural meeting on December 1st.

MEDICAL MAGISTRATE.—Dr. T. Rutherford Adams, surgeon to the Croydon General Hospital, has been appointed a Justice of the Peace to the borough of Croydon.

The North Grove Asylum, Hawkhurst, Kent, belonging to Dr. Harmer, was totally destroyed by fire on December 4th. The fire was caused by the overheating of a stove in the linen room. One life was lost.

A serious outbreak of influenza, of the form popularly known as "pink eye," is at present raging among horses in and about the city of Edinburgh. The disease is of a very severe type, and many fatal cases have occurred.

DR. P. N. PARNOWSKAJA, a Russian female medical practitioner, has been awarded a gold medal by the Moscow Society of the Friends of Natural Science, Anthropology, and Ethnography for her work on the *Anthropology of Prostitutes and Female Thieves*.

THE SMALL-POX EPIDEMIC IN MADRID.—A telegram from Madrid states that during the month of November small-pox attacked 2,100 persons and caused 750 deaths in Madrid. The epidemic shows an increase during the first days of December.

NEW MEDICAL JOURNAL.—The State Medical Society of Arkansas has started a monthly medical journal, somewhat after the plan of the *Journal of the American Medical Association*. It consists of 48 pages. The editor is Dr. L. R. Gibson, of Little Rock.

UNIVERSITY OF BUDA-PESTH.—The total number of students on the books of the University of Buda-Pesth this winter semester is 3,388, being 145 less than last year. Of these, 87 belong to the faculty of theology, 1,727 to that of law, 1,018 to that of medicine, and 342 to that of philosophy. The return for the medical faculty shows a marked decrease, the number of students in the corresponding semester in 1889-90 having been 1,204.

GLASGOW SAMARITAN HOSPITAL.—A bazaar was last week held in Glasgow to raise money to build and equip a hospital for the treatment of diseases of women. The Samaritan Hospital has been in existence for a few years in a small way on the south side of Glasgow, and the aim of the bazaar is to obtain sufficient to establish it on a larger basis. The Marquis of Lothian opened the bazaar, and as the result of four days' sale a sum of over £5,300 was realised.

ST. JOHN AMBULANCE CLASS AT BROADMOOR ASYLUM.—At the last meeting of the Council of Supervision at Broadmoor, the chairman (Sir Warwick Morshead, Bart.) presented the certificates of the St. John Ambulance Association to those members of the staff who had passed the examination. He also presented three prizes, given by the medical officers, to those who gained the highest number of marks in a special examination. The superintendent (Dr. Nicolson), in presenting the twelve successful candidates, stated that Dr. Pope, one of the assistant medical officers, had, during the summer months, lectured to those members of

the staff in the male division of the asylum who enrolled themselves in the class. As many as forty-five joined, but of these only twelve cared to face the written and oral examinations held with a view to the granting of certificates. The examination was conducted by Brigade-Surgeon Alfred Clarke, A.M.S., who stated that the whole of the candidates passed most creditably.

SMALL-POX IN LISBON.—The epidemic of small-pox at Lisbon shows no sign of abatement, and loud complaint is made by the medical press of the insufficient hospital accommodation provided for the sufferers. It is satisfactory, however, to learn that the Portuguese public are gradually waking up to the importance of vaccination and revaccination. The number of persons availing themselves of these means of protection is much larger than it was before the beginning of the present outbreak.

EDINBURGH ROYAL MEDICAL SOCIETY.—The following gentlemen have been elected office bearers for this session: *Senior President*: R. D. Rudolf, M.B., C.M. *Junior Presidents*: P. B. Haig, M.B., C.M.; R. D. Clarkson, M.B., C.M., B.Sc.; A. Miles, M.B., C.M. *Secretaries*: A. C. E. Gray, M.B., C.M.; R. J. A. Berry, L.R.C.P.E. and L.R.C.S.E. *Chairman of Finance*: L. N. S. Carmichael. *Curator of Library*: C. D. Sutherland. *Curator of Museum*: A. B. Giles, M.B., C.M. *Editor of Transactions*: A. Miles, M.B., C.M.

INSANITY IN ITALY.—The number of lunatics in Italy on December 31st, 1888, is officially stated to have been 22,424, giving a proportion of 74.1 to every 100,000 of the population. The two sexes were affected in somewhat different proportions, there being 78.1 lunatics among every 100,000 men, and 70 among the same number of women. The incidence of the disease as regards age was chiefly between 41 and 60. Among 21,605 insane persons, there were 11,649 totally uneducated, 3,152 "of slight education," and only 6,804 who could read and write. Among the whole number of lunatics, there were only 652 idiots (chiefly cretins), and 1,285 who had been of weak mind since birth.

THE LATE PROFESSOR FRIEDRICH SALZER.—The Vienna School has sustained a heavy loss in the person of Professor Friedrich Salzer, Chief of the Second Surgical Section of the Allgemeine Krankenhaus, who died suddenly on November 30th at the age of 63. He was born at Birkhalm in Siebenbürgen in 1827, studied medicine at Vienna, where he was one of Schuh's assistants, and in due course qualified as a *Privat docent*. In 1870, he was appointed an Extraordinary Professor of Surgery. In him consummate surgical skill was associated with remarkable good luck in the results of his operations—two things which do not always go together. He did not wield the pen with the same facility as he used the knife, and he contributed comparatively little to surgical literature. One of the late Professor's sons, Dr. Fritz Salzer, after making a considerable reputation as Billroth's assistant, is now Professor of Surgery in the University of Utrecht.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died may be mentioned Professor Karl Weigert, head of the Pathological Department of the Seckenberg Institute at Frankfurt-on-the-Main, who succumbed to blood poisoning from a wound on the hand; Dr. Ernst Adolf Coccius (aged 65), who had been Professor of Ophthalmology in the University of Leipzig since 1857; Dr. R. Calmettes (aged 39) a laryngologist or some repute in Paris; and Dr. Dumarest, of Hauteville (aged 82), who was for many years President of the Ain Medical Association.

GLASGOW MAGDALENE INSTITUTION.—The report of this institution for the past year is the most satisfactory yet presented. During the year 343 cases were dealt with. The number of girls restored to parents or friends was 57; 38 were found suitable situations; and 6 were sent abroad. The percentage of those who left of their own accord or were dismissed was 23.6. In the homes the girls are encouraged to industrial habits, specially in the direction of sewing and laundry work, and their earnings for the year realised £4,635, a sum which, however, does not make the institution independent of the aid of the public. By a system of monthly premiums on work done, the inmates are encouraged, and are provided, also, with some small amount of ready money when the time comes for their leaving the homes to fill situations, the institution at the same time providing them with a good outfit.

THE ASSOCIATION OF FELLOWS AND THE UNIVERSITY OF LONDON.—The following letter has been addressed to the Registrar of the University of London:—"The Committee of the Association of the Fellows of the Royal College of Surgeons having heard that

the Council of the College is now engaged in final negotiations with the University of London respecting the reconstitution of the university, begs to lay the following points before the Senate of the University of London: 1. That these negotiations have been carried on without the knowledge or co-operation of the Fellows or Members of the College of Surgeons. 2. That the Council have declined to consult the Fellows of the College in regard to these negotiations, on the ground that they are unable to do so under their charter and bye-laws. 3. That, contrary to the expressed wish of the Fellows and Members of the College in general meeting assembled, the Council is negotiating changes in metropolitan medical graduation which must materially alter the constitution and influence the status of the College without submitting the matter to a general meeting of the College. 4. That the Council, as an executive committee of 24 appointed to administer collegiate affairs, have been in no way empowered to treat with the University of London in such a matter of collegiate policy, and the Members of the Council are confessedly imperfectly acquainted with the intricate questions involved in the scheme of university reconstitution. 5. That the Fellows of the College of Surgeons in this matter occupy an inferior position to that of the Fellows of the Royal College of Physicians, inasmuch as the government of that College is vested in the whole body of Fellows, and it is they who are negotiating with the University on behalf of that body. 6. That the various schemes prepared by the Senate of the University which have from time to time been published, have presented several vital points upon which the opinion of a large body of Fellows is opposed to that set forth by the Council, and which must, unless modified, fail to satisfy the medical and surgical requirements of metropolitan students. Lastly. The Committee of the Association of Fellows of the Royal College of Surgeons urges upon the Senate and Convocation of the University the inevitable risks of dissatisfaction and failure, which their reconstitution scheme must incur, should it be finally adopted without the Fellows of the Royal College of Surgeons having had any opportunity to consider and suggest amendments, and this Committee warns the University against regarding the negotiations with the College of Surgeons as settled, unless and until the Fellows of the College have had an opportunity of laying their views before the Senate. The Committee is speaking on behalf of an Association consisting of more than 300 out of less than 1 000 Fellows resident in the United Kingdom.—GEORGE POLLOCK, President of the Association of Fellows of the Royal College of Surgeons."

MEDICAL VACANCIES.

The following Vacancies are announced:

- CHILDREN'S HOSPITAL, Birmingham.**—Assistant Resident Medical Officer. Salary, £40 per annum, with board, washing, and attendance in the institution. Applications to James Stilliard, Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by December 16th.
- CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.**—District Surgeon. Applications to R. A. Othwaite, Secretary, by December 17th.
- COUNTY AND COUNTY OF THE BOROUGH OF CARMARTHEN INFIRMARY.**—House-Surgeon; double qualifications; unmarried. Salary, £100 per annum, with board, lodging, fire, light, and washing. Essential to have knowledge of Welsh language. Applications to the Secretary, Mr. H. Howells, 11, Morley Street, Carmarthen, by December 16th.
- DENBIGHSHIRE INFIRMARY, Denbigh.**—House-Surgeon. Must be qualified and conversant with the Welsh language. Salary, to commence £85 per annum, with board, residence and washing in the house. Applications to W. Vaughan Jones, Secretary.
- EAST RIDING ASYLUM, Beverley.**—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Age between 23 and 30. Applications to C. W. Hobson, Clerk to the Visiting Committee, by December 13th.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.**—Junior Resident Medical Officer. Salary, £50 per annum. Applications to the Committee of Management, at the Hospital, by December 29th.
- GENERAL INFIRMARY, Birmingham.**—Assistant House-Surgeon. Must possess surgical qualifications. No salary, but residence, board, and washing provided. Applications to the House Governor, Dr. J. D. M. Coghill, by December 22nd, election on January 2nd, 1891.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Surgeon to the Out-patients, must be F.R.C.S. Eng. Applications to William T. Grant, Secretary, by December 30th.
- MORPETH DISPENSARY.**—House-Surgeon; double qualifications. Salary, £120 per annum, with house, coal, and gas free. Applications to G. O. Wright, Honorary Secretary, by December 27th.
- NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.**—Assistant Dental Surgeon, must have L.D.S. diploma. Applications to Arthur G. Klugh, Secretary, by December 23rd.
- RICHMOND ASYLUM, Dublin.**—Clinical Assistant. Applications to Dr. Conolly Norman, Richmond Asylum, Grangegorman, Dublin. Election on December 16th.

ROYAL ALBERT ASYLUM, Devonport.—Assistant House-Surgeon for six months. Board, lodging and washing provided, no salary. Applications to Chairman of Medical Committee by December 17th.

ROYAL FREE HOSPITAL, Gray's Inn Road.—Registrar (Medical and Surgical); must be F.R.C.S. Eng. Appointment for twelve months. Applications to the Secretary by December 24th.

ROYAL FREE HOSPITAL, Gray's Inn Road.—Junior Resident Medical Officer; double qualifications. Appointment for six months. Board and residence provided in the Hospital. Applications to the Secretary by December 24th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand, W.C.—Clinical Assistants. Applications to T. Beattie-Campbell, by December 31st.

ST. BARTHOLOMEW'S HOSPITAL.—Physician, Accoucher, and Lecturer on Midwifery. Applications to William Henry Cross, Clerk, by December 31st.

ST. BARTHOLOMEW'S HOSPITAL.—Assistant Physician Accoucher. Applications to William Henry Cross, Clerk, by December 31st.

SMADLEY'S HYDROPATHIC ESTABLISHMENT, Matlock.—Resident Junior Physician. Appointment for two years, with honorarium of 100 guineas for first, and salary of £200 for second year, board and residence included. Applications to the Secretary by December 13th.

TOWNSHIP OF MANCHESTER.—Assistant Medical Officer for Workhouse at Crumpsall, near Manchester. Unmarried. Salary, £100 per annum, with furnished apartments, fire, light, washing and attendance. Must reside in the workhouse. Applications endorsed "Medical Appointment," to George Macdonald, Clerk to the Guardians, Poor-law Offices, New Bridge Street, Manchester, by December 17th.

UNIVERSITY COLLEGE, London.—Surgical Registrar. Applications to J. M. Horstburgh, M.A., Secretary, by December 22nd.

UNIVERSITY OF GLASGOW.—Assistant Examiner in Medical Jurisprudence. Annual fee, £30. Applications to the Secretary of the University Court, Mr. A. B. Clapperton, 91, West Regent Street, Glasgow, by January 10th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon. Double qualifications. Honorarium of £75 per annum; board and lodging in the hospital. Applications to the Secretary, W. C. Blount, by December 13th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician. Double qualifications. Honorarium, £50 per annum, with board and lodging in the hospital. Applications to the Secretary, W. C. Blount, by December 13th.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon, unmarried. Double qualifications. Salary, £50 per annum, with board and residence in the hospital. Applications to the Honorary Secretary, by December 24th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton. Resident Assistant. One qualification preferred. Board lodging and washing provided. Applications, inscribed "Application for Resident Assistant," to the Chairman of the Medical Committee, by December 29th.

MEDICAL APPOINTMENTS.

ALDRIDGE, N. E., M.B. Edin., appointed Assistant Physician to the Royal South Hants Infirmary, Southampton, *vice* C. H. Bromby, deceased.

BESWICK, Robert, M.R.C.S., L.S.A., appointed Deputy Medical Officer to the St. Paul's Mission, Bunhill Fields.

BLACK, J. Urquhart, M.B., C.M. Aber., appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital, *vice* Mr. R. B. Ferguson, resigned.

CARSLAW, John Howie, M.A., M.B., C.M., appointed an extra Dispensary Physician to the Western Infirmary, Glasgow.

DUNCAN-LAWSON, F., L.R.C.S.I., L.K. & Q.C.P.I., etc., appointed Medical Officer and Public Vaccinator to the Chiddingfold District of the Hambleton Union.

EDEN, R. A. S., M.A. Aber., appointed House-Physician and Surgeon to the Aberdeen Sick Children's Hospital.

ELLIOTT, R. H., M.B., B.Ch., Roy. Univ. Irel., appointed Assistant Surgeon to the Liverpool Dispensaries.

EWAN, John Alfred, M.A., M.B., C.M. Edin., appointed Assistant Medical Officer to the Dorset County Asylum.

FALKNER, Ninian McIntire, M.B. Dub., appointed Examiner in General and Pharmaceutical Chemistry to the Pharmaceutical Society of Ireland, and Examiner under the Pharmacy Act, Ireland.

FALKNER, John McIntire, L.R.C.S.I., L.R.C.P.I., appointed Medical Officer to the Monkstown Hospital.

GRAY, Harry St. Clair, M.D., appointed Assistant Obstetric Physician to the Glasgow Maternity Hospital, *vice* Dr. E. H. Lawrence Oliphant.

GREENLEES, T. Duncan, M.B. Edin., appointed Surgeon to the 1st City Volunteers, Grahamstown, Cape Colony.

GRIPPER, Walter, M.B. Camb., M.R.C.S. Eng., appointed Medical Officer to the Female Orphan Asylum, Beddington, *vice* Dr. C. P. Tomkins, resigned.

HAMILTON, D. H., M.B., B.Ch., appointed Surgeon to the Norton Colliery and Iron Works, *vice* Dr. Russell, resigned.

HASWELL, John Francis, M.B., C.M. Edin., M.R.C.S., appointed Medical Officer for the Penrith Workhouse and 1st Division of the Penrith District of the Penrith Union, *vice* Dr. James Altham.

HILL, T. Rustace, M.B., appointed Medical Officer of Health to the County Borough of South Shields.

HORSLEY, Reginald Ernest, M.B., F.R.C.S. Edin., appointed Aurist to the Edinburgh Deaf and Dumb Institution.

KEMPE, A. W., M.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for Exmouth.

LAKE, C. Leonard, M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Ida Convalescent Hospital, *vice* F. H. Hudson, M.R.C.S., L.R.C.P.

LAWRENCE, T. W. P., M.B., F.R.C.S., appointed Curator of the Anatomical Museum, University College, London, *vice* Mr. C. Stonham.

LAWSON, F. D., L.K.Q.C.P. Irel., L.R.C.S.I., appointed Medical Officer of Health and Vaccination Officer for Chiddinfol d.

MCCANN, F. J., M.B., C.M. Edin., appointed Resident Medical Officer to the Hospital for Sick Children, Great Ormond Street, *vice* W. F. Brook.

MACPHERSON, Harvey, L.R.C.P. Edin., L.R.C.S. Edin., appointed Assistant Surgeon to the Liverpool Dispensaries.

MADDOX, Ernest E., M.D., appointed Oculist to the Edinburgh Deaf and Dumb Institution.

MIDDLEMASS, James, M.B., C.M., B.Sc., appointed Resident Pathologist to the Royal Asylum for the Insane, Morningside, Edinburgh, in succession to Dr. W. H. Barrett, appointed Pathologist to the Royal Infirmary.

PAGET, Peter, M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant House-Surgeon to the Leicester Infirmary and Fever House, *vice* Dr. H. L. Harrison.

FELLOW, J. T., D.S. Dub., appointed Dentist to the Royal Southampton Infirmary, *vice* C. H. Brown, deceased.

PEMBERTHY, William, M.R.C.S., L.S.A., appointed Assistant Medical Officer and Dispenser to the Cleveland Street Asylum, *vice* Dr. E. P. Mauby.

POWELL, W. W., L.R.C.P., M.R.C.S., appointed Third Attending Medical Officer to the Free Dispensary, Pimlico Road.

RILEY, F. R., M.R.C.S., L.R.C.P., appointed House-Surgeon to the London Hospital.

ROUSE, Eusebius Rouse, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., appointed Fifth Assistant Medical Officer to the London County Asylum, Colney Hatch.

ROWAT, John, M.B., C.M. Glas., appointed Medical Officer for the Darvels portion of the Parish of Newmilns.

RUTHERFORD, Henry, M.A., M.B., C.M., appointed an extra Dispensary Surgeon to the Western Infirmary, Glasgow.

SCOTT, T. A., M.B., B.Ch. Dub., appointed Assistant Surgeon to the Liverpool Dispensaries.

STYLE, F. W., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer of Health to the Hucknall Huthwaite Local Board.

SUNDERLAND, O. L. R.C.P. Edin., M.R.C.S., appointed Medical Officer of Health for the Bexley Urban District of the Dartford Union.

WELDON, W. F. R., M.A., F.R.S., appointed Jodrell Professor of Comparative Anatomy and Zoology, University College, London, *vice* Professor H. Ray Lankester.

ERRATUM.—The appointment of Mr. Hedley Hill, announced in the *BRITISH MEDICAL JOURNAL* of November 29th, should have been to the Bristol Dispensary, not Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Sir Andrew Clark, Bart., M.D.: Observations on the Convulsive Cough of Puberty. Mr. Harrison Cripps: Two Doubtful Cases of Fibrous Stricture of the Colon diagnosed by Laparotomy and treated by Colotomy.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. James Berry: Femur after Osteotomy. Mr. H. P. Rolleston: Lipoma of Liver (?) Appendix Epiploica. Mr. Bland Sutton: Haerlequin Calc. Mr. F. Wethered: Psoriasis. Mr. B. Pitts: Subaternal Goitre arising in Accessory Thyroid. Dr. Norman Moore: Ulceration and Perforation of Gall Bladder without Gallstones. Mr. Edgar Willett: Intracystic Carcinoma from Pectoral Region. Dr. J. Cahill: Tumour of the Trachea and Oesophagus. Card Specimens:—Mr. J. Hutchinson, jun.: "Fungus Bodies" in Mammary Carcinoma. Mr. W. D. Spanton: Myxosarcoma of Prostate. Dr. Hale White: Commencing Suppuration of the Gall Bladder in Typhoid Fever. Dr. W. Tyson: Lipoma from Arm; Gallstone in Ductus Communis; Death with Pylephlebitis.

WEDNESDAY.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7 P.M. Mr. R. H. Scott: On a Lightning Stroke. Mr. A. Brewin: On the Effect of Lightning on a Dwelling House. Captain M. W. C. Hepworth: Wind Systems and Trade Routes between the Cape of Good Hope and Australia. Mr. E. Mawley: Report on the Phenological Observations for 1890. Dr. W. Doberck: On the Climate of Hong Kong.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.

THURSDAY.

NEUROLOGICAL SOCIETY OF LONDON, National Hospital for the Paralyzed and Epileptic, Queen Square, 8.30 P.M.—Dr. James Ross: On Memory.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in Post Office Order or Stamps with the notice not later than Wednesday Morning, in order to insure insertion in current issue.

BIRTHS.

ROBINS.—On the 7th inst., at 46, Marsham Street, Westminster, S.W., the wife of Geo. Norman Robins, L.R.C.P., of a daughter.

SAUNDERS.—At 12, Church Street, Wellingborough, on December 3rd, the wife of Wm. Saunders, M.R.C.S. Eng., etc., of a son.

SHEARS.—On December 4th, at 19, Upper Duke Street, Rodney Street, Liverpool, the wife of Charles H. Shears, L.R.C.P. Lond., M.R.C.S., of a son.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9. Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Soho.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30, and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetric), W., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days.*—M. Tu., 2.30.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45 o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, except W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, except S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu., F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

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

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

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

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

¶ Queries, answers, and communications relating to subjects, to which special departments of the BRITISH MEDICAL JOURNAL are devoted, will be found under their respective headings.

QUERIES.

STUDY IN VIENNA.

DR. A. CONAN DOYLE (Southsea) writes: I should be very much obliged to any of your numerous readers and correspondents who would give me a word of advice as to the conditions of life and of study at Vienna. I am desirous of attending the eye wards there, and any information as to the method of procedure would be welcome, as would the address of any comfortable pension where rooms might be taken.

HOME FOR EPILEPTIC.

H. V. P. asks to be recommended a home where a patient of slightly weak intellect and also liable to epilepsy could be received. The parents would not be able to pay any high charge.

. If of unsound mind and certifiable, our correspondent might apply to Dr. Bower, Springfield House, Bedford. Otherwise we know of no institutions where such a case could be received.

ANSWERS.

G. H. V.—There is no special authority for or against midwives giving ergot; but if midwives or any unqualified person administer drugs entailing injury they are liable to penalty. In some lying-in hospitals midwives are allowed to administer ergot after labour.

THE EXAMINATION FOR THE F.R.C.S. ENG.

JUNIOR PRACTITIONER must work carefully at clinical and operative surgery, the most essential subjects for the second Fellowship examination. As to the question of pathology and the best textbooks for study, our correspondent should ask the advice of the teachers at the medical school where he was educated.

THE PRISON SERVICE.

X.—The appointment of prison surgeons is in the hands of the Home Secretary nominally; practically the Chairman of the Prisons Board appoints; he is Sir Edmund du Cane. A candidate must be doubly qualified and registered—L.R.C.P.L. would come, it is presumed, under this category. Our correspondent should apply by letter to Mr. Joseph, Secretary to Chairman, Home Office. A personal introductory guarantee of professional and social merit is always valuable.

COTTAGE HOSPITALS.

KLEIN.—In establishing a cottage hospital, the first thing to do is to get together a representative committee. The committee should include, if possible, the leading landowners and wealthy men of the neighbourhood, ministers of religion of the more important denominations, and all the medical men who reside within the district which the proposed hospital is intended to serve. The committee having been appointed, the question of hospital buildings will next have to be considered. Sometimes a house already built is available, and may be adapted to the needs of the district; but generally it is better to erect a new building specially designed for a hospital. The site of the building is of prime importance. This should be on elevated ground, with, if possible, a sandy, gravelly, chalky, or limestone subsoil. The exposure should be southern, and the building should be protected at some little distance from the north and east winds. The plan of the building should be designed by an architect experienced in the erection of hospitals, and a thoroughly competent and honest builder should be employed. Cottage hospitals should seldom be built by tender. The little money saved by employing a cheap builder may be spent twice over within the first five years in remedying his defective work. The necessary officials for the management of a cottage hospital consist of the members of the medical staff, a nurse or nurses, and an honorary secretary. There must also, of course, be a treasurer and a house committee. The chief nurse must be either a matron, or at least of the standing of a charge nurse. The annual expenditure of a cottage hospital varies with the number of occupied beds, and with the relative dearthness of provisions and other necessities in the neighbourhood; but a

MODIFICATION IN THE APPLICATION OF THE UPPER BLADE OF LONG FORCEPS.

DR. W. L'HEUREUX BLENKARNE (Leicester) writes: Why so many practitioners seem to be so "taken" with putting on the upper blade first, I cannot imagine; but for those who follow the good old-fashioned plan of putting on the lower blade first, there is no simpler modification of putting on the upper blade than to use the long forceps which I introduced to the notice of the profession in the *BRITISH MEDICAL JOURNAL* of February 23rd, 1889. The upper blade of these forceps is hinged, and its adaptation is as easy as that of the upper blade of any short forceps. They can be procured at Coxeter and Son's. Reversing the "lock" of the forceps, as suggested by Dr. Brand in the *BRITISH MEDICAL JOURNAL* of November 29th, appears to me to "make confusion worse confounded."

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BOOKS, ETC., RECEIVED.

On Severe Vomiting during Pregnancy. By Graily Hewitt, M.D., F.R.C.P., F.R.S. Edin. London: Longmans, Green, and Co. 1890.
The Cure of Diphtheria. By H. Ernest Trastrail, M.R.C.P. London: John Bale and Sons.
Transactions of the Edinburgh Obstetrical Society. Vol. XV. Session 1889-90. Edinburgh: Oliver and Boyd. 1890.
Electricity in the Diseases of Women. By G. Betton Massey, M.B. Second Edition. Philadelphia and London: F. A. Davis. 1890.
Food and Dietaries. By R. W. Burnet, M.D. London: Charles Griffin and Co. 1890.

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