

system engorged, the surface cyanotic, and the pulse small, weak, and fluttering. In such cases the abstraction of a moderate amount of blood from the arm relieves the right side of the heart for a time, and gives the circulation a chance of recovery. I have sometimes seen this measure effectual in valvular disease, but more often have been disappointed of any lasting benefit, and believe that, on the whole, it is far less likely to be useful in primary cardiac disease than when dilatation of the right side of the heart is the result of obstruction of the pulmonary capillaries in cases of advanced bronchitis with emphysema or dilated tubes.

Before concluding I ought, perhaps, to refer to Oertel's treatment of valvular disease of the heart by regulated gymnastics, but I must confess that it does not appear to me to have either physiology or experience in its favour. The object is to produce compensatory hypertrophy of the cardiac chambers in the same way as we strengthen the muscles of a limb by regular gymnastic exercises. But in the case of the heart, its gymnastics are already provided by the necessities of the circulation. There is no fear of its being idle, but there is great fear of its being taxed beyond its strength. So long as the general nutrition is good, the additional strain of an imperfect valvular apparatus will lead to corresponding efforts on the part of the muscle. By increasing the strain the conservative process is probably rendered more likely to cease and to be followed by dilatation. Moreover, we constantly see our patients practising Oertel's system without knowing it. It is but few who either can or will resign themselves to an inactive life with a damaged heart. They walk up hill, they lift burdens, they go quickly upstairs, and the result is in the majority of cases injurious. That patients with disease of the heart should be encouraged to take that useful place in the world which remains for many a man who is halt or maimed is most true, but their work must be mental rather than bodily, and less, not more, than that of sound men. If they will be content to work half time and half speed they may accomplish a lengthy journey, but to urge them beyond their powers is but another instance of *nimia diligentia medicina*.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

ON THE TREATMENT OF CHRONIC ENDOMETRITIS BY THE INTRAUTERINE APPLICATION OF BORIC ACID.

HAVING obtained the most decided benefit in the treatment of cases of vaginal leucorrhoea and erosion of the os and cervix uteri, both acute and chronic, by vaginal application of boric acid, and having also observed the rapidity with which the healing process is effected by the same treatment in cases of division of the cervix for stenosis, I not long since designed a convenient form of insufflator for the purpose. Thinking I could go a step farther and apply the acid to the endometrium itself, I found that by means of a slightly curved vulcanite tube something larger than a No. 12 catheter with tightly fitting rod or piston of the same material I could safely do so.

The tube spoken of is charged for about two inches from its point by drawing back the piston and plunging the tube downwards into powdered boric acid contained in some deep receptacle, such as a wide-mouthed bottle. The point of tube being then inserted into the uterus, having been previously cleansed with my wire curette which holds the secretion during removal, the piston is pushed home, and a stick of compressed boric acid is deposited in the uterus, the patulous condition of the os and cervix existing in these cases facilitating the introduction of the tube. By this simple means I have succeeded in curing quite a number of cases of this troublesome and intractable complaint, some of which had previously, both in my own practice and that of others, resisted the usual routine—caustic treatment. I also thoroughly dust over the vaginal walls with the powder at the same time.

Judging by my own experience I should say that if this treatment be adopted (as described), the most chronic cases of endometritis should yield to a dozen such applications at most, at intervals of three or four days. It is now some years since Dr. Redmond, surgeon to the eye and ear cases in St. Vincent's Hospital, Dublin, having found the value of boric acid in cases of sup-

uration from the ear, was kind enough to suggest to me its suitability as a treatment in these cases. And it was while making trial of his valuable suggestion that I read a paper by Dr. Schwartz, of Halle, on the value of boric acid as a vaginal application in cases of leucorrhoea, which considerably strengthened the ideas I had then formed as to its use.

The facility with which the powder can be deposited on the cervix, os, and vaginal walls by my insufflator, either with or without the speculum, saves a good deal of time and trouble. And this plan of treatment will be found on trial much more popular with both patient and doctor than glycerine tampons or other moist or greasy applications.

The boric acid, beside acting as an antiseptic astringent and deodorizer, has also evidently some affinity for water, though not to so marked a degree as glycerine, so that it will also act as a depletant. And it will be only fair, when it has been freely applied, to notify this peculiarity of the powder to the patient.

I have now given the treatment described a fair trial and have found it most effective, even in more than three inveterate cases where the discharge had lasted for years and where the patient had found it necessary to constantly wear a diaper or sanitary towel.

ALEXANDER DUKE, F.R.C.P.I., etc.,
Ex-Assistant Master Rotunda Hospital,
Gynaecologist Stevens's Hospital.

Dublin.

BULLOUS ERUPTION: DIPHTHERIAL INFECTION.

A CHILD was brought to me with a small bulla in the middle line of the neck, just beneath the chin. Although the appearance was strange to me, I paid but little attention to it at the time; but a day or two afterwards I again saw the child, and found that the bulla had ruptured, leaving a gray ulcerated surface, which was rapidly spreading, while the general health was manifestly affected. I then learnt that the child had been in contact with some other children suffering from diphtheria, and on examining the throat, of which no complaint had hitherto been made, I found a small patch on one of the tonsils. This never spread, but the lesion on the neck gradually got as large as a florin, and it was only by the application of a strong solution of nitrate of silver that the destructive process was checked.

There was no affection of any other part of the body, whether mucous or cutaneous, and the child eventually made a good recovery, though the cicatrix of the ulcer is to this day plainly visible.

J. CROSS, M.D. Cantab.

3, Gloucester Road, Regent's Park, N.W.

IS CONCUSSION OF THE LUNGS A CAUSE OF PNEUMONIA? DURING the last six months two cases have been admitted here which raised the above question, asked in the BRITISH MEDICAL JOURNAL of November 8th by Dr. Fitzgerald Isdell. Both patients were under the care of Dr. Bradbury.

A. F., aged 11 years, was forcibly struck on the left side of the chest with the head of a hatchet. He was perfectly well before the assault, but after crawling home went straight to bed, and in about four hours began to have cough and difficulty in breathing. The sputum became bloodstained, and he was found two days later to have the physical signs of pleuro-pneumonia of the lower lobes of both lungs, most intense on the left side, where an empyema formed, that was a month later spat up. On admission his temperature was 102°, pulse 112, respirations 54.

F. D., aged 22, severely strained his right side by trying suddenly to prevent the fall of a sack of malt. An hour previously he had eaten a hearty meal, and but for a slight cough and cold of two months' duration, felt perfectly well. Immediately after the accident he had great pain on breathing. Six hours afterwards his temperature was 102°, but the breathing, though painful, was not rapid.

Next day the patient was made miserable by headache and persistent dry irritable cough, which towards evening became accompanied by rusty expectoration. Temperature 102°, respirations 28, pulse 116.

On the third day he had the typical aspect of pneumonia—herpes on the lips, flushed, dusky face, *alae nasi* working; respirations 48; pulse 120. Now for the first time were discovered the physical signs of pneumonia at the right base, soon extending to the left side. On the ninth day from the accident he died, and at the necropsy pretty well the whole of both lungs were in the condition of "red hepatization," the part corresponding to the seat of injury showing nothing peculiar.

It was remarkable about this case that, in spite of increasing dyspnoea, he would never allow himself to be propped up in bed, but always lay curled up, the picture of misery; one could not help partly attributing his death to his utter loss of "pluck."

In neither case was there any rigor, which I remember was also absent in a case attributed by the late Dr. Wilson Fox to injury of the chest.

FREDK. W. BURTON, M.B., House-Physician,
Addenbrooke's Hospital, Cambridge.

FRACTURE OF THE HUMERUS BY MUSCULAR ACTION.

THOSE interested in the above fracture may care to know that a case similar to that reported by Mr. Climson Greenwood in the *BRITISH MEDICAL JOURNAL* of November 22nd was reported by me to the Medical and Physical Society of Bombay in August, 1871, and was published in their volume of *Transactions* for that year.

In my case the fracture occurred while pulling hard at the bridle of a runaway horse which the patient was riding at the time.

H. DE TATHAM, Surgeon-Major (Retired), Bombay Army.

COEXISTENCE OF MEASLES AND SCARLATINA.

In my practice I have met with a similar case to that of Dr. Moore, of Falmouth. I was called in to see a child, E. M., aged 4 years, on October 20th. He had been complaining for two days. I found the usual symptoms of scarlatina; sore throat, temperature 103°, strawberry tongue, and well developed scarlatina rash. I had the child removed on October 21st to the Infectious Diseases Hospital, of which I have charge. On October 24th a sister of the above child, named S. E. M., aged 13 years, sickened. I was called in and found her in the same condition. In both cases the rash was well developed. This child was removed to the hospital. The first child lost the rash on October 26th, but I noticed he was not well. Symptoms of coryza developed, with a great amount of sneezing and slight cough. I ordered a hot bath and other remedies, and the following day the child had a well developed rash of measles all over the body. No other cases of measles having been in the hospital before, and the child being in a ward with ten other children, I ordered it to be isolated in a separate ward, and so far no other cases have appeared. The child, although only 4 years of age, had been attending an elementary school, where, upon inquiry, I found that 100 children out of 270 were detained at home in consequence of both measles and scarlatina. I believe that the seeds of the latter complaint must have been in the system of the child at the time that it developed scarlatina. Seeing that the period of incubation of measles is fourteen days and scarlatina two or three days, this would give the time exactly,

Hanley.

C. H. PHILLIPS, M.R.C.S. and L.S.A.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 12TH, 1890.

CHRISTOPHER HEATH, F.R.C.S., President, in the Chair.

Living Specimen: Case of Lupus of the Mouth and Face treated by Koch's Remedy for Tuberculosis.—Dr. PRINGLE and Mr. MALCOLM MORRIS exhibited this patient, who had been treated at Berlin. The ulceration of the skin had cicatrised over, and the roof of the mouth had been vastly benefited. A full description of this case will be published in an early number of the *BRITISH MEDICAL JOURNAL*.

Hydatid of Lung: Death after Exploratory Puncture.—Dr. BRISTOWE described this case. The patient was a lad, aged 9, who was admitted into St. Thomas's Hospital under his care on October 7th. He seemed to have enjoyed good health until a fortnight previously, when he was attacked with pain in the left side of the chest, and cough. On admission the movement of the chest on the left side was seen to be imperfect; there was dullness on percussion below and hyperresonance above. The heart was manifestly displaced to the right. The urine was free from sugar and albumen; the temperature normal; the pulse 92; appetite fair. He examined the patient more closely on the 10th, when the right side, just below the nipple, measured 12 inches in circumference, whereas the left was only 11½. He concluded that it was a case of pleurisy with effusion, in which the fluid had undergone reabsorp-

tion, not followed by re-expansion of the condensed lung. This, however, did not explain the displacement of the heart to the right, and this phenomenon puzzled him a good deal, for the possibility of an intrapulmonary hydatid did not occur to him. He kept the patient under observation, but the symptoms and general condition remained unchanged, except that further measurement showed an increase in circumference on the left side of about an inch. Moreover, he was struck by the fact (on the 21st) that, although the area of dullness had not increased upwards, it then extended down to the actual base of the chest. He decided to aspirate, and at 4 P.M. the largest aspirating needle was used immediately below the angle of the left scapula to a depth of about 1½ inch. A clear fluid at once began to come away, but, on connecting it with the bottle and turning the stopcock, no fluid entered the bottle. Some clear frothy fluid, however, came from the boy's mouth, and in a few seconds three or four ounces had been collected without coughing. He became cyanosed and very distressed. The cannula was withdrawn and the puncture covered with collodion. Hastily performed percussion showed that the left side of the chest was then resonant. The trocar was then introduced into the left anterior axillary line. Air escaped, but no fluid. Breathing became laboured, and, in spite of artificial respiration, death ensued seven minutes after the first puncture. *Post mortem* they found the lower lobe of the left lung firmly adherent over an area of four square inches, and the pleural cavity contained a few ounces of blood-stained fluid, and there was evidence of the presence of a cyst in the lung, and this turned out to be a hydatid, in which was a rent of some size opening into the left bronchus. A similar but smaller solitary hydatid was also found in the right lobe of the liver. He insisted that in such cases the proper treatment was not aspiration, but a free opening, possibly with excision of part of a rib.—Dr. T. D. ACLAND had had a similar case, but his patient, though he nearly died, had recovered. His symptoms much resembled those produced by fluid in the pleura, except that there was great resonance of the lower part of the lung over the hydatid cyst. Being tapped, he expectorated within ten minutes afterwards a pint of hydatid fluid, and within a fortnight as much as fifteen pints, and then both lungs seemed simply watery bags. He, however, eventually recovered. He thought it not desirable to undertake a big operation except on the clearest evidence of the nature of the cyst.—Dr. F. C. WALLIS, who had held four years ago an appointment at a Sydney Hospital, said that Dr. Jenkins, the medical officer, had one day asked him to assist at the puncture of a case supposed to be hydatid of the lung. It was aspirated, and about a pint and a half of fluid was slowly drawn off with a fine trocar, when the patient suddenly fell forward dead. It was subsequently found that the cyst had ruptured into a bronchus, and flooded the respiratory tract.—Dr. S. PHILLIPS had seen a similar case, and had collected records of 138 cases, which had all been cured or had died; 13 of them had been operated upon, of which 9 had recovered and 4 had died. None of these four seemed, however, to have died from the operation itself; a few, in fact, had died after an apparent recovery. Thus, aspiration seemed to be able to be done without great danger, whilst almost all the cases of the 138 left to themselves without operation had died. His own patient, after the operation, had coughed up bits of hydatid membrane, together with casts of the bronchial tubes.—The PRESIDENT had never been called upon to operate in such a case, but Mr. FitzGerald, of Melbourne, who had had great experience in these operations, always used a larger trocar and cannula, and brought away fluid and hydatid membrane through the instrument.—Dr. BRISTOWE said, in reply, that it made a great difference if one was dealing with a living or with a suppurating hydatid. In Dr. Thomas's cases 3 out of 15 had died suddenly, as had his (the speaker's) patient; and of the others several had nearly died. He thought, therefore, that there was considerable danger attending the aspiration of hydatid cysts situated in the lung.

Double Empyema Treated by Drainage: Recovery.—Dr. SIDNEY COUPLAND and Mr. PEARCE GOULD, M.S., presented this case, the report of which was read by the latter. The patient was a girl, aged 7, who was admitted to Middlesex Hospital on April 28th, 1889, suffering from double empyema. Her illness commenced abruptly on November 7th, 1888, with severe symptoms suggestive of double pneumonia. The presence of fluid was first ascertained on December 18th, when Mr. Gould removed more than a pint of pus from the left chest by aspiration. Eight days later he aspirated both sides, removing about a pint from the right chest, and

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the College was held on Tuesday, December 16th, 1890, Sir ANDREW CLARK, Bart., F.R.S., President, in the chair.

A report of the Committee of Management was submitted, containing the following recommendations, which were received and adopted, on the motion of Dr. NORMAN MOORE, seconded by Dr. RUSSELL REYNOLDS:—

"1. That every candidate who fails to pass the examination in elementary anatomy and physiology, or the examination in elementary anatomy or elementary physiology, as the case may be, shall be required, before admission to re-examination, to produce a certificate of having received instruction in the subject or subjects in which he has been referred, during a period of not less than three months subsequently to the date of his reference. 2. That it is desirable that all certificates of attendance in the schedules for the several examinations of the Conjoint Board should contain the words 'to the satisfaction of the lecturer or teacher' in each subject."

Another report from the Committee of Management relating to the Public Health Diploma was received and adopted, including the following

REGULATIONS FOR OBTAINING THE DIPLOMA IN PUBLIC HEALTH.

SECTION I.—EXAMINATION.

- I.—Candidates must be registered under the Medical Act.
- II.—The examination, consisting of two parts, will be held in the months of January and July in each year.
- III.—Candidates must pass Part I before being admitted to Part II.
- IV.—Candidates may enter for Parts I and II separately, or at the same time, but no candidate's name will be published until he has passed in both parts of the examination.
- V.—The examination in each part will be written, oral, and practical.¹
- VI.—The fee for each part is £5 5s., and must be paid three days prior to the day on which the examination commences.
- VII.—A candidate who fails to satisfy the examiners in either part may present himself again at the next examination on payment of a fee of £3 3s.
- VIII.—The diploma awarded is entitled "Diploma in Public Health of the Royal College of Physicians of London and the Royal College of Surgeons of England."
- IX.—A candidate intending to present himself for either part of the examination must give fourteen days' notice in writing to the Secretary, at the Examination Hall, Victoria Embankment, W.C.

SECTION II.—CONDITIONS OF ADMISSION TO EXAMINATION.

A. For Candidates Registered under the Medical Act on or before January 1st, 1891.

A candidate registered under the Medical Act on or before January 1st, 1891, will be admissible to Part I of the examination on producing evidence of being at least 23 years of age, and to Part II on producing evidence of being at least 24 years of age.

B. For Candidates Registered under the Medical Act after January 1st, 1891.

A candidate will be admissible to examination in Part I on producing evidence:

1. Of having been in possession of a registrable qualification in medicine, surgery, and midwifery for at least twelve months.
2. Of having attended, after obtaining such registrable qualification, practical instruction in a laboratory recognised by the Examining Board in England, during a period of six months.
3. Of being at least 23 years of age.

A candidate will be admitted to Part II of the examination on producing evidence:

- Of being at least 24 years of age.

The following recommendations determining what institutions shall be recognised, and on what terms, as giving adequate instruction

¹ The practical examination in Part II may include a visit to, and report on, some selected premises.

tion for the purposes of the Public Health Diploma, were also adopted:—

1. That an institution, applying to be recognised by the two Colleges as fulfilling the conditions of the regulations in regard to the course of practical instruction in a laboratory, be required to include in the instruction given in such institution, the various subjects of the synopsis.
2. That the lecturer or lecturers be required to furnish a return on the completion of the first course, showing that during the meetings of the class, instruction has been given on all the subjects embodied in the synopsis.
3. That the recognition of an institution be conditional on the Committee of Management being satisfied, from the returns furnished on the completion of the first course, that the requirements of the two Colleges have been fulfilled.
4. That all applications to the Colleges for recognition of such institutions be referred to the Committee of Management for consideration and report.

SYNOPSIS OF THE COURSE OF LABORATORY INSTRUCTION.

I. PHYSICS.

Gases: examination of their physical properties; their weight and bulk under varying alterations of pressure and temperature, and the movements thereby set up; diffusion, with especial reference to warming and ventilation.

Anemometers and their use.

Liquids: their physical properties; their pressure and flow through tubes and conduits; their action on gases.

Meteorological instruments; their construction and use. Barometers; thermometers; hygrometers; rain gauges.

II. CHEMISTRY.

The analyses of water for drinking purposes, including the qualitative and quantitative estimation of total solids (lime, magnesia, chlorides, sulphates, nitrates and nitrites, ammonia and lead), and loss on ignition of solids; determinations of hardness, of organic impurities, and of acidity and alkalinity.

Chemical methods of treating sewage.

The examination of air for the detection of polluting gases.

Simple methods of eudiometry.

Estimation of the quantity of carbon dioxide in air.

III. MICROSCOPY.

The recognition of the constituents of food, such as starches and muscular fibre.

The recognition of the chief fibres of clothing, such as wool, cotton, and silk. The recognition of constituents of ordinary dust, and deposits from water.

IV. BACTERIOLOGY, including the cultivation and recognition of micro-organisms.

V. PARASITES AND OTHER ORGANISMS, INFESTING FOOD-STUFFS OR THE HUMAN BODY.

SYLLABUS FOR THE EXAMINATION.

PART I.

1. Physics in their application to health; with reference to—

(a) Warming and Ventilation.

(b) Water Supply, Sewerage, and Drainage.

(c) Sanitary Construction.

2. Meteorology, in relation to Health.

3. Chemistry, with special reference to Food, Air, Soil, and Water.

4. Microscopical Examinations, as applied to Air, Food, and Water.

5. Geology and Soil, in their relation to Drainage and Water Supply.

PART II.

1. The origin, development, and prevention of Disease; with reference to—

(a) Special Pathology of Epidemic and Endemic diseases; including the natural history of the Specific Organisms of diseases.

(b) Influence of Climate, Season, and Soil.

(c) Effects of unwholesome Air, Water, and Diet.

(d) Diseases of Animals in relation to the Health of Man.

(e) Influence of Occupation and Lodgment.

(f) Isolation, Quarantine, Disinfection, Vaccination.

2. Sanitary Work and Administration; with reference to—

(a) Health requirements of Houses, Villages, and Towns.

(b) The Sanitary regulations of Households, Establishments, and Occupations, including the construction and arrangement of Hospitals.

(c) The prevention and control of Epidemic and Endemic Diseases.

3. Statistics in relation to Health.

4. Statutes, Orders, and By-laws relating to Public Health.

5. Duties of Sanitary Authorities and their officers.

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 law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

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

FRANCIS FOWKE, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

DUBLIN BRANCH.—The fourteenth annual meeting of this Branch will be held (by permission of the President and Fellows) in the Royal College of Physicians, Killare Street, Dublin, on Thursday, January 22nd, 1891, at 4.30 P.M. The annual dinner will also take place on that evening, at the College.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.—An ordinary general meeting of this Branch will be held at 198, Union Street, Aberdeen, on Wednesday, December 17th, at 8 P.M. Business:—1. Minutes, nominations of new members, etc. 2. Ballot for the admission of Dr. Angus (Almhill House), and Dr. John Gregory (Old Aberdeen), as members of the Branch. 3. Dr. Hutcheon (Aberdeen): Case of Impending Suffocation from Compression of Trachea by Cervical Abscess, relieved by operation, with exhibition of patient. 4. Dr. Mavor (Buxburn): Case of Thoracic Aneurysm, with exhibition of patient. 5. Dr. Mackenzie Booth: Exhibition of patients: (1) Fractured Cartilage, and patient from whose knee it was removed; (2) Syphilitic Perforation of Palate cured by Plastic Operation. 6. Dr. Mavor: Exhibition of Specimen of Intestinal Concretion. 7. Professor Ogston (convener of Parliamentary Bills Committee): Report of Council anent the Midwives Registration Bill.

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

The Hospital Reform Inquiry.—Rebuilding of General Hospital.

A MEETING of the Committee on Hospital Reform was held on December 10th, at which the Reverend Joseph Wood, formerly a member of committee of the Leicester Infirmary and of the Leicester Provident Dispensary, gave evidence. He stated that out of a population at Leicester of 150,000, 35,000 belonged to the provident dispensary, whilst the attendance of out-patients at hospital was only 1 in 12 of the population. This small proportion he attributed to the existence of provident dispensaries. The payment was one penny a week for each member of a family over 14 years of age, and one penny to include all the children under this age. The subscriptions amounted to £5,500, and the income provided for a central and seven branch dispensaries, and the payment of twenty doctors. The patient had the privilege of choosing his own doctor, and the payments to the medical men varied, according to their popularity, from £500 to £30 a year. The members were servants, and working people and their wives and children, who, in the opinion of the board, were unable to pay for medical attendance in the ordinary way, but the members had no voice in the government of the dispensary. In 1878, and again recently, the medical men complained of the dispensary being abused, but, on inquiry, the cases of abuse appeared to be very few. Mr. Wood then described a scheme by which he thought the present overcrowding at the Birmingham hospitals might be prevented. Mr. George Franklin, surgeon, of Leicester, stated that, from 1875 to 1880, he was connected with the dispensary there. In theory he entirely approved of the system, but, practically, there were many defects in it. If a doctor did his work conscientiously and thoroughly the work grew upon him until it was impossible for him to attend to it properly except with the aid of an assistant; and another cause of complaint was that there were many people in the dispensary whose means were sufficient to enable them to pay for medical attendance in the ordinary way. The medical men complained also of the large amount—1s. 9d. out of 5s.—consumed in management expenses, and so many of them preferred to run dispensaries of their own. He believed that a

dispensary could be successful if the payment were 1½d. a week, or even 2d., instead of 1d., and he saw no reason why any medical man, who was willing, might not place his name on the dispensary list instead of there being a limited number of medical officers. Mr. Hodges, secretary to the General Provident and Benevolent Institution, also gave evidence. He said the members of that institution paid for medical attendance 4s. per annum for an adult, this being the result of the members' own subscriptions; and the amount paid to the doctors ranged from £60 to £100 per annum. It was his impression that but for the hospitals the membership would be much larger. The Society had found no difficulty in securing competent medical men.

The project of rebuilding the General Hospital is being heartily supported. £40,000 has been promised without any appeal to the public, and as this is more than half the sum required (in addition to Miss Ryland's legacy) the success of the scheme is assured.

NEWCASTLE - UPON - TYNE.

The Clinical Society.—College of Medicine.—Hospital for Incurables.

THE annual banquet of the Clinical Society has just been held and, as usual, was a great success. Dr. Smith, the President of the Society, was in the chair, and amongst the guests were the Mayor of Newcastle, the President of the North of England Branch of the Association, and the President of the Sunderland Medical Society. Various toasts, including those of "The Clinical Society," "Kindred Societies," "The Infirmary and College of Medicine," were given, and a very pleasant evening was spent. At the November meeting of the Society, Dr. Drummond delivered a short address on Some Practical Points in Physical Diagnosis, which gave rise to some discussion. Mr. Ridley showed an interesting case of Cure of a Subclavian Aneurysm by Sloughing of the Sac. The case was one of some duration, and the pressure of the aneurysm had caused erosion and fracture of the clavicle. The right arm was now absolutely useless from paralysis, the brachial plexus having been involved in the sloughing mass. Pulsation in the arteries of the arm and forearm was present but feeble. The patient was shown at a meeting of the Northumberland and Durham Medical Society some time ago, before the aneurysm had attained a very large size. Professor Annandale, who was present at this meeting and saw the case advised as treatment amputation at the shoulder joint. As matters have gone this would probably have been followed by a satisfactory result; at present the man has an absolutely useless appendage in his paralysed limb.

At the College of Medicine the classes are now in thorough working order, and the attendances and number of students is above the average. Mr. Santi, F.R.C.S., late demonstrator of Anatomy at St. Bartholomew's has been appointed assistant to the Professor of Anatomy.

The Corporation are about to increase the accommodation at the Hospital for Incurables by building several new wards. The plans are being prepared by Mr. Ed. Shewbrooks, a local architect, who has devoted much time and study to hospital construction. A brief description of the building will probably be given at an early date.

CORRESPONDENCE.

THE TREATMENT OF UTERINE MYOMA.

SIR,—Mr. Tait concluded his letter last week, with the remark, "I shall leave all wrangling behind me with infinite satisfaction." He, and he alone is responsible for the so-called wrangling. He went out of his way to attack the method I adopted of recording cases of uterine tumours, treated by electricity, and when I called upon him to substantiate his assertions, they were so unfounded that he has not attempted to do so. Mr. Tait is fond of making assertions; apparently, he thinks they must be true because he makes them, or he repeats them till he believes them himself.

In rebutting his statements, I pointed out, that his own published statistics were unreliable; they had remained unchallenged too long. I, however, gave proof. I showed that a table of ovariectomy contained cases (recoveries) which were also recorded as cases (recoveries) of removal of the uterine appendages. Mr. Tait has admitted the correction. This I call manipulation. I showed that his tables were arranged to suit his statistics. He

fee, to appeal to the guardians of their unions for increase to one guinea, if possible. This fee is already paid in some unions.

. This letter once more raises the question as to the proper fee for this duty. We have on several occasions expressed our opinion that not less than one guinea should ever be paid for certifying cases sent to an asylum, and that half a guinea should be the minimum fee for certifying as to fitness to remain in a workhouse. We are sorry to hear that so low a fee as 5s. should, as Dr. Coombs states, ever be paid for either of such certificates; but, in reference to the former, the appeal, if necessary, for a proper fee ought to be made to the magistrate who sits in the case, who is empowered by law to order reasonable remuneration for the medical certification, and this, no doubt, enables him to fix the amount of the fee. When the magistrate has done so the guardians have no grounds on which to dispute payment, and if there is any difficulty in procuring the order on the guardians directing them to pay the fee, we recommend the certifying medical man to call the attention of the magistrate to Section 25, Subsection 1, of the Lunacy Amendment Act, 1889, which gives him full authority to make the necessary order. We believe that many magistrates do not quite understand their position in these cases, and certainly some are unaware that the Legislature has entrusted them with the power to ensure justice being done to the medical practitioner who undertakes the serious responsibility of certifying to the lunacy of patients.

FEE FOR WORKHOUSE MIDWIFERY.

WORKHOUSE MEDICAL OFFICER writes to know if he is entitled to the higher fee—namely, £2—for attending a case of great difficulty in the workhouse.

. It is only for cases in the district that the Poor-law medical officers are entitled to this special fee, unless they have secured a right to a fee of that amount by contract with the guardians.

HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, December 13th, 5,316 births and 3,966 deaths were registered in twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons. The annual rate of mortality in these towns, which had been 19.0 and 21.5 per 1,000 in the preceding two weeks, declined again to 21.3 during the week under notice. The rates in the several towns ranged from 12.9 in Cardiff, 15.6 in Hull, 16.2 in Leicester, and 16.5 in Derby to 26.7 in Halifax, 27.2 in Manchester, 27.0 in Sheffield, and 33.2 in Preston. In the twenty-seven provincial towns the mean death-rate was equal to 21.5 per 1,000, and exceeded by 0.4 the rate recorded in London, which was 21.1 per 1,000. The 3,966 deaths registered during the week under notice in the twenty-eight towns included 483 which were referred to the principal zymotic diseases, against 427 and 472 in the preceding two weeks; of these, 213 resulted from measles, 70 from scarlet fever, 65 from diphtheria, 57 from whooping-cough, 41 from diarrhoea, 37 from "fever" (principally enteric), and not one from small-pox. These 483 deaths were equal to an annual rate of 2.6 per 1,000; in London the zymotic rate was 2.6, and corresponded with the mean rate in the twenty-seven provincial towns, among which the zymotic death-rate ranged from 0.0 in Plymouth and in Derby, 0.3 in Newcastle-upon-Tyne, and 0.4 in Blackburn to 5.1 in Halifax, 7.9 in Birkenhead, 8.1 in Bolton, and 8.4 in Preston. Measles showed the highest proportional fatality in Leicester, Oldham, Sheffield, Manchester, Preston, Bolton, and Birkenhead; scarlet fever in Bolton, Liverpool, and Halifax; whooping-cough in Preston, Sunderland and Norwich; and "fever" in Huddersfield. Of the 65 fatal cases of diphtheria recorded during the week under notice in the twenty-eight towns 45 occurred in London, 5 in Leeds, 3 in Liverpool, and 3 in Portsmouth. No death from small-pox was registered during the week, either in London or in any of the twenty-seven provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals on Saturday, December 13th. These hospitals contained 1,741 scarlet fever patients on the same date, against numbers declining from 2,024 to 1,833 at the end of the preceding four weeks; 123 new cases were admitted during the week, against 132 and 139 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 5.7 per 1,000, and was slightly below the average.

HEALTH OF SCOTCH TOWNS.

In eight of the principal Scotch towns, 222 births and 519 deaths were registered during the week ending Saturday, December 13th. The annual rate of mortality in these towns, which had been 20.7 and 22.1 per 1,000 in the preceding two weeks, declined again to 20.1 during the week under notice, and was 1.2 per 1,000 below the mean rate during the same period in the large English towns. Among these Scotch towns the lowest death-rates were recorded in Leith and Greenock, and the highest in Paisley and Perth. The 519 deaths registered in these towns during the week included 46 which were referred to the principal zymotic diseases, equal to an annual rate of 1.6 per 1,000, which was 0.8 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Paisley and Perth. The 229 deaths registered in Glasgow included 13 from whooping-cough, 7 from measles, and 3 from diphtheria; and 3 fatal cases of diphtheria were recorded in Paisley. The death-rate from diseases of the respiratory organs in these towns was equal to 5.3 per 1,000, against 5.7 in London.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, December 8th, the deaths registered in the sixteen principal town-districts of Ireland were equal to an annual rate of 25.6 per 1,000. The lowest rates were recorded in Dundalk and Kilkenny, and the highest in Wexford and Lurgan. The death-rate from the principal zymotic diseases averaged 2.1 per 1,000. The 201 deaths registered in Dublin were equal to an annual rate of 29.7 per 1,000 (against 23.2 and 24.4 in the preceding two weeks), the rate for the same period being 20.4 in London and 18.3 in Edinburgh. These 201 deaths in Dublin included 11 which were referred to

the principal zymotic diseases (equal to an annual rate of 1.6 per 1,000), of which 4 resulted from different forms of "fever," 4 from whooping-cough, and 3 from diarrhoea.

UNIVERSITIES AND COLLEGES.

CAMBRIDGE.

SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

—Part I. Pharmaceutical Chemistry:—

Allan, Cal.; Bagshawe, Cal.; Bolus, Jesus; Clarke, A. V., Cal.; Cooper, C. E., Cal.; Cooper, Emman.; Cornaby; Cowan, King's; Cuff, Joh.; Davies; Duckworth, Jesus; Garrad, Clare; Gordon, King's; Haig, Joh.; Hayward, Cal.; Hill, A., Joh.; Hobday, Christ's; Irving, Cal.; Kent, Trin.; Kingsford, R. L., Joh.; Lewis, F. H., Joh.; Mathew, G. P., Trin. H.; Maxwell, Corpus; May, Clare; May, H. J., Cal.; Michael, H. Selw.; Milsome, Trin.; Pead, Down; Reece, Down; Smith, W. A. L., Trin.; Thomas, Christ's; Thorman, Cal.; Tod, Trin.; Troncher, Jesus; Twigg, Christ's; Tyson, Cal.; Vinter, C. H. C., Cal.; Waldon, Joh.; White, Sid.; Wicks, Cal.; Wingfield, Cal.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

—Part I. Surgery and Midwifery:—

Abram, Cal.; Addison, Cal.; Anderson, Cal.; Bindloss, Joh.; Calthrop, G., Cal.; Carling, Joh.; Carling, Cal.; Crosby, Cal.; Crump, Emman.; Dorman, Clare; Dumbleton, Pet.; Eccles, Down; Felce, Jesus; Fisher, Cal.; Fisher, H. Cav.; Fooks, Jesus; Godson, A. H., Joh.; Gornall, Cath.; Hawker, W., Trin. H.; Haydon, Cal.; Horne, Clare; Hulbert, Trin.; Kellock, Emman.; Latter, Pemb.; Langdon-Down, R., Trin.; Lewis, S., Joh.; Pridham, Cal.; Roberts, H. Cav.; Rowland, Cal.; Samways, Joh.; Savory, H. Cav.; Shaw, Jesus; Surridge, Cal.; Thompson, A. H., Trin.; Turner, Trin.; Wilkinson, G. (jun.), Emman.; Wood, Christ's; Wrench, H. Cav.

UNIVERSITY OF LONDON.

M.D. EXAMINATION, 1890.—Medicine:

H. C. Bristowe, St. Thomas's Hospital; W. H. B. Brook, B.Sc., St. Bartholomew's Hospital; H. J. Campbell, Guy's Hospital; H. E. L. Canney, University College; G. A. Carpenter, Guy's Hospital; P. J. Duncan, Charing Cross Hospital; F. Edge, B.Sc., B.Sc., Owens College and Manchester Royal Infirmary; *W. S. Fenwick, B.Sc., London Hospital and Strassburg and Berlin; E. B. Hastings, University College; J. A. Hayward, St. Bartholomew's Hospital; W. L. Heath, B.Sc., St. Bartholomew's Hospital; J. S. Hicks, London Hospital; R. Honeyburne, Royal Infirmary, Liverpool, and University College; W. H. Kelson, London Hospital; C. A. Kent, B.Sc., University College; G. H. Lang, University College and Manchester Royal Infirmary; L. W. D. Mair, St. Bartholomew's Hospital; W. P. May, B.Sc. (Gold Medal), University College; G. H. Melson, Queen's College, Birmingham; E. Moss, B.Sc., Guy's Hospital; A. Parkin, M.S., Guy's Hospital; B. Pierce, St. Bartholomew's Hospital; J. E. Platt, Owens College and Manchester Royal Infirmary; E. B. Randall, University College; C. Read, University College; J. L. Roberts, B.A., B.Sc., Guy's Hospital; T. W. Smith, Guy's Hospital; *R. H. Starling, B.Sc., Guy's Hospital; G. W. Sutherland, B.A., Syd., University College; J. Wheatley, B.Sc., King's College; H. Williams, St. Bartholomew's Hospital; W. A. Wills, Westminster Hospital; F. R. Blaxall, University College.

* Obtained the number of marks qualifying for the Gold Medal.

M.S. EXAMINATION.—Pass List.

R. D. Mothersole, Guy's Hospital; H. B. Robinson, M.D., St. Thomas's Hospital; J. Swain, M.D., Westminster Hospital; A. H. Tubby, Guy's Hospital.

M.B. EXAMINATION.—Examination for Honours. Medicine.

First Class.—T. L. Pennell, B.Sc. (Scholarship and Gold Medal), University College; J. H. Bryant (Gold Medal), Guy's Hospital; P. C. Evans, University of Edinburgh and Guy's Hospital; F. C. Abbott, B.Sc., St. Thomas's Hospital; Alice McLaren, London School of Medicine for Women; F. Grange, Charing Cross Hospital; H. J. Waring, B.Sc., St. Bartholomew's Hospital.

Second Class.—Annette M. Benson, B.Sc., London School of Medicine for Women; J. H. Sequeira, London Hospital; S. H. Snell, University College; A. W. W. Lea, Owens College and Manchester Royal Infirmary; R. C. Bailey, St. Bartholomew's Hospital; C. J. Martin, B.Sc., St. Thomas's Hospital; H. Tilley, University College.

Third Class.—H. G. G. Cook, St. Bartholomew's Hospital; J. S. Richards, Guy's Hospital.

Obstetric Medicine.

First Class.—A. W. W. Lea (Scholarship and Gold Medal), Owens College and Manchester Royal Infirmary; F. C. Abbott (Gold Medal), St. Thomas's Hospital; *J. S. McGowan, B.Sc., Owens College and Manchester Royal Infirmary; P. C. Evans, University of Edinburgh and Guy's Hospital.

Second Class.—J. S. Richards, Guy's Hospital; J. Moore, St. Bartholomew's Hospital; F. W. Hall, Guy's Hospital; W. McA. Eccles, St. Bartholomew's Hospital; S. H. Snell, University College; E. V. Hugo, St. Bartholomew's Hospital; J. D. E. Mortimer, St. Bartholomew's and Westminster Hospitals; J. Robertson, Guy's Hospital; J. H. Sequeira, London Hospital; D. Brown, B.Sc., London Hospital.

Third Class.—L. Williams, University College; J. Fawcett, Guy's Hospital; R. H. Elliott, St. Bartholomew's Hospital; H. Tilley, University College.

Forensic Medicine.

First Class.—A. W. W. Lea (Scholarship and Gold Medal), Owens College and Manchester Royal Infirmary; J. T. L. Pennell (Gold Medal), University College; *F. C. Abbott, St. Thomas's Hospital; F. Grange, Charing Cross Hospital; C. J. Martin, St. Thomas's Hospital; J. H. Bryant, Guy's Hospital; J. S. McGowan, Owens College and Manchester Royal Infirmary.

Second Class.—W. McA. Eccles, St. Bartholomew's Hospital; H. J. Waring, St. Bartholomew's Hospital; H. G. G. Cook, St. Bartholomew's Hospital; R. T. Hewlett, King's College.

Third Class.—R. H. Elliott, St. Bartholomew's Hospital; T. G. Stevens, Guy's Hospital; L. Williams, University College; P. C. Evans, University of Edinburgh and Guy's Hospital; E. V. Hugo, St. Bartholomew's Hospital; Ethel N. Tribe, London School of Medicine for Women.

* Obtained the number of marks qualifying for a Gold Medal.

† Obtained the number of marks qualifying for the University Scholarship.

B.S. Examination. Pass List.

First Division.—F. C. Abbott, B.Sc., St. Thomas's Hospital; H. W. C. Austen, St. Bartholomew's Hospital; R. C. Bailey, St. Bartholomew's Hospital; J. O. W. Barratt, B.Sc., University College; T. J. Dyall, St. Bartholomew's Hospital; W. H. Evans, M.D., B.Sc., University College; F. W. Hall, Guy's Hospital; E. V. Hugo, St. Bartholomew's Hospital; A. W. W. Lea, Owens College and Manchester Royal Infirmary; A. E. Norburn, Guy's Hospital; J. S. Richards, Guy's Hospital; L. Williams, University College.

Second Division.—J. H. Bryant, Guy's Hospital; E. M. Farrer, London School of Medicine and Royal Free Hospital; J. Fawcett, Guy's Hospital; F. Fawcett, St. Thomas's Hospital; S. H. Jones, St. Thomas's Hospital; J. S. McGowan, B.Sc., Owens College and Manchester Royal Infirmary; T. F. Ricketts, B.Sc., Guy's Hospital; G. H. D. Robinson, St. Bartholomew's Hospital; S. H. Snell, University College; T. G. Stevens, Guy's Hospital; H. Tilley, University College; H. W. Webber, Guy's Hospital.

VICTORIA UNIVERSITY.

M.D. DEGREE.—The following dissertations have been approved as qualifying for the degree of M.D.:—George Frederick Edwards, M.B., Ch.B., on "Uniform Elastic Pressure and its effects in Surgical Therapeutics." Charles Frederic Marshall, M.Sc., M.B., Ch.B., on "The Histology and Pathology of Striped Muscle with a Theory of Muscular Contraction."

EXAMINERS.—The following appointments to vacant external examinations were made by the Council at a meeting on December 11th, 1890:—In Anatomy: Professor D. J. Cunningham, M.D. In Chemistry: Professor William Ramsay, Ph.D., F.R.S. In Forensic Medicine and Public Health: Dr. Thomas Stevenson. In Obstetrics and Diseases of Women: Professor A. R. Simpson, M.D., F.R.C.P. In Pathology and Morbid Anatomy: Dr. Robert Maguire. In Physiology: Mr. C. S. Sherrington, M.B. In Surgery: Mr. Marcus Beck, M.B., B.S., F.R.C.S.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

VOTING PAPERS.—At the ordinary Council of the College, held on December 11th, a report was read from the the Committee appointed to consider the rules relating to voting papers for the election to the Council, wherein it was stated, that, having carefully considered the question of the propriety of advising any alteration in the present arrangement for voting by balloting papers, the Committee are not prepared to recommend any change. This report was approved and adopted.

INSTRUCTION IN PUBLIC HEALTH.—A report was received from the Committee of Management respecting the rules to be adopted for determining what institutions shall be recognised, and on what terms, as giving adequate instruction for the purposes of the Public Health Diploma. The recommendations were adopted, subject to the approval of the Royal College of Physicians.

At the same meeting of Council the President reported that a letter had been received from Mr. Milman, registrar of the University of London, inquiring whether further written proposals for the Royal Colleges jointly with regard to the scheme for the reorganisation of the University were to be expected, or whether it would be agreeable to the College to confer again with the Committee of the Senate either alone or in conjunction with the Royal College of Physicians. In reply he had informed Mr. Milman that in the absence of any meeting of the Council he was not prepared to give any decisive answer to his inquiries; that in his opinion, however, no advantage would be gained by any further conference at the present time between the delegates of the Royal Colleges, but that should it be deemed desirable the delegates of this College would be prepared to meet the Committee of the Senate for the further discussion of the scheme. The action of the President was approved and confirmed.

A NEW ITALIAN HEALTH RESORT.—The representatives of an English syndicate which has been formed for establishing a health and pleasure resort at Tusculum, just above Frascati, have been received by Signor Crispi, who assured them of the entire sympathy and full protection of the Government for their scheme, which is expected to greatly increase the prosperity of the neighbourhood. The present capital of the company is ten millions of francs, one-fourth of which is guaranteed by Roman bankers.

MEDICAL NEWS.

BRIGADE-SURGEON ROBERT WATERS, Army Medical Staff, of White Fort, Tubbermore, has been put on the Commission of the Peace for the County of Londonderry.

At an examination for Inspectors of Nuisances held by the Sanitary Institute on December 4th and 5th, certificates of competency were obtained by 51 candidates.

We regret to learn that Dr. J. H. BAXTER, Surgeon-General of the United States army, had an apoplectic seizure on December 1st. According to latest advices (dated December 6th), he was in a state of coma, and was not expected to live.

PHTHISIS IN NEW YORK.—According to the *New York Medical Record*, the number of deaths from phthisis in that city during the last ten years has been 52,160, or 14.12 per cent. of the total mortality.

NEW MEDICAL JOURNAL.—A new monthly medical journal, the character of which is sufficiently indicated by its title, *The Prescription*, will shortly appear at Danbury, Conn. U.S.A., under the direction of Dr. W. C. Wile, the editor of the *New England Medical Monthly*.

THE QUEEN has been pleased to give directions for the appointment of Mr. Edward William Rawle Branch, and Mr. Walter Stewart Campbell, M.B., medical officers in the Leeward Islands, to be Official Members of the Legislative Council of the Island of Montserrat and the Virgin Islands respectively.

Dr. FRANZ JOSEPH VON BECKER, Professor of Pharmacy and Ophthalmology in the University of Helsingfors, died on November 21st in the 67th year of his age. His fame as an ophthalmic surgeon and an operator had spread far beyond the confines of Finland. He gave much time and trouble to the establishment of a training school for the blind at Helsingfors.

CONVALESCENT HOME IN NOTTINGHAM.—At a public meeting at Nottingham on December 11th, a resolution was passed expressing the desirability of the extension of convalescent homes in the district, and thanking Colonel Seely for his munificent offer to give £10,000 if a sufficient sum for maintenance could be collected.

A COURSE of post-graduate lectures and demonstrations on tuberculosis will be given during January by Mr. Gilbert Barling and Dr. G. F. Crooke in Queen's College, Birmingham. The lectures will be given at 4 P.M., and practical instruction in staining tubercle bacilli will begin. Further information may be obtained from Mr. E. B. Lawley at Queen's College.

HOSPITAL SATURDAY FUND AWARDS.—At a meeting of the Board of Delegates of the Hospital Saturday Fund, held on Saturday at 59, Farringdon Road, under the presidency of Mr. H. N. Hamilton Hoare, honorary treasurer, it was resolved to award £15,644 to various hospitals, dispensaries, and convalescent homes. Among the awards are the following:—London Hospital, £886; Guy's, £588; Middlesex, £411; St. George's, £400; St. Mary's, £368; Westminster, £300; Seamen's, £289; Charing-Cross, £261; Royal Free, £249; North London, £232; King's College, £231; German, £198; and Great Northern Central, £143. Among the grants to special hospitals are:—Brompton for Consumption, £662; City of London, Victoria Park, £319; Infirmary for Consumption, Margaret Street, £162; City Road Chest Hospital, £203; Royal National, Ventnor, £130; East London Children's Hospital, £158; Great Ormond Street, £154; Victoria, £135; Alexandra, £120 10s.; National Hospital for Epilepsy, etc., Queen Square, £150; Lock Hospital, £155; Royal London Ophthalmic, £176; Royal Orthopaedic, £121; Royal Hospital for Women and Children, £134; and Samaritan Free, £112. Several awards are to be made to dispensaries.

PRIZE ESSAYS.—Dr. J. B. Mattison offers a prize of 400 dollars for the best paper on Opium Addiction as related to Renal Disease based upon the following queries: "Will the habitual use of opium in any form produce organic renal disease? If so, what lesion is most likely to occur? What is the rationale?" The competition is to be open to either sex and to any school or language. The essay which is adjudged best worthy of the prize is to become the property of the American Association for the Cure of Inebriety, and will be published in a New York medical journal, in the

Brooklyn Medical Journal, and in the *Journal of Inebriety*. The committee of award will consist of Dr. Alfred L. Loomis, of New York, Chairman; Dr. H. F. Formad, of Philadelphia; Dr. Ezra H. Wilson, of Brooklyn; Dr. George F. Shady, of New York; and Dr. J. H. Raymond, of Brooklyn. All essays must be in the hands of the Chairman of the Award Committee on or before January 1st, 1893.—A prize of 100 dollars is offered by Dr. J. G. Orton, Ex-President of the New York State Medical Association, for the best short popular essay on some subject connected with practical sanitation. The competition is open to everyone without restriction. The essays must be forwarded to the Secretary of the Association, Dr. E. D. Ferguson, Troy, N.Y., not later than August 1st, 1891, the name of the author being sent under separate seal. The successful essay will be read at the next annual meeting of the Association, and, if approved by the Council, offered for sale in the secular press and issued in tract form or otherwise for general circulation.

THE MIDWIVES REGISTRATION BILL.—The Council of the South-Eastern Branch of the British Medical Association, after considering the memorandum of the Chairman of the Parliamentary Bills Committee on the Midwives Registration Bill, passed the following resolution: "That the principles involved in the Midwives Bill be approved by this Council."—At an extraordinary meeting of the Glasgow Obstetrical and Gynaecological Society, held on December 2nd, to consider the Midwives Registration Bill, it was unanimously resolved: "That while approving generally of the said Bill, this Society recommends that there be inserted in the Bill clauses to provide: 1. For the efficient supervision of midwives by a registered medical practitioner, to be appointed by the County Council. 2. For erasing from the Midwives Register the names of women, and for suspending any women from acting as midwives, who have unwarrantably delayed, or failed to send for a registered medical practitioner when the labour is or has become abnormal."—At a meeting of the Council of the Irish Medical Schools and Graduates' Association, specially convened to consider the Midwives Registration Bill, and held on December 11th, it was proposed by the Chairman of Council, seconded by Dr. Douglas Lithgow, and resolved: 1. That the Council regards the Midwives Registration Bill (amended) as dangerous to the public and defective in its provision for the better education of midwives. 2. That the Council, while recognising the importance of legislation for the better education and control of midwives, is of opinion that the creation of a special register of midwives is attended with many and grave objections."—At a meeting of the Preston Medico-Ethical Society, held on December 4th, 1890, it was resolved: "That this meeting of medical practitioners strongly disapproves of the Midwives Registration Bill (amended); for the following reason: That it will be inexpedient and inconsistent, whilst medical practitioners (men and women) are compelled, before registration, to pass examinations in medicine, surgery, and midwifery, to allow imperfectly educated women to register as midwives, the diseases of the puerperal state and pregnancy requiring as early recognition and prompt treatment as medical and surgical cases, and as general medical knowledge." It was ordered that copies of the above be sent to the members for the borough and division, the Members supporting the Bill, and the direct representatives in the General Medical Council; soliciting respectfully their consideration, and if possible their support.

THE CHADWICK PRIZES.—According to the will of the late Sir Edwin Chadwick, a trust fund is to be applied as the trustees shall direct for the advancement of sanitary science. By a codicil to his will the testator suggests that the trustees may offer a cup of the value of £20 to be given annually for a term of years to sanitary authorities at home or abroad, showing the greatest reduction in the death-rate of the population in their district. He also suggests that a silver medal should be offered to the school teacher showing the best mental results of the half-time principle, and a gold medal to district school managers obtaining the best results in subjects named.

MEDICAL VACANCIES.

The following Vacancies are announced:

DENBIGHSHIRE INFIRMARY, Denbigh.—House-Surgeon. Must be qualified and conversant with the Welsh language. Salary, to commence £5 per annum, with board, residence and washing in the house. Applications to W. Vaughan Jones, Secretary.

ECCLES AND DISTRICT MEDICAL ASSOCIATION.—Assistant Medical Officer. Applications to the Secretary, Mr. James Ramsdale, 15, Byron Street, Patricroft.

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.

GENERAL INFIRMARY, Leeds.—Honorary Assistant Surgeon; must be F.R.C.S. Eng., or Graduate in Surgery of the University of Oxford, Cambridge, or London. Applications, marked "Appointment of Hon. Assistant Surgeon," to the Treasurer, at the Infirmary, by December 20th.

GENERAL INFIRMARY, Leeds.—Honorary Assistant Ophthalmic and Aural Surgeon. Must be F.R.C.S. Eng., or Graduate in Surgery of the University of Oxford, Cambridge, or London. Applications, marked "Appointment of Hon. Assistant Ophthalmic and Aural Surgeon," to the Treasurer, at the Infirmary, by December 20th.

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.

INVERNESS DISTRICT ASYLUM, Inverness.—Assistant Medical Officer. Salary, £100 per annum, with bed, board, and washing. Applications to Dr. Aitken, Medical Superintendent, 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.

PARISH OF BRIGHTON.—Medical Officer for the Eastern District of the Parish. Salary, £125 per annum. Applications to Alfred Morris, Clerk to the Guardians, Parochial Offices, Church Street, Brighton, by December 30th.

PARISH OF PADDINGTON.—Assistant to Medical Superintendent at the Infirmary, and Assistant Medical Officer at the Workhouse; unmarried, between 23 and 30 years of age. Salary, £100 per annum, rising £5 annually to £120, with board, lodging, and washing. Applications to the Medical Superintendent at the Infirmary, 289, Harrow Road, W., by December 30th.

PARISH OF SOUTH UIST.—Two Medical Officers for the Parish. Salary £70 each (to include medicine to the paupers). Gaelic essential. Private practice may be considered worth £80 to £100 additional per annum. Applications to the Chairman, the Rev. Roderick Macdonald Drimsdale, South Uist, by January 3rd, 1891.

PORTSMOUTH LUNATIC ASYLUM, Milton, near Portsmouth.—Assistant Medical Officer; double qualifications, unmarried, age not to exceed 30 years. Salary, £120, with furnished apartments, board, fuel, lighting, and washing. Applications to W. C. Bland, Medical Superintendent, by December 29th.

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, Accoucheur, and Lecturer on Midwifery. Applications to William Henry Cross, Clerk, by December 31st.

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

SUFFOLK GENERAL HOSPITAL, Bury St. Edmunds.—Honorary Assistant Medical Officer. Applications to the Chairman of the Committee by December 29th.

UNIVERSITY COLLEGE, London.—Surgical Registrar. Applications to J. M. Horsburgh, 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. E. Clapperton, 91, West Regent Street, Glasgow, by January 10th.

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.

ADKINS, Albert James, M.R.C.S., L.R.C.P. Lond., appointed Clinical Assistant to the South-Western Fever Hospital of the Metropolitan Asylums Board.

ALDERSON, F. Herbert, M.B. Durh., L.R.C.P. Lond., M.R.C.S. Eng., appointed House-Physician to the West London Hospital, Hammersmith Road, *vice* Balfour Neill, M.R.C.S.

BOURKE, Dr., appointed Surgeon to a Branch of the United Friendly Societies Medical Association, Manchester, *vice* Dr. Pearce.

BROWN, Robert, M.B. and C.M., appointed Medical Officer and Public Vaccinator to the parish of Duirinish, Skye, *vice* Dr. John Dewar.

BURTON, Leonard, L.R.C.P. Lond., M.R.C.S. Eng., appointed Assistant Surgeon to the Burton-on-Trent Infirmary, *vice* Mr. W. J. Proffitt, deceased.

CLAY, Augustus, M.R.C.S., appointed Honorary Surgeon to the Royal Orthopedic and Spinal Hospital, *vice* E. Luke Freer, M.R.C.S.

CLEMENTS, William, M.B., C.M.Glas., appointed Assistant Surgeon to the Burton-on-Trent Infirmary, *vice* Mr. H. E. Bridgman.

CRICK, William Thorne, L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Western District of the Billesdon Union, *vice* Dr. Fewkes, deceased.

DENNING, Robert Nickle, B.A., M.D., L.R.C.S.I., reappointed Medical Officer to the Elland Urban District.

DOWNIE, J. Walker, M.B., F.F.P. and S.G., appointed Extra Honorary Aurist to the Royal Hospital for Sick Children, Glasgow.

FARQUHARSON, A. C., M.B., C.M.Glas., D.P.H. Camb., F.C.S.Lond., appointed Senior Assistant Medical Officer to the County Asylum, Burntwood, near Lichfield.

FIELD, George P., M.R.C.S.Eng., appointed Dean of St. Mary's Hospital Medical School.

GOODFELLOW, James Anderson, M.B., C.M.Glas., appointed Medical Officer of the Brampton District of the Chesterfield Union, *vice* Dr. Shea.

GOULD, John E., M.D.Lond., D.P.H.Camb., appointed Medical Superintendent to the Sheffield Borough Hospital, *vice* J. Pearson, M.B., C.M.

GREEN, Frederick James, B.A., M.B., B.Ch.Dub., appointed Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary.

GUINANE, Joachim, M.B.Toronto, M.R.C.S.Eng., L.R.C.P.Lond., appointed Second Assistant Medical Officer to St. George's Infirmary, Fulham Road.

HUNT, John Aspinall, M.R.C.S., L.R.C.P.Edin., appointed Medical Officer to the Spondon District of the Shardlow Union.

JARDINE, Robert, M.D.Edin., M.R.C.S., appointed Outdoor and District Physician to the West End Branch of the Glasgow Maternity Hospital, *vice* H. St. Clair Groy, M.D.Glas., resigned; also Medical Officer to the Scottish Women's Benefit Society in Glasgow.

JEEVES, John, L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Surgeon to the Shethel Public Hospital and Dispensary.

KENDRICK, Alfred, L.D.S., appointed Honorary Dental Surgeon to the Taunton and Somerset Hospital.

LANCASTER, William C., L.R.C.P., L.R.C.S.Edin., L.F.P. and S.G., appointed Medical Officer to the Ballytogan Dispensary of the Edensberry Union, *vice* H. D. Purdon, L.R.C.S.I.

MOYLAN, Michael J., B.A., L.R.C.S.Edin., appointed Surgeon to a Branch of the United Friendly Societies Medical Association, Manchester, *vice* Dr. Peters.

NEILL, Balfour, M.R.C.S., L.R.C.P., appointed House-Surgeon to the West London Hospital, Hammersmith Road, *vice* E. G. Stocker.

PROPERT, Dr. appointed Medical Officer for the Churchtown Division of the Ormskirk Union.

RAW, Nathan, M.B., B.Sc., appointed Senior House-Surgeon to the Bolton Infirmary and Dispensary, *vice* Mr. E. C. Kingsford, resigned.

ROWAT, John, M.B., C.M., appointed Medical Officer to the Darvel District of the Parochial Board of Loudoun, Ayrshire, *vice* Robert Lyon, M.B., C.M.

SHIPTON, Herbert, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Staffordshire General Infirmary, Stafford, *vice* Charles Reid, M.B., C.M.

SQUANCE, T. Coke, M.D., F.R.M.S., F.R.Met.Soc., Physician and Pathologist to the Sunderland Infirmary, appointed Consulting Physician to the Monkwearmouth and Southwick Hospital.

STORR, Dr., appointed Medical Officer for the Southport Division of the North Moels District of the Ormskirk Union.

THOMSON, Theodore, M.A.Aber., M.B.Lond., L.R.C.P.Edin., reappointed Medical Officer of Health to the Sheffield Town Council.

VERNON, Humphrey, M.B., C.M.Edin., appointed Medical Officer to the Birkdale Division of the Ormskirk Union.

WESTMACOTT, F. H., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the General Hospital for Sick Children, Pendlebury, Manchester.

WHITAKER, Dr., appointed Medical Superintendent Officer of Health to the Belfast Corporation.

WHITE, Digby Cooke, B.A., M.B., B.Ch.Dub., appointed Junior Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary.

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.

MACKNESS.—At 2, Kenmore Place, Broughty Ferry, N.B., on December 11th, the wife of G. Owen C. Mackness, M.D., of a son.

O'GRADY.—On the 12th inst., at "Stoneacre," Swinton, near Manchester, the wife of W. F. O'Grady, L.R.C.P.Lond., of a son.

POLLOCK.—On Saturday, 13th inst., at Tunbridge Wells, the wife of Rowland Pollock, L.K.Q.C.P., etc., of a son.

MARRIAGE.

GUNNING—MYLES.—On the 15th inst., at St. Saviour's, South Hampstead, by the Rev. Christian Hose, Montague Shirley Wyatt Gunning, Bervie, Scotland, son of the late Thomas Wyatt Gunning, barrister-at-law, to Annie Nyele Hildegarde Myles, only daughter of the late Thomas Myles, the Crescent, Limerick, Ireland.

DEATH.

THOMPSON.—December 13th, at Tawburn, Sticklepath, Okehampton, John Thompson, M.D., F.R.C.S., late of Lynton House, Bideford, North Devon, aged 70.

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.

strated by a Commission appointed by the Emperor Napoleon. An investigation made in some of the chief schools in France showed that, as a rule, the boys who smoked were, in the majority of cases, far inferior in ability to the non-smokers. The result was that the Emperor issued an order that no boy under the age of 16 years should be allowed to smoke. A similar investigation was made in the naval and military academies in the United States; it was distinctly proved in each case that the students who smoked held an inferior position in the examinations to the non-smokers. The Commissioners in this instance also recommended the authorities to prohibit smoking amongst the students, and an order was issued accordingly.

I think that the following positions are almost, if not altogether, beyond dispute.

1. No healthy boy can be benefited, physically, mentally, or morally, by smoking.
2. No boy, however healthy, can indulge in the habit of smoking, without injury in one way or another.
3. Scarcely a case can be found where a boy who has inherited a sound gustatory apparatus, has acquired the habit of smoking, without having had to outrage his nature by breaking down the safeguard provided to secure him from harm in the choice of food.

THE SUCCESSFUL VACCINATION AND REVACCINATION EXPERIMENT IN PRUSSIA.

DR. P. M. DAVIDSON (Congleton) writes: Without entering into any discussion as to the advantages derived by Prussia or other places from vaccination and revaccination, I should like to say that it is extremely doubtful that the vaccination cause is promoted by attempts to place to its credit every little incident connected with temporary diminution in small-pox mortality, when, on at least equally good grounds, such diminution can be shown to be due to causes wholly independent of it. Dr. Drysdale tells us that there was a great epidemic in Prussia in 1872-73, when the mortality was 243 and 262 per 100,000 of the population.

Immediately after this, when, presumably from the number of deaths that had already taken place, all the susceptible material had been used up, vaccination and revaccination were made compulsory, with the instant result of reducing the mortality to an average of 3.6 per 100,000. In the first year of the new law, before there had been time to set it in motion, the death-rate fell to 3.6; in the third year to 0.3; but in the sixth year, when the system might reasonably have been expected to be carried out very perfectly, the rate rose to 2.6, and in each of the subsequent years there was a strong rise. It seems to me that a rise in mortality, coincident with and in proportion to the perfection of any system adopted to lessen it, does not speak well for the system. Dr. Drysdale cannot be ignorant of the fact that after a great epidemic of small-pox the place where it takes place is almost free from the disease for many years. I believe the average interval between one epidemic and another is not less than twelve years; and it might be well to suspend our judgment with regard to Prussia for a few years more, and avoid in the meantime inflaming the public mind with hopes that may never be realised. The coincidence of increasing mortality with increasing perfection of the "experiment" points as strongly to a gradual increase of susceptible material, and to the slow approach of another great epidemic, as to anything else.

A comparison is made between the mortality in Prussia and in Austria in the years from 1875 to 1882, which appears to be very much to the disadvantage of the latter, but in making this comparison it ought to have been kept in view that, unlike Prussia, Austria had not had a great epidemic in the two previous years to protect her population. If we include the Prussian two epidemic years, and then sum up the deaths for each country, the mortality is found to be the same. Perhaps Germany had a little advantage in getting her deaths in a lump sum, instead of by equal annual instalments.

It has not been my object to argue whether vaccination is or is not capable of doing what is claimed for it, but that, from his facts, Dr. Drysdale is not warranted in saying it is.

ERRATA.—In the translation of Dr. Koch's article which appeared in the *BRITISH MEDICAL JOURNAL* of November 22nd, p. 1195, left hand column, ninth line from top, 0.02 cubic centimetre should read 0.002 cubic centimetre. In the Programme of the *BRITISH MEDICAL JOURNAL* for 1891 published on December 13th, Mr. Skene Keith was by a clerical error described as Surgeon to Out-patients of the Samaritan Free Hospital. In the Programme, p. iii, line 5, for "Hospital for Women, Marylebone Road," read "New Hospital for Women, Euston Road."

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

(A) Mr. H. W. Allingham, London; Sir H. W. Acland, Oxford; Mr. W. Allingham, London; Dr. Arnison, Newcastle-on-Tyne; Dr. Arlidge, Stoke-on-Trent; Dr. J. Anderson, Ulverston; Mrs. E. G. Anderson, London; Dr. Winslow Anderson, London. (B) Mr. E. A. Browne, Liverpool; Mr. G. Barling, Birmingham; Dr. Clifford Beale, London; Dr. J. Barrett, London; Mr. S. Boake, Stamford Bridge; Mr. J. B. Bailey, London; Dr. Balding, Royston; Mr. F. Blumer, Stafford; Mr. A. C. Brittain, London; Mr. A. H. Bampton Ilkley; Mr. A. J. Barlow, Dublin; Mr. A. Berrill, South Woodford; Mr. W. C. Bland, Milton. (C) Dr. R. Caton, Liverpool; Dr. M. Clarke, Clifton; Dr. Churton, Leeds; Dr. J. Cagney, London; Mr. Harrison Cripps, London; Mr. H. N. Custances, London; Mr. C. G. Campbell, Saddleworth; Mr. H. B. Crofts, Hatfield; Dr. M. Cameron, Glasgow; Mr. T. Clarke, Dartford; Mr. F. A. Coward, Huddersfield. (D) A. Dott, M.B., Manchester; Dr. Dreschfeld, Manchester; Mr. A. Downes, London; Mr. Alban Doran, London; Rev. A. J. D. D'Oraay, Coatham; Surgeon-Major A. Duncan, Mardan, Punjab; Dr. Lovell Drage, Hatfield; E. E. Dyer, M.B., Alloa; Mr. B. H. Dale, Devizes; Mr. W. R. Dunstan, London. (E) Mr. G. Eastes, London; Dr. C. Ellaby, London; Mr. R. Eager, Bristol; Dr. A. Edington, Edinburgh. (F) Sir Walter Foster, Birmingham; A. C. Farquharson, M.B., Lichfield; Dr. M. Foster, Cambridge; Dr. H. Fox, London; Mr. R. H. Firth, Dover; Mr. J. A. Fraser, Romford; Mr. G. P. Field, Lon-

don; Mr. C. E. S. Fleming, Freshfield. (G) Messrs. Charles Griffin and Co., London; Dr. T. Wardrop Griffith, Leeds; Dr. H. Goodridge, Bath; Mr. W. Grayson, Southend; Mr. N. Grattan, Cork; Dr. F. G. Graves, London; Dr. W. T. Greene, Peckham; Mr. J. Gabb, Bewdley; Mr. E. F. Grün, London; Dr. J. Guinane, London; Dr. A. S. Gubb, London; Dr. C. E. Glascock, Manchester. (H) Dr. W. F. Haslam, Birmingham; Dr. Hill, Cambridge; Mr. A. G. J. Hanks, London; Dr. W. B. Hadden, London; Dr. J. B. Hellier, Leeds; Mr. J. A. Hunt, Ockbrook; Dr. Halliburton, London; Dr. J. T. Hialop, Tavistock; Dr. A. Harrison, Clifton; Mr. J. Holden, Preston. (I) Dr. E. M. Ingle, Cambridge; Dr. Illingworth, Accrington. (J) Dr. Jacob, Leeds; Mr. Arthur Jackson, Sheffield; Jeyes Sanitary Compounds Co., London; Dr. R. Jardine, Glasgow; Dr. R. Jones, Redhill. (K) Dr. G. Kirker, Keyham; Mr. C. B. Kestley, London; Mr. C. M. Kempe, New Shoreham; Mr. Skene Keith, London; Mr. E. M. Knapp, Ross. (L) Mr. J. L. Lane, Dublin; Jordan Lloyd, M.B., Birmingham; Dr. A. R. Aust Lawrence, Clifton; Mr. A. H. Leech, Woolpit; Mr. J. B. Lawford, London; Major Leadbetter, Wrexham; Mr. J. R. Lunn, London; Dr. W. Lattey, Southam; Mr. J. Limont, Newcastle-on-Tyne; Mr. C. B. Lockwood, London; Lunatics; Mr. G. Levick, London; Mr. E. B. Lawley, Birmingham; Dr. R. Longuet, Paris. (M) Dr. J. E. Morgan, Manchester; Mr. F. Marsh, Birmingham; Mr. J. Y. W. MacAlister, London; Mr. G. May, Reading; Dr. W. Marcott, Wimbledon; Mr. J. O. McCreery, Stonham: A Member of the British Medical Association; Dr. J. A. McWilliam, Aberdeen; W. R. Morris, M.B., Dublin; M.S. (N) Mr. W. J. C. Nourse, London. (O) Mr. J. O'Connor, Manchester; Mr. John Odling, London. (P) Mr. R. Parker, Liverpool; Dr. A. B. Prowse, Clifton; Dr. G. H. Phillips, Newcastle-on-Tyne; H. Philpotts, M.B., Birkenhead; Dr. Leslie Phillips, Birmingham; Surgeon F. M. Puddicombe, Stonehouse; Dr. G. N. Pitt, London; Mr. H. H. Parker, Landport; Mr. H. C. Paul, Luton; Dr. Louis Parkes, London; Dr. C. Parsons, Dover; Dr. R. W. Philip, Edinburgh; Mr. H. H. Preston, Pendleton; Mr. F. Pott, Bournemouth; Dr. J. J. Pringle, London; Mr. R. Pollock, Tunbridge Wells. (R) Mr. A. H. Robinson, London; Professor C. Roy, Cambridge; Dr. James Ross, Manchester; A. H. Rideal, M.B., Southborough; Mr. J. Rainsdale, Patricroft. (S) Dr. J. B. Slattery, Dundalk; Dr. Sykes, Mexborough; Dr. Swayne, Clifton; Dr. R. S. Smith, Bristol; Dr. Felix Semon, London; Dr. W. J. Square, Plymouth; Dr. A. E. Sansom, London; J. C. Smith, Clifton; Dr. T. Schmulew, St. Petersburg; Dr. W. Squire, London; Dr. C. W. Suckling, Birmingham; The Secretary of the Sheffield Medico-Chirurgical Society, Sheffield; Surgeon A. Sharpe, Cootes-hill; Mr. C. H. Sers, Peckham; The Secretary of the Sanitary Institute, London; A. M. Sutton, M.B., Salop; The Secretary of the University of London; Surgeon-Major H. Scott, London; H. Stalkart, M.B., London; Sir William Stokes, Dublin; Dr. R. Sandby, Birmingham; Mr. G. Scudamore, London; Mr. W. D. Severn, London; J. T. Smith, M.B., Dennistown; Dr. Savage, London; Dr. G. C. Stephen, London; The Salvine Dentifrice Co., London. (T) Dr. C. E. Tanner, Farnham; Mr. Knowsley Thornton, London; C. H. Taylor, M.B., Cambridge; Mr. C. S. Thompson, Bideford. (V) J. F. Vince, M.B., Birmingham. (W) Mr. F. H. Westmacott, Bolton; Mr. R. Weaver, London; Dr. G. Wherry, Oxford; Dr. J. St. S. Wilders, Edgoston; Professor B. Windle, Birmingham; Dr. O. Wood, London; Dr. W. Wilson, Firenze; Dr. Watson, Tottenham; Dr. A. Wilkinson, Tynemouth; Dr. Willoughby, London; Mr. T. Wolverson, Wolverhampton; Mr. J. Walls, Manchester. (Y) Dr. A. H. Young, Manchester; etc.

BOOKS, ETC., RECEIVED.

Rudiments of Sanitation for Indian Schools. By Patrick Hehir, M.D., Bombay. Printed at the Education Society's Steam Press, Byculla. 1890.
The Care of the Sick at Home and in the Hospital. By Dr. Th. Billroth. Translated by J. Bentall Erdean. London: Sampson Low and Co. 1890.

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

Seven lines and under	...	...	...	20	3	6
Each additional line	...	...	...	0	0	4
A whole column	...	...	...	1	15	0
A page	...	...	...	5	0	0

An average line contains seven words.

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

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

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

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