

much dwelt upon in more ambitious works. Section E is a very thorough summing up of the duties of a nurse, the result, evidently, of carefully stored experience; and the short section G contains a few hints well worth the attention of the ward-sisters in our large hospitals. The arrangement of night-duty recommended in Section H is one that would work well if the selection of a competent nurse could always be secured; but a training of six months would not alone be sufficient to ensure the amount of experience and the rectitude needful for so responsible an appointment. Section J is devoted to the nursing of children, or, more strictly speaking, to the proper management of them when sick; and a few remarks on infection and ventilation bring the first part of this valuable little work to a close. The second part contains a list of some poisons, with their symptoms and antidotes; and a glossary of ordinary medical terms clearly explained, which is a most useful addition to the body of the work. We have no hesitation in strongly recommending this handbook of nursing as a study to every nurse who desires to take a high place in her calling, and also to those who have already attained a position in the highest ranks of their profession.

The Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D. Lond., F.R.C.P., Physician to His Majesty the King of the Belgians, etc. Third Edition. Pp. 360. London: J. and A. Churchill. 1878.—Dr. Smith has turned to good account the ample opportunities he possesses of observing diseases of children. The book before us contains very accurate and life-like descriptions of the various nutritive disturbances which constitute the wasting diseases of childhood. On many points of pathology we differ from the author; but we are bound to admit that they relate to subjects concerning which differences of opinion are almost unavoidable. Dr. Smith has bestowed a great deal of care upon the chapters on treatment. The directions he gives are very elaborate; and, though some of them are novel to us, they yet appear to be thoroughly rational. On the whole, this work fully sustains the reputation which the previous two editions have gained for its author.

HARDWICKE and Bogue have forwarded three little shilling volumes of their series of *Health-Primers*, respectively treating of Exercise and Training; Premature Death, its Promotion and the Prevention; the Home and its Surroundings. The only one of these which can be considered to be seriously useful is the last, which is practical and well written; it is thoughtfully written, but would be much improved by the introduction of some simple illustrations, such as those with which Mr. Eassie's much more complete and valuable book on *Healthy Houses* was replete. On the whole, looking to the reputation of the editors, the primers are disappointing, because they are relatively useless. It is very difficult to say to what class they are addressed and where they will find readers, but we may hope for them a wider circle of readers than we can venture to predict.

SELECTIONS FROM JOURNALS.

MEDICINE.

ULCER OF THE FRÆNUM LINGUÆ IN WHOOPING-COUGH.—M. Roger has recently, in two communications to the Académie de Médecine, discussed this subject, but with the characteristic absence of reference to similar conclusion long since arrived at and published by observers outside the bounds of his country. His conclusions are the following. 1. Sublingual ulcerations are characteristic of pertussis; and, since they can only be produced by violent paroxysms, they are an almost infallible evidence of a more or less serious attack of the disease. 2. They are only the result of mechanical injury, the material conditions essential to its development being the propulsion of the tongue from the mouth during violent attacks of coughing, and the frequently repeated friction of its inferior surface and of the frænum against the cutting edge of the inferior incisors. 3. One of the proofs of this mechanical action is apparent in the relations existing between the intensity of the paroxysms and the ulceration; for the latter does not appear until the convulsive stage is well established, nor does it disappear until the violent attacks have ceased. 4. That the ulcer is the result of injury is proved most conclusively by its physical qualities, which are those of a suppurating rupture of the mucous membrane, limited almost entirely to the frænum linguæ. 5. Again, the traumatic origin of the ulcers is demonstrated by the fact that they are absent altogether in mild cases and in those in which the attacks are few and short. They are absent, too, even in the most violent cases of the disease in patients in whom the incisors have either not developed or have been lost. Without incisor teeth, wounds and ulcera-

tions of the frænum are alike impossible. 6. No pathological importance can be ascribed to the ulcer of the frænum, since it is only a local accident incident to the disease; but, since it is met with in no other affection, it becomes under certain circumstances a cardinal symptom.

LOCAL TREATMENT IN DIPHTHERIA.—Dr. A. W. Hagenbuch, of the Cook County Pauper Institution, America, gives an account of an epidemic of diphtheria in which thirty-three patients were treated. The marked features of the epidemic were the limitation of the affection to one house, showing its very slightly contagious nature, the rapid invasion and unfavourable progression if not interfered with, the low rate of mortality, the subsequent anæmia, and, above all, the unmistakable benefit derived in nearly every case in which vigorous local treatment was employed. In all cases, no matter what general treatment were adopted, if the local applications were discontinued for a single day, the case was invariably worse, the cough and difficulty of breathing being especially aggravated. The local applications principally employed consisted of equal parts of tincture of the chloride of iron and dilute nitric acid. The mouth was first rinsed, and the secretions and detached membranes removed with a dry swab, and the above preparation was then applied with a soft brush. There was only one fatal case.—*Chicago Medical Journal*, vol. xxxiv, No. 3.

SURGERY.

AN OPERATIVE MEASURE FOR THE ARREST OF COMMENCING PYÆMIA.—H. Kraussold, in the *Archiv für Klin. Chir.*, Band xxii, relates that a man, aged 29, had his leg broken through direct violence. The limb, which was swollen before the application of the bandage, continued to increase in size after its removal, so that after some months it measured about ten inches in circumference more than the other. All the symptoms indicated the pressure of a rapidly growing sarcoma; the limb was, therefore, amputated close above the knee. There had been no pulsation or other sign of aneurism; but an examination revealed the presence of a large aneurismal communication between the posterior tibial artery and the popliteal vein. Repeated attacks of secondary hæmorrhage from the femoral artery necessitated operative procedures, which could no longer be carried out under antiseptic precautions. The wound became foul; and the patient had a rigor on the fourth day. The suspicion that suppuration had taken place in the veins was confirmed by the circumstance that, after removing the ligature and withdrawing a coagulum, a discoloured fluid could be pressed out from the veins lying exposed in the wound. As the vein appeared to be intact in the neighbourhood of Poupart's ligament—at least, there was no thrombosis nor tenderness on pressure at that part—it was laid bare; and, after the application of a double ligature, a piece two or three centimètres (about an inch) long, lying between the ligatures, was excised. The femoral artery was also tied at the same spot. The operation, which was performed under antiseptic precautions a quarter of an hour after the occurrence of the rigor, was attended with the happiest results. There was no further rigor; the amputation-wound soon became clean; and healing was only somewhat retarded by suppuration along the sheath of the vessels. Herr Kraussold collects a few analogous cases from medical literature, and points out the circumstances under which a similar proceeding may be followed with probability of success in cases of purulent venous thrombosis. It is probably applicable only to the extremities, and requires an exact diagnosis. It is of course most certain, when the vein in the injured part can be exposed and its conditions ascertained, as occurred in the present case. The earlier one operates, the greater are the chances of success; if thrombosis be already formed in the most central part to which a ligature can be applied, operation is useless.

NASO-PHARYNGEAL POLYPS.—M. Samondes (*Revue Mensuelle de Médecine et de Chirurgie*, November 1878) gives the result of sixteen cases of naso-pharyngeal polyps, which show that the chances of recovery seem to multiply with the advancing age of the patient. At the age of eighteen, the chances of recovery are numerous; in adults, there is every probability of arresting successfully the advancing growth of the tumour through extirpation. If it should not have been extirpated entirely, so that a portion of it still adheres to its soil, this remains stationary, and no future increase of growth is observed. If, however, the tumour have been entirely cut out, it very seldom recurs. The method of treatment employed in regard to a patient of tender age would, therefore, be very simple, the principal thing being to gain time. If, however, there be imminent danger, it would be advisable either to pull the polyp out or cauterise it, crush it with the forceps, employ a ligature, or even in extreme cases to make an incision through the palate.

American gentlemen take advantage of them. This is very remarkable; considering how very little is known clinically of mental diseases, one would expect more of a desire to learn them when the chance offers, and thus one would not be so likely to find melancholia mistaken for meningitis, as has occurred before now. This County Asylum is a very capacious building, situated pleasantly at the upper end of its spacious park-like grounds. It affords accommodation for about 625 patients, and has about 535 at present living in it. Both this Asylum and the Infirmary are more or less directly under Government control, and their expenses are kept as moderate as possible; but there is apparently no want for reasonable comforts in either.

Perhaps it may be of some interest to mention some cases which have been brought under notice lately. In the pathology room, Dr. Chiari showed a case of deficiency of the interventricular wall, so that two fingers could be passed from one to the other ventricular cavity. The person to whom it had belonged was a boy about thirteen years old. There had been no symptoms of cyanosis during life, and he had died from diphtheria. A few days afterwards, the heart of a child was shown, showing a defect of the same nature as the above. The child died a few days after its birth, and the communication would admit a crow-quill.

In the Dermatological lectures of Dr. Neumann, an interesting case of rhinoscleroma was shown. The patient was a girl aged eighteen, had had the affection a year or two, and had been some months under treatment without avail. No history of syphilis was ascertainable, and iodide of potassium, etc., were of no use. The chief part affected was the lower part of the nasal septum; the parts of the upper lip and of the nasal alæ around were also affected, so that all was cartilaginously hard, firm, and swollen somewhat. There was no pain, and very little alteration in colour; but it was slowly spreading. A case was shown in which syphilis of the hereditary form had suddenly appeared in a married woman of about twenty-two, in the characteristic flattening of the nose, the woman having been apparently healthy before. Something of a similar nature, but very much exaggerated, was shown in Professor Sigmund's Klinik, under Dr. Mracek. Here the patient was a girl aged sixteen. The affection began when she was thirteen, and gradually her nose gave way; then ulceration extended to the lips, hard palate, and turbinated bones. Now, when the process seems stopped, we see a very markedly rachitic girl, as shown by her ribs, legs, and skull, with apparently no nose and upper lip (the lower lip has curled round to supply the gap), nor turbinated bones; so that one sees an opening into the antrum of Highmore on each side, and below one sees the tongue; for the hard palate is gone with the soft palate too. The girl, when alone, used morphia extensively, this increasing her emaciation.

Attention was called to the fact that patients with bad secondaries and tertiaries often became very indifferent to their state, getting into a peculiar state of apathy, leaving others entirely to attend to their sores and dressings. (Two cases were shown.)

Professor Billroth has performed the operation of œsophagotomy again, with the hope of lengthening the life of a man suffering from stricture of the œsophagus. This is the fifth occasion, we understand; and the success is encouraging, considering the great benefits the operation has been able to afford more than once.

The physicians of Gratz are not behindhand in their duty of preventing the spread of disease unnecessarily. The *Gratz Daily Post* published lately a circular received at its office, and signed by the doctors of Gratz, in which they called attention to the serious effects that might result from quartering two soldiers in each house, as by law required, at this time of returning of troops from Bosnia. Already, they say, with the few that had arrived, disease had increased; and the diseases were typhoid, dysentery, etc., probably introduced by the soldiers, who were suffering seriously from these affections, as also were the intended incoming troops.

There is a matter which has caused much feeling amongst the doctors and surgeons in the army and its departments—we mean the speech of Field-Marshal Philippovich. So far from His Majesty sympathising, he has found reason to approve of the means of treating the wounded soldiers; and from all sides where examination has been made of military surgical arrangements, nothing but unbounded praise has emanated. Thus, by Field-Marshal Beck at Serajevo, and by the Minister of War here, in Vienna, who specially sought into the affair, unlimited approbation is bestowed on the military surgeons; and further, we learn that, out of 3,885 wounded who were received in the hospital at Vienna, already 2,050 were sent out cured.

Returning to the University, we find, from recent analyses, that the number of medical students in Vienna is yearly decreasing. Thus, in Vienna in 1869, we find 1868; in 1870, 1271; in 1877, only 712; in

1878, only 658 medical students. In 1870, Prague had 418 students, and in 1878, only 238. In these same years, we find Gratz has fallen from 257 to 138; Innsbruck, from 80 to 45. Altogether, in the total, the fall has been from 2,066 to 1,133 in these seven years, and that gradually, without one break.

ASSOCIATION INTELLIGENCE.

GLOUCESTERSHIRE BRANCH.

A MEETING will be held on Tuesday, December 17th, at 7.30 P.M., at the General Hospital, Cheltenham.

Mr. H. E. WADDY will introduce a discussion on the question, What is the proper etiquette to be observed by a medical man on settling in any district towards those medical men already practising in the same neighbourhood?

The adjourned discussion on the modes in which the poison of enteric fever may be communicated will be resumed.

The following papers are promised.

Report of a Case of Empyema, by Dr. FERGUSON.

Report of a Case of Hydrocele, by J. BUBB, Esq.

Clinique of the Cheltenham Hospital for the month of November, by Dr. CARDEW.

For the future, meetings will be held on the third Tuesday in every month, at 7.30 P.M. Members are invited to give notice to the Secretary of any questions or cases of interest which they may be willing to bring before the Branch.

RAYNER W. BATTEN, M.D., *Honorary Secretary.*

Gloucester, December 9th, 1878.

SOUTH-EASTERN BRANCH.

A MEETING of the Executive Council of this Branch will be held at the Bridge House Hotel, London Bridge, on Wednesday, the 18th instant, at 3.15 P.M.

CHARLES PARSONS, M.D., *Honorary Secretary.*

2, St. James's Street, Dover, December 11th, 1878.

THAMES VALLEY BRANCH.

THE next meeting of this Branch will be held at the Greyhound Hotel, Richmond, on Thursday, December 19th, at 6 P.M.

The following papers have been promised.

Dr. Tilbury Fox: Rodent Ulcer of the Face and its Treatment; with Microscopical Demonstration.

Dr. Fenn: Functional Nervous Disorders simulating Organic Disease.

G. F. White, Esq.: Case of Gall-Stone (with specimen), and Cases of Abscess of Liver.

Dinner will be provided after the meeting.

FREDK. J. WADD, M.B., *Honorary Secretary.*

Richmond, November 28th, 1878.

GLOUCESTERSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting was held at Gloucester on Tuesday, November 19th: Dr. BOND, the President, in the chair.

The late Dr. Lingen.—Dr. EVANS of Gloucester, and Mr. CRIPPS of Cirencester, called the attention of the Branch to the death of their former President, Dr. Lingen of Hereford; and the Honorary Secretary was requested to write a letter of condolence to the widow.

Etiquette of New Practitioners.—Mr. WADDY of Gloucester pointed out the differences of opinion which were held with regard to the proper etiquette to be observed by a new practitioner on entering a town, towards those medical men already practising therein, and gave notice of a resolution on that subject.

President Elect.—Dr. E. WILSON of Cheltenham was elected President for the year 1879.

Meetings of the Branch.—It was decided that, for the future, the meetings of the Branch should be held on the third Tuesday of each month, at Cheltenham and Gloucester alternately.

Architecture and Medicine.—Mr. F. W. WALLER, architect, read a paper "On the desirability of combined action between the medical and architectural professions with a view to the advancement of sanitary knowledge". The object of the paper was to urge the importance of combined action between the medical and architectural

professions for promoting a system of building by which health may be best maintained and sickness alleviated. It was remarked that one great stumbling-block to all sanitary reform exists in the general apathy on such matters among all classes, even where it is evident that great risk to health is encountered. Architects cannot work single-handed; innovations are often looked on as extravagances, and it is supposed that what has been sufficient for past generations will do well enough for the present; many houses are erected without architectural supervision. Mr. Waller appealed to the medical profession to correct popular errors in the matter. While careful to retain all that is beautiful and valuable in old examples, why, he asked, should we copy details wholly unfitted to present wants—notably, entire absence of ventilation, extravagant waste of heat, imperfect drainage and water systems, and many other existing defects which might be avoided? The assistance of the scientific man should have been given to point out the need for disposing of the foul air generated by gas. The candle needs a small quantity of air for combustion as compared with the gas jet; yet no more provision is made, in the majority of houses, for the admission of fresh air now gas is burnt than was the case when candles were in use. Mr. Waller enumerated a few leading points in which sanitary precautions should be taken. He urged, as well worthy of consideration, the provision of a well-arranged room with special facilities for isolation, to be used in case of serious illness; this, he said, would be of great value in private houses, but ought to be considered an essential part of a large business establishment or school. Nurseries also need special attention. To effect the objects in view, he suggested the interchange of professional books and periodicals, and periodical meetings for discussions, attended by members of both professions. Mr. Waller also threw out some hints as to draining, mentioning, among other things, that houses should be isolated from sewers by a fresh air interval between the drains and the sewers; and no D traps nor arrangements of a like kind should be used. Floors may be stained and varnished, and carpets should be put down so as to be easily removed for cleaning. The walls may be distempered in plain colours at first, and ultimately painted, certain parts being relieved by stencil patterns; the colours generally to be subdued. The care bestowed on details might, he observed, appear excessive and costly; but this was not so. In many houses erected or being erected under his supervision, the matters detailed had been carried out with success. The cost was very small if they were adopted while the building was in course of erection, and eventually a great saving was effected in the economy of heat and fuel, beside the great gain to health from a purer atmosphere within the house. It was upon attention to such small but important details that health and comfort depended.

A very interesting discussion followed the reading of the paper. A vote of thanks was passed to Mr. Waller.

The members afterwards supped together at the Bell Hotel.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: AUTUMNAL MEETING.

The autumnal meeting of this Branch was held at the Dunraven Hotel, Treherbert, on November 22nd: JOHN RUSSELL, Esq. (Neath), President, in the chair, and between thirty and forty members present.

Communications.—Dr. Sheen read papers postponed from last meeting: 1. On Iodoform; 2. On a Case of Phosphorus-Poisoning; and showed Martin's bandages for the treatment of ulcers of the leg, etc.

Mr. L. R. James exhibited an ovarian tumour which he had successfully removed without antiseptic precautions, and related the case.

Dr. T. D. Griffiths advocated the early treatment of talipes by the application of plaster-of-Paris bandages (with or without tenotomy) holding the foot in or near its normal position whilst the bandage sets, and afterwards allowing the patient to run about. The treatment was demonstrated on a patient aged 2, who had had tenotomy performed more than once, and had worn a Scarpa's shoe, and who yet walked on the outer edge of her foot.

New Members.—The following gentlemen were elected members of the Branch: Mr. S. T. Davies, Cowbridge; Mr. F. H. Thompson, Giffach Goch.

A cordial vote of thanks to the chairman concluded the meeting.

Luncheon and Dinner.—By the kindness of Mr. H. N. Davies and Mr. Watkin Rhys, and their *confidés* in the Rhondda Valley, an admirable luncheon was provided for the members on their arrival at Treherbert. The dinner was served at the Dunraven Hotel, and about thirty members and visitors partook of the same.

CORRESPONDENCE.

PHYSICIANS' OUTDOOR FEES.

SIR,—The letter of "S. W., Grosvenor Street", in your impression of November 9th, has been received with the silence which usually gives consent. The suggestion of so eminent a consulting physician as the gentleman indicated by those initials will, of course, command respect; and I believe that the practice which he recommends—viz., that no consulting physician shall pay an outdoor visit for less than the two-guinea fee—is one which the common sense of the profession approves. Although, however, his letter may have given a sensible impulse to that practice, I, as a consulting physician of less extensive repute, have twice had the mortification of being told lately that my endeavours to fall in with that view did not meet with the expected support of all consultants. I agree with S. W. that we ought to come to some common agreement on the subject.—I am, etc.,

London, December 10th.

L. L.

SHAM DISPENSARIES AND PAY WARDS IN HOSPITALS.

SIR,—Allow me to add my thanks to you for the service you have rendered in denouncing, and I trust it will prove suppressing, the Judd Street Dispensary. Its "medical officers" appear to be men of respectable position and holding full diplomas. It is, therefore, the more useful that the false principles which underlie pseudo-public but really private institutions of the kind should be thus moderately but decisively exposed. Every good thing is liable to immediate abuse. The provident dispensary system, if rightly guided upon the model rules approved by Mr. Timothy Holmes's Committee, may render good service to the community, and will tend to secure a fair reward for medical services; but by such a sham provident dispensary as that which you have so ably described it is converted into a means of commencing a competition downwards for cheap doctors which would have the opposite effect.

In the same manner, Mr. Alderman Stone has tried to pervert the approval which the profession largely gave to the establishment in great centres of "home hospitals", which were proposed as medical and surgical lodgings, where practitioners could follow their patients and treat them where they were at a moderate cost, provided with good nursing and suitable appliances. That would be a boon alike to patient and to doctor. Mr. Alderman Stone's proposal that patients shall be admitted to the empty wards of St. Thomas's Hospital at £2 2s. to £4 4s. a week to cover keep and pay him a profit, and that he shall be allowed to throw in medical advice worth at the least £6 6s. to £7 7s. a week (not to speak of operations), in order to bait the trap, is an attempt to rob the profession, to degrade his staff, and to pauperise the well-to-do classes as effectually as St. Thomas's, St. Bartholomew's, the London, and other hospitals, now pauperise the industrial classes by teaching them that they can walk in, without question asked, and need not pay for medical advice, when they fall sick, even when that sickness is the palpable result of recent vice. Payment of service rendered to him in sickness is as probable a contingency in every man's life as a dozen others against which he provides. There is one paragraph in the letter of the St. Thomas's staff, which you published last week, which only weakly re-echoes the firm protest which in the previous week your leader made. I am convinced that the whole profession would not only resent, but would use every reasonable effort to prevent and punish, any ultimate weakness in the attitude of the staff of St. Thomas's in accepting Mr. Stone's profitable boarders as patients having any claim upon their services other than those of any other medical men. If he choose to open "a medical boarding-house" at St. Thomas's for the upper classes, the medical staff must certainly, if they wish to retain the respect or friendship of the profession, refuse to become his instruments in enlarging hospital abuses, pauperising strata of society above those of the working classes, and picking the pockets of the general practitioners. Dr. Murchison, in his separate letter, appears to have taken up a quite plain and unambiguous attitude. He says he will not attend such patients; and I am sure that the resolutions in a similar sense, to which you refer, of the Council of the Metropolitan Counties Branch of the British Medical Association, will have the endorsement of the whole profession.

There is no room for trimming, or saying anything which is capable of two meanings. If your interpretation of the ambiguous phrases in Dr. Bristowe's letter be the correct one, the profession will be well satisfied; but it is a pity that there should have been such an ambi-

lengthy but most interesting general retrospect of the work done in the whole of his area during the five years he has held office. His object in doing this he states to be the "obtaining of a standpoint from which to estimate the progress that has already been made in the sanitary improvement in the district, and from which also to forecast the work that still requires to be accomplished in order to place the organisation for the protection of the public health on a thoroughly satisfactory footing". This is, in our opinion, so important, that we should be glad to see Dr. Bond's example followed by all medical officers of health having large districts under their charge. From Dr. Bond's retrospect we learn, that the sanitary survey of the district which was started with so much prospect of success has, through the apathy of some of the authorities, not been entirely completed in any district except Thornbury rural. The abatement of the common forms of nuisances is being steadily proceeded with, so that the district is, as a whole, as free from any serious danger to health arising from the more easily preventable forms of nuisance as it can under the circumstances be expected to be. Seeing the difficulties which surround the subject of drainage, it is not surprising that the authorities have not done a great deal in that direction; but still two complete schemes of drainage have been carried out at Cinderford and Berkeley (the sanitary state of the former place being vastly improved thereby), and similar schemes are under consideration for the town of Cirencester and the east end district of Gloucester. More conspicuous progress has been made throughout the district in the matter of water-supply, since far less difficulties are involved in dealing with it than with drainage. During the five years, five complete schemes for the supply of more or less considerable parts of parishes or contributory districts have been carried into effect, and numerous other schemes are in different stages of progress, to say nothing of material improvements effected in several cases in the existing supply. As to the success of his action in prevention of the spread of infectious diseases, Dr. Bond does not appear to be sanguine with his existing appliances. He often does not know that disease exists until it has obtained too strong a hold to be easily dislodged, and, moreover, there is no hospital in the district for the isolation of infectious patients. But still he thinks that the public health of the district has been largely improved during the period reported on, and he instances as a proof of this the fact that, owing to the careful supervision now exercised, nothing in any way approaching to an epidemic of enteric fever has occurred in any part of the district during the last four years. From what Dr. Bond says, it seems evident that some very substantial results have already been achieved, and that the foundation has been laid for a comprehensive and effective supervision of the public health. Nearly all the credit of this belongs to Dr. Bond, and our only surprise is that with such an awkwardly shaped and awkwardly situated district he has been able to accomplish so much as he has done. As to the particulars given of the work performed in 1877 we do not think any comment is required at our hands. Measles, whooping-cough, and scarlatina were very prevalent, especially in the Chipping Sodbury, Thornbury, and Chepstow subdistricts. In the latter, the epidemic of scarlatina was confined almost exclusively to the Gloucestershire side of the Wye, and chiefly along the Severn side. All the districts suffered more or less from infectious diseases, except the Awre urban district, which had not a single death or case of sickness from infectious disease of any kind. The lowest general death-rate was Westbury-on-Severn (7.2) amongst the urban districts, and Gloucester rural (13.1) amongst the rural districts. The total number of deaths from all causes was 2,080, as against 2,176 in 1876, and 2,307 in 1875. Ninety-four deaths occurred from scarlatina, 27 from measles, 38 from whooping-cough, and 38 from the different sorts of fevers. Of the scarlatinal deaths no fewer than 39 occurred in the Chepstow rural district, and 24 in the Westbury rural district.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—The following are lists of the candidates who have passed the recent examinations.—B.S. Examination. Pass List.

First Division.

Blake, William Henry, University College
Miller, Richard Shalders, University College

Second Division.

Benham, Frederick Lucas, University College
Gadsby, John Topham, University College
Silcock, Arthur Quarry, University College
Smith, Kenneth Rawlings, University College

M.D. Examination.

Ashby, Henry (Gold Medal), Guy's Hospital
Hellier, John Benjamin, Leeds and University College
Horrocks, Peter, Guy's Hospital
Morley, Thomas Simmons, Guy's Hospital
Pope, Harry Campbell, B.S., Liverpool and University College
Symonds, Charters James, B.S., Guy's Hospital

Logic and Psychology only.

Boddy, Hugh Walter, Manchester Royal School of Medicine
Gristock, William, University College
Hobson, Lewis John, B.S., University College
Jones, Arthur Henry, Guy's Hospital
Paget, William Smith, Liverpool and University College
Raine, George Rolph, Guy's Hospital
Stevenson, Leader Henry, Guy's Hospital
Tirard, Nestor Isidore Charles, King's College

B.S. Examination. Examination for Honours.

Second Class.

Benham, Frederick Lucas, University College } equal
Gadsby, John Topham, University College }
Blake, William Henry, University College } equal
Miller, Richard Shalders, University College }

MEDICAL VACANCIES.

The following vacancies are announced:—

- BALLYCASTLE UNION**—Medical Officer for Cusendall Dispensary District. Salary, £120 per annum, and £20 per annum as Sanitary Officer, with vaccination and registration fees. Election will take place on the 27th instant.
- BRISTOL GENERAL HOSPITAL**—House-Surgeon. Salary, £100 per annum with board, lodging, and washing. Applications to be made on or before January 4th, 1879.
- BRISTOL GENERAL HOSPITAL**—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to be sent in on or before January 4th, 1879.
- CARLISLE DISPENSARY**—Junior House-Surgeon. Salary, £90 per annum, with apartments, coals, gas, and attendance.
- CORNWALL COUNTY ASYLUM**—Assistant Medical Officer. Salary to commence at £100 per annum. Applications on or before the 18th instant.
- CUMBERLAND INFIRMARY**—Assistant House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications on or before January 1st, 1879.
- DINGLE UNION**—Apothecary (or Pharmaceutical Chemist) for Dispensary and Workhouse. Salary, £70 per annum. Election will take place on the 19th instant.
- GREAT NORTHERN HOSPITAL**, London—Ophthalmic Surgeon. Applications up to Monday, January 6th, 1879.
- HULL GENERAL INFIRMARY**—Honorary Physician.
- INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT**, Margaret Street—Assistant Visiting Physician. Applications on or before December 30th.
- LIMERICK UNION**—Resident Apothecary (or Pharmaceutical Chemist) to Limerick Workhouse Hospital. Salary, £100 per annum, and apartments. Candidates must be under forty years of age, and will be required to attend personally on the day of election (the 18th instant).
- LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE**—Lecturer on Midwifery. Applications to be addressed to the Registrar, up to December 23rd.
- ST. BARTHOLOMEW'S HOSPITAL**—Casualty Physician. Applications on or before the 16th instant.
- SLIGO DISTRICT LUNATIC ASYLUM**—Assistant Medical Officer. Must be unmarried, act as apothecary, be doubly qualified, possess a diploma in midwifery, and have at least two years' medical practice. Salary, £100 per annum and rations, or £50 in lieu of rations, with furnished apartments, fuel, light, etc. Election in December.
- STAMFORD AND RUTLAND GENERAL DISPENSARY**—House-Surgeon, Apothecary, and Secretary. Salary, £100 per annum, with board, lodging, and washing. Applications on or before December 31st.
- WANDSWORTH AND CLAPHAM UNION**—Medical Officer. Salary, £40 per annum, with fees. Applications on or before the 16th instant.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

DEATH.

LITTLETON, Thomas, M.B., F.R.C.S., at 1, Lansdowne Place, Plymouth, aged 54, on December 2nd. Deeply lamented.

THE field hospitals with General Roberts' victorious force at the Piewar Pass were in charge of Surgeon-Major Meane, 72nd Highlanders, and Surgeon-Major Hoysted, Royal Artillery, who were greatly assisted in their numerous operations by several native apothecaries.

PRESENTATION TO MR. G. E. BARRON.—On Saturday, December 7th, 1878, an illuminated address and purse of sovereigns were presented to Gerald E. Barron, M.B., by his friends and patients upon his resigning his public appointments and private practice at Hollymount, Co. Mayo. The address was most complimentary, and expressed deep regret at his departure from residence among the subscribers.

OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY..... Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—National Orthopaedic, 2 P.M.

WEDNESDAY.. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Cancer Hospital, Brompton, 3 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.

FRIDAY..... Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.

SATURDAY.... St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—East London Hospital for Children, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. W. H. Day, "On Heart-Diseases in Children".

TUESDAY.—Pathological Society of London, 8.30 P.M. Dr. Hoggan: Specimens illustrating the growth of the Fungi in Ringworm and Favus respectively. Dr. Tilbury Fox and T. C. Fox: The Histology of Rodent Cancer. Dr. P. Irvine: Specimens showing the effects of Compression of the Main Bronchi. Dr. Coupland: 1. Brain showing effects of extreme Congestion; 2. Chronic Pneumonia. Mr. James Adams: Tumour of the Breast. Dr. F. Taylor: Spinal Cord from a case of Infantile Paralysis. Mr. Sydney Jones: Cured Aneurysm of the Subclavian. Dr. R. Crocker: Warty Growths on Tricuspid Valve, with Mitral Stenosis. And other Specimens.

WEDNESDAY.—Association of Surgeons practising Dental Surgery, 8.30 P.M. Dr. C. Meymott Tidy, "On Anaesthetics".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL*, are requested to communicate beforehand with the printer, Mr. Thomas Richards, 37, Great Queen Street, W.C.

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*.

COMMUNICATIONS respecting editorial matters, should be addressed to the Editor, 161, Strand, London; those concerning business matters, non-delivery of the *JOURNAL*, etc., should be addressed to the General Manager, at the Office, 161, Strand, London.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

WE are compelled by pressure on space to omit the larger part of our Parliamentary Report.

MARTIN'S INDIA-RUBBER BANDAGES.

SIR,—In reply to the letter of Mr. Allbutt of Leeds, in your issue of to-day, I beg to say that I have several patients at present wearing the India-rubber bandages recommended by Dr. Martin of Boston. The bandages were supplied by Messrs. S. Maw, Son, and Thompson, Aldersgate Street; and, as a matter of bare justice to that eminent firm, I must say the material, as far as I am capable of forming a judgment, was perfectly free from flaws, and was certainly soft and pliable as a velvet ribbon. In the meantime, I am not in a position to speak of their durability. —I am, very truly yours, A. D. KEITH, M.B., C.M. Craigheigh, Abyne, Aberdeenshire, Dec. 7th, 1878.

SIR,—Referring to Mr. Allbutt's note in last week's issue of the *BRITISH MEDICAL JOURNAL*, we beg to state that we have imported, and have supplied to the profession, *genuine* Martin's India-rubber bandages since last April, and continue doing so. For particulars and prices, we refer the reader to our advertisement in to-day's number of this *JOURNAL*.—We are, yours respectfully, 8, Duke Street, Manchester Square. KROHNE AND SESEMAN.

DR. BROOM (Clifton).—Duly received.

ANÆSTHESIA IN ACCOUCHEMENTS.

SIR,—In reply to the letter of "Dilemma" in last week's *JOURNAL*, allow me to suggest to him "a compromise". Let him give his patient a little chloroform to take off the sharp edge of the pain, but not sufficient to produce insensibility. He will thus succeed in pleasing his patient without incurring any danger. The best inhaler for the purpose is "Skinner's"; and it is a good plan to use chloroform diluted with equal parts of rectified spirit of wine.—I am, sir, your obedient servant, AN OLD PRACTITIONER.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

SOCIAL ESTIMATION OF THE PROFESSION.

AN OLD ST. GEORGE'S MAN writes:—As an army medical officer of over thirty years' service, my experience may be acceptable. This is absolutely the reverse of the "puzzled son's". The army surgeon, as a rule, received a larger share of consideration, if he were a gentleman, and of forbearance if he were not one, than any other officer in the regiment. To the "mere ensign", who, by the way, was as good a judge as a general of a gentleman, the young doctor was a brother and boon companion; whilst the regimental surgeon was foremost in the councils of the officer commanding, and his fast friend in all difficulties. I should doubt any ensign using towards our profession at large the term "that cad of a doctor". No doubt, the term was often applicable; but the subject of it might have some redeeming quality; and if he were anything short of the true aggressive "British cad", he was invariably tolerated and, not unfrequently cured. The causes happily operating to diminish the number of "cads" in the medical profession, which you give, together with a better class of men coming into it, will no doubt bring us to the social level to which our calling entitles us. Till then, the members of other professions will get a short start in society, often to be outstripped in the race by those of our own who care to compete. I have just returned from a visit to one of our largest camps; and, meeting several old military friends, was pleased to hear one and all bear testimony to the gentlemanly bearing of the young medical officers lately joining; and, as there is sometimes an unmerited sneer cast at the outcome of the Irish schools, I may add that, without one exception, the young gentlemen referred to hailed from Erin.

A FLEET-SURGEON writes:—From an experience of over twenty-two years in all parts of the world, I have invariably found, both from the public and also from officers in my own service, the greatest readiness in acknowledging perfect equality in every social point. Never have I had cause to feel that the fact of being a member of our noble profession was other than an honour; let a man possess personal claims to social equality with others, and he will never be under the necessity of pressing it, or demanding it as the right which attaches to any particular calling. The Army and Navy, the Church and Bar, produce many and great "cads"—probably as large a proportion as are to be found in our ranks—and I am not aware that any social status is either a bar or a passport to any of them.

C. J. H. writes:—It seems to me that there are other reasons why the medical profession will never attract as the Bar, the Church, or the Army. Disease is not attractive to the majority; dissecting, however beautiful, is not pleasant; examining out-patients and dressing in-patients are also not pleasant; midwifery, again, is not altogether agreeable; *post mortem* examinations are not savoury; and operations require some training to get used to them. Then again, your time is never your own, and you can never be sure of a night's rest. Add to this, the generally unremunerative character of the profession to the majority, and it hardly offers an attractive calling to the sons of gentlemen who have been well educated and have means and influence at their command. That it is a noble profession and an exalted study no one can deny.

Dr. H. W. WILLIAMS (Fulham Road) writes:—The social position of the profession would be much improved if the ranks of medical students were recruited from the upper middle and upper classes of society in a much larger proportion than they are at the present time. The general education of the student is frequently very deficient in more ways than one. How often one meets with a professional brother, who is an excellent physician or surgeon, but who is sadly infirm when measured by the standard of the polished gentleman who has had an university education and has from childhood mixed in good society. Knowing the low scale of social estimation in the which the medical profession has always been and now is held, I maintain that it is not the profession for the son of a gentleman to adopt. There are no Government rewards or money prizes in the shape of judgements and bishoprics in medicine, no State honours or decorations for the practitioners of the healing art, in proportion to those granted to the officers of the army and navy. As "Filter" justly observes, the fact of our having to supply medicines to our patients is sufficient to brand the profession unfavourably in the eyes of the upper ten; it cannot be a pure profession under such circumstances. Then again, what can the world think of us as a body while we take club and union appointments at the present low rate of payment? The following suggestion I hope is not a bad one. Abolish preliminary examinations *in toto*, but on and after the year 1884 compel the student, before he goes in for his final examination in Medicine and Surgery, to produce a degree in Arts, Laws, or Sciences of a British or Colonial university. We should then have a different class of men in the profession, and I venture to predict better times for the doctor, not only socially, but in the shape of larger fees and less work.

"TWENTY YEARS' EXPERIENCE" says:—An important reason why really well bred men are so scarce in our profession is this: its peculiarly irksome obligations. How many men of good education and refinement will voluntarily undertake to be at the beck and call of the public night and day for probably the whole of their lives? What but poverty, the fact of being a very rough diamond, or ignorance of the hardships of the calling, would induce the majority of men to enter it? Men of refinement find it difficult to face such irksome matters as *post mortem* examinations and the nuisances met with in the examinations of patients. In his Hunterian Oration, Sir James Paget said the great pathologist had "made gentlemen of us". I fear it would be somewhat difficult to prove this according to Webster's definitions of the word, all of which mean simply breeding. That there are exceptions in the various grades of the profession is a matter of course, and no doubt these gentlemanly exceptions will continue amongst us.

"TEA-CADDY" suggests that the statement respecting the application of the word "cad" to doctors may be an illustration of the fact that the mind realises that which it dreads may happen. Cad, however, is a slang phrase, and should scarcely adapt itself to the mouth of a gentleman. He says: There is no man, it appears to me, who ought to be ashamed of his profession, however humble a member of it he may be; and, on the other hand, in opposition to what one of your correspondents remarked it is absurd to say that any man, however exalted his rank or Shakesperian his intellect may be, loses anything in social *prestige* by being a member of it. I have not entire sympathy with the idea that if the profession is to have a full passport to social recognition in the largest sense, it must have some dukes and earls to do with the *élite* of the profession can aspire. This may be a *desideratum*; nevertheless, I do not think that this *denominational* system of awards would add so much distinction or *éclat* to the profession as is generally supposed. That *esprit de corps* so much belauded, which belongs to the profession,

apply. Excepting round inflamed projections, this method requires no pad whatever. He should see that the knitted vest is skin-fitting; that the plaster of Paris is recently dried; and that the jacket extends well from the axillæ, and overlaps the anterior superior spines of the ilium. The next day after application, if the patient complain of no pain, and the jacket fit satisfactorily, it is a good plan to brush over some silicate of soda, which glazes it, ensures permanency, and prevents cracking.—I remain, sir, your obedient servant,
December 9th, 1878.

CHAS. ARTHUR MOORE, M.B.

IRREGULAR PRACTICE.

SIR,—In your editorial comment to a "Disgusted Member's" letter on irregular practice, last week, you remark: "It seems to be a case in which the licensing corporations, whose diplomas are paraded, should make investigations with a view to disciplinary action." Let me say that, as far as one of the Colleges is concerned, viz., the Royal College of Physicians, Edinburgh, I do not think it will trouble itself about the matter. Having myself held a diploma from that body for some years, I was naturally somewhat jealous for its honour; and, as I had heard a good deal of the proprietor of this "vital restorer", and of this "health renovator", I took the liberty, five years since, of directing the attention of my College to his doings, enclosing, for the information of the Council, a label stripped from a bottle obtained from his own house. I did not receive the slightest acknowledgment of my communication, and the name of the offender has re-appeared in each yearly list amongst the Licentiates of the College.

When the Edinburgh College of Physicians, nearly twenty years ago, decided to open its portals to the general practitioner, many of us who were then entering the profession rejoiced at this sign of progress, and especially so, in that there would no longer be the necessity for allying ourselves with a trading body in order to obtain a medical diploma; but, sir, I have come to the conclusion that the Apothecaries' Hall, past whose shop-doors we used to march on our way upstairs to register periodically, was a more honest and straightforward institution than a College which has a stringent law, such as the one I append, against keepers of druggists' shops amongst its members, and declines to take steps to make it effective when a flagrant breach of such law is brought to its notice.

I have been taunted again and again, to my intense disgust, by the assertion that the Edinburgh College of Physicians is the only one that permits its Licentiates to keep "open surgery". How can I deny it, or point to this law in refutation, when I know that, no matter how barefaced an infringement of it may occur, nothing is done by the College authorities to render it operative? One instance I may specify, a notorious case in a London suburb, of a chemist's shop, kept by a L.R.C.P.E., who resides on the premises. The attention of the College authorities is called to it at the beginning of March last; in the College list, published June 30th, name still appears; and on November 27th, in reply to an inquiry, I am informed "that the College have taken no steps in the case".

Far better would it be to strike out the law altogether, than to let it remain as an evidence of bad faith on the part of the College to all those other Fellows, Members, and Licentiates who have joined themselves to the College believing that the honour and welfare of the whole body was to be ensured in the keeping, and not in the evasion, of those laws by which they had bound themselves together.

As long as we have drug-selling doctors, the outcry against counter-prescribing chemists is little worth; but let the various Colleges of Physicians and Surgeons be true to themselves and to their members, and both "irregular practice" and "counter-prescribing" will, ere long, shrink into the smallest possible dimensions.

—I am, sir, your obedient servant,
STAMFORD FELCE.
Kenmore Lodge, Elgin Road, St. Peter's Park, W., December 2d, 1878.

Royal College of Physicians, Edinburgh. Law 1, Chapter VI, reads as follows:—

"Any Fellow, Member, or Licentiate of the College who shall, by himself, co-partners, or servants, keep a public apothecaries', druggists', or chemists' shop, shall *ipso facto* forfeit all the rights and privileges which he does or may enjoy, as a Fellow, Member, or Licentiate of the College, and his name shall be expunged from the list."

A METROPOLITAN TEACHER.—Professor Marshall will bring his course of lectures at the Royal Academy to a close on Monday next. He will lecture this evening (Friday) at Burlington House.

THE ACQUA ACETOSA OF ROME.

SIR,—This mineral spring, to which a correspondent of the JOURNAL draws attention, lies at the bend of one of the many windings of the Tiber, about three-quarters of a mile above the Ponte Molle (Pons Milvius). Proceeding from the Porto del Popolo along the Via Flaminia, the direct road to it soon turns off to the right, and passing the well-known villa of Papa Giulio (Pope Julius III), with its clever but faded frescoes of Taddeo Zuccherò, winds as a steep lane up Monte Parioli, and on, between hedge walls of hawthorn, elder, and privet, along its crest, descending to the Tiber on the other side. It is a lonely but interesting spot, for to the right rises a grass-clad hill, on which stood Antennæ—Turrigere Antennæ—one of the Sabine cities, which were the rivals and the victims of Rome. To the north is Castel Giubileo, the Etruscan Fidenæ, and on the plains across the Tiber, the Saxa Rubra, at which Constantius defeated Maxentius. The spring itself issues from three conduits in a fountain, built in the form of a small but graceful exedra, by Bernini, for Alexander VII, the Chigi Pope.

The ingredients in the water are much the same as in the Acqua Santa, a spring on the opposite side of Rome, about three miles from the Porto San Giovanni. The main effect is derived from notable quantities of the bicarbonates of lime and magnesia, but there are also sulphates of soda and of magnesia, and chloride of sodium in some amount, and abundance of free carbonic acid, which makes it very sparkling. It issues at a temperature of 16 deg. (C.). It is bottled in Florence flasks, and sold in the streets of Rome as a gentle laxative, which it is in large quantities; and towards spring, the Italians often walk or drive out in the early morning to drink a few glasses—"per purgare gli umori", as they say—and probably instead of the vernal bleedings in which they used to indulge. There are so many better waters of like composition, that it is really not required in practice, but the walk in the early morning hours to this picturesque fountain must do many a stout Roman good.

While writing on mineral waters, I wish to draw attention to a chalybeate spring, not yet sufficiently known to British practitioners. It is the Corsican Orezza Water, which contains a large amount of carbonate of iron, and so much free carbonic acid as to be a very pleasant drink. In my experience, it has proved a valuable and very digestible iron-water.—I am, etc.,
Rome, November 22nd, 1878.

LAUCHLAN AITKEN, M.D.

A. P.—Solutions of the mathematical problems set at the preliminary examinations of the Royal College of Surgeons are published by the *Educational Times*.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest:—The Western Morning News; The Glasgow Evening News; The Liverpool Mercury; The Weymouth Telegram; The Kelso Chronicle; The Fife Herald; The Merthyr Express; The Carnarvon and Denbigh Herald; The Surrey Advertiser; The Stroud News; The Scotsman; The Manchester Courier; The West Middlesex Advertiser; The Western Mail; The Essex Advertiser; The Melbourne Argus; The Midland Free Press; The Cork Constitution; The East London Observer; The Leeds Mercury; The United Service Gazette; The Citizen; The Gloucestershire Standard; The Cornwall Gazette; The Freeman's Journal; The Somerset and Wilts Journal; The Somersetshire Advertiser; The Eastern Morning News; The Irish Times; The Chicago Times; The Manchester Guardian; The Berkshire Chronicle; The Glasgow Herald; The Oswestry Advertiser; The Edinburgh Daily Courier; The Middlesex County Times; The Liverpool Evening Advertiser; The Daily Courier; The Yorkshire Post; The Coventry Herald; The Wisbech Advertiser; The West Briton and Cornwall Advertiser; The League Journal; The Plymouth Gazette; The Newport and Drayton Advertiser; The Exeter and Plymouth Courier; The Southport Visitor; The Wrexham Advertiser; The Edinburgh Courier; The Lincolnshire Express; The Hull Advertiser; Saunders's Irish Daily News; The Daily Express; etc.

* * * We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

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

Sir G. Burrows, London; Dr. G. H. B. Macleod, Glasgow; Dr. Quain, London; Dr. W. Rutherford, Edinburgh; Mr. T. Spencer Wells, London; Dr. Douglas Powell, London; Dr. de Valcourt, Cannes; Dr. J. Marion Sims, Paris; Dr. R. Liveing, London; Dr. T. Clifford Allbutt, Leeds; Dr. Savage, London; Dr. T. J. Browne, Dunganon; Mr. Lloyd Owen, Birmingham; Dr. Arthur Downes, Shrewsbury; Dr. E. B. Baxter, London; Mr. Morrant Baker, London; Dr. A. W. Edis, London; Dr. E. Waters, Chester; Dr. Grigg, London; Dr. Berkart, London; Mr. R. Davy, London; Mr. G. Brown, Kilburn; Dr. Jamieson, Edinburgh; Mr. T. M. Ward, Exmouth; Dr. Seymour J. Sharkey, London; Mr. Knowsley Thornton, London; Dr. Trier, Lurgan; Dr. T. F. Chavasse, Birmingham; W.; A Member of the Army Medical Department, Ceylon; Mr. Bader, London; Dr. Walter, Manchester; Mr. Edwin Bush, Frome; Quærens; Dr. J. Crawford Renton, Glasgow; Dr. J. E. Morgan, Manchester; A Member, Edinburgh; Dr. Maclaren, Carlisle; The Rev. A. O. Simmons, Bristol; M.D. Edin.; Dr. R. Elliot, Carlisle; Mr. G. Birch, Clapton; Dr. Sheen, Cardiff; Mr. W. K. Treves, Margate; Mr. G. May, jun., Reading; Mr. Vachell, Cymer; Mr. A. Wheeler, Rochdale; The Medical Proprietor of a Private Asylum; Dr. Hardie, Manchester; Vive ut Vivas; Our Dublin Correspondent; M.D. and County Magistrate; X.; Mr. R. Gibbs, Harrold; A. L.; Mr. W. Lattey, Wigan; The Registrar of the University of London; Dr. Wm. Fairlie Clarke, Southborough; Our Edinburgh Correspondent; Dr. Jas. Sawyer, Birmingham; Dr. Maclagan, Dundee; The Registrar-General of Ireland; Dr. Joseph Bell, Edinburgh; The Registrar-General of England; Dr. Julius Althaus, London; Dr. Eben Watson, Glasgow; The Registrar of the Medical Society of London; Dr. Saundby, Birmingham; Dr. J. Finlayson, Glasgow; Dr. McCall Anderson, Glasgow; Dr. G. Beatson, Glasgow; Dr. Fairbank, Doncaster; Mr. Donald Napier, London; Dr. G. Buchanan, Glasgow; Dr. Cranston Charles, London; Mr. A. Godfray, Jersey; Dr. Shirley Murphy, London; Dr. Roper, London; Mr. Coppinger, Dublin; Dr. Temple, London; Dr. A. Hughes Bennett, London; Mr. Sewill, London; Mr. B. F. Smallman, Wigan; Mr. Job Watson, Hemingford Grey; Dr. John Broom, Clifton; Dr. Fletcher Beach, Darenth; Dr. Urban Pritchard, London; Mr. W. Thomson, Dublin; Dr. R. W. Batten, Gloucester; Mr. G. Eastes, London; Dr. Lionel Beale, London; Dr. Ewald, Berlin; Mr. Storer Bennett, London; Mr. A. Lingard, Paris; Mr. J. B. Curgenven, London; Dr. Trollope, St. Leonard's-on-Sea; Dr. Fussell, Brighton; Dr. A. R. Simpson, Edinburgh; Mr. Hodgson, Brighton; Mr. N. B. Blaker, Brighton; Mr. A. W. M. Robson, Leeds; Dr. Macnaughton Jones, Cork; M.R.C.S.; An Old Practitioner; Dr. Eade, Norwich; Dr. Ward Cousins, Southsea; Dr. John Dougall, Glasgow; Mr. H. E. Haynes, Evesham; Mr. G. E. Barron, Hollymount; Mr. J. H. Craigie, London; Dr. J. P. Cassells, Glasgow; Mr. Walter Hart, Great Baddow; Mr. S. M. Bradley, Manchester; Dr. J. Smyly, Dublin; Dr. Athill, Dublin; Dr. W. H. Broadbent, London; Mr. M. A. L. Simmons, Bristol; Dr. Macewen, Glasgow; F.R.C.S.; Dr. T. W. Grimshaw, Dublin; Sir Dominic Corrigan, Dublin; Mr. John Haynes, Winchfield; Mr. Adam Fox, Manchester; Dr. Foulis, Glasgow; Dr. Alex. Thom, Crief; Mr. Anthony Bell, Newcastle-on-Tyne; Mr. F. H. V. Grosholz, Aberdovey; etc.

BOOKS, ETC., RECEIVED.

Transactions of the Pathological Society of London. Vol. xxix. London: J. E. Adlard. 1878.
The Pathological Anatomy of the Ear. By H. Schwartz, M.D. Boston: Houghton, Osgood, and Co. London: Trübner and Co. 1878.
The Croonian Lectures on Certain Points connected with Diabetes. By F. W. Pavy, M.D., F.R.S. London: J. and A. Churchill. 1878.
Harvey and his Discovery. By J. M. Da Costa, M.D. Philadelphia and London: J. B. Lippincott and Co. 1878.
The Principles and Practice of Surgery. By D. M. Agnew, M.D., L.S.D. Vol. 1. Philadelphia and London: J. B. Lippincott and Co. 1878.
Atlas of Skin-Diseases. By L. A. Duhring, M.D. Paris. Philadelphia and London: J. B. Lippincott and Co. 1878.

1879.

THE BRITISH MEDICAL ASSOCIATION.

President—R. WILBRAHAM FALCONER, M.D., F.R.C.P., D.C.L. Consulting Physician to the Mineral Water Hospital, Bath.

President-Elect—DENIS CHARLES O'CONNOR, A.B., M.B., Professor of the Practice of Medicine in Queen's College, Cork.

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Treasurer—W. D. HUSBAND, F.R.C.S.Eng., Senior Surgeon to the County Hospital, York.

Editor of Journal.—ERNEST HART, Esq.

General Secretary.—FRANCIS FOWKE, Esq.

The ANNUAL MEETING of the Association for 1879 will be held in August, at CORK,
under the Presidency of

DENIS C. O'CONNOR, A.B., M.B.

The ADDRESS in MEDICINE will be delivered by ALFRED HUDSON, M.D., M.R.I.A., Regius Professor of Physic in the University of Dublin.

The ADDRESS in SURGERY will be delivered by WILLIAM S. SAVORY, M.B., F.R.C.S., F.R.S., Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital.

The ADDRESS in PUBLIC MEDICINE will be delivered by ANDREW FERGUS, M.D., President of the Faculty of Physicians and Surgeons of Glasgow.

The objects of the Association are—the promotion of Medical Science, and the maintenance of the honour and interests of the Medical Profession. The Subscription to the Association is One Guinea annually; and each Member on paying his Subscription is entitled, in addition to the other advantages of the Association, to receive weekly, post free, the "BRITISH MEDICAL JOURNAL: BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION". The Subscription is payable, in advance, on the 1st January in each year.

Gentlemen desirous of becoming Members of the Association should communicate their wish to the HONORARY LOCAL SECRETARIES, or to the General Secretary, F. FOWKE, Esq., 161, Strand, London, W.C., in order that the proper steps may be taken for their election.

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