of the second growth proceeded with on that day, but I saw him again two days later, and on that occasion removed it with the loop. The pain of this operation, in spite of the fact that cocaine had been injected into the mass as well as sprayed on its surface, was very severe. I call particular attention to this as an American writer has recently expressed the opinion that the removal of hypertrophied tonsils, with the galvano-caustic loop is much the painful method than when the tonsillotome is employed. I heard nothing of this patient for over a year, but shortly before last Christmas his father called on me and said that his son had enjoyed excellent health since the operation, and that his voice was quite strong and clear. A microscopic examination of the four bodies removed showed that they all presented the usual characteristics seen in hypertrophied tonsils. I think it will be admitted that the case was a very unusual one in the fact that the supernumerary tonsils were bilateral and symmetrically placed below the normal glands, from which, however, they were separated by the posterior palatine fold, and an interval of half an inch.

I have another case of supernumerary tonsil at present under treatment. The patient is a child of about 10, and has the normal tonsils slightly hypertrophied. In this case the supernumerary tonsil lies over and is situated in the middle line immediately behind the uvula. A rhinoscopic examination showed that it has no connection with Luschka's tonsil, which is quite separate, but is also hypertrophied. In this case the friends of the child object to the growth being removed by the loop at one sitting; I am, therefore, gradually destroying it by repeated cauteries with the galvano-cautery.

I have made a rather extensive search in the libraries, and have not been able to find more than three similar cases recorded. The most recent instance is a case reported by Dr. Carroll Morgan, at the annual meeting of the American Laryngological Association last year, and in his paper he also refers to the only two other examples I have been able to find, namely, those of Jurasz. None of these cases, however, was bilateral or symmetrical. It would be interesting to inquire how it is that when hypertrophy of the adenoid tissue scattered over the mouth and pharynx takes place, this usually occurs in definite situations, and so rarely in other places which one might think were exposed to exactly the same influences.

MEMORANDA:

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

TRACHEOTOMY UNDER DIFFICULTIES.

I was called on the morning of April 29th to see J. E., a fishmonger, aged about 30 years, who has for years suffered from chronic laryngitis, and found him voiceless and with considerable dyspnoea, an acute condition having evidently supervened upon his ordinary chronic inflammation, attributable, I think, to exposure to the east winds, and undue indulgence in whisky. I ordered sinapisms externally to the throat, a purge, inhalation, and medicine, and calling again in the afternoon, found him much relieved. But on passing the house about 8 P.M., I was called in and told he was dying. I found him unconscious on the bed, lips and extremities blue, pupils dilated, conjunctiva insensitive, breathing fluttering, and in dying appeared scarcely perceptible, and in fact at the point of death. There was evidently nothing for it but tracheotomy.

I accordingly despatched messengers for a tube, bronchitis bottle, etc., but as the man was every moment becoming worse, I found I could not wait for the arrival of the tube, and was at my wit's end for a substitute, till, having examined all the available pipe stems, and found nothing suitable, I suddenly thought of a quill toothpick. I cut the end off this, and having opened the trachea with my penknife, inserted the quill, and was delighted to find that it was of just the right size, and the patient being immediately relieved. There was some difficulty in obtaining a large silver tube, and I consequently had to hold the toothpick in position for an hour. On the arrival of the silver tube, with the assistance of my principal, Mr. Lowson, I enlarged the opening in the trachea, and inserted the tube, and so far the patient is doing well.

The toothpick was an ordinary quill, luckily of large bore, and the chief difficulties I experienced in maintaining a supply of air were in avoiding, during his struggles, jamming the end against the posterior wall of the trachea on the one hand, and pulling it out altogether on the other, but as long as he remained quiet with his neck bent over the side of the bed, and his head low, he remained an existing supply of air.

Reading.

H. HARVEY NORTON, L.R.C.P., M.R.C.S.

EPITHELIOMA PRIMARILY AFFECTING THE TONSIL.

The case reported by Dr. Downie in the Journal of May 3rd recalls to my mind a similar one occurring in a woman, the only case I have seen in my practice. Mrs. D., aged 26, consulted me in October, 1889. Since her last confinement the previous month, she had never been well. The child lived one month, and she had to keep her room for five months. She looked ill, with a lemon-yellow complexion, and complained of sore throat, with shooting pains radiating from the left tonsil, and occasional difficulty in swallowing. The left tonsil was uniformly enlarged, not fixed, granular surface; no other enlarged glands. Ten weeks previously there was nothing the matter with her throat. For years she had been very pale, but was better in this respect when I first saw her. Almost choked and swooned at the sight of food. Artificial respiration, in three weeks' tonic treatment she improved in her general health, and the tonsil was decidedly reduced in size, but the pain continued. In ten days the tonsil had again much increased in size, and I was doubtful as to its nature; but as she expressed a great fear of any sudden change to her person, I ordered a small portion of it, and the operation was twice repeated within a period of three weeks. Portions removed were examined microscopically and much epithelial tissue found. Subsequently the case progressed rapidly towards a fatal termination; the tonsil became sloughy, increased considerably in size, and the difficulty of swallowing increased, and in another six weeks, on January 19th, 1890, she died from exhaustion. Cardiff.

ALFRED SHEEHAN, M.D.

ECTOPIC PREGNANCY IN THE LEFT FALLOPIAN TUBE: RUPTURE (?).

On April 24th I was asked in an off-hand sort of manner to "look in" and see Miss X., which I did in a few minutes after the message, and found the girl (aged 17) in bed. Her mother's account was that she had been "out of sorts" for two or three days, which, she said, was the girl's own blame, as "she had been constantly eating raw rice and drinking spirits of magnesia." She did not seem to think the daughter's illness was anything worse than a colic due to these. The previous history was therefore scanty, but I learned that the girl (who worked in a mill) had complained on the previous evening of very severe pain in the abdomen, which had set in suddenly and had kept her awake all night.

On examining her I found the girl in a state of collapse, with fluttering, barely perceptible pulse, sighing respiration, pallid lips, and quite the appearance of a person after a severe hemorrhage. The abdomen was distended, hard, and most prominent on the left of the umbilicus. There had been amenorrhoea for eight weeks, and I got out of her with some gentle persuasion that she had had intercourse with a young man about two months before.

On vaginal examination there was great pain when I tried the bimanual method. The os uteri was very small. The left fornix was filled with a semi-fluid substance, and seemed distended all round the left side as the pain was so severe. I could not discover anything farther. There was no hemorrhage from the uterus.

The diagnosis I made was: (1) left Fallopian tube pregnancy of seven or eight weeks; (2) rupture the night before with internal hemorrhage; and (3) when I was called in acute peritonitis and perimetritis. This case, if seen before rupture occurred, would in all probability not have been diagnosed as above, owing to the girl at first denying any possibility of pregnancy. A post-mortem examination would have cleared up matters very much, but could not be obtained.

CHAS. J. R. MCLAREN, M.D., M.S.
Yeaton, Leeds.

POISONOUS EFFECTS OF EXALGINE.

The curious effects observed by Dr. Ainalis Johnston after the exhibition of small doses of exalgin serve to bring into prominence the intolerance manifested by certain persons for many of
these derivatives of the coal tar series, and for which it is always necessary to be prepared; hence the necessity for always beginning with small doses, as recommended by Professor Fraser.

I have now used exalgine in quite a number of cases of neuralgia, in doses of from one to three grains; and, while I have had every reason to be satisfied with the relief obtained, I have not so far been unfortunate enough to have to record the slightest disagreeable, still less alarming, effects as the result of its administration.

Gower Street, W.C.

ALFRED S. GIBB.

REPORTS

OF

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS

AND ASYLUMS OF GREAT BRITAIN, IRELAND,

AND THE COLONIES.

STATION HOSPITAL, HONG KONG.

A CASE OF RUPTURE OF THE DUODENUM.

(By Surgeon M. T. Yarn, Medical Staff.)

I am indebted to the kindness of Deputy Surgeon-General Pater-

son and Surgeon-Major Barrow for permission to publish this case.

Patient—a boyish-looking soldier of somewhat delicate physique, aged 22 years—while walking from his barrack room in a half-sleeping condition on the morning of August 30th, fell on to a stone landing from a height of 7 or 8 feet, and was found groaning there about five minutes after by some of his comrades, who at once brought him to hospital. I found him groaning with pain referred to a point immediately above the pubes, and complaining of being unable to micturate, though intensely desiring to do so.

Examination showed a slight contusion of the abdomen immediately above the umbilicus, with great tenderness on pressure in the same situation; contusions—none severe—on left wrist, temple, and left side of face; face flushed; pulse full and bounding; extremities warm; temperature 99°.

The suprapubic pain was almost entirely relieved by catheterisation with a No. 10 catheter, which passed with ease, and drew off nearly a pint of perfectly normal urine; large light poultices were applied to the abdomen, beef-tea and milk given in small quantities frequently, and a mixture containing tinct. opii in hourly doses. During the day the suprapubic pain and desire to micturate returned at intervals of from two to three hours, and were relieved by catheterisation, small quantities of water, and urine drawn from the catheter. Oedema soon became a prominent symptom, and was relieved to some extent by powdered ice; these were the most distressing features of the case on the first day.

Temperature at 7 P.M. 101°, skin warm and moist, face flushed and anxious, pulse full but irregular. An enema of soap and water given 9 P.M. without any effect.

August 31st. Patient slept in snatches during the night; intense thirst continues; urine had to be drawn off at 3 A.M. owing to recurrence of suprapubic pain. To-day the chief symptoms are nausea, retching, great thirst, and pain—slight at first but severe towards night—about an inch above and to the right of the umbilicus. Pulse still full and strong, face flushed but with a drawn expression, skin moist, temperature morning and evening 99.8° and 101.2°. Mixture, brandy and powdered ice continued; given ½ gr. morphia hypodermically at 9 P.M. owing to abdominal pain. Patient passed urine twice to-day; suprapubic pain seems to have disappeared.

September 1st. Slept well, but wakened at 7 A.M. with a severe rigor, temperature rising rapidly from 101.5° at 7 A.M. to 104° at 11 A.M.; great pain and tenderness over entire abdomen (more marked in right and left hypochondriac and epigastriac regions); slight distension in the morning, becoming more marked during the day; legs drawn up, face flushed and anxious—all the usual symptoms of peritonitis. Patient was kept under the influence of morphia the entire day, receiving 1½ grain hypodermically in the twenty-four hours. Small quantities of brandy, milk, and powdered ice administered and retained, although there was great nausea. Passed urine without any assistance several times in the course of the day, and at 9 A.M. a small, liquid, brownish-yellow stool, without any pain or straining. The clothes were supported off the abdomen, to which hot spongiolepine, sprinkled with tinct. opii, was applied. Temperature at 9 P.M. 103°.

September 2nd. Patient is now vomiting small quantities of almost pure bile at brief intervals; thirst continues intense; distension increased; pain masked by morphia. I punctured the small intestine about the juncture of the left lumbar and umbilical regions with a hypodermic needle, giving vent to a small quantity of gas, with slight temporary relief. Passed three copious liquid brown stools, being drily weaker to-day, and extremities cold. Temperature morning and evening 103.8° and 96°. Towards night the amount of bile vomited increased, as much as 8 ounces being vomited at one time. No faecal smell.

September 3rd. Patient had a restless night, but free from pain; this morning pain has entirely disappeared, but collapse is now marked; temperature 97°, pale drawn face, cold extremities. Small quantities of brandy, essence of beef, and milk given every fifteen minutes. He gradually sank, and died quietly, conscious to the last, at 4 P.M.

Necropsy Performed Fifteen Hours After Death.—

External Appearances: Body fairly well nourished; rigor mortis present, but not markedly; post-mortem staining on loins, buttocks, and shoulders; abdomen distended; contusions on abdomen, left wrist, temple, and left side of face.

Internal Appearances: (a). Abdomen: A large amount of flat gas escaped on opening, and nearly two pints of peritoneal fluid, containing numerous folliculi of lymph were removed. The small intestines was enormously distended, the distension beginning about the middle of the intestine and increas- ing upward till it stopped abruptly at the duodenum; the peritoneum intensely congested, and the surface of the intestine dotted here and there with flakes of partly adherent lymph. A rupture about the size of a sixpenny piece was found after a careful and difficult search in the anterior surface of the duodenum, immediately below the entrance of the ductus choledochus communis and pancreatic duct; not more than half an ounce or three-quarters of an ounce of faces had escaped through it, the whole being surrounded, and the intestine at this point tightly constricted, by an organised mass of peritoneal effusion. The intestine, on being distended, contained 12 ounces of almost pure bile; large intestine normal, small containing nothing but gas. Liver intensely congested and friable, weighing 67 ounces; spleen congested, otherwise normal; kidneys normal; pancreas congested; bladder normal, nearly empty. (b). Thorax: Considerable hypostatic congestion of both lungs, which were also compressed by the upward pressure of the abdominal viscera; right side of heart full of dark liquid blood, otherwise normal. (c). Cranium: Not opened.

Remarks.—As will be seen from perusal of the signs and symptoms the diagnosis was from the first extremely obscure. The most typical symptoms enumerated by Sir W. Mac Cormac in his work on Abdominal Section—the prolonged and profound shock, small and quick pulse, hurried respiration, temperature normal or sub-normal—were all conspicuous in their absence; but at the many and anxious consultations held on the first day and afterwards, the question of abdominal section was discussed and not considered justifiable in the presence of the symptoms, which it must be remembered were then the only guides. The history of the accident causing the rupture—a not very serious fall—and the external injuries, which were of a trivial nature, gave us no clue as to the occurrence of so grave a lesion as rupture of the bowel; while the notable absence of collapse until the day of death led us to take a hopeful view of the case. In the three cases quoted by Sir William Mac Cormac in his book, the cases causing the rupture were of a much graver nature.

The case is a very instructive one, as we learn from it that shock must not be regarded as an invariable concomitant of serious abdominal injury; the rapidity with which the peritoneal effusion became organised is also, I think, remarkable. Rupture of the duodenum without external injury appears to be a rare accident; in the few books of medical reference available here I can only find three recorded cases, though doubtless there are others.

A LARGELY attended “parade” of friendly, benefit, temperance, and trade societies was held on Saturday last in Hyde Park, on behalf of the Morley House Cattle Show, an institution founded in 1860 in connection with the Hospital Saturday Fund, and which has since been managed by a committee of working men.
perhaps, some connected with the special hospitals, desired to see a reform.

Upon the Committee resuming their sitting on Thursday, Mr. 

BOUSFIELD stated that he had up to five years ago been an active

member of King's College Hospital. Since then he had not attended so often, but was therefore more fully aware of the position of the hospital. It was his strong opinion that there was a want of organisation generally amongst hospitals, and in particular in regard to the out-patient departments. At King's College Hospital during his active connection with it there was an inquiry as to that department, and an officer was appointed to ascertain the position and circumstances of the out-patient applicants, with the result that there was a great diminution in the number of applicants. Inquiries made some years ago showed that some of the patients were treated very hurriedly; but, on the other hand, a very considerable time was given to certain other cases which were considered interesting and valuable to the medical school. He agreed with Sir Spencer Wells, SirWilliam Ferguson, Mr. Timothy Holmes, and others, that the patients ought to be subject to some machinery before they were allowed to go to the out-patient departments. Hospital physicians were much afraid of any change, as they were most anxious that important cases should not be dropped. He considered that the out-patient departments should be used more for consultative cases. The general hospitals with medical schools attached were, as a rule, economically and well managed. The data upon which the returns were based were different, and the returns of the hospital committee as to the extent of beds was not quite reliable. There should be some common system of treating accounts. He held the opinion that it would be a wise thing to map out London into territorial areas for hospital purposes; General hospitals were not working in competition with the special hospitals or dispensaries in their districts. The provident dispensaries should be affiliated with the general hospitals.

Lord SANDHURST: Would not the removal of hospitals for territorial purposes be a gigantic undertaking?

The Witness: It would be quite possible, but St. Thomas's was removed. The great increase in the value of land in certain parts would make the removal in some cases less difficult. There should undoubtedly be some central body (perhaps like the Charity Commissioners) to exercise some control over the hospitals. Special hospitals had been formed very much to the detriment of large general hospitals. Infirmary should be used as far as possible for the promotion of medical education.

In answer to the ARCHBISHOP OF CANTERBURY, the Witness expressed the opinion that subscriptions should not be away with in the general hospitals without affecting the practice at all. He said also that his remarks as to the weak points in the out-patient departments applied also to casualties. Gradually all objection to entering the infirmaries was passing away. The Board of Trade would hold what were termed State-aided hospitals, rather than Poor-law institutions. He was in favour of admitting clinical teaching at the Poor-law infirmaries. It would raise the character of the infirmaries and be very valuable for the progress of medical knowledge, because so many cases available for teaching were now excluded from ordinary hospitals. If there was some system of payment there would be no difficulty in providing additional hospital accommodation for London if necessary. What was required was a reorganisation of existing beds. That would do much to mitigate any pressure. As to the question of the area for any redistribution of hospitals, the Poor-law areas should be adopted, but the position of the hospital must be considered. The lock hospitals should be affiliated to the general hospitals, and students should have the advantage of visiting the hospitals without bringing the two bulwarks together. He became determined of the locking out of the territorial scheme, but that should not stand in the way of a general reform of the medical charities, which were made for the public and for the poor, and mere vested interests should not stand in the way of a really sound reform. As to the supposition that the infirmaries were now being run as if they were hospitals, it was absolutely wrong, although it was contrary to sound principle, for a person to send his servant to a hospital for relief, paying something for the relief. Some of the hospitals, no doubt, required a good deal of improvement in regard to sanitary matters. The sanitary wisdom of a few years ago was the sanitary folly of to-day in some cases. The medical staff at King's College were all unpaid, but he could not say whether there was any remuneration to the staff at other hospitals. The surgeons certainly did not provide their own instruments. They were provided by the hospital. The latest improvements in surgical instruments were adopted at the large general hospitals, as the medical school authorities were anxious to improve the teaching. At the small hospitals such advance and improvement would probably not come so soon as at the large institutions. Undoubtedly the experiments made were for the benefit of the public as well as for the medical school and the patients. After speaking of the system of admission of patients at the lying-in hospitals, the witness gave evidence as to the objects of the Metropolitan Providence Medical Association, and said that they had not been met by the general hospital authorities in the endeavour to support an organised system of provident dispensaries. Both lay and professional individual members had looked with favour on the movement, but the medical officers generally had prevented any definite scheme of co-operation. There were now but the provident dispensaries, but the progress of the system had been slow. The number of sham dispensaries had done them harm, and there was a certain class of practitioners practising among the poor at low ready money fees. They had started so-called medical provident societies, which were not provided in any sense, and scandals had from time to time occurred at those places, so that persons had been prejudiced against real dispensaries. The remuneration of medical men at provident dispensaries was taken out of the contributions of the members, and last year £1,305 was divided amongst 71 medical men. It would, he considered, be a good thing if all midwives were registered under some society.

Lord LAMINGTON: You talk of low-priced medical practitioners; but they cannot practise without a diploma.

The Witness: Many cases have come out in which medical men who are qualified had opened these doctors' shops, which, however, have been worked to a considerable extent by unqualified assistants, and the medicine is very bad. It is very difficult to prosecute, but I see that the medical profession are taking steps now. A great deal of valuable material for medical teaching now runs to waste, and it would be very desirable that the hospitals of the Metropolitan Asylums Board should be made available for medical instruction.

Colonel MONTEFIORE was shortly re-examined as to the method of making up the accounts of hospitals, and urged that there should be a uniform system. He also corrected his previous evidence by stating that at several of the hospitals without schools there was some payment by the patients.

MEDICAL DEFENCE UNION.

METROPOLITAN DIVISION.

A meeting of the Executive Committee was held at the offices of the British Medical Association, Strand, on Thursday, May 8th, Mr. FANCOURT BARNES in the chair.

A letter was read from Dr. Mead, of Newmarket, acknowledging in appropriate terms the vote of thanks passed by the Committee to him at the last meeting for the great trouble he had taken and the amount of time and energy he had expended in organising the Branch.

The Honorary Secretary (Dr. Campbell Pope) reported the very satisfactory progress of the Branch in numbers. The number of members up to date in the Metropolitan Division was 442.

Dr. BATCHELSON made a statement calling attention to the immense numbers of unqualified men practising in the metropolis to the great injury of the profession, and gave several instances of a flagrant nature.

Dr. DE HAYVILLAND HALL proposed, and Dr. MASTERS seconded, a resolution that the Honorary Secretary be empowered to call a meeting to discuss an alteration in the Medical Act with a view to the better protection of the public, and to afford greater security for practitioners in the exercise of their calling. This was carried unanimously, and it was determined to lay any resolutions passed at the proposed meeting before the General Council of the Union and the Parliamentary Bills Committee of the British Medical Association.

TO CORRESPONDENTS.

Our correspondents are reminded that there is a great bar to publication and, with the constant pressure upon every department of the Journal, brevity of style and conciseness of statement greatly facilitate early insertion. It is not proposed to return or reserve a great number of communications chiefly by reason of their unnecessary length.
LIST OF AUTHORS AND OTHERS WHO HAVE PRESENTED BOOKS TO THE LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

XINHT LIST.
Presented by JAMES ADAMS, Esq., M.D., Kent.
Some Remarks on the Important Changes which will be effected by the Livery Act, 1860.

St. George’s Hospital Reports; 3 vols. (To complete series.)

Presented by THOS. MAULMITH, Esq., L.R.C.P., Londonderry.

Ranking’s Abstract of the Medical Sciences. 4 vols. 1851-1872. (To complete series.)

Presented by WILLIAM ROBINSON, Esq., M.D., Stanhope, Darlington.
Endemic Goitre or Thyreoeide. 1885.

Presented by W. J. STEPHENS, Esq., L.R.C.P., Brighton.
Brathwaite’s Retrospect of Medicine. 2 vols. (To complete series.)


Presented by JOHN WOODMAN, Esq., M.D., Exeter.
Brathwaite’s Retrospect of Medicine. 40 vols. Vols. 9 to 48. (To complete series.)

Presented by P. W. WILLIAMS, Esq., M.B., Clifton.
The Medical Annual. 1850.

Presented by ERNEST HART, Esq., Honorary Librarian.
Academy of Medicine in Ireland (Transactions of). 1859.


Bryant (T.). The Bradshaw Lecture on Colotomy, Lumbar and Iliac. 1880.

Chipp (Harrison). Cancer of the Rectum. 3rd edition, 1890.


Feilin (H. W.). Geographical Distribution of some Tropical Diseases. 1889.


Glasgow Medical Journal (General Index to). 1829-1838.


Guy’s Hospital Reports. 1890.

Hayes (S. Paym). Electricity and Facial Blemishes. 1889.


Keith (Skene). Introduction to the Treatment of Disease by Galvanism.

Kilsic (A.) et K eller (P. L.). Traité des Maladies des Pays Chauds. 1890.

Langenbeck (Dr. Bernard von). Vergiftungen über Allergie. 1888.

Lewis (W. Beran). A Textbook of Mental Diseases. 1889.

Macfarlane (A. W.). Insomnia and its Therapeutics. 1890.

Mitchell (Clifford). Dental Clefts, and Metallurgy. 1889.

Monod (Cl. et Terillon, O.). Traité des Maladies du Testicule et des ses Environs. 1890.


Noel (The Hon. E.). The Science of Meteorology or Natural Weights and Measures. 1859.


St. Bartholomew’s Hospital Reports. 1880.

St. Thomas’ Hospital Reports. 1880.

Sheffield Corporation Water: Proceedings of a Committee appointed to inquir into alleged Lead Poisoning. 1890.

Skeff and their Treatment. By a Hindi. 1889.


Staunton (James). Pharmacopœia of the London Skin Hospital. 1890.

Stretton (J.). Curve of Ambulance Lectures. 1890.

Thomson (Sir Henry). Modern Cremation, its History and Practice. 1892.

Waldemar (J.). A Handbook of Surgical Pathology. 3rd edition, 1890.


Wolfe (J.). Original Contributions to Ophthalmic Surgery. 1890.


Graesset (Professors J.). Leçons sur deux Cas d’Hystérie. 1890.

Measures. 1890.

Books Needed to Complete Series.

The Honorary Librarian will be glad to receive from any member of the Association copies of the following volumes needed to complete series in the Library.

American Surgical Association Transactions. Vols. 4 and 7.
Brathwaite’s Retrospect of Medicine. Vols. 6 and 9.
British and Foreign Medical Review. October 1853 to October 1885 inclusive.
Dublin Journal of the Medical Sciences. All before 1872.

Send to the Secretary of the Branch, the branch of the British Medical Association.

Association Intelligence.

Library of the British Medical Association.

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

Notice of Quarterly Meetings for 1890.

Election of Members.

Meetings of the Council will be held on July 16th, and October 15th, 1890. Candidates for election by the Council of the Association must submit their names for application to the General Secretary not later than twenty-one days before each meeting, namely, June 25th, and September 4th, 1890.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three Members, may be elected a Member by the Council or by any recognised Branch Council. Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

Francis Powke, General Secretary.

Branch Meetings to be Held.

South-Western Branch.—The annual meeting of the Branch will be held at the Ilfracombe Hotel, Ilfracombe, on Tuesday, May 21st, 1890, under the presidency of Dr. Edwin Slade King, D.P.H. Notice of motions or communications to be submitted to the Honorary Secretary without delay, and it will facilitate arrangements if Members will inform the Honorary Secretary as soon as possible if they hope to be present at the meeting, and join the excursion proposed to be made on the following day. The following motion was passed at the last meeting of the Branch:—Any Branch such as the annual meeting assumes more or less the character of a day of recreation, and with a view of encouraging the district meetings, the business of the annual meeting shall be confined to the President’s address, the business of the Branch, the exhibition of cases or of specimens with notes, and the annual dinner. Those members who have not yet paid their subscriptions are reminded that they become due in advance on January 1st.—P. MAURY Deas, Honorary Secretary, Wonford House, Exeter.

Staffordshire Branch.—The third general meeting of the present session will be held at the Belle Vue Hotel, Wolverhampton, on Thursday, May 29th. Mr. T. Vincent Jackson, the President, will take the chair at 3 o'clock.

Metropolitan Counties Branch: East London and South Essex District.—The annual meeting for the election of officers will be held at the Royal Hotel, Chatham, on Tuesday, June 5th, at 8 p.m. At 6.15 the members and their friends will dine together under the presidency of Dr. Ord, President of the Branch, who will be supported by several past presidents and other leaders of the profession. Further particulars will be announced.—J. W. Hunt, Honorary Secretary, 101, Queen’s Road, N.E.
Metropolitan Counties Branch—The annual meeting and dinner will take place at the Holborn Restaurant on June 10th. Noble Smith, Queen Anne Street, W. H. Raddcliffe Crocker, M.D., 121, Harley Street, W., Honorary Secretaries.

Metropolitan Counties Branch: South London District.—The annual general meeting of the branch will be held at the Holborn Restaurant, 6.30 p.m., on Monday, May 28th. The annual dinner, the price of which will be £1.6.6, per head, exclusive of wine, will take place at 7 p.m. in the same restaurant. The dinner will be taken by Dr. Ord, President of the Branch. R. Percy Smith, Honorary Secretary, Bethlem Royal Hospital.

Midland Branch.—The annual meeting will be held at Lincoln on Thursday, June 12th. Gentlemen desirous of reading papers or exhibiting cases are requested to communicate before May 20th with W. A. Carlile, M.D., Lincoln, Honorary Secretary.

East York and North Lincoln Branch.—The annual meeting of this branch will take place on Wednesday, May 31st, at 7.30 p.m. in the City Hotel, York. The dinner will take place at the hotel at 8 p.m. Agenda (2 p.m.): Dr. Sheppard has kindly consented to take the members and friends round the Cathedral; (4 p.m.) the usual business of the annual meeting. W. J. Tyron, Honorary Secretary, 51, Langborne Gardens, Folkstone.

South-Eastern Branch: East Kent District.—The annual meeting of the above District will be held at the Kent and Canterbury Hospital, Canterbury, on Thursday, May 22nd, in the Banqueting Hall. The dinner will take place at the hotel at 8 p.m. Agenda: Dr. Sheppard has kindly consented to take the members and friends round the Cathedral; (4 p.m.) the usual business of the annual meeting. J. E. Jeffcoat, Honorary Secretary, 51, Langborne Gardens, Folkestone.

South-Eastern Branch: East Sussex District.—A meeting of the above District will be held at the Calverley Hotel, Tunbridge Wells, on Thursday, May 22nd. Meeting will be held at 7 p.m. in the Banqueting Hall. Dinner will take place at the hotel at 8 p.m. Agenda: Dr. Sheppard has kindly consented to take the members and friends round the Cathedral; (4 p.m.) the usual business of the annual meeting. W. J. Tyron, Honorary Secretary, 51, Langborne Gardens, Folkstone.

South-Eastern Branch: West Kent District.—The next meeting of this District will be held at the Bartholomew's Hospital, Chatham, on Thursday, May 29th, at 7.30 p.m. The annual dinner will take place at the Bull Hotel, Rochester, at 8 p.m., charge £1.6.6, exclusive of wine. Agenda: (8.30 a.m.) the opening ceremony of the high-level walkway; (10 a.m.) the opening of the Milan Illustrated Exhibition; (1.30 p.m.) the opening of the new theatre, etc. Members intending to be present are requested to communicate with Mr. Dyer by Saturday, May 16th. William Vawney Lush, M.D., Weymouth; and C. H. Watte Parrinson, Wimborne, Honorary Secretaries.

East Anglian Branch.—The annual meeting will be held at the Norfolk and Norwich Hospital, Norwich, on Thursday and Friday, June 10th and 11th. Notices of communication are required to be sent to Dr. Barnes, 12, Canon St, Norwich; Dr. Abbott, Branttree; and Dr. Beverley, Norwich, Honorary Secretaries.

Aberdeen, Banff, and Kincardine Branch.—The ordinary meeting of the Branch will be held at 10, Union Street, Aberdeen, on Wednesday, May 21st, at 8 p.m., Mr. Fowler, President, in the chair. Business—Minutes, etc. Dr. Watt, Turffit, Mr. M. T. F. Johnston, Mr. Alexander Ritchie, Exhibition of a new Microtome, Dr. Beveridge, Case of Clubfoot treated by Hueter's Modified Operation, Dr. Mackenzie Broom, Hooe, Exhibition of Spina Bifida, Success in Curing by Operation. Mrs. S. M. Ward, cases of Tuberculosis in the Child. Robert John Garden and J. Mackenzie Booth, Honorary Secretaries.

British Guiana Branch.—The last quarterly meeting of this Branch was held on April 17th, the President, Surgeon-General R. Grivez, M.D., occupying the chair. The following were also present: Dr. Anderson, Hill, Veendam, Kennedy, Wallbridge, Williams, Ferguson, Castor, and Kennard. The minutes of the preceding meeting were read and confirmed.

Financial Report.—The report showed that at the beginning of the year there was a balance in hand of £82, and subscriptions received raised that amount to £129 32. The total expenditure reached £171 25, leaving a balance of £255 00. The report was adopted.

Yellow Fever.—Dr. Wallbridge read a paper on yellow fever, which he described as a communicable disease due to a specific germ. Since 1851, last year was the only one in which yellow fever had been entirely absent from Georgetown. The most susceptible people were the Swedes, Norwegians, Danes, Germans, and Portuguese, black races, as was well known, enjoying complete immunity. He thought a heavy rainfall was always associated with a spread of yellow fever from infected cesseps. The latest outbreak of the cesseps was a Sporadic one, and it was difficult to see how these could be disinfect. Dr. Anderson, in seconding the motion, said he would like Dr. Wallbridge to explain why there had been no yellow fever between 1868 and 1881. Dr. Castor suggested that the incidence of the disease should be displayed in a map. Dr. Wallbridge alleged that yellow fever was a communicable disease. There was absolute proof that the infected places, say cesspools or sewers, unless they were thoroughly cleared away, might remain infected for years, and there would be outbreaks year after year, which could only be avoided by being prevented in that way. He concluded by conveying the thanks of the meeting to Dr. Wallbridge.

Typhoid Fever in Georgetown.—The Chairman said that the question of cesspits brought to his mind another disease as to the existence of which in Georgetown he had till then had some doubt. That doubt had now been removed. A patient had recently been in the hospital suffering from what appeared to be typhoid fever; the diagnosis was confirmed by post-mortem examination.

Metropolitan Counties Branch: North London District.—The third meeting of this District was held at the Great Northern Central Hospital, Holloway Road, N., on Thursday, May 8th, 1890; Dr. Bridgewater, J.P., Vice-President of the District, in the chair.

Communications.—Mr. R. H. Stewart, F.R.C.S.E., read a paper on Post-Natal Growth, with illustrative cases, and showed new instruments for the various operations. Dr. Bovard exhibited a case of Locomotor Ataxy without ataxy in a man who had since become blind.

Votes of Thanks.—Votes of thanks were proposed to the gentlemen who had read papers, to the Chairman, and to the House Committee of the hospital for their kind reception.

North of England Branch.—The quarterly meeting was held at Sherburn Hospital, by the kind invitation of the Master of the hospital and of Dr. Booth, on Thursday, May 8th, at 3.15 p.m. Sixty members were present.

Specimens.—The following specimens were shown: Mr. Hume: A Coccygeal Cyst, causing symptoms of coccygodynia; also an ovarian Cyst. Dr. Drummond: Pathological Specimens. Mr. Williams: A Case of Unilateral Enucleation of the Eye, brought about by grating the brain. The case was discussed by Drs. Gowan, Armstrong, and Morgan. Dr. Drummond: On the Prognosis of Cuprous Pneumonia. Drs. Hedley Williams, Galloway, and Wilkes took part in the discussion which followed. Dr. Murphy: Notes on a Case of Nephro-lithotomy.

Dinner.—After the meeting the members of the Branch, to the number of fifty, were entertained by the Master of the hospital and
Dr. Booth.—The President, in the name of the Branch, thanked the Master and Dr. Booth for their kindness.—Afterwards the members were conducted through the hospital, the church, and the grounds.

METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.
A meeting of the above District was held at the Victoria Hall, Ealing, on Friday, April 25th; Dr. Red took the chair. Fifteen members were present.

Paper.—Dr. Clement Godson read a paper on Cancer of the Cervix Uteri.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.
A meeting of this District was held at the Greyhound Hotel, Crawley, on May 8th. Dr. Parsons Smith, of Addiscombe, in the chair. The minutes of the previous meeting were read and confirmed.

Heart Disease.—Dr. J. Mitchell Bruce showed specimens of heart disease, with microscopic sections illustrating them. The specimens included: Acute Endocarditis; Valvular Disease and its Results; Adherent Pericardium (including one enormous heart, which weighed 80 ounces); Syphilis (showing the pathological changes caused by this disease from obstruction of the coronary arteries by obliterator endarteritis and its later results through dilatation of the heart, leading to mitral regurgitation and cardiac dropsy); Dilatation and Tricuspid Regurgitation; Aneurysm of the Aorta; Ulcerative Endocarditis; Aneurysm of the Aortic Valve with Rupture.

Myxedema.—Dr. H. Montagu Murray exhibited two cases of myxedema made remarks upon the features of the disease, such as the subnormal temperature, defective circulation, mottled skin, dark tints on the hands and feet, absence of the thyroid gland, masses of fat in the supraclavicular and infraclavicular regions, defective working of nearly all the functions, and feebleness of the mental powers. He showedphotographs of the cases, and stated that warmth was the Alpha and Omega of treatment.

—Dr. Parsons Smith, Coles, and T. H. Galton made observations on the disease, the latter pointing out that a temporary residence in Switzerland caused, in some cases, an enlargement of the thyroid.

Muscular Atrophy.—Dr. J. Fletcher Little described the treatment of the forms of muscular atrophy, emphasizing the need for early remedial measures to keep up as far as possible the nutrition of the affected parts. Besides maintaining the temperature and circulation, it was important to promote the flow of lymph from the lymph spaces, and for these purposes pressure, massage movements, as well as percussion, were needed, and the early use of electricity.

Nitrous Oxide as an Anesthetic.—Mr. Morgan Hughes read a paper on the administration of nitrous oxide gas, showing the recent modifications in the apparatus used and the precautions necessary in giving the anesthetic.

Dinner.—After the meeting eighteen members (including the Mayor of Croydon) dined together.

BRITISH MEDICAL ASSOCIATION.

FIFTY-EIGHTH ANNUAL MEETING.

The fifty-eighth Annual Meeting of the British Medical Association will be held at Birmingham on Tuesday, Wednesday, Thursday, and Friday, July 29th, 30th, 31st, and August 1st, 1890.


President of the Council: Thomas Bridgewater, M.B., LL.D., J.P., Harrow-on-the-Hill.

Treasurer: Constantine Holman, M.D., J.P., Reigate.

An Address in Medicine will be delivered by Sir B. Walter Stevenson, M.D., M.F., Senior Professor of Medicine, Queen's College, Birmingham.

An Address in Surgery will be delivered by Lawson Tait, F.R.C.S., Surgeon, Birmingham and Midland Hospital for Women, Birmingham.
SPECIAL CORRESPONDENCE.

PARIS.

Treatment of Rheumatic Paralysis.—The Vasomotor Nerves in Erysipelis.—Ophthalmological Congress.—Pseudo-Diphtheria of Scarlet Fever.—New Aesthesiometer for Leprosy.—Influenza and Surgical Operations.—Moist Heat as a Sterilising Agent.—A Too Candid Chemist.

Dr. Jules Mascarel, in a paper read before the Paris Biological Society, stated that rheumatic facial paralysis disappears in 40 to 48 hours when treated by acupuncture combined with a weak induced current. The current should not be applied longer than from four to five minutes, and its intensity should be regulated by the susceptibility of the patient. The treatment should be applied before food is taken, or two or three hours afterwards. Dr. Mascarel has adopted this treatment about eight or ten days after the onset of the paralysis; if the affection be of older date, he thinks it probable the results may not be so good.

M. Roger is engaged in a series of researches to determine the influence of the vasomotor nerves on the evolution of erysipelas. He inoculated eight rabbits under the ears with the streptococcus of erysipelas, and removed the superior cervical ganglion on one side. He observed that paralysis of the vasomotor nerves at first appears favourable to infection, but ultimately the ear on the side where the sympathetic has been cut quickly recovers, whereas the ear of the opposite side remains affected for a longer period. M. Roger also observed that paralysis of the vasomotor nerves is particularly favourable to abscesses. This fact is of great importance now that M. Metchnikoff has defined the part played by the leucocytes in resisting microbical invasion of the organism.

At the Congress of the French Ophthalmological Society, M. Panas read a paper on abscesses of the frontal sinuses. He has studied this affection on different patients, none of whom exhibited any symptoms of the nasal fossa, but there was one symptom which was invariably present, namely, violent pain in the track of the infraorbital and nasal nerves. M. Luys has three times cured blepharospasm with rotatory mirrors. M. Gillet observed that suggestion is equally efficacious; M. Guende had seen an obdurate case of blepharospasm cured after hypnotism had been practised two or three times. M. Kalt observed that these cures are not persistent, and suggested it would not radically cure blepharospasm which had been treated ineffectually by other means.

M. Bourges and Wurtz have carefully studied the pseudo- diphtheria of scarlet fever in the wards of the Trousseau Hospital. In consequence of the severe sore throats which occurred during the evolution of the fever the little sufferers were removed from the fever ward to the diphtheria pavilion. A bacteriological examination of the false membrane of the nasal fossa revealed the presence of the streptococcus pyogenes, either pure or mixed with microbes incident to suppuration, but in no instance did they succeed in detecting the presence of the Klebs-Löffler bacillus special to diphtheria. In two cases of pharyngitis, with false membranes occurring later on in the course of the fever, the bacillus of diphtheria was detected in the false membrane. One of the children with false membrane presenting streptococci, who was placed in the diphtheria pavilion, was seized with croup and died. M. Wurtz and Bourges conclude from their experiments that sore throat in the early stage of scarlet fever, but later when the symptoms may be, is not generally diphtherial, therefore children with scarlet fever should not be placed with those suffering from diphtheria.

At the Society of Dermatology and Syphiligraph M. Quinquaud communicated the results of his recent researches on leprosy. He has had a dynamometric aesthesiometer made in accordance with his directions, which demonstrates the modification of sensibility in its different degrees occurring in leprosy. M. Quinquaud has detected the presence of Hansen’s bacillus at the onset of these symptoms.

M. Verneuil considers that operations should not be performed during an attack of influenza. At a recent meeting of the Academy of Medicine he mentioned a case which he believed ended fatally because the operation (removal of a tumour from the breast) was not deferred until an attack of influenza had passed away. The patient, who was 44 years of age, was operated on...
HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 9,718,559 persons, 5,223 births and 5,360 deaths were registered during the week ending Saturday, May 10th. The annual rate of mortality in these towns, which has declined from 20.9 to 20.6 per 1,000 in the three preceding weeks, further fell to 19.2 during the week under notice, a lower rate than in any week since November last. The rates in the several towns ranged from 18.1 in Leicester, 19.5 in Wolverhampton and 14.4 in Bristol to 26.2 in Sheffield, 27.4 in Derby, 31.3 in Manchester, and 38.2 in Northampton. The mean death-rate in the twenty-seven provincial towns was 20.9 per 1,000, and exceeded by 3.6 the rate registered in London, which was only 17.2 per 1,000. The 5,360 deaths registered during the week, 1,587 of which were under the age of one year, and 2,563 from the principal zymotic diseases, against 1,304 recorded in the preceding week, 305 from the principal non-zymotic diseases, and 2,006 from all other causes, was 31.3 in the largest English towns, 26.0 in London, 22.4 in Newcastle-upon-Tyne, Oldham, Plymouth, Bolton, Sheffield, Derby, and Brighton. The mortality from fevers showed no marked excess in any of the towns. Of the 43 deaths from diphtheria recorded during the week, nine occurred in London, 15 in Newcastle-upon-Tyne, 7 in Manchester, and 3 in Norwich. No fatal case of small-pox was registered during the week under notice, either in London or in any of the twenty-seven provincial towns; and 2 small-pox patients were under treatment at the Metropolitan Asylums Hospitals on Saturday, May 10th. These hospitals contained 1,014 scarlet fever patients on the same date, against 1,053 and 1,057 at the end of the two preceding weeks; 116 cases were admitted during the week, 40 during the previous week, and 6 in Derby. Measles caused the highest proportional fatalitv in Birmingham and Derby; scarlet fever in Preston and Halifax; and whooping-cough in Newcastle-upon-Tyne, Oldham, Plymouth, Bolton, Sheffield, Derby, and Brighton. The mortality from fever showed no marked excess in any of the towns.

HEALTH OF SCOTTISH TOWNS.

In the eight principal towns, 767 deaths were registered during the week ending Saturday, May 3rd. The annual rate of mortality in these towns, which had been 26.0 and 24.2 per 1,000 in the two preceding weeks, rose again to 26.3 during the week under notice, and exceeded by 6.3 per 1,000 the mean rate during the same period in the twenty-eight provincial towns. The highest death-rate in these towns was in Glasgow, where the lowest death-rate in the week under notice was equal to the annual mean rate of 1.9 per 1,000, which exceeded by 1.8 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rate in the week was in Aberdeen, where the death-rate was 14.0 per 1,000. The 767 deaths registered in Glasgow included 29 from whooping-cough, 21 from measles, 16 from scarlet fever, and 11 from diphtheria. The death-rate from diseases of the respiratory organs in these towns was equal to 6.2 per 1,000, and was slightly below the average.

HEALTH OF IRIISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, April 29th, were equal to an annual rate of 25.7 per 1,000. The lowest rate was recorded in Dublin, where the highest in Lurgan and Waterford. The death-rate from the principal zymotic diseases averaged 4.5 per 1,000. The 172 deaths registered in Dublin during the week under notice were equal to an annual rate of 22.9 per 1,000 (against 23.5 and 26.5 in the two preceding weeks), the rate for the same period being 18.5 in London and 20.1 in Edinburgh. The deaths in Dublin included 2 which resulted from the principal zymotic diseases (equal to an annual rate of 1.2 per 1,000), of which 3 were referred to whooping-cough, 2 to measles, and 2 to diphtheria.

During the week ending Saturday, May 3rd, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 23.7 per 1,000. The lowest rate was recorded in Newry and Kilkenney, and the highest in Lurgan and Drogheda. The death-rate from the principal zymotic diseases averaged 2.3 per 1,000. The 127 deaths registered in Dublin during the week under notice were equal to an annual rate of 25.4 per 1,000 (against 23.6 and 25.0 in the two preceding weeks), the rate for the same period being 18.1 in London and 21.1 in Edinburgh. These 127 deaths included 13 which resulted from the principal zymotic diseases (equal to an annual rate of 1.9 per 1,000), of which 4 were referred to different forms of "fever," 3 to diphtheria, and 2 to whooping-cough.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

MEETING OF CONVOCATION.

At the meeting of Convocation, on May 13th, Mr. H. E. Allen, LL.B., was re-elected Clerk of Convocation.

The CHAIRMAN stated that since the report of the Annual Committee had been brought up a letter from the Lord President of the Council, dated April 10th, had been received by the Senate, inquiring whether the University proposed now to present a petition for a new charter, on the lines recommended by the Royal Commission, and stating that, as petitions on the subject, pending before the Privy Council, it was important that no further delay should take place. The Chairman also notified the receipt by the Senate of a "protest" (to which were attached 585 signatures, mostly those of undergraduates of the University who are studying at the various London and provincial hospitals) in disapproval of the proposals respecting the examinations for the medical degree of the University. On the ground that the proposed changes, if effected, would act injuriously towards those who had been induced to study at the University, and, under the pressure of the very strong feeling that has been engendered by the recommendations of the Royal Commission, the memorialists protested "against the new departure of the University in relaxing the requirements in arts and science from those who seek its coveted titles." The Chairman further stated that a conference had been held with the authorities of University and King's Colleges, whose objections to the present proposals were to be considered that week, together with the results of the conference of the Senate with the delegates of the Royal Colleges of Physicians and Surgeons. At that conference, the delegates of the Royal Colleges had exhibited a most fair and amicable spirit, which augured well for a happy conclusion of the question, so far as it affected those bodies. He concluded, in conclusion, that on June 24th, when another meeting of Convocation was to be held for the election of a member of the Senate in the place of Mr. Thistlethwaite Dyer, he might have something definite respecting the future of the University.

The report of the Annual Committee was received.

Sir P. MAGNUS moved the reception of the interim report of the Special Committee on the Constitution of the University, an abstract of which was published last week. He gave a detailed account of the various steps which the present position of the question of the reorganisation of the University had been reached, and stated that nearly every important reform in the University had had its origin in Convocation. In fact, twelve years ago resolutions had been passed by Convocation in favour of reforms, and it was proposed that, if the Senate had adopted those resolutions there would not have been any sign of that serious crisis through which the University was now passing and which was paralysing its action at the present juncture. The Commissioners thought that the University should restrict its area of action to the metropolis, and should not affiliate provincial colleges. This view was strongly opposed by the Committee that it had been given up in the latest scheme. The Committee further deprecated the views of the Commissioners that the matriculation examination should be passed at the constituent colleges, and in this point also the Committee's views had prevailed. The Committee had further induced the Senate to place in their scheme the proposal to accept gifts, grants, etc., and to obtain power to appoint professors and lecturers, by which clause the University would have the highest in the body insisting the necessity of which, it was hoped, the Senate would remain the only university in London, and not become the mere handmaid of University and King's Colleges. The higher education of London required that it should still retain its high position.

After some remarks by Mr. W. T. LYNNE and another member, the motion was carried nem. con.

Sir P. MAGNUS next moved: "That the Special Committee be reappointed, with power to confer with the Senate with respect to the schemes now under consideration for the reorganisation of the University." He understood that University and King's Colleges did not intend to press their claims, and did not think that
if they did do so Convocation would be prepared to adopt their proposals. He had also been surprised that the Senate had continued the negotiations with the Colleges for so long a time, and expressed the hope that the ever-welcomed Pri... was for the best. The Senate had been awarded the diploma in public health.

Mr. H. C. Cotton moved: "The Convocation approves of the formation of a reading societies by members of the University, to meet in the University building, with the ultimate object of proceeding to higher degrees, or simply of pursuing a course of advanced study." This proposition was seconded by Mr. Phipps, and carried.

Dr. W. J. Collins moved: "That in view of the recent changes made in the examination in subjects relating to the public health, this House respectfully urges upon the Senate the equity of conferring the degree M.D. (State Medicine) upon those who had previously been awarded the diploma in public health." Mr. Hoare seconded this proposition, which, on the motion of Mr. E. S. Waymouth, was referred to the annual committee.

Dr. Sansom proposed: "That this House disapproves of any such change in the regulations of the University as would reduce the standard of attainment for degrees in the faculty of medicine to a relatively lower level than that, for degrees in the other faculties." He said that he did not wish to reduce the criterion of knowledge for the medical degrees, though the methods of procedure at the examinations might possibly be altered. It was most unwise, he thought, that there should be two grades for a Doctorate of the University of London, and he strongly deprecated the calling of the present doctors of medicine "M.D. (honours)." Dr. M. Baines, Dr. W. J. Collins, and others supported the proposal, which was carried.

The Chairman announced the names of graduates elected to form the Annual Committee. In the Faculty of Medicine the following were appointed, namely:—M. Baines, M.D.; W. J. Collins, M.D., M.S.; J. Curnow, M.D.; G. Eastes, M.B.; H. G. Howe, M.S.; H. Morris, M.B.; R. Neale, M.D.; W. Hale White, M.D.

CAMBRIDGE UNIVERSITY.

It is understood that the honorary degree of LL.D. will be offered to Sir Andrew Clark, F.R.S., President of the Royal College of Physicians, and to Mr. Jonathan Hutchinson, F.R.S., President of the Royal College of Surgeons. The day of the recitation of prize exercises, or Comitia Maxima, which falls this year on June 10th, will probably be chosen for the conferring of honorary degrees on these and other distinguished men.

The meeting of the distributing of Crane's Charity, which makes grants for medical attendance and nursing to poor scholars of the Faculty, is fixed for Tuesday, May 20th. Applications are to be made through the College tutors.

At the Congregation on Thursday, May 8th, the following were admitted to the degree of M.B. and B.C.: F. W. Saunders, B.A., Trinity (School of Medicine); Eliot Curwen, B.A., St. John's College (The University of Cambridge); On May 5th, the last matriculation of the year, thirty-six students were enrolled. This brings the total number admitted during the year to nearly 1020, a larger number than has ever hitherto been recorded.

The lectures delivered before the University by Dr. Francis Warner, under the auspices of the Teachers Training Syndicate, on The Growth and Means of Training the Mental Faculty, have been published at the University Press.

UNIVERSITY OF DUBLIN.—At the first summer commencement (comitia matricula priores) held in Trinity Term on May 7th, 1890, the following degrees were conferred in the Examination Hall of Trinity College by the University Caput in the presence of the Senate:—

Baccalauraeus in Medicinam, in Chirurgiam, et in Arte Obstetriciam.—W. R. Miller.

Magistri in Artibus.—J. P. W. Tatham, M.D.

Inferiores in Medicinam.—A. J. Campbell, W. R. Miller.

CONJOINT BOARD IN ENGLAND.—The Conjoint Examining Board in England has adopted a revised synopsis of subjects for the first Conjoint Examination in Chemistry and Chemical Physics. A comparison of the present with the past synopsis shows the following chief differences: 1. The arrangement of the subjects under five heads—a, Chemical Physics; b, Inorganic Chemistry; c, Metals; d, Organic Chemistry; e, Practical Chemistry. 2. The complete enumeration under the head of "Metals" of such of their compounds as are required to be known. 3. The introduction of a fresh subject, in which all the important ones are underlined. 4. The omission of the alkaloids morphine, quinine, strychnine, and of certain inorganic substances of less interest to the medical student. The new synopsis appears to be more orderly arranged, as has the advantage of stating more definitely the substances, etc., which will be treated in the examination. It will come into force on and after May 1st, 1891.

ROYAL UNIVERSITY OF IRELAND.—Medical Degrees Examination, May, 1890. The Examiners have recommended that the following should be adopted for the examination:

Upper Class Division.—J. A. Browne, B.A., Queen's College, Belfast; *Eicnora L. Flarity, London School of Medicine for Women; and Royal Free Hospital, Gray's Inn Road, London; J. Hennessey, Queen's College, Cork; F. J. Leenhan, B.A., Carmichael College, and School of Physics, Trinity College, Dublin; A. B. Mitchell, Queen's College, Belfast; J. B. Steen, Queen's College, Galway, and Edinburgh University; J. Tracy, Queen's College, Cork.

Those marked with an asterisk may present themselves for the Further Examinations for honours.

Pass.—J. Alexander, School of Physics, Trinity College, Dublin; J. Bennett, Queen's College, Belfast; J. C. Creighton, B.A., Royal College, Cork; J. Caldwell, Queen's College, Belfast; F. A. Craig, Queen's College, Belfast; F. G. Dighton, M.B., Queen's College, Cork; F. J. Leenhan, B.A., Carmichael College, and School of Physics, Trinity College, Dublin; W. W. Duff, Queen's College, Belfast; H. E. Elliott, Queen's College, Belfast; T. J. Hensely, Queen's College, Cork; D. J. Jamison, B.A., Queen's College, Belfast; F. E. Keary, Carmichael College; J. A. Kelly, Queen's College, Belfast; J. McLennan, Queen's College, Galway; W. H. Richardson, Royal College of Surgeons, Ireland.-The Royal College of Surgeons of Ireland; J. S. Morrow, B.A., Queen's College, Belfast; J. M. Morland, B.A., Queen's College, Cork; R. O'Keefe, M.B., M.R.C.S.I.; W. Peake and T. M. F. Peake, of Birmingham; D. O'Reilly, M.R.C.S.I., Surgeon to St. Bartholomew's Hospital; H. Whitehead, Surgeon to Birmingham; University; D. Morland, B.A., Queen's College, Cork.

ROYAL COLLEGE OF SURGEONS OF IRELAND.—The following gentlemen passed the First Professional Examination, in Anatomy and Physiology, at a meeting of the Board of Examiners on May 12th, namely:

T. Cawardine, student of Middlesex Hospital; H. L. Lack, of King's College Hospital; C. H. D. Morland, of St. George's Hospital and Durham University; A. W. Peake and D. M. Peake, of Birmingham School of Medicine; and T. R. Taylor, of Guy's Hospital.

Ten candidates were referred for six months.

Passed on May 13th:

T. W. Heasley, of Queen's College, Birmingham; J. G. Clegg and W. P. Montgomery, of Owens College, Manchester; A. E. Mahood, of Trinity College, Dublin and Birmingham; W. Selby and N. O. Wilson, of St. Bartholomew's Hospital; and H. A. Whitehead, of Glasgow and Edinburgh Universities.

Thirteen candidates were referred for six months.

Passed on May 14th:

H. W. Armstead and C. P. Lukis, of St. Bartholomew's Hospital, and W. Armstead, of University College Hospital.

Thirteen candidates were referred for six months.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the stated Examinations for the Licences of the College held on Monday, Tuesday, and Wednesday, May 5th, 6th, and 7th, 1890, the undermentioned registered medical practitioners were successful:

J. G. Boyce, L.R.C.S.I., Bristol; S. Gillman, L.R.C.S.I., Rathmina, Dublin; T. H. Hannigan, L.R.C.S.I., Drumcondlogher, co. Limerick; D. Harris, 170, Beaconsfield, Cape of Good Hope; M. O'Reilly, L.R.C.S.I., Coombe Hospital, Dublin.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The following gentlemen, having passed the necessary examination for the Fellowship of the College, have been admitted by the President (Dr. Medalon) Fellows of the College:


The following gentlemen passed the first examination of the following:


The following gentlemen having passed the necessary Dental Examination have been admitted Licentiates in Dental Surgery of the College:

S. A. T. Coxon (Wisbech), A. L. Harrington (Rochford), H. Hudson (Birmingham), E. Nottingham (Hull), and W. G. A. Story (Canterbury).
The following gentleman, having passed the necessary Public Health examination, has been granted the Diploma in Public Health of the College:


MEDICAL NEWS.

LADY WIMBORNE is, we learn, about to establish a new cottage hospital at Poole for the benefit of the poor of the town.

A native gentleman of the Rangpur district in India has given 20,000 rupees towards the cost of completing the Lewis Sanitarium at Darjeeling.

The next (eighth) meeting of the Italian Surgical Society will be held at Rome in 1891. At the recent meeting at Florence it was decided to establish a journal devoted to Italian surgery.

The Royal visit of Her Royal Highness the Princess Louise to Torquay was a great success. At the reception at the theatre, Mrs. Richardson, the wife of Dr. J. B. Richardson, presented Her Royal Highness with a magnificent bouquet.

The "Petitions Committee" of the Bavarian Chamber of Deputies has declined to submit to the Chamber the petition of the German Ladies' Association of Leipzig, asking that the medical and teaching professions should be thrown open to women.

At the "commencement" of the Meharry Medical College for Negroes, held on February 27th, diplomas in medicine were granted to fifteen candidates. Two "coloured persons" at the same time received diplomas in dentistry and one in pharmacy.

DR. L. W. POPOW, Professor in the University of Warsaw, was on April 14th appointed to the Chair of Therapeutics in the Military Medical Academy of St. Petersburg, left vacant by the death of Professor Botkin.

The Chenango County Poor House and Lunatic Asylum, near Norwich, New York, was on May 7th destroyed by fire, thirteen persons (including eleven idiots) being burned to death. The fire, which broke out in the idiot department, is said to have been caused by one of the inmates trying to light a lamp.

SANITARY PLUMBING.—During last week there was a large attendance at the Guilds Institute of Plumbers, not only from London and the suburbs, but from Oxfordshire, Hertfordshire, Salop, Cambridge, Suffolk, Staffordshire, Berkshire, etc., who presented themselves for registration. Two-thirds of the candidates succeeded in passing the full examination.

In accordance with resolutions passed by the Brussels Academy of Medicine, the Belgian Government is about to forbid public stances of hypnotism. All who, "outside the lawful exercise of the art of healing, cause persons under the age of 18 years or persons in a demented state, will be punished with fines and imprisonment.

The Holiday Colonies Association of Munich completed the first decade of its existence with the close of last year. During that time 1,718 children have been sent to the country for three or four weeks; in 1889 alone as many as 434 were thus enabled to enjoy a beneficial change of air. It is satisfactory to learn that all sections of society in the Bavarian capital show a steadily increasing interest in the good work of the Association.

CYSTIC DROGNERATION OF THE BRAIN.—Pick (Arch. f. Psychiatrie u. Nervenkrankh., Bd. xxi) has made a careful study of eight cases in which multiple cysts were found in the brain. In his account of their character, position, and variety, and also in his opinion that the tendency to dilatation of the pericerebral lymph spaces, he confirms the views of previous authors; and he considers that the obstruction causing the dilatation of the spaces is due to some congenital mischief.

THE FIELDS OF VISION IN HYPNOTISM.—In a paper which appeared in the Neurologisches Centralblatt for April 15th, Morovoski records the curious case of a hysterical woman, aged 23, whose fields of vision could, during the waking condition, be considerably enlarged by various peripheral stimuli, such as the application of warmth to the skin, or a tuning fork to the ear; and, during the hypnotic state, a sad suggestion narrowed the field and a cheerful suggestion considerably enlarged it.

The ladies of Austria are making a determined effort to carry the medical duel by storm. On May 7th another petition was presented to the Austrian House of Deputies by Dr. Jaques on behalf of the Vienna Ladies' Association praying for the admission of women to the classes of the medical and philosophical faculties in the various Austrian universities. The petition bears the signatures of 3,619 ladies, including the members of the Association for the Extension of Female Education, the Association of Viennese Housewives, governesses, school teachers, etc.

RUSSIAN PUNISHMENTS FOR ADULTERATION.—Severe measures have recently been taken by the Russian Government against adultery and the sale of injurious substances as food. Penions convicted of these offences will be liable to a fine of 300 roubles (£48), or to imprisonment for three months. For a second offence these penalties will be doubled, and a third conviction will entail the loss of civil and political rights. Mr. Bright's doctrine of caveat emptor evidently finds no favour in the eyes of the Czar. Our own "free and enlightened" country might with advantage take a hint from such truly benevolent despotism.

HYNODIASIA.—In the May number of the Revue Biologique du Nord de la France, M. F. Delplanque publishes a curious example of family proclivity to hypodiasias. In the father, aged 45, the opening of the meatus is merely situated rather more to the under aspect of the penis than usual, but the deformity is well marked in three of his sons, aged respectively 11, 6, and 8. Next come three of his daughters, all perfectly formed, and, lastly, a fourth son, recently born, who presents the same abnormality as his elder brothers.

PROFESSOR MAGNUS VON HUSS, one of the leaders of the medical profession in Sweden, died at Stockholm on April 22nd, in his 73rd year. He had taken a prominent part in the organisation of hospitals and in the improvement of medical education. He was the author of several valuable works on professional subjects, the best known among them being a treatise on Chronic Alcoholism, for which he was awarded the Montyon prize by the French Académie des Sciences, and another on the Epidemic Diseases of Sweden.

The French Medical Press Association has finally decided that a general "boycott" of the Berlin Congress by the medical profession of France would be inadvisable. The reasons given for this wise step are characteristic. It is pointed out that the Congress, in fact, a French institution, the first meeting having been held in Paris; and, furthermore, that it would not be seemly for Frenchmen, who have so long been among the foremost, to bring the Belgians, Swiss, Spaniards, and Italians, most of whom only speak French, helpless in a Babel of German and English.

MEDICAL FACULTY OF BUENOS AIRES.—The number of students in the medical faculty of the University of Buenos Aires during 1889 was 430, being an increase of 8 as compared with the preceding year. Of these, 69 were foreigners and 46 were women. Of the latter, one went through the ordinary curriculum of a four years' student, and the others attended the obstetric classes. Between March 1st, 1889, and the corresponding date in 1890, 43 degrees of doctor of medicine were conferred. The faculty has asked the Government for a grant of 60,000 pesos (about £12,000) for the erection of new buildings.

INTERNATIONAL MEDICO-LEGAL CONGRESS.—Mr. Clark Bell, the President of the New York Medico-Legal Society, and the moving spirit of the late Congress in that city, is determined that the next Congress shall be a great success, and his arrangements for the meeting in 1892 are consequently in a very forward state. He has succeeded in securing the countenance of the American Government in support of the Congress, and there can be little doubt that the letter of Mr. Blaine expressing his personal sympathy with the objects and purposes of the meeting will bring in many adherents. At the Congress of 1889 some 800 members were enrolled, and it may be confidently anticipated that the June meeting in 1892, which will also be held in New York, will see a very considerable increase over that number. Mr. Clark Bell has of course been nominated to the post of President, and Dr. M. Elliott to that of Secretary, and a goodly list of vice-presidents have been published. The Medico-Legal Society is 57, Broadway, New York, where all communications respecting the Congress may be addressed to one of the officers.
MEDICAL VACANCIES.

The following Vacancies are announced:

BARNWOOD HOUSE HOSPITAL FOR MENTAL DISORDERS, near Gloucester.—Junior Assistant Medical Officer. Salary, £100 a year, with board, lodging, and washing. Applications to Dr. Needham, Medical Superintendent.

BIRMINGHAM LYING-IN CHARITY.—Honorary Medical Officer. Applications to Dr. Needham, Secretary, 44, Edgbaston Parade, Birmingham.


BRIGHTON AND HOVE LYING-IN INSTITUTION.—House-surgeon, unmarried and under 35 years of age. Salary, £150 per annum, with furnished apartments, coal, gas, and attendance. Applications to the Secretary, 76, West Street, Brighton, by May 30th. Election June 6th.

BRIGHTON, HOVE AND PRESTON DISPENSARY, Queen's Road, Brighton.—House-Surgeon. Double qualifications. Salary, £150 per annum, with furnished apartments, coal, gas, and attendance. Applications by May 27th to the Secretary, J. W. Stride. Appointment on June 3rd.

Bristol General Hospital.—Ophtalmic Physician-Accoucheur. Applications by May 27th to the Secretary, W. Thwaites.

Cancer Hospital (Free) Brompton, S.W.—Assistant House-Surgeon and Registrar. Salary, £50 per annum, with board and residence. Application to the Secretary, W. T. By May 15th.

Central London OPHTHALMIC HOSPITAL, 335a, Gray's Inn Road, House-Surgeon, qualified. Rooms and board. Applications to the Secretary by June 7th.

City of London Hospital for Diseases of the Chest, Victoria Park, E.—House-Physician. Board and residence and allowance for washing, but no salary. Applications to the Secretary personally or by letter any day.

Chroydon General Hospital.—House-Surgeon, single. Salary £100, increasing to £150. Salary and board and attendance. Applications to the Secretary, Alfred G. Roper, by June 2nd.

King's College Hospital.—Resident Assistant Medical Officer; must be registered. Salary, £120 per annum, with furnished apartments, board and attendance. Applications with testimonials to the Secretary, T. G. Shaw, by May 14th.

Lancaster Infirmary and Dispensary.—House-Surgeon. Unmarried. Doubly qualified. Salary, £50 per annum with residence, board, attendance, and washing. Applications, on forms to be obtained, must reach the Secretary by May 31st.

London County Asylum, Colney Hatch, N.—Assistant Medical Officer. Single, £50 per annum, rising £50 annually to £150, with board, furnished apartments, and washing. Single, not more than 35 years of age; doubtfully qualified. Applications (on forms furnished) to W. E. Sidgwick, Clerk to the Asylums Committee, 40, Craven Street, Strand, by May 22nd.

London County Asylum, Colney Hatch, N.—Junior Medical Officer. Salary, £200 per annum, rising £50 annually to £300, with board, furnished apartments, and washing. Single, not more than 35 years of age; doubtfully qualified. Applications (on forms furnished) to W. E. Sidgwick, Clerk to the Asylums Committee, 40, Craven Street, Strand, by May 22nd.

London County Council.—Medical Officer for District D of the First Brigade. Must be a qualified Surgeon. Remuneration at the rate of 20s. per annum on the Medical Board recommends the same amount. Include cost of medicine and appliances. Applications to be addressed to the Clerk of London County Council, endorsed "Application for post of Medical Officer." By May 22nd.


Manchester Royal Infirmary, Ducie. Resident Surgeon. Must be a duly registered physician and surgeon. Salary, £200 per annum, with furnished apartments, attendance, light, and fuel. Applications to the Deputy Medical Officer, Albert Square, Manchester, by May 15th.

North London Consumption Hospital, Hampstead and London.—Resident Medical Officer, double qualification. Honourarium, £40 per annum, with board and residence. Applications to the Secretary, 210, Tottenham Court Road, London, W., by May 19th.

Norwich Friends' Societies' Medical Institute.—Resident Dispenser, qualified. Salary, £25 per annum. Applications to Secretary, Ivy House, Lady's Lane, Norwich, by May 27th.

Rangoon Municipality.—Health Officer. Salary, Rs. 600 per annum, rising to Rs. 1,000 per annum. Private practice barred. Applications to J. Short, Secretary, Rangoon Municipality, by June 1st.

Royal Westminster Ophthalmic Hospital, King William Street, West Strand.—House-Surgeon, required by July 1st. Must possess some knowledge of ophtalmic surgery. Applications to T. Beattie-Campbell, Secretary, by June 1st.

Salford Royal Hospital.—Honorary Medical Officer for the Pendleton Branch Dispensary. Double qualification. Applications to Alexander Hay, Secretary, by May 18th.

Wallasey Dispensary.—Assistant or Junior House-Surgeon, to visit and dispense. Unmarried; must devote his whole time to the duties. Salary, £20 per annum, with furnished apartments, coal, gas, and attendance. Applications to the Secretary, Mrs. William H. Bax, Mount, Penkett Road, Liscard, Cheshire.

West Sussex, East Hants, and Chichester General Infirmary Dispensary.—House-Surgeon, £50 per annum, with board, lodging and washing. Applications to the Secretary, The Infirmary, Chichester, by June 11th.

Medical Appointments.

Barber, Frederick, L.R.C.P., M.R.C.S., appointed Resident Medical Officer to the Lincoln United Friendly Societies.

Becker, J. M. B. Edin., C.M., L.R.C.P. Lond., appointed Medical Officer to the 1st Ward of the Colchester Dispensary.

Bott, Henry, L.R.C.P., M.R.C.S., appointed Medical Officer of Health to the Brentford Urban Sanitary District.

Boy, James Paton, M.B., C.M., appointed Junior House-Surgeon to the Royal Ophthalmic Hospital for Sick Children, MA., M.B.

Cullen, Dr., appointed Medical Officer to the Carleilacumers Workhouse.

De Denne, T. V., M.R.C.S., L.R.C.P., appointed Certifying Factory Surgeon to the Cradley Heath and Old Hill District, see Hugh R. Ker, F.R.C.S., Edin., resigned.

Erskine, Robert, M.D., Univ. Irel., M.Ch., and L.M., reappointed Medical Officer of Health to the Camborne Local Board.

Farr, Septimus Briggs, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health to the Andover Urban Sanitary Authority.

Faulkner, Herbert Charles, L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer for the Bermondsey Ward of the 3rd District of the Metropolitan Asylum.

Haig, Alexander, M.A., M.D.Oxon, F.R.C.P., appointed Physician to the Metropolitan Hospital, see J. G. Dudley, M.D., Cantab., made Consulting Physician.


Hill, Charles J., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Cancer Hospital, Brompton, see George H. O'Keefe.


Hodgson, Dr., appointed Medical Officer to the Cropsey District of Bambury.

Hollis, Elphinstone, M.D. Edin., reappointed Medical Officer and Public Vaccinator to the Hexham Union.

Huffman, F. E., L.R.C.P. Lond., M.R.C.S. Eng., I.S.A., reappointed Medical Officer to the Diss (Norfolk) Local Board of Health.

Husband, C. M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Ripon Union.

Jones, Dr., Belle Vue, Hirwaun, appointed Deputy Coroner to the Southern Division of Breconshire.

Kent, Charles A., B.Sc., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the Infirmaries of the St. Olave's District.

Lawson, H. A., L.R.C.P., M.R.C.S., appointed Medical Officer to the City Dispensary, Edinburgh, see William Lusardi, M.B., C.M., M.A., B.Sc.

Liston, Henry, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Southwark District of the Sunderland Provident Dispensary.

Liddett, H. W., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health to the Wells Urban Sanitary District.

Lucas, R. H., M.R.C.S., L.S.A., appointed Assistant Medical Officer to the Suffolk General Asylum.

Macleod, Herbert W. B., M.S., M.A., M.B., appointed Junior House-Surgeon to the Western General Dispensary, Marylebone Road, see O. Kloster, M.B., C.M., M.B., Edin., resigned.

Morgan, John, M.D. Edin., M.R.C.S. Eng., D.P.H. Cantab., appointed Medical Officer of Health to the St. Albans Rural Sanitary District, see Dr. W. Thompson.

Ness, R. Barclay, M.A., M.B., appointed House-Surgeon to the Royal Hospital for Sick Children, Glasgow, see James Watson, M.B., C.M., resigned.

O'Flaherty, George W., L.M., M.R.C.P. Edin., L.S.A., M.R.C.S. Edin., appointed Medical Officer to the Oxford Union Sanatorium, see E. E. Moore, M.D., T.C.D.

Prideaux, T. T., L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Southwell Rural Sanitary Authority.

Ridson, William Newt, M.D. Lond., L.R.C.P., M.R.C.S., appointed Second Medical Officer to the Sun Life Assurance Office.

Robinson, A. C., B.Sc., appointed Deputy Medical Officer of Health to the Rotherham Town Council, see Mayor, W. C. Thompson.
DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 p.m.—Mr. W. Lang; On External Diseases of the Eye, Hospital for Sick Children, Great Ormond Street, 4 p.m.—Mr. Edmund Owen; On the Epiphyses.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 p.m.—Dr. Cecil Y. Biss; On the Diagnosis of Pleural Effusions. Royal London Ophthalmic Hospital, Moorfields, 8 p.m.—Mr. A. Q. Silcock; On Ophthalmoscopic Cases.

ROYAL METEOROLOGICAL SOCIETY, 25, George Street, Westminster, 7 p.m.—Mr. W. B. Tripp; Rainfall of the Globe. Mr. W. H. Dines; On Pressure Phenomena.

ROYAL MICROSCOPICAL SOCIETY, 29, Hanover Square, 8 p.m.—Mr. E. M. Nelson; Micrometric Measurements with the Microscope.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Charlotte's Hospital, 5 p.m.—Mr. William Paterson; On Affections of the Cranial Nerves. The New Infirmary, Paddington, 5 p.m.—Dr. Broadbent; Clinical Lecture on Medical Cases. 5 p.m.—Dr. Savill; Post-Mortem Examinations.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 11 a.m.—Dr. R. Percy Smith; On Dementia. Hospital for Diseases of the Skin, Blackfriars, 4 p.m.—Mr. Jonathan Hutchinson; On Acne.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 1s. 6d., which sum should be forwarded in Post Office Order or stamps with the notice not later than Wednesday evening, in order to ensure insertion in current issue.

MARRIAGES.


Massey—Lilly.—On the 7th inst., at Christ Church, Hampstead, N.W., by the Rey. G. F. Read, Vicar, James D. Bridgewater, to Agnes Maud, daughter of Edw. Lilly, J.P., Bridgewater.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CP.—Queries, answers, and communications relating to subjects to which special departments of the Journal are devoted, will be found under respective headings.

QUERIES.

M.D. asks for information as to any cases of alcoholism of many years' duration in women who had been cured by any other means than by external restraint.

GRANTS.

Dr. J. H. Scott, M.K.Q.C.P. (Camberley, Surrey), writes: Will "A. T. W. kindly give the name and address of the makers of the "Sandringham Grate" recommended in the Journal of May 23rd?

Surgery would feel grateful to any member for advice as to the best way to handle and prevent objectionable perforation from the foot, Alum, bismuth, and belladonna, being of little use and but little result. So great is the heat from the feet that even expensive shoes crack and become useless after about six weeks' wear. Any advice about a ventilating shoe would be very acceptable.

A COUNTRY PRACTITIONER.—The question is not a medical one.

A MEMBER.—The Library of the British Medical Association is at present one for reference, and not a lending library.

MEDICUS (Dublin).—The English service in lunatic asylums is much the same as in the Union. The appointment of assistant medical officers usually rests with the medical superintendent. Promotion is as slow, and political influence is happily of little account. Much depends upon individual effort and ability.

NATIONAL TEMPERANCE LEAGUE.—The Aubanel prize essay, by M. Paul Sollier, entitled, Du Rôle de l'Hérité dans l'Alcoolisme, may be obtained at the office of the Progrès Medical, 11, rue des Carmes, Paris, or from M. Lecrosnier et Bébé, Place de l'Ecole de Médecine, Paris.

NOTES, LETTERS, ETC.

ROYAL MEDICAL BENEFICENT COLLEGE, EBSOM.

Mr. Robert Freeman (Secretary) writes: I am desired to send you a copy of a resolution passed by the Council at their last meeting, namely: 'The Council wish to record their best thanks of the Council of the Royal Medical Benevolent College be given to the Editor of the British Medical Journal, for his kind advocacy of the claims of the pensioners and foundation scholars of the College.'

ERRATA.—The following errata occur in Dr. V. D. Harris's paper in the Journal of May 10th: p. 1062, column 2, line 26, for "1 to 5" read "1 to 0.5." p. 1063, Table No. 3, omit "cannula trocar"; p. 1063, Table No. 10, for "tend" read "tenderness"; p. 1063, column 2, line 13 from bottom, for "operation" read "observation."—In the same number, p. 1068, column 2, line 8, for "Corky" read "Coecky."—Dr. Fred. H. Alderson, referring to the report of the last meeting of the Harveian Society, says: "It is not for me to repudiate any evidence given by the Harveian Society, but it is not for me to repudiate the evidence of the Harveian Society, but it is not for me to repudiate the evidence of the Harveian Society, but I would like to add in reply to Dr. Buxton I never advocated the removal of the foliaceous part of the placenta, but that it was certain (cystodysgenesis) of the maternal face of the placenta, that is, the uterine and not the foetal surface that had been removed.

AN APPEAL.

SURGEON-GENERAL W. CAMPBELL MACLEAN, C.B., M.D., writes: I have before me letters of a very distressing nature describing the destitute condition of an un yielded and well founded dislike, and something more, on the part of members of our honourable profession to vendors of secret remedies. Warburg, the author of the well known febrifuge that goes by his name, lay for many years under this reproach; but this reproach has long been taken away by the publication of the formulas. Be this as it may, through every channel open to me I have proclaimed the value of this remedy in malarial fevers, and honestly believe that it has saved a great many valuable lives. At the advanced age of 86, with a helpless widowed daughter and two children in bad health, Dr. Warburg now struggles in distress for the merest necessities of life.

I am requested to say that subscriptions will be received in aid of this afflicted family by the Hon. Sydney Holland, 44, Bryanston Square, London, W., who will see that the money is applied in the best way for their relief.

VINEGAR IN URTICARIA.

Dr. W. H. Brown (Aldborough, Hull) writes: I notice an article in the Journal of May 3rd respecting the external use of vinegar for urticaria, by Mr. J. S. Swain. May I point out that I have been in the habit of using for a number of years a 20 per cent. solution of vinegar for this form of skin irritation; it is a most elegant and satisfactory preparation, and in this case of children acts like a charm.

In my own case, I often suffer from a species of eczematous urticaea of the hands, from the handling of various powerful explosives in my labora-
tory, and the first application alone is often sufficient to stop all further irritation.

It is a well known fact, in some country districts, how much people suffer from that minute insect called the "harvest bug," the remedies for which, previously used, have been often ineffectual, and the majority of cases, even after the most active treatment is used, are left with that pimpling and itching sensation, which is particularly distressing in the case of children.

Antiseptic After-Treatment of Vaccination.

Mr. Robert Vesey, M.R.C.S. Eng. (Vaccination-on-Thames) writes: Dr. C. R. Illington, in his memorandum to you on this subject in the Journal of May 3rd, says: "No more than two small lines should be made. . . . Of course, we understand that the doctor will put the child's arm." May I, through the medium of the Journal, ask the reason of the "Antiseptic After-Treatment of Vaccination Law." It is stated "that of those two, have two vaccine clotters 4.70 per cent, of the small-pox cases treated in the Highgate Small-Pox Hospital died; of those having four or more vaccine clotters only 0.55 per cent. died." If, as it seems reasonable to conclude from these statistics, the protective power of vaccine increases with the number of clotters, why should private patients be less protected than those of the public, the vaccine method of which, as a brief analysis, and, give an opinion of the weight of which will be felt by all who read it. What we want to know is whether four vaccine clotters are a better guarantee than two; whether there is more risk in taking a large number of clotters than in taking two. If, and if so, whether the risk is equal to, or greater, than the benefit derived.

Dr. C. L. Moore (Abercorn) writes: In reply to Dr. Barrett, permit me to say that he cannot prove his assertion that "infusion due to the increased dexterity and speed of the practitioners," and "the use of these clotters is, in reality, more productive of advantages than those of the Lancet," as the same would not agree with the fact that it is the public practitioners who are the greatest adapters of this system.

Again, public vaccinators are obliged by law to make at least four marks, whilst private practitioners need only make half a one for the most "successful" vaccination possible.

With regard to instruments, "taste" should be set aside for "efficiency with least pain to the patient," and a couple of needles and a good cork compare very favourably with some eight or ten instruments I have seen.

I find that a mixture of carbolised zinc and borax ointment, applied on the eighth day, effectually prevents erythematous or erythematous mischief, and is most easily applied.

Pathological Society of London.

MEMBER writes: The suggestions of the Council to which you refer were adopted at the meeting held on Tuesday, the 4th of May, 1889. In the course of the discussion referred to was made to the question of the Transactions. The Pathological, like all the other old metropolitan societies, expects the dissolution of its archives by the next meeting.

There are sundry advantages in publishing Transactions by the calendar year. The annual volume issued by a society is even more important as its meetings. It is constantly used for reference. Nothing is more irksome to workers and writers than the danger of misleading readers by misquoting the minute. This volume contains a large number of papers read in the past year. In the case of the Obstetrical Society this source of error is impossible, as the volume is kept in the hands of the Editor between January 1889 and May 1889, inclusive. It is vast, but for the other societies, the other volumes will be more than useful, as the change from the old system would involve great, though temporary, inconvenience.

Communications, Letters, etc., have been received from:

Professor R. Koch, Berlin; [Our Vienna Correspondent]; T. W. Broock, M.B., Oxford; Dr. C. R. Illington, Acrington; Dr. E. F. Hardee, Hull; Mr. T. Bell, Upholding, Evesham; Dr. E. J. Gardner, Aberdeen; W. J. Richardson, M.B., Keighley; Dr. S. McBoyd, Southport; Dr. F. Beach, Dartford; Mr. W. H. Brown, Aldborough; Mr. W. Sturges, Beecham; Mr. G. H. Corbishley, Macclesfield; Dr. W. D. Williams, A.R. F. Echles, London; The Bechstein's Children's Holiday Fund, London; E. R. Edleston, M.B., York; Dr. R. N. A. N. Neal, London; Dr. O. Wood, London; Dr. B. E. Seaton, London; Dr. J. Anderson, Ulverston; Dr. G. H. Mackenzie, Edinburgh; Mr. G. B. Masson, Saxlingham; Dr. A. W. Edis, London; Dr. T. G. Robinson, Poole; Mr. R. Black, Blackpool; Dr. G. Thon, London; Dr. J. W. Moore, Dublin; Dr. J. Morison, St. Albans; The Register, London; Royal College of Surgeons in Ireland, Dublin; Sir William Roberts, London; Messrs. T. Christie and Co., London; Dr. R. F. Smith, London; Dr. Somerset, Birmingham; Mr. J. W. Leng, London; Mr. R. Summer, London; Dr. W. J. Grem, London; Dr. T. D. Read, Montreal; Dr. Munk, London; Dr. R. W. Burnett, London; Dr. H. Page, London; Dr. F. W. Wade, Birmingham; Mr. T. Walley, Edinburgh; Mr. Jonathan Hutchinson, London; Messrs. Charles Griffin and Co., London; Mr. L. Wickham, Paris; Sir J. P. Biddle, London; Messrs. Biddle, London; Dr. J. W. Hardy, London; Dr. J. Odlan, London; Mr. P. R. Stevens, Fuphur; Mr. E. Dennison, Leeds; Mr. A. W. F. Gumble, Salisbury; Mr. Gerard Smith, Upper Clapton; T. D. Poole, M.B., Poulton-Fyfe, Lincoln; Mr. P. E. Bill, Grickhorte; Mr. B. T. Lundy, Haverhill; Mr. J. H. Scott, Camberley; M.B.; Our Egyptian Correspondent.

Books, etc., received.


Climatoterapia de la Tuberculosis Pulmonar en la Peninsula Espanola, Islas Baleares y Canarias. Por Tomas Zerola. Santa Cruz de Tenerife: Vincente Bonnet. 1889.

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