

## THE TREATMENT OF INEBRIATES IN ENGLAND UNDER THE HABITUAL DRUNKARDS ACT, 1879.

REPORT OF THE HABITUAL DRUNKARDS COMMITTEE ON THE DALRYMPLE HOME ASSOCIATION.

THE British Medical Association, through its committee for promoting legislation for the control and cure of habitual drunkards, has made several attempts to carry out the provisions of the Act of 1879, but hitherto, in a great measure, without practical success. The provisions of that Act, whilst admitting the principle that the habitual drunkard may be cured by restraint, so fence the ability to place a person under restraint, that the establishment of "Maisons de Santé" by private individuals has been made so unlikely to succeed financially, that persons having capital have not ventured to provide such institutions. A considerable number of houses have been licensed under the Act in different parts of the country, but the expenses which the Act compels, and the small number of persons who have availed themselves of the provisions of the Act, have caused several of them to be closed within a year or so of their opening. The Act is framed in such a way that the voluntary entry of patients is made as difficult as possible, and inducements are held out to cause them to change their minds before they finally commit themselves to confinement; so that it is found in practice impossible to continue a person who is an inebriate long enough in the same mind to ensure his detention. Capital has not been freely invested, therefore, in the formation of fitting houses, under the management of responsible and satisfactory managers.

A considerable number of houses are advertised in the medical and other journals as (according to their owners) adapted for the purpose; but, with some exceptions in the case of females, whose managers are assisted by committees, they are unsatisfactory. Patients admitted to some of these places obtain liquor with the connivance of the attendants, and the benefit expected from the principle of seclusion does not arise.

The committee appointed at the annual meeting of the British Medical Association have been aware of the difficulties and the results. They have proceeded on the principle that institutions established for the purpose of treating inebriates should not be promoted for individual gain; that the managers should have no pecuniary interest in the detention of any individual case. To effect this object, capital is required before a house can be opened. The Committee therefore, with the assistance of the Social Science Association and the Habitual Drunkards Legislation Society organised a public meeting at the Mansion House, which was held in May last under the presidency of the then Lord Mayor. At that meeting, a society was inaugurated for the special purpose of obtaining funds and providing such a house by means of voluntary contributions in the first instance, but with the ultimate intention of making the establishment self-supporting. A committee of management was appointed, who were instructed to draw up the requisite regulations, and were empowered to do all such acts as might give effect to the resolutions. This committee have had many anxious meetings, and the result of their deliberations has been that, being a trading corporation, they have thought it best to avail themselves of the provisions of the Limited Liability Act, and have become incorporated under that Act. With the consent of the Board of Trade they are enabled to omit the word (limited) from their prospectus, because the Directors of the Company declare that they have no pecuniary interest in anything they may undertake in connection with the management. There are neither shares nor dividends, and no person, except the paid officers, can profit pecuniarily by the work which is proposed to be done. It was only on March 7th that the authority of the Board of Trade was obtained, to enable them to take this step. The Association is called the Association of the Dalrymple Home for Inebriates. The name is given as recognising the association with the late Mr. Dalrymple, who, when Member of Parliament for Bath, was instrumental in obtaining Parliamentary inquiry upon the subject of habitual drinking, and introduced a Bill into the House of Commons, the passing of which was ultimately frustrated by his death; but upon that Bill were framed some of the provisions contained in the Habitual Drunkards' Act of 1879.

The object is stated in the memorandum of the Association—viz., the establishment of retreats under the Act. The income and property of the Association are to be applied solely towards the objects set forth in the memorandum. The first directors consist, among others, of Dr. Cameron, M.P., who was instrumental in obtaining the Act, Dr. Norman Kerr, who acts as Honorary Secretary, and Dr. Alfred Carpenter, who is Chairman of the Committee appointed by the British Medical Association. Canon Duckworth, one of the Queen's chaplains, has been appointed Chairman of the Committee of

Management; and they have already advertised for sites upon which a proper home may be erected, or for a house which is capable of being adapted to become such a home.

The steps which have been taken are decided, but the business is not satisfactory, by reason of the impediments which are placed on the working of the Act, and which requires that the machinery shall be expensive, and yet so determines that there shall be but little chance of any return upon capital invested in the scheme. The majority of inebriates who would place themselves under restraint are those who have dissipated their fortune, who have destroyed their annual income and all their prospects for future advancement and restoration to wealth, and are dependent upon their friends for maintenance. It is not from such a class that capital can be recouped for the venture. It is to be hoped that the action of the Committee of Management for the Dalrymple Home may be more successful than some others have been; and your Committee recommend the Dalrymple Home to the favourable consideration of the British Medical Association, and to the benevolent public for countenance and support.

## COLLECTIVE INVESTIGATION COMMITTEE.

*[It is particularly requested that all communications relating to the investigations conducted by this Committee may be sent to the Secretary, Dr. F. A. MAHOMED, 12, St. Thomas's Street, London, S.E.]*

## MEMORANDUM ON ACUTE RHEUMATISM.

By J. F. GOODHART, M.D., and THOMAS BARLOW, M.D.

On behalf of the Committee.

THE common diseases are those which repay study the best; and, in a general survey of systematic medicine, it is wonderful to note how many of what are regarded as fundamental facts in such diseases rest on an insecure basis of observation and experience. There is no country in Europe which affords better opportunities for studying acute rheumatism than Great Britain; but we are still ignorant as to its etiology. We have no accurate data in regard to the influence of food; and, beyond the curious but well established observation of Dr. Balthazar Foster, on the appearance of a quasi-rheumatic affection of joints, etc., under the administration of large doses of lactic acid, physiological chemistry has, as yet, given us no help. Apart altogether from chemical questions and speculative views as to its bacterial origin, how little we know about the immediate antecedents or determining causes of acute rheumatism! We are in the habit of accepting the conventional lay explanation, that the patient was exposed to cold whilst he was sweating, that thereupon he developed rheumatism; and over and above this we have nothing to say, except that "certain people are more liable to such illnesses than others." But we are bound to take note of cases occurring occasionally in hospital, where patients in bed, suffering or convalescing from some other complaint, develop undoubted rheumatic fever, and where it seems difficult to suppose that the factor of exposure has played any part. The subject of the relation of chorea to rheumatism is to be separately discussed in another inquiry; but, by way of illustration, we may here refer to cases which first come under notice as typical chorea, and then develop unquestionable acute rheumatism. And this leads us to remark that severe nervous shock, induced by accident and other causes, appears now and then to be an immediate antecedent of acute rheumatism. Without attempting any explanation of the connection, it is most important to "keep our minds open" to the nervous relationships or antecedents of the disease, because some of the clinical features of the hyperpyrexial attacks point strongly towards a nervous origin; and, further, the association of some forms of joint-affection with certain diseases of the spinal cord is also suggestive. Amongst other antecedents of rheumatism concerning which careful records are needed, is scarlatina. It is a common enough fallacy to call every affection of a joint which suppurates either strumous or pyæmic, and one which does not suppurate rheumatic; and again and again we are baffled by being unable to give a true definition of rheumatism. But with regard to the joint-affection of scarlatina, it is clear that at least three views may be taken. 1. We may hold that it is one of the manifestations proper to the disease itself—a scarlatinal arthritis. For want of better terms, we may say that the scarlatinal poison affects the joints just as it may affect other parts. According to this view, it would be a mistake to identify the scarlatinal joint-affection with acute rheumatism, although in many respects running parallel to it—notably, in the frequent contemporaneous affection of heart and serous membranes. 2. We may consider it an epiphenomenon, depending on some auto-infection, and therefore septicæmic in character. Although it by no means conclusively proves the septicæmic nature of the affection, it is

important to bear in mind that occasionally in these cases suppuration in a joint occurs. 3. We may consider the arthritis in question as that of true acute rheumatism superadded to the attack of scarlatina, and quite as independent of what may be called the scarlatinal poison as an intercurrent varicella might be.

There is much to be said for each of these views, and it is possible that they may be respectively true in different cases. Even those who claim that the affection is true acute rheumatism, are willing to concede that it often occurs as a complication rather than as a sequela; and there would be something gained by observations on a number of cases as to the exact period after scarlet fever at which joint-symptoms arise. The rash being generally a definite thing, it would be advisable to reckon from the day of its appearance.

Much attention has of late been directed to tonsillitis in regard to acute rheumatism. It would appear in some cases to be an initial symptom of the attack, and in others an antecedent with a distinct interval. More details are needed, and ought not to be very difficult to obtain.

With regard to the ordinary features of a primary acute attack when fully established, there is but little information needed; but the slight later attacks will well repay study, and this is especially the case when the disease is uncomplicated by heart-affection, the results special to which need elimination. The rheumatic attacks of children need special study; the sweating may be very slight, the fever of short duration, the joint-trouble insignificant, whilst, as is well known, the heart-affection is considerable.

In regard to the arthritis of acute rheumatism, it is generally postulated that the subsidence is complete, although there is proneness to relapse. But there are some alleged cases of suppuration having occurred as a sequel of rheumatic fever, where scarlatina was out of the question. Of such very rare occurrences it would be valuable to get some further well recorded examples, in which the early part of the attack is perfectly typical. The same may be said in regard to cases of fibrous thickening around and ankyloses of joints, after acute rheumatic attacks, where gonorrhoea can be excluded.

In children who are the subjects of heart-disease presumably rheumatic, and sometimes in adults also, subcutaneous nodules are to be found in the neighbourhood of both large and small joints, and on the hairy scalp and the forehead, varying in size from a pin's head to an almond. They often appear in crops, and, as they are generally painless and the skin over them most commonly unaffected, they need to be searched for; and information is particularly required concerning their relation to active disease of either heart or joints.

There is ample scope for observation in regard to the skin-eruptions associated with acute rheumatism. It is now well recognised that polymorphous erythema is often an intercurrent phenomenon in rheumatic fever, though the cases in which it occurs are sometimes ill-defined in regard to arthritis. Records of cases are needed in which urticaria and purpura have been observed during the course of, before, or after an undoubted acute attack. A case often referred to by Sir William Jenner may be here quoted in illustration. A patient was brought to hospital with signs of acute pericarditis, but no joint-trouble. Urticaria appeared, which convinced Sir William Jenner that the case was truly rheumatic, and this was soon confirmed by subsequent characteristic appearances about the joints, and the further progress of the case.

The number of questions which gather around the subject of rheumatic heart-disease is legion; but there is at least one which is eminently practical, and the solution of which can only come from the records of family practice—viz., in what proportion of cases in which there is an unquestionable murmur present during the attack does the murmur entirely pass away, the heart remaining sound so far as physical examination can establish? It has been too lightly assumed that such transitory murmurs are hæmic, so called; but it would be better for clinical purposes to eliminate the term altogether, and simply record auscultatory observations and notes on cardiac dulness and impulse in regard to the question of dilatation.

Leaving now the history of the attack, we come to some simple questions in regard to the patient which, if answered on a sufficiently large scale, may assist in building up a definition of what is meant by the rheumatic diathesis. These relate to the common ailments to which the patient is specially subject, and the previous illnesses for which he has needed the doctor's care.

On the subject of the treatment of acute rheumatism, it may be truly said that in no disease are more careful notes necessary as to the entire duration of the illness. Furthermore, it is of the greatest practical importance to get definite statements as to the length of time in the convalescent period during which special drugs are administered, with a view to obtaining collective experience as to the avoidance of relapse.

Appended is a copy of the form which has been adopted for the collective investigation of this subject. And it may here be emphatically stated that the Committee desire to give the fullest recognition to individual observations bearing not only on the questions here indicated, but on others cognate to them.

#### Form of Card about to be Issued.

Observer's name.		Extent of Joint-Affection.	
Address.		Many joints. Few joints.	
Date of last observation.		Migratory. Fixed.	
Initials of patient.	M. or F.	Result—recovery complete, partial,	
Married.	Single. Widowed.	death.	
Occupation.		Persistence of disease in one or	
Temperate.	Intemperate.	joints.	
Abstainer.		Suppuration in one or joints.	
Food—sufficient, insufficient.		Ankylosis of one or joints.	
Place of residence.		Heart-Affection.	
Locality—high, low, dry, damp, exposed, confined.		Before present Pericarditis. Murmur.	
Atmospheric condition—dry, damp, wet, cold, hot, mild, changeable, sun, clouds.		During attack	
Prevailing wind at onset of attack.		Position of apex-beat	
Recent Antecedents,		Skin-Eruptions.	
Scarlet fever. date		Before present Nature. Date.	
Tonsillitis. date		During attack	
Pharyngitis. date		After	
Other diseases. date		Subcutaneous nodules—present, absent.	
Exposure to wet, to cold. date		How many previous attacks.	
Over-fatigue, sudden, prolonged. date		Age at first attack.	
Shock. date		To what common ailments is patient specially subject?	
Date of onset.		For what other diseases has observer attended patient?	
Attack severe, moderate, mild.		Remarks on any special feature of case.	
Duration of fever. days, of pain		Sequelæ.	
Whole duration of attack.		Plan of Treatment.	
Sweating—slight, considerable.		How long has patient been under care of observer?	

#### THE COLLECTIVE INVESTIGATION COMMITTEE'S MEMORANDUM ON CHOREA.

SIR,—I am anxious, with your permission, to add a word to what has already been said on this subject by Dr. Donkin and Dr. Mahomed. Dr. Donkin, as I understand, is of opinion that the expression in the schedule "vague pains" would stand best by itself; and that a sentence in the memorandum, stating that with children such pains, with or without pyrexia, often signify rheumatism, would be better away, inasmuch as it prejudices the point at issue. Whilst bearing testimony to the careful preparation and revision of both schedule and memorandum, I cannot but think that the justice of this criticism will appear when the actual working of the inquiry is considered. All observers are agreed that limb and joint pains are commoner with choreic children than with others. The question turns upon the character of these pains. But this point is here determined beforehand: first, by their being included under the heading "rheumatism"; and, secondly, by the statement of the memorandum that in childhood such pains, with or without fever, are characteristic of rheumatism. There is, in fact, no recognition whatever of any pain except the rheumatic. Dr. Mahomed observes that the Committee will not judge so narrowly, but will take each case upon its own merits. But, if this be so, it is obvious that the Committee will exercise a liberty which they do not allow to the original observers. By the form of their questions, they compel these to conclusions which they may themselves reject.

But, although Dr. Mackenzie has in this one place allowed his own predilection to peep out (as which of us would not?), I have no fear but that, in the result, we shall obtain valuable and trustworthy returns as to the relationship of chorea to rheumatism. The schedules, it must be remembered, are issued to experienced men, who may be trusted to assert themselves with sufficient plainness, and to keep clear of pitfalls on one side or the other. They will know how to make erasures and additions accordingly. Everyone of us has already his own convictions upon the point which it is now proposed to bring to the test of figures. The question which Dr. Donkin has raised will serve as an useful reminder as to the necessity, as well as the difficulty, of entering upon such an inquiry cautiously and with an open mind.—Your obedient servant,

OCTAVIUS STURGES.

Wimpole Street, April 17th, 1882.

A LECTURE on "Modern Dress and Fashionable Deformities" will be given, on behalf of the National Health Society, by Mr. E. Noble Smith, on Saturday, April 22nd, at four o'clock, at the Hampstead Vestry Hall, Haverstock Hill, when Mr. Spencer Wells is announced to take the chair.



## ROYAL COLLEGE OF SURGEONS OF ENGLAND. THE PASS EXAMINATION FOR THE DIPLOMA OF MEMBER.

At a meeting of the Council of the Royal College of Surgeons of England, a committee consisting of Mr. Birkett (Chairman), the President and Vice-Presidents of the College, Mr. Savory, Mr. Holmes, Mr. Wood, Mr. Bryant, Mr. T. Smith, and Mr. Heath, was appointed to consider and report on the following proposal:—

"That on and after the 1st of October 1882, no candidate be admitted to the Final or Pass Examination for the diploma of Member until after the expiration of two years from the date of his passing the Primary or Anatomical and Physiological Examination, unless he shall, before presenting himself for such Primary Examination, have completed the curriculum of professional study for the diploma, or shall possess a degree or diploma in Medicine or Surgery, or shall show reasons for exemption from this rule which shall be satisfactory to the Court of Examiners."

The Report of the Committee was printed on April 13. In this Report the Committee recommended to the Council the adoption of the principle advocated in the foregoing proposal, that two years should elapse between the date of passing the Primary or Anatomical and Physiological Examination and the Pass or Final Examination for the diploma of Member; and with a view to giving effect to that principle, further recommended for approval by the Council the following regulation:

Candidates commencing their professional education on or after the 1st of October 1882, will not be admitted to the Pass or Final Examination for the diploma of Member until after the expiration of two years from the date of their passing the Primary or Anatomical and Physiological Examination for such diploma, except in the following cases:

1. When a candidate, before presenting himself for the Primary Examination, shall possess a recognised degree or diploma in Medicine or Surgery, or shall have completed the curriculum of professional education for the diploma.
2. In the case of a candidate who, being desirous of obtaining the Fellowship, shall fail to present himself for the Primary Examination for the Membership at the end of his second year of professional study, but who shall pass at the end of his third Winter Session the Primary Examination for the Fellowship, it being required in such case that not less than one year of attendance on the surgical practice of a recognised hospital shall intervene between the date of his passing the Primary Examination for the Fellowship and the date of his presenting himself for the Pass or Final Examination for the diploma of Member.
3. In the case of a candidate who, having commenced his professional studies by attendance on the practice of a recognised Provincial or Colonial hospital, and having completed a year of such attendance, shall fail to pass the Primary Examination at the end of his second Winter Session of attendance at a recognised medical school, provided that in his case not less than one year shall elapse between the date of his passing the Primary Examination and the date of his presenting himself for the Pass or Final Examination for the diploma of Member.
4. When a candidate, owing to illness, duly certified by one or more of the teachers of his medical school, shall be prevented from presenting himself for the Primary Examination on the completion of his second year of professional study.
5. And in the case of a candidate who, from some unforeseen circumstances, shall fail to present himself for the Primary Examination on the completion of his second year of professional study, it being left to the Court of Examiners to determine whether in such case the candidate shall or shall not be required to comply with the regulation.

## ASSOCIATION INTELLIGENCE.

### BRANCH MEETINGS TO BE HELD.

**THAMES VALLEY BRANCH.**—The next meeting of this Branch will be held on Thursday, May 4th, at the Griffin Hotel, Kingston-on-Thames, at 6 P.M. Members desirous of bringing any communication forward are requested to give due notice to the Honorary Secretary.—EDWARD L. FENN, M.D., Honorary Secretary, Richmond.—April 10th, 1882.

**METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.**—The next meeting will be held, by permission of the Lords Commissioners of the Admiralty, at the Royal Naval School, Greenwich Hospital, on Friday, April 28th, at 8 P.M.; Dr. Alfred Carpenter in the chair, when the following papers will be read: 1. On the Treatment of Angular Curvature of the Spine. By W. Johnson Smith, F.R.C.S. 2. On Two Unusual Cases of Midwifery. By Robert J. W. Oswald, L.R.C.P.—H. NELSON HARDY, Honorary Secretary, The Grove, Dulwich, S.E.—April 19th, 1882.

**METROPOLITAN COUNTIES BRANCH: NORTHERN DISTRICT.**—The next meeting of the District will be held at the house of Dr. T. Morton, 1, Greville Road, Kilburn Priory, N.W., on Thursday, April 27th, at 8.30 P.M. Dr. Stretch Dowse will read a paper on the Inhalation-Treatment of Bronchial and Lung Affections. Dr. Morton will preside.—G. W. POTTER, M.D., Honorary Secretary, 12, Grosvenor Road, N.—April 5th, 1882.

**NORTH OF ENGLAND BRANCH.**—The spring meeting will be held at the Hospital, Stockton-on-Tees, on Friday, April 28th, at 3 P.M. The first business will be the election of a President-elect, in the place of the late Dr. Robert Wilson of Alnwick. The following papers and cases have been promised: 1. Dr. Philipson: On Fixed Abdominal Pain. 2. Dr. Foss: Case of Fractured Patella treated by Aspiration of the Knee-Joint. 3. Dr. Foss: Case of Double Amputation. 4. Dr. Drummond: On some Points in the Diagnosis of Chronic Pulmonary Phthisis. The following subjects will be brought forward for discussion: a. Communication from Dr. J. M. Fothergill regarding the Editorship of the BRITISH MEDICAL JOURNAL. b. Communication from the South-Western Branch regarding Homeopathic Practitioners. Members and their friends will dine together at the Stockton Club at 5.30 P.M.; charge (exclusive of wine), 6s. 6d.—T. W. BARRON, M.B., Durham, DAVID DRUMMOND, M.D., Newcastle, Honorary Secretaries.—April 12th, 1882.

**LANCASHIRE AND CHESHIRE BRANCH.**—The Honorary Secretary invites members to give early notice of papers to be read at the intermediate meeting, which will be held at Blackpool early in May, and at the annual meeting, which will take place at Chester in June.—A. DAVIDSON, M.D., Honorary Secretary, 2, Gambier Terrace, Liverpool.—April 19th, 1882.

**SOUTHAMPTON DISTRICT: SOUTHERN BRANCH.**—The next meeting of the District will be held at 6, Anglesea Place, Southampton, on Monday, April 24th, at 8 P.M. Paper by Surgeon-Major Blair-Brown on Resection of the Elbow. Paper by R. Caesar, Esq., on Four Cases of Cerebral Tumour.—THEOPH. W. TREND, M.D., Honorary Secretary.—April 17th, 1882.

**SOUTHERN BRANCH: ISLE OF WIGHT DISTRICT.**—The annual meeting will be held at the Royal Pier Hotel, Sandown, on Thursday, April 27th, at 4 P.M.; J. G. Sinclair Coghill, M.D., President, in the chair. Agenda: Election of Officers for the ensuing year. Statement of Accounts for the past year. Report of the Proceedings of the District for the past year. An Address by the President-elect, A. G. Davey, M.D. A Case of Puerperal Fever: by Mr. J. Jones. The Duties of Medical Officers of Health: by Mr. A. Woodward. Gentlemen who are desirous of introducing patients, exhibiting pathological specimens, or making communications, are requested to signify their intention at once to the Honorary Secretary. Dinner will be provided at 6 P.M.; charge 6s. (exclusive of wine).—W. E. GREEN, Honorary Secretary, Sandown, Isle of Wight.

**NORTH WALES BRANCH.**—The next intermediate meeting will be held on Thursday, the 27th instant, at the Sportsman Hotel, Portmadoc, under the presidency of Dr. Samuel Griffith, immediately on the arrival of the morning or midday trains. After the meeting, the members will dine together, at an hour suitable to the times of the departure trains. Notices of the following communications have been given: 1. On Adenoma of the Breast. 2. On Naso-pharyngeal Polypus. By Mr. T. E. Jones.—J. LLOYD-ROBERTS, Honorary Secretary, Denbigh.—April 19th, 1882.

### PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

At a meeting of the Committee of Council, held at the Council Room of Exeter Hall, Strand, London, on Wednesday, April 12th, 1882: Present, Mr. C. G. WHEELHOUSE, President of the Council, in the Chair; Dr. W. Strange, President-elect; Dr. W. F. Wade, Treasurer; Dr. Clifford Allbutt, Mr. Alfred Baker, Mr. T. H. Bartleet, Dr. M. de Bartolomé, Surgeon-Major Boileau, Dr. L. Borchardt, Dr. Alfred Carpenter, Dr. C. Chadwick, Dr. Ward Cousins, Dr. A. Davidson, Dr. Charles Drage, Dr. E. Long Fox, Dr. B. Foster, Dr. J. H. Gibson, Dr. W. C. Grigg, Mr. A. J. Harrison, Dr. C. Holman, Mr. W. D. Husband, Mr. Vincent Jackson, Dr. Leslie H. Jones, Dr. D. J. Leech, Mr. C. Macnamara, Mr. F. E. Manby, Mr. F. Mason, Mr. R. H. B. Nicholson, Dr. C. Parsons, Dr. S. Rees-Phillipps, Dr. Alfred Sheen, Mr. Septimus W. Sibley, Dr. A. P. Stewart, Mr. Henry Stear, Dr. E. Markham Skerritt, Dr. Edward Waters.

The minutes of the last meeting were read and found correct.

Read letters of apology for non-attendance from Mr. Barrow, President of the Association, Dr. Duffey, Dr. Eytton Jones, and Dr. R. Shettle.

The President of Council reported that, having received an invitation to attend a preliminary meeting of an Association for the Advancement of Medicine by Research, he had attended on behalf of the British Medical Association.

Resolved: That the best thanks of the Committee of Council be given to the President of Council for attending the meeting at the Royal College of Physicians on behalf of the British Medical Association, for the purpose of forming an Association for the Advancement of Medicine by Research.

Read Report of the Committee on the Study of Aural Surgery, of which the following is a copy.

*Report of the Committee on the Study of Aural Surgery to the Committee of the British Medical Association.*

Your Committee, appointed to consider the best means for promoting the study of Aural Surgery, especially in regard to compulsory examination in this subject by the various examining bodies, has held three meetings, and has been much gratified by the universal interest evinced in this matter by the teachers and practitioners of otology throughout the United Kingdom.