

and Ireland. As to the Bill itself, I am convinced that it runs no danger whatever so far as public opinion or professional opinion is concerned. The petition which I have presented is a good specimen of the proof of the prevailing opinion of the medical profession, and I am convinced that, as these are the opinions that ought to be decisive, no danger will arise. Dr. H. W. Acland, President of the General Medical Council, has expressed the strongest opinion, in his address to the Council, that the time has come when they ought to bring their influence to bear in aiding the settlement of the question. Whatever danger there may be will not come from the profession. It will come solely, I believe, from the unfortunate jealousies and fancied interests of a certain number of licensing bodies. The professional and the public interests will, I hope, prevail over such attempts, and I trust the Bill will be treated in the same public spirit in the House of Commons in which it has been treated here.

The Bill was then read a third time.

Before the question, "That the Bill do pass," was put, Lord CARLINGFORD moved an amendment to Clause 9, to give the Royal Irish University four, instead of three, representatives on the Irish Medical Board.—The Earl of MILLTOWN declared that the Irish Medical Corporations were by no means satisfied with this amendment.—After a few words from Earl CAIRNS in support of the amendment, Lord CARLINGFORD defended his proposal. He said there had been a strong feeling on the part of the Irish College of Physicians that they should be put on the same footing as the Irish College of Surgeons; and he was satisfied that it would be better to do that. It was always assumed, and it had his full concurrence, that the Irish Universities should be maintained in their majority on the Board. He had attempted to deal with the matter by giving a member to the two universities, either to be elected conjointly or to be elected alternately, but that plan was thoroughly distasteful to both the universities; and it had only remained for him to settle the matter by proposing to give a member to each. It came to this, that the majority that was to be maintained on the side of the Universities was to be a majority of two instead of one.—The amendment was agreed to, and the Bill then passed.

INDIA AND THE COLONIES.

THE EPIDEMIC PREVALENCE OF SMALL-POX IN INDIA.

THE epidemic of small-pox is still raging in Madras, and the death-rate from all causes has risen to 85 per 1,000. The correspondent of the *Times* telegraphs that "The present year seems characterised by an exceptional development of small-pox throughout India. The disease is epidemic, and is causing great mortality in Rangoon, and also in several cities of Upper India. It is described as above the average in Calcutta, and appears to prevail to a greater or less extent in almost every large city in the country."

MILITARY AND NAVAL MEDICAL SERVICES.

ARMY MEDICAL SCHOOL, NETLEY.

THE forty-eighth session of the Army Medical School was opened on the 2nd instant, when twenty-one gentlemen joined for the home service, and five for the Indian. The introductory address was delivered by Professor Maclean, who began with a graceful and touching allusion to the death of the Duke of Albany. He welcomed the new surgeons on probation, and explained the objects of their sojourn at Netley, pointing out the advantages of a military career, but warning them, at the same time, of the obstacles their best efforts may have to encounter, from the indiscriminating blame sometimes heaped upon the department for shortcomings for which it ought not to be held responsible. He illustrated this by the experience of Robert Jackson, in former days, and by the unmerited obloquy thrown upon the medical officers in the Egyptian campaign of 1882.

Dr. Maclean wound up a most eloquent address with an expression of hope that the stay of the surgeons on probation at Netley might be both profitable and pleasant.

Surgeon-General Murray and the medical and professional staff were present, as well as Mr. Dayman, President of the Southampton Medical Society.

The occasion was rendered further interesting by the fact that it is the first time that the school had been opened at Netley since the post of governor and commandant of the Royal Victoria Hospital has ceased to exist. From this time forth, the surgeon-general is sole responsible and administrative head of the establishment, and a galling and vexatious grievance has been at length removed. The

excellent results which have followed a similar change in the hospitals of the Royal Navy are not likely to be wanting at the headquarters of the sister service.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.—During the week ending the 29th ult., 6,086 births and 3,495 deaths were registered in the twenty-eight large English towns, including London, dealt with in the Registrar-General's weekly return, which have an estimated population of 8,762,354 persons. The annual rate of mortality per 1,000 persons living in these towns, which in the two preceding weeks had been 22.6 and 22.1, further declined to 20.3 in the week ending the 29th ult. During the thirteen weeks of the quarter ending last Saturday, the rate of mortality in these towns did not exceed 21.1 per 1,000, a lower rate than has been recorded in the first quarter of any preceding year; the nearest approach to so low a rate being 23.8 in 1883. From the exceptionally low rate recorded in these large towns during last quarter, it may be safely assumed that the general death-rate of the country for the same period will be found to be unprecedentedly low. The rates in the several towns last week, ranged in order from the lowest, were as follow:—Derby, 12.5; Brighton, 13.9; Bristol, 14.0; Bradford, 15.9; Huddersfield, 17.6; Birkenhead, 17.8; Plymouth, 18.7; Leicester, 18.9; Sunderland, 19.1; Bolton, 19.6; Sheffield, 19.8; Wolverhampton, 20.0; Nottingham, 20.3; London, 20.4; Birmingham, 20.8; Salford, 21.4; Leeds, 21.5; Cardiff, 21.8; Hull, 21.9; Liverpool, 22.2; Portsmouth, 22.7; Norwich, 23.7; Newcastle-upon-Tyne, 24.1; Blackburn, 25.0; Manchester, 27.1; Oldham, 27.6; Preston, 27.8; and the highest rate 30.7 in Halifax. The average death-rate last week in the twenty-seven provincial towns was 21.1, and therefore exceeded by 0.7 per 1,000 the rate recorded in London. The 3,495 deaths registered last week in the twenty-eight towns included 471 which were referred to the principal zymotic diseases, against 502 and 486 in the two preceding weeks; of these, 154 resulted from whooping-cough, 135 from measles, 73 from scarlet fever, 41 from "fever" (principally enteric), 31 from diarrhoea, 20 from diphtheria, and 17 from small-pox. These 471 deaths were equal to 13.5 per cent. of the total deaths, and to an annual rate of 2.8 per 1,000. This zymotic rate was equal to 3.1 in London, whereas it did not exceed 2.6 in the twenty-seven provincial towns, among which it ranged from 0.0 in Derby, 0.5 in Bristol, and 0.6 in Huddersfield, to 5.9 in Portsmouth, and 7.2 in Oldham. The fatal cases of whooping-cough, which had been 160 and 143 in the two preceding weeks, rose again to 154, and caused the highest rates of mortality in London, Salford, and Bolton. The deaths referred to measles, which in the two previous weeks had been 146 and 141, further declined last week to 135, and showed the largest proportional fatality in Birmingham, Oldham, and Portsmouth. The 73 fatal cases of scarlet fever were 13 fewer than the number in the preceding week, but this disease showed excessive prevalence in Leeds and Sheffield. The deaths referred to different forms of fever, which had declined in the three previous weeks from 44 to 33, rose again last week to 41, and showed the largest proportional fatality in Liverpool and Birkenhead. The 31 deaths from diarrhoea showed a marked decline from recent weekly numbers. The fatal cases of diphtheria in the twenty-eight towns, which had been 20 and 28 in the two preceding weeks, declined again to 20; 12 occurred in London, and 2 in Salford. The 17 deaths from small-pox in these towns exceeded by 4 the number in the preceding week, and included 11 in London, 2 in Liverpool, 2 in Sunderland, 1 in Birmingham, and 1 in Newcastle-upon-Tyne. The death-rate from diseases of the respiratory organs, judged by the metropolitan returns, was again considerably below the average; the deaths referred to these diseases in London, which had been 370 and 373 in the two previous weeks, declined to 359 last week; they were as many as 182 below the corrected weekly average, and were equal to an annual rate of 4.7 per 1,000. The causes of 97, or 2.8 per cent., of the 3,495 deaths registered last week in the twenty-eight towns were not certified, either by medical practitioners or by coroners. In London the proportion of uncertified deaths did not exceed 1.3 per cent., while in the provincial towns it averaged 4.0 per cent., and showed the largest excess in Oldham, Hull, Leicester, and Wolverhampton.

HEALTH OF SCOTCH TOWNS.—In eight of the principal Scotch towns, having an estimated aggregate population of 1,254,607 persons, 797 births and 571 deaths were registered during the week ending

the 29th ultimo. The annual rate of mortality, which in the two preceding weeks had been 20.9 and 21.3 per 1,000, further rose to 23.7, and exceeded by 2.9 the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the death-rate was equal to 14.8 in Leith, 16.8 in Perth, 18.0 in Dundee, 21.5 in Edinburgh, 22.9 in Greenock, 24.3 in Aberdeen, 27.3 in Glasgow, and 28.5 in Paisley. The 571 deaths registered last week in these towns included 35 which resulted from whooping-cough, 18 from diphtheria, 14 from measles, 12 from diarrheal diseases, 4 from "fever," 4 from scarlet fever, and 1 from small-pox; in all, 88 deaths were referred to these principal zymotic diseases, equal to 15.4 per cent. of the total deaths, and to a rate of 3.6 per 1,000, which exceeded by 0.8 the average zymotic death-rate recorded last week in the twenty-eight English towns. In the Scotch towns, the lowest zymotic death-rates were 0.0 in Perth, and 1.4 in Greenock, whereas the rate was equal to 4.7 in Leith, and 7.1 in Paisley. The fatal cases of whooping-cough, which had been 22 and 23 in the two preceding weeks, rose to 35, and exceeded the number returned in any previous week of this year; 18 occurred in Glasgow, 9 in Edinburgh, 4 in Dundee, and 3 in Aberdeen. The 18 deaths referred to diphtheria exceeded by 7 those recorded in the preceding week; 6 were returned in Glasgow, 4 in Edinburgh, and 4 in Dundee. Of the 14 fatal cases of measles, 6 more were recorded in Paisley, and 4 in Edinburgh. Since the commencement of this year, 40 deaths have resulted from measles in Paisley, equal to a rate of 2.8 per 1,000. The 4 fatal cases of "fever" were fewer than in any recent week, and included 2 in Glasgow. The deaths from scarlet fever, which had been 7 and 9 in the two previous weeks, declined to 4, of which 3 occurred in Glasgow. The mortality from diseases of the respiratory organs in these Scotch towns was again considerably below the average, and was equal to an annual rate of 4.5 per 1,000, which was slightly below the rate last week from the same diseases in London. As many as 89, or nearly 16 per cent., of the 571 deaths registered last week in these towns were uncertified.

HEALTH OF IRISH TOWNS.—During the week ending March 22nd, the number of deaths registered in the sixteen principal towns in Ireland was 442. The average annual death-rate thus represented was 26.8 per 1,000 of the population, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest: Dundalk, 13.1; Lurgan, 15.4; Kilkenny, 16.9; Sligo, 19.2; Armagh, 20.7; Londonderry, 23.2; Newry, 24.6; Wexford, 25.7; Dublin, 26.7; Limerick, 27.0; Belfast, 27.1; Cork, 27.3; Waterford, 34.7; Galway, 37.0; Drogheda, 38.1; Lisburn, 38.7. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 2.5 per 1000, the rates varying from 0.0 in Galway, Newry, Kilkenny, Wexford, Dundalk, Sligo, and Lurgan, to 11.6 in Waterford; the 15 deaths from all causes registered in the last named district comprising 2 from scarlatina, 2 from whooping-cough, and 1 from diarrhoea. Among the 113 deaths from all causes registered in Belfast, were 1 from whooping-cough, 2 from enteric fever, and 2 from diarrhoea. Among the 20 deaths from all causes in Limerick were 2 from scarlatina and 1 from diarrhoea; and among the 13 deaths in Londonderry were 1 from scarlatina, 1 from typhus, and 2 from whooping-cough. In the Dublin Registration District, the deaths registered during the week amounted to 185—93 males and 92 females. Twenty-two deaths from zymotic diseases were registered, being 7 over the number for the preceding week, but 11 under the average for the twelfth week of the last ten years; they comprise 6 from scarlet fever (scarlatina), 2 from typhus, 3 from whooping-cough, 1 from diphtheria, 2 from simple continued and ill-defined fever, 4 from enteric fever, 2 from diarrhoea, etc. Twenty-eight deaths from diseases of the respiratory system were registered, being 27 under the average for the corresponding week of the last ten years, and 1 under the number for the week ended March 15th; they comprised 15 from bronchitis, and 5 from pneumonia. The deaths of 7 children under 5 years of age (including 5 infants under 1 year old) were ascribed to convulsions. Four deaths were caused by apoplexy, 8 by other diseases of the brain and nervous system (exclusive of convulsions), and 17 by diseases of the circulatory system. Phthisis caused 31 deaths, mesenteric disease, 11, tubercular meningitis 10, and cancer 3. Three accidental deaths were registered. In one instance the cause of death was "uncertified," and in 25 other cases there was "no medical attendant."

HEALTH OF FOREIGN CITIES.—It appears from statistics published in the Registrar-General's return for the week ending the 29th ult. that the annual death-rate was recently equal to 26.7 in Bombay and 55.6 in Madras. Small-pox caused 110 deaths in Madras and 5 in Bombay; and cholera 29 in Madras and 10 in Bombay. According to the most recently received weekly returns, the death-rate in twenty-

one of the principal European cities averaged 29.3 per 1,000, and was no less than 8.5 above the mean rate last week in the twenty-eight large English towns dealt with in the Registrar-General's weekly return. In St. Petersburg the death-rate was equal to 44.4, showing a further increase upon the rate in recent weeks; the 789 deaths included 44 from measles, 39 from "fever," 21 from scarlet fever, and 15 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate averaged only 23.1, and ranged from 22.3 in Copenhagen, to 26.3 in Stockholm; 3 of the 47 deaths in Christiania resulted from scarlet fever, and diphtheria and croup caused 4 deaths in Copenhagen and 5 in Stockholm. In Paris the death-rate was 26.5, showing a slight decline from the rate in the previous week; it was, however, 6.1 in excess of the rate that prevailed in London; the 1,139 deaths included 66 from diphtheria and croup, 40 from measles, and 31 from typhoid fever. The 195 deaths in Brussels, including 9 from small-pox and 7 from whooping-cough, were equal to a rate of 26.6. The rate in Geneva was so high as 45.7, 21 of the 62 deaths resulting from "fever," against 10 in the previous week. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the rate averaged 23.8, the highest rate being 25.3 in Amsterdam, where 12 more deaths were referred to diphtheria and croup; 3 fatal cases of scarlet fever occurred in Rotterdam. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 28.2, and ranged from 22.6 and 23.8 in Berlin and Dresden, to 33.4 in Breslau, and 39.5 in Prague. Small-pox caused 28 deaths in Prague (against 46 and 43 in the two previous weeks) and 5 in Vienna; diphtheria showed the largest proportional fatality in Dresden and Berlin. The death-rate was equal to 43.6 in Turin and 28.6 in Venice; the 212 deaths in Turin included 18 from measles and 4 from small-pox. The 135 deaths in Lisbon, of which 5 resulted from small-pox, were equal to a rate of 34.1. The mean recorded death-rate in four of the principal American cities did not exceed 22.0, the several rates ranging from 16.1 in Brooklyn to 24.6 in New York. Diphtheria and scarlet fever showed more or less fatal prevalence in each of these American cities; typhoid fever caused 9 deaths in Philadelphia and 4 in Baltimore.

EPIDEMIC OF SMALL-POX IN LONDON.

At the usual meeting of the Metropolitan Asylums Board, on Saturday, serious reports of the increase of small-pox were made. It was shown that during the wave of cold weather which has lately prevailed, the eastern part of London had been visited with an attack of this disease, and that the number of patients which had come upon the hands of the officials had necessitated the taking of energetic measures to meet the demands for beds. Sir E. H. Currie stated that the attention of the officers having been directed to the great increase of small-pox during the fortnight, a meeting of the General Purposes Committee was summoned. They found that in the hospital-ship *Atlas* there were 161 cases (now increased to 174), in the eastern asylum 52 cases, in the south-western asylum 12 (now increased to 22), and in the south-eastern asylum 23 (now increased to 25). In all there were 248 cases, and now 265, an increase of 112 in the fortnight. The committee at once gave orders to the steward at Darent to prepare the camp, and to take the first steps to provide the necessary appliances to meet the needs of 300 patients. On behalf of the committee Sir Edmund asked the managers to sanction the steps the committee had taken, to appoint Dr. F. Bernard, of the south-west asylum, the medical superintendent of the camp at the present time, and that the applications should be made to the Local Government Board for the necessary orders to carry out the drainage, and to fit up the camp. Dr. Bridges, of the Local Government Board, pressed that the steps taken should include every measure for the prevention of contagion around the camp. Sir Edmund Currie stated that in the laundry and sewage arrangements, points specially referred to by Dr. Bridges, every care would be taken to safeguard the inhabitants, and also in regard to visitors of patients, no means would be omitted to prevent the association of persons from the asylum with the public. The necessary resolutions were carried to give effect to the recommendations of the committee. It was decided that no one should be allowed on board the ships, on visits, except those who came from the managers' wharf, and on board the managers' launch. Such a limitation would save the railway-companies from fear, and the managers would be saved from the troubles which always arose when the fears and prejudices of the public were aroused. On the motion of the Rev. H. G. Henderson, it was agreed that a circular should be issued to the several unions and parishes, urging that the officials should institute a house-to-house visitation, with a view of ensuring that the laws relating to efficient vaccination were strictly enforced. Sir E. H. Currie stated that the *Castalia* would be ready for use as an additional

hospital-ship in about three weeks' time, and would be berthed in Long Reach, with the *Atlas* and *Endymion*.

OUTBREAK OF SMALL-POX IN HACKNEY.

THE medical officer of health for Hackney reported, at a meeting of his board held on March 27th, an extensive outbreak of small-pox almost all over the district, which had commenced on the 20th, and was then declining. The outbreak was so sudden and extensive, that he did not attribute it to direct infection from person to person, but to infection combined with some peculiarity of the atmosphere which existed for some days, from about the 6th of the month. During the fourteen days immediately preceding the outbreak, there had been a few dropping cases, which did not occur in any particular locality, or seem to be the precursor of an outbreak. During the week ending March 12th, there had been 4 cases reported to him, and, for the week ending the 19th, 4 cases also; but, on the 20th, there were 7 cases; on the 21st, 16 cases; on the 22nd and 23rd, as many as 27; on the 24th, 12; on the 25th, 10; on the 26th, 5; and the 27th, only 3; making a total of 80 cases. The earliest cases, *i.e.*, on the 20th, occurred chiefly, *viz.*, 4 out of 7, in the vicinity of the hospital, to the east of the hospital, the wind blowing on the 4th from the S.E.; and on the 5th, 6th, and 7th, from the S.W.; and on the 8th, and subsequently, more or less from the east, the hospital being on the east of the houses in which the first cases occurred. But there were only 28 cases in the hospital at that time, and the wind had been in that direction in part of February, when there were more cases in hospital, with a total absence of ozone and diminished rate of wind, being the same meteorological conditions as occurred about the time when the disease must have been contracted, without, however, any outbreak occurring then near the hospital or elsewhere. On the 21st, out of the 16 cases, only one occurred within a quarter of a mile of the hospital; on the 22nd, 23rd, and 24th, by far the largest number occurred away from the hospital; but there were four cases on the 20th which happened in different streets, and were in no way connected, which took place in a line from the hospital corresponding with the direction the wind was blowing on the 8th and 9th. There were 12 cases removed in a fortnight to the Asylum Board's hospitals from Bethnal Green, 67 from Hackney, 10 from Islington, and 14 from Shoreditch, making a total of 103 cases from these four adjoining parishes, out of 114 from the whole of the parishes on the north side of the Thames. These figures show that the infected locality was of considerable size, and render the cause of the outbreak very difficult of determination, especially as in Hackney there did not appear to be, so far as could be ascertained by inquiry amongst the friends of the patients, any reason to believe that the cause was personal infection of the sick.

OBITUARY.

ALLEN THOMSON, M.D., D.C.L., LL.D., F.R.S.S.L. and E.

THE news of the death of Dr. Allen Thomson, formerly for many years Professor of Anatomy in the University of Glasgow, will have been received with regret by all who knew him, whether personally or through his scientific labours. He died on Friday, March 21st, in the seventy-fifth year of his age. He had been for some time suffering from a disease of the eyes; and, a fortnight before his death, symptoms of disease of the brain appeared.

Dr. Allen Thomson was the son of Dr. John Thomson, who held in succession the chairs of Military Surgery and of Pathology in the University of Edinburgh. He was educated at the High School of that city, and subsequently at the University, where he took the degree of M.D. in 1830; the subject of his thesis being the Development of the Heart and Blood-vessels in Vertebrate Animals. In the following year, he was admitted a Fellow of the Royal College of Surgeons of Edinburgh, and began to lecture on Anatomy in the Extra-academical School, having as his colleague the late Dr. Sharpey. With Sharpey, he maintained for many years an intimate friendship; and, on the death of his old friend and colleague in 1880, was the author of an interesting and kindly memoir of his life and works.

In 1839, Dr. Allen Thomson was appointed Professor of Anatomy in Marischal College, one of the two colleges into which the University of Aberdeen was then divided. In 1842, he became Professor of Institutes of Medicine, or Physiology, in the University of Edinburgh;

and, in 1848, was appointed Professor of Anatomy in the University of Glasgow. He thus held, in succession, a chair in each of the three great universities of Scotland. He retained the professorship in Glasgow until 1877, when he retired, and removed to London. In 1878, his portrait, painted by Sir Daniel Macnee, was publicly presented to the University in which he had long been a distinguished teacher, and where he had gained the character of a man of highly cultivated intellect and scientific attainments, as well as of one wise in counsel, a genial, kindly, and tried and trusted friend.

As a professor of anatomy, he was an excellent teacher, and won the affection and respect of his pupils and colleagues. He especially devoted his attention to the study of embryology, in which subject he made researches which have caused him to be regarded as one of the highest authorities in that department of science. He first published the results of his labours many years ago in Todd's *Cyclopædia of Anatomy*, to which he contributed several articles on "Generation" and "Ovum," as well as on "Circulation." He was the principal editor of the descriptive portions in the last three editions of *Quain's Anatomy*, to which he made important additions. To the eighth edition he added an elaborate and instructive chapter on his favourite subject of Embryology. His other contributions to literature are to be found in the *Transactions of the Royal Societies of London and Edinburgh*, and in medical journals.

Dr. Thomson became a Fellow of the Royal Society of Edinburgh in 1838, and of the Royal Society of London in 1848. After his removal to London in 1877, he became a member of the Council of the latter Society, and ultimately a vice-president. In 1871, he received from the University of Edinburgh the degree of LL.D., which degree was also conferred on him by the University of Glasgow in 1877; and, in 1882, the University of Oxford conferred on him the degree of D.C.L.

In 1859, on the death of Dr. J. A. Lawrie, he was appointed representative of the Universities of Glasgow and St. Andrew's in the Medical Council, and held the office up to the time of his retirement from his professorship in 1877. As a member of Council, he took an active part in the proceedings, and there, as elsewhere, gained the sincere esteem of his colleagues by his honesty of purpose, his soundness of judgment, and his genial friendliness.

In 1871, he was President of the Biological Section of the British Association for the Advancement of Science, at its meeting in Edinburgh; and, when the Association met in Plymouth in 1877, he filled the Presidential chair. The subject of his address on the occasion was one to which he long devoted attention, the "Development of the Forms of Animal Life;" and in it he gave an able exposition of his views in relation to the Darwinian theory.

Beyond his scientific career, Dr. Allen Thomson was well known for many years as one of the most active and influential men in Glasgow. He was always ready to aid in any good cause, and he took a prominent part in various great public undertakings. In particular, he acted as chairman of the Removal and Buildings Committee of the University of Glasgow from 1863 to 1874, which led to the erection of the University Buildings on Gilmorehill; and the carrying out of this great scheme was largely due to his energy and tact, and to the confidence reposed in him. Dr. Thomson also took an active part in the erection of the Glasgow Western Infirmary; and, during its earlier years, as a member of the board of directors, did much towards its prosperity.

When the Glasgow and West of Scotland Branch of the British Medical Association was formed in 1875, Dr. Thomson was chosen as the first president; and, at the annual meeting of the Branch in 1876, he delivered a very interesting address on "The History, Constitution, and Objects of the British Medical Association, and on Medical Organisation in Glasgow." In the course of that address, he made allusion to an event which, though it has not yet taken place, is, it is to be hoped, not far distant.

"I think we must look forward to obtain, at no very distant date, a general meeting of the British Medical Association in Glasgow. As a proof of the advantages of such a meeting, I need only refer to the brilliant success which attended that held in Edinburgh in the past year; and I feel assured that, when the matter is viewed in its proper light, it will soon be felt that Glasgow and the West of Scotland must not lag behind in the endeavour to bring about such an union of the active intelligence of the profession, as may stimulate and invigorate the exertion of its members for their own improvement and for the increased utility of the profession to the public."

When the Association meets in Glasgow—an event which is probably not far distant—among the pleasures of the gathering there will with many be one regret: that the eminent man who uttered the words which we have quoted will not be there. But though he is no longer seen, his voice no longer heard, the memory of him will survive in the hearts of many.