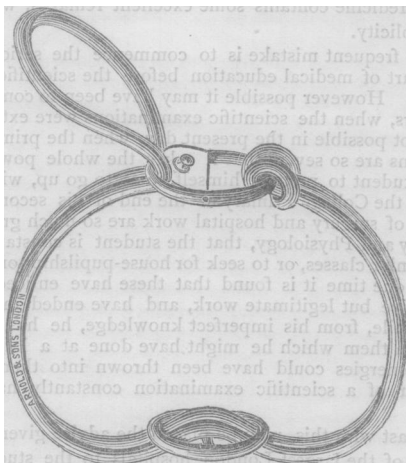


a course at Netley as candidates for the Army or Navy Medical Service may, if thought desirable, be exempted from attending the School a second time. 13. During the period of his residence at the Army Medical School, each candidate will receive an allowance of eight shillings *per diem*, with quarters, or, when quarters are not provided, with the usual lodging and fuel and light allowances of subalterns, to cover all costs of maintenance; and he will be required to provide himself with uniform (*viz.*, the regulation undress uniform of a surgeon of the British service, but without the sword). 14. All candidates will be required to conform to such rules of discipline as the Senate may from time to time enact. 15. At the conclusion of the course, candidates will be required to pass an examination on the subjects taught in the School. The examination will be conducted by the Professors of the School. The Director-General, or any medical officer deputed by him, may be present and take part in the examination. If the candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer, he will be eligible for a commission as surgeon. 16. The position of the candidates on the list of surgeons will be determined by the combined results of the preliminary and of the final examinations; and, so far as the requirements of the service will permit, they will have the choice of Presidency in India, according to their position in that list. The examinations for admission to the Indian Medical Service will usually take place twice a year—*viz.*, in February and in August.

## REPORTS AND ANALYSES AND DESCRIPTIONS OF NEW INVENTIONS IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

### DR. WARD COUSINS'S NEW ELASTIC CORD TOURNIQUET.

THIS is a powerful and very efficient tourniquet of the simplest construction. It consists of three parts: 1. An endless elastic cord; 2. A metal clamp, by which the cord can be instantly tightened and loosened; 3. A ring fitted with a crossbar for the purpose of connecting the cord in any position with an elastic pad. It can be very rapidly



adjusted on a limb so as to completely control the circulation, and it is adapted for all surgical operations in which such an instrument is essential. The ease with which it can be applied is indicated by the fact that it admits of self-application to any limb with one hand. Arnold and Sons are the sole manufacturers.

**LOW DEATH-RATE IN NEW ZEALAND.**—The death-rate per 1,000 of population in the various New Zealand boroughs during the year 1880 is stated by the Registrar-General to have been as follows:—Chief cities: Wellington, 18.39; Christchurch, 17.81; Dunedin, 14.35; Auckland, 13.84. Suburbs: Sydenham, 16.03; Caversham, 13.74. Smaller towns: Nelson, 20.13; Thames, 7.22; Napier, 11.13; Wanganui, 21.38; Lyttelton, 1.06; Timaru, 10.81; Oamaru, 11.57; Hokitika, 16.12; Invercargill, 9.10.

## BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1881.

SUBSCRIPTIONS to the Association for 1881 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to the General Secretary, 161A, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

## The British Medical Journal.

SATURDAY, SEPTEMBER 10TH, 1881.

### THE STUDENT OF TO-DAY: THE PRACTITIONER OF TO-MORROW.

THE annual recurrence of the Students' number reminds us all of the perpetual rejuvenescence of our art, and of the valiant crowd of workers who press in to fill up the vacancies in our ranks. Veteran after veteran falls, some with a shout of mourning and a hymn of praise marking their departure and recording their feats, others lost in oblivion, or surrounded only by the few to whom their virtues were known and their labours loved. But the hurrying ranks of young recruits press ever forward; and in the vacancies they see promotion, in the losses opportunity, and in the funeral orations themes for emulation, and the stuff of which ambition's dreams are woven.

This ardour, this courage, these young aspirations and indomitable energies, are the pledge of our future progress. How shall they be directed, and in what quarter shall they make their onslaught with the best chance of victory? We bid them advance whither science beckons: to turn a deaf ear to the easy and plausible blandishments of the "old fogey" school, who fondly dwell on the simple charms of "practical" studies in apprenticeship, and rule of thumb; who talk glibly of the "experience" of years, of the "skilled finger", the "educated touch"; of the "rule of thumb"; of the "rough and ready" practices of our fathers; of the "changes of type"; of the good "old-fashioned blue pill and lancet"; who eye ophthalmoscopes askance; who "frankly confess" that they look upon the sphygmograph as a scientific toy; whose urinary cabinet is confined to a bottle of nitric acid, a spirit lamp, and a specific gravity bulb; who ask what is the use of the laryngoscope to the general practitioner; to whom the globule-counter and the hæmochromometer are as cabalistic enchantments; who feel doubtful about temperature-charts; shirk calculations; and limit their electrical enterprise to turning the wheel of a mechanical "American machine" for paralysed patients. These are the signs by which the bad adviser may be known by the young student; and, once recognised, he should be avoided.

It is very well to have opinions; but, after all, it is wise to remember the platonic dictum, that opinions are only midway between knowledge and ignorance. What our medical students of the future will need are mere facts, and facts are only worth having when they have been tested with accuracy. The immediate future of medicine lies in the application to the study and practice of medicine of instruments of precision, and the introduction of methods of precision. What we want to further progress are no longer guesses in the dark; individual appreciations of long—because merely personally—estimated complex phenomena; we want physicists, chemists, physiologists, mathematicians, and zoologists, who will study healthy and diseased function in man, as it may be studied by persons accustomed to exact methods, precise manipulations, and vigorous reasoning.

The pioneers of modern medicine are the Pasteurs, Listers, Donders, Helmholtz, Ranviers, Charcots, Virchows, etc. In our own country, we would bid students take such men as Burdon Sanderson, Michael Foster, Flower, Ray Lankester, Wilks, Pavy, Lauder Brunton, Ferrier, Gerald Yeo, Turner, Fraser, McKendrick, Gairdner, William Roberts,

Coats, for their exemplars—these and others of their generation, whom they will find in every hospital—men who have not been content to stand upon the old ways, or to forego the modern aids which physical and chemical science so plentifully bring to our aid. Gross anatomy, bedside work, dispensary practice—the student will find abundant opportunities and incentives to these; but he will need some discernment, much perseverance, and some culture of his own, to find in many apparently well-equipped schools any sufficient instruction or facilities of practice in the use of the new means of examining pulse, respiration, blood, blood-pressure, secretions, and temperatures of the body, which must be to the coming practitioner as essential in daily practice as are the test-tube, the stethoscope, and the clinical thermometer to the every-day practitioner of this date. We would earnestly warn the student not to be deterred by the ridicule of the ignorant and prejudiced (and he will find many who, on these subjects, are technically uninformed and highly prejudiced, among the most honoured seniors and widely reputed juniors in the schools); nor by difficulties, or labour, or absence of “the immediate practical result”, which it is the last extremity of ignorance and folly to suggest as the test of biological research. Let no student think himself fit to practise till he has passed at least one year in thoroughly mastering the *technique* of the practical physiological laboratory, and of the use of all the technical instruments of precision to which we have referred. He may be assured that he will otherwise enter the ranks of practice predestined to a back place, and self-debarred from taking part in that glorious progress of his science of which he will probably in twenty years’ time fairly be able to understand the new terminology.

#### THE STUDENT’S EARLY DAYS.

ONCE more the medical journals, in view of the approaching winter session, publish their “students’ numbers”, without being able to announce the fulfilment of the wishes of medical reformers. Conjoint boards of examination are still things of the future; the nineteen bodies recognised by the Medical Act still continue to grant their degrees, diplomas, and licences, each of which entitles the holder to have his name put on the *Medical Register*; and the medical schools issue their announcements of the courses of lectures to be delivered in the coming winter and summer sessions, with very little change; but, it must in justice be said, where there is change it is in the direction of affording increased facilities for practical instruction.

As regards the preliminary examination in subjects of general education, which the intending student must undergo before his name can be placed on the *Students’ Register*, there are some changes which will require to be remembered. By decree of the General Medical Council, on and after the first day of January 1882, a knowledge of English History and Modern Geography will be required; and a knowledge of the Elements of Statics, Dynamics, and Hydrostatics, will be demanded either at the preliminary examination, or at the first professional examination, or an examination on these subjects may be passed at any intervening period. The Royal College of Surgeons of England discontinues, at the end of the year, the preliminary examinations which have until now been held under its direction by the College of Preceptors; but, beyond this, the Medical Council has not succeeded in inducing any of the licensing bodies, which had not previously done so, to surrender the testing of schoolboy education into the hands of the universities and other national examining bodies. It would be very desirable that the preliminary examinations should cease to be conducted by the Medical corporations. The education of a youth intending to enter on the study of medicine should not differ in any way from that of one about to enter any other profession; provided, of course, that the authority of the Medical Council or some competent body be interposed, to secure that such education shall comprise certain subjects which, either as materials for mental discipline or as useful accessories in medical studies, “*aptiorem medicinam reddunt*”. When the Medical Act was passed, twenty-three years ago, there was indeed a necessity for the establishment of preliminary examinations by the

licensing boards; for, with the exception of the Matriculation of the University of London, there was, we believe, no examination at which the general knowledge of youths not intending to enter on a course of University study could be tested; while now we have the local examinations held by the Universities and by the College of Preceptors, all of which are, provided they include certain subjects, recognised by the Medical Council.\*

A question of some importance arises in connection with preliminary examinations; viz., whether, and to what extent, it should include certain scientific subjects which form part of the curricula of medical schools, so as to leave more time at the disposal of the student for purely professional study. The Medical Council, indeed, sanctions Botany and Elementary Chemistry as optional subjects at the preliminary examination: but we are disposed to agree with those who would have a preliminary scientific examination superadded to the examination in literature and mathematics, to be passed at a subsequent period; such examination to embrace the same subjects as the preliminary scientific examination of the University of London, but to be of a more simple character, at the same time enabling the candidate to show that his knowledge of them was sufficient for any ordinary application of them in his medical studies. The facilities for scientific study which are being presented by such bodies as the University of Cambridge, Owens College in Manchester, the University Colleges in Liverpool and Bristol, and the Yorkshire College, render such a suggestion more feasible than it could have been some years ago. It is one well worthy of the consideration of medical reformers.

The student having been registered, and having thereby become entitled to commence his professional studies, it is in the highest degree important that the elementary and practical portions of them should be carried on in a methodical and complete manner. Before an attempt is made to raise the superstructure of practical study, there should be provided a good concrete foundation of elementary matters; and no student should attempt, or be allowed to attempt, the serious study of the practical departments until he has given evidence of having laid such a foundation. On this point, the prospectus of the Liverpool School of Medicine contains some excellent remarks, which, we think, deserve publicity.

“A very frequent mistake is to commence the serious study of the practical part of medical education before the scientific part has been got quit of. However possible it may have been to combine the two in former years, when the scientific examinations were extremely lax, it is certainly not possible in the present day, when the primary or scientific examinations are so severe that it takes the whole powers even of an energetic student to prepare himself so as to go up, with confidence of passing, to the College Primary at the end of his second winter. The attractions of surgery and hospital work are so much greater than those of Anatomy and Physiology, that the student is constantly tempted to take out senior classes, or to seek for house-pupilships or dresserships too early. In due time it is found that these have enticed him from his less attractive but legitimate work, and have ended in causing his rejection; while, from his imperfect knowledge, he has not reaped the benefit from them which he might have done at a later period, when his whole energies could have been thrown into them, untrammelled by the fear of a scientific examination constantly hanging over his head.”

In contrast with this, may be placed the advice given by the authorities of one of the largest London hospitals to the student of the first winter session.

“The time from 12.30 to 1.30 should be occupied, when the student is not engaged in dissection, in attendance on the *post mortem* examinations and the surgical out-patients. At 1.30 he may, if unoccupied in the dissecting-room, attend in the wards. On Wednesdays and Saturdays he should attend in the operating-theatre, at half-past 1, to watch the various surgical operations performed; and in the same

\* In referring to the subject of preliminary examination, it is only right to remind our readers that several of the licensing bodies instituted such examinations long before the passing of the Medical Act of 1858. Such an examination, comprising Latin, Greek, Algebra, and Elementary Natural Philosophy, was established six or eight years previously by the Society of Apothecaries. For many years before that, the Apothecaries’ Hall of Ireland had been accustomed to require a preliminary examination in classical and mathematical knowledge; and we believe the same thing had been done by the Royal College of Surgeons in Ireland.



theatre, and in the wards, at half-past 1 on Thursdays, he will attend the surgical consultations."

It certainly seems confirmatory of the opinion of the teachers of the Liverpool School, that its pupils furnish a much smaller percentage of rejections at the preliminary examinations of the Royal College of Surgeons than do those of the London School to which we have referred. If anything in the shape of practical study is to be done in the first winter, it should not be in the elaborate way mentioned above, but rather in the manner advised by another of the chief London schools.

"Opportunities should occasionally be taken" (in the first winter) "for visiting the out-patient departments, and acquiring some familiarity with the more common diseases and injuries, and the application of anatomy and physiology in their recognition."

Provided that the well-known attractions of surgery did not exercise too much power on the mind of the student, such *occasional* visits might be regarded as means of mental relaxation from the scientific studies, and of at the same time acquiring—one might almost say *ludendo magis quam studendo*—fragments of practical knowledge. But anything beyond this in the shape of serious hospital work during the first year is premature; nor should the student, indeed, apply himself with energy to such work until he has passed his examination in the elementary subjects.

The whole subject of medical education is occupying the minds of medical reformers; and it is too vast for us to say more on it at present. The Committee of Council of the Association and the various Branches have had under consideration a report, originally prepared by the Metropolitan Counties Branch. It is doubtless among the subjects inquired into by the Select Committee of the House of Commons on Medical Reform; and the Medical Council, either in its present, or, it is to be hoped, an improved constitution, will have to take it seriously in hand. In the meantime, the materials must be used as they are; the great point is, to use them judiciously, in their proper places and in right sequence, so as to build up on scientific principles a solid structure of practical knowledge.

#### THE NEW CURRICULUM OF THE IRISH COLLEGE OF SURGEONS.

WE presume that no one conversant with the curriculum hitherto in force for the Letters Testimonial of the Royal College of Surgeons in Ireland will deny that it needed reform. It stood alone in its adhesion to the antiquated notion of enjoining upon the student attendance thrice over on certain courses of lectures; while, at the same time, it was not only possible, but, as we have been informed, the rule, for a student to complete his course, and even to pass his final examination, in a period of two years and nine months. These two facts, independently of all other considerations, were enough to condemn the system utterly.

During the past year, the Council has been engaged in the elaboration of an entirely new scheme. This was submitted for approval to the Fellows at their annual meeting in June last; and, after considerable discussion, was adopted, on a division, by the narrow majority of three votes. Our attention is called to the details of this scheme by a Dublin hospital-surgeon, a Fellow of the College, who, in a letter which he published in last week's JOURNAL, informs us that an influential body of the Fellows, including some of those who voted for the scheme in June last, are now desirous to postpone its operation; and that with this object a petition has been forwarded to the Secretary of State praying that he will withhold his sanction to it.

The new scheme is certainly a bold one in some respects. It embodies two important principles. In the first place, it fixes forty-five months from the date of registration as the minimum period in which a student can complete his curriculum; and, secondly, by introducing a compulsory examination at the close of each session, it aims a serious blow at the procrastination and idleness which now proves so fatal to the best interests of our students. Practical courses in physiology and surgery replace a repetition of a winter course in each sub-

ject respectively; and midwifery, not hitherto examined in, now forms part of the final examination. Having said this, however, we fear we have exhausted all that we can say in favour of the scheme. In almost every point it runs counter to the principles laid down in the report of the Education Committee of this Association, as well as the more important recommendations adopted of late years by the General Medical Council. The system of requiring repeated attendance on certain courses of lectures is continued in but a slightly modified form. Although the utmost rigour prevails in enforcing a definite order of study, this only serves to preclude the sequence which the general consensus of opinion in this country regards as right and natural. Instead of chemistry, anatomy, and physiology, forming the basis on which to build the knowledge of the more important practical subjects of surgery, medicine, and midwifery, we find a student actually excluded from the dissecting-room during his first year, and compelled to go there during his third and fourth. The examination at the close of the second year includes surgery and surgical pathology, viz., the pathology of inflammation; yet the first examination in anatomy and physiology, which is allowed to take cognisance of a nervous system, occurs a twelvemonth later. Thus the principle, which at this side of the channel is all but universally admitted, namely, that a student, after having passed a standard examination in anatomy and physiology, should be required to spend two years, unfettered by the compulsory study of these subjects, at clinical work, is utterly ignored. Lastly, we cannot but express our regret at finding no mention of pathological anatomy either in dead-house, school, or examination.

In our opinion, then, the objections urged against the scheme by our correspondent are valid and just. Indeed, many of them are but the expression of views long known to be those of this Association. But whether the Secretary of State ought, under existing circumstances, when such autonomy is allowed the various corporations, to refuse his consent to a constitutionally adopted act, is a serious question. In our opinion, the case before us is a strong piece of additional evidence that the making of curricula ought not to be left to the individual corporations at all; and hence it points to the necessity of a speedy settlement by the State of the questions at present in the hands of the Royal Commission.

#### CHANGES IN THE MEDICAL SCHOOLS.

SINCE the publication of our last educational number, the following changes have taken place in the hospitals and medical schools.

St. Bartholomew's Hospital has been deprived, by retirement, of the long-continued and valued services of Mr. Luther Holden, who has been appointed Consulting Surgeon. The vacancy thus created has been filled by the promotion of Mr. Langton to the office of Surgeon; and Mr. Butlin has been appointed Assistant-Surgeon. Mr. Cumberbatch is acting as surgeon in charge of the Aural patients, *vice* Mr. Langton; and Mr. Butlin takes the place of Dr. Brunton in the department of Diseases of the Larynx. Messrs. Bruce-Clarke, Edwards, and Bullar, are demonstrators of Anatomy, *vice* Messrs. Cumberbatch and Walsham; and Mr. Walsham is associated with Mr. Butlin as demonstrator of Practical Surgery.

At the Charing Cross Hospital, Mr. Hird, having retired from the office of Surgeon, has been appointed Consulting Surgeon; and Mr. J. A. Bloxam has been promoted to the office of Surgeon. The vacancies in the office of Assistant-Surgeon caused by this, and by the death of Mr. Amphlett a year ago, have been filled by the appointment of Mr. J. H. Morgan and Mr. Hayward Whitehead. One of the Assistant-Physicians, Dr. Irvine, has died; and two Assistant-Physicians, Dr. Robert Smith and Dr. Colquhoun, have been appointed. Mr. Cantlie, the senior Assistant-Surgeon, has charge of the patients with Ear-Diseases, in the place of Mr. Bloxam. In the Medical School, Dr. Colquhoun lectures on Botany in place of Dr. Houghton, who succeeds Dr. Irvine as lecturer on Forensic Medicine; and Mr. W. A. Forbes lectures on Comparative Anatomy in the room of Mr. J. F. Blake. Mr. R. H. Wolfenden teaches Practical Physiology, *vice* Dr. Colqu-

houn. Practical Instruction in Auscultation is given by Dr. Robert Smith, and in the use of the Laryngoscope by Mr. Morgan, both in place of the late Dr. Irvine; and Mr. Whitehead gives instruction in the use of the Ophthalmoscope *vice* the late Mr. Amphlett.

At St. George's Hospital, an eminent member of the staff, Mr. Pollock, the senior Surgeon, has retired. Mr. Warrington Haward has been consequently promoted to the post of Surgeon; and the vacancy thus caused in the staff of Assistant-Surgeons has been filled by the appointment of Mr. Dent. A new office has been created, that of Assistant Obstetric Physician, to which Dr. Champneys has been appointed; he is also associated with Dr. Barnes in the lectureship on Midwifery. Mr. Frost has been appointed Assistant Ophthalmic Surgeon, and Mr. Dent lecturer on Physiology in place of Dr. Watney and Mr. Stirling; and Dr. I. Owen succeeds Dr. Watney as lecturer on *Materia Medica*, leaving thereby a vacancy in the lectureship on Botany. Mr. Dent is associated with Mr. Bennett in teaching Practical Surgery, *vice* Mr. Haward.

At Guy's Hospital, the vacancies caused by the retirement of Dr. Habershon and Mr. Cooper Forster, the Senior Physician and Senior Surgeon, have been filled by the promotion of Dr. Hilton Fagge and Mr. Davies-Colley; but no further appointments have been made in the offices of Assistant-Physician and Assistant-Surgeon. Dr. White has been appointed a demonstrator of Anatomy.

At King's College Hospital, Dr. Baxter gives instruction in Throat-diseases in place of Dr. Curnow. There have been no changes in the staff of professors in the Faculty of Medicine, nor in that of medical officers of the hospital.

At the London Hospital, Mr. Treves is principal teacher of Practical Anatomy in the dissecting-room. There is no other change.

At St. Mary's Hospital, the former Assistant-Physicians, Drs. Cheadle, Shepherd, and Lees, and the Assistant-Surgeons, Messrs. Owen, Page, and Pye, now have the title of Physicians and Surgeons respectively, with charge of out-patients. Mr. Pepper has been appointed Assistant-Surgeon. Mr. G. Anderson Critchett succeeds Mr. Haynes Welton as Ophthalmic Surgeon; Mr. Walton retaining office as Senior Surgeon to the Hospital. In the medical school, Dr. Cheadle is associated with Dr. Broadbent in the lectureship on Medicine. Dr. Lees succeeds Dr. Farquharson as lecturer on *Materia Medica*. Dr. Henderson has been appointed Pathologist.

At the Middlesex Hospital, one of the physicians, Dr. R. King, has retired; and Dr. Douglas Powell has been appointed Physician. The vacancy thus caused in the office of Assistant-Physician has been filled by the appointment of Dr. C. Y. Biss. Mr. Lang has succeeded Mr. Critchett as Ophthalmic Surgeon and lecturer on Ophthalmic Surgery. In the medical school, Mr. Hensman lectures on Anatomy in place of Mr. Henry Morris, who takes the lectureship on Surgery hitherto held jointly by Mr. Hulke and Mr. Lawson. Dr. Biss lectures on Botany in place of Mr. Hensman; and Dr. Finlay succeeds Dr. R. King as lecturer on Forensic Medicine and on Public Health.

At St. Thomas's Hospital, Dr. Greenfield has resigned the office of Assistant-Physician on his appointment to the professorship of Pathology in the University of Edinburgh; but no appointment to the vacancy thus caused has as yet been made. A new lectureship on Clinical Surgery has been created, to which Mr. John Croft has been appointed; and Mr. Mason takes Mr. Croft's place as one of the teachers of Practical Surgery. Dr. Reid and Mr. Anderson lecture on Anatomy in place of Mr. Mason and Mr. Wagstaffe.

At University College, Mr. Wharton Jones has retired from the office of Ophthalmic Surgeon to the Hospital and Professor of Ophthalmic Surgery, and has been succeeded in the former office by Mr. Streatfeild, and in the latter by Mr. John Tweedy, who has been appointed Assistant Ophthalmic Surgeon.

At the Westminster Hospital Medical School, Mr. Macnamara takes the place of Mr. R. Davy as joint-lecturer on Surgery with Mr. Cowell; and Dr. Murrell succeeds Dr. Phillips as lecturer on *Materia Medica*. Dr. Leslie Ogilvie has been appointed lecturer on Comparative Ana-

tomy in place of Dr. Carter Blake; and a new lectureship on Experimental Physics has been established, to which Dr. George Ogilvie has been appointed.

At Queen's College, Birmingham, Practical Physiology is taught by Dr. R. Norris. Dr. Jolly has retired from the joint-professorship of Anatomy, leaving Mr. Thomas the sole occupant of the chair. The professorship of Ophthalmic Surgery, formerly held by Mr. Solomon, does not appear in this year's prospectus. Mr. Goodall has retired from the office of Surgeon to the General Hospital. At the Queen's Hospital, Mr. Sampson Gamgee has retired from the office of Surgeon, and Mr. Bennett May has been appointed to fill the vacancy thus caused. Mr. Jordan Lloyd has been appointed Casualty Surgeon to the same hospital.

In the Bristol Medical School, Dr. Harrison is appointed with Dr. Eager in the lectureship on Forensic Medicine.

In the Leeds School of Medicine, Mr. McGill is associated with Mr. Nunneley and Mr. Robinson in the lectureship on Anatomy; and Dr. Hellier and Dr. Hartley have been appointed assistant demonstrators of Anatomy. Mr. A. W. Mayo Robson has been appointed lecturer on Pathology; and Dr. Ernest Jacob demonstrator in Physiology and Pathological Histology.

In the Liverpool Royal Infirmary School of Medicine, a course of Practical Pathological Histology will be given by Mr. Paul.

In Owens College, Manchester, Mr. F. A. Southam has been appointed assistant lecturer on Surgery, Mr. Arthur H. Young lecturer on Surgical Pathology, Dr. H. Ashby lecturer on Diseases of Children, and Mr. Thomas Jones teacher of Operative Surgery. Mr. Somers has retired from the chair of *Materia Medica*, Dr. Leech now being the sole occupant; and Dr. Dreschfeld teaches Pathology without the co-operation of Dr. H. Simpson. Mr. Southam teaches Aural Surgery at the Infirmary, in place of Mr. Whitehead.

In the University of Durham College of Medicine, Mr. G. E. Williamson has been appointed joint lecturer on Physiology with Dr. Drummond. Dr. G. Y. Heath has retired from the office of Surgeon to the Newcastle-on-Tyne Infirmary, and Dr. F. Page has been promoted to the vacancy thus created. Mr. G. E. Williamson has been appointed Assistant-Surgeon.

The vacancy in the professorship of Pathology in the University of Edinburgh, caused by the death of Dr. Sanders, has been filled by the appointment of Dr. W. S. Greenfield.

In the Extra-Academical School of Medicine in Edinburgh, Dr. Handyside, one of the lecturers on Anatomy, has died; and Mr. Cathart has been recognised as a lecturer on that subject. Dr. D. J. Hamilton has been added to the staff as a Lecturer on Pathology. Mr. H. A. Husband has ceased to lecture on Forensic Medicine.

In Anderson's College, Glasgow, Dr. Barlow has succeeded Dr. McVail as lecturer on Physiology and teacher of Practical Physiology; and the vacancy in the lectureship on Midwifery, caused by the death of Dr. J. G. Wilson, has been filled by the appointment of Dr. A. Wallace.

In the Glasgow Royal Infirmary School of Medicine, Dr. J. W. Anderson lectures on Medicine in place of Dr. Wood Smith; and Dr. Macewen succeeds Dr. H. Cameron as lecturer on Surgery, being himself succeeded by Dr. Glaister as lecturer on Forensic Medicine. At the Royal Infirmary, Mr. Clark has been appointed a Surgeon in the place of Dr. Cameron; Dr. Foulis has succeeded Mr. Clark as a Dispensary Surgeon; and Dr. Barlow has been appointed an Extra Dispensary Surgeon.

#### OPENING OF THE MEDICAL SCHOOLS.

THE subjoined is a list of the Medical Schools in England and Scotland, with the date of their opening, and a statement of the ceremony, if any, which will take place on the occasion.

St. Bartholomew's Hospital—October 3rd; annual dinner of old students.

Charing Cross Hospital—October 3rd, 4 P.M.; address by Mr. Hird.

- St. George's Hospital—October 3rd, 4 P.M.; address by Mr. Haward; dinner at Willis's Rooms, Mr. Henry Lee in the chair.
- Guy's Hospital—October 3rd; *conversazione* at 8.30 P.M.; distribution of medals and prizes.
- King's College—October 3rd, 4 P.M.; address by Sir John Lubbock, Bart., M.P., F.R.S.; distribution of prizes.
- London Hospital—October 1st; biennial festival on October 3rd, Dr. Robert Barnes in the chair.
- St. Mary's Hospital—October 3rd, 3.30 P.M.; address by Mr. G. P. Field; annual dinner in hospital board-room at 6 for 6.30 P.M., Dr. Broadbent in the chair.
- Middlesex Hospital—October 3rd, 3 P.M.; address by Dr. R. Douglas Powell; distribution of prizes; dinner at St. James's Hall at 6.30, Mr. S. W. Sibley in the chair.
- St. Thomas's Hospital—October 1st, 3 P.M.; address by Dr. Bernays; annual dinner in Governors' Hall at 6.30.
- University College—October 3rd, 8 P.M.; address by Dr. Poore; *conversazione* after address.
- Westminster Hospital—October 3rd, 3 P.M.; address by Mr. Bond; distribution of prizes; annual dinner at 7 P.M.
- Birmingham (Queen's College)—October 4th; address by Mr. O. Pemberton at 3.30 P.M.; presentation of prizes.
- Bristol Medical School—October 3rd.
- Leeds School of Medicine—October 4th, 4 P.M.; address by Mr. W. N. Price; distribution of prizes; annual dinner at 6 P.M.
- Liverpool Royal Infirmary School of Medicine—October 3rd, 3 P.M., the Earl of Derby in the chair; address by Dr. Oliver Lodge; distribution of prizes.
- Owens College (Manchester Royal) School of Medicine—October 1st.
- Sheffield School of Medicine—October 1st, 5 P.M.; address by Mr. E. Skinner.
- University of Durham College of Medicine, Newcastle-on-Tyne—October 3rd, 2 P.M.; presentation of scholarship and prizes by Sir Charles Trevelyan, Bart.; address by Dr. James Murphy.
- Aberdeen University—October 26th.
- Edinburgh University—October 25th.
- Edinburgh School of Medicine—October 24th, 11 A.M.; address by Dr. A. G. Miller.
- Glasgow University—October 26th; address by Dr. Charteris.
- Glasgow, Anderson's College—October 25th, 2 P.M.; address by Dr. Gemmell.
- Glasgow, Royal Infirmary School of Medicine—October 28th.

DURING the past eight weeks of the current quarter, the metropolitan death-rate averaged 22.9 per 1,000, against 17.6 and 21.4 in the corresponding periods of 1879 and 1880.

THE Queen has been graciously pleased to approve of the honour of Knighthood being conferred upon Dr. G. C. M. Birdwood, C.S.I., of the India Office, late Bombay Medical Staff, Conservator of the Indian Museum.

A NEW Eye, Ear, and Throat Hospital will be opened at Shrewsbury, on the 21st instant, by the Countess of Bradford, accompanied by the Earl of Bradford and Earl Powis. The building has cost £12,500.

THE fatal cases of diarrhoea in London, which had steadily declined in the four preceding weeks from 495 to 141, further fell last week, under the influence of unseasonably low temperature, to 117, and were no fewer than 140 below the average.

DESPITE the great heat of some days in July, the summer of 1881, like all its recent predecessors, will, we read, rank among the cold ones. The temperature of every month, July not excepted, has been below the average, and that of August as much as three degrees below it. According to the daily meteorological returns, the highest shade tem-

perature in the month just closed was 84° on the 5th, the lowest on the following night (44°), giving an extreme range of 40°. The average mean temperature of the month was 60.5°.

DURING the past year, an unusual number of retirements has taken place among the senior members of the staff in the hospitals. The London hospitals lose four Senior Surgeons—Mr. Holden of St. Bartholomew's, Mr. Hird of Charing Cross, Mr. Pollock of St. George's, and Mr. Cooper Forster of Guy's; and one Senior Physician—Dr. Habershon of Guy's Hospital. Messrs. Holden, Hird, and Pollock have been appointed Consulting Surgeons to their respective hospitals.

THE Consulting Staff of the London hospitals is now constituted as follows:—St. Bartholomew's Hospital: Sir G. Burrows, Dr. Farre, Dr. Harris, and Dr. Martin, Physicians; and Sir James Paget and Mr. Holden, Surgeons. Charing Cross: Sir J. Fayrer, Physician; and Mr. Canton and Mr. Hird, Surgeons. St. George's: Dr. Wilson, Dr. Pitman, and Dr. Ogle, Physicians; and Mr. Cæsar Hawkins, Mr. P. Hewett, Mr. H. Lee, and Mr. Pollock, Surgeons. Guy's: Sir W. Gull and Dr. Owen Rees, Physicians; Mr. Cock and Mr. Birkett, Surgeons; and Dr. Oldham, Obstetric Physician. King's College: Sir T. Watson, Dr. Budd, Dr. A. Farre, Dr. Guy, Dr. Priestley, and Dr. Garrod, Physicians. London: Dr. Herbert Davies and Dr. Ramskill, Physicians; and Mr. Curling, Surgeon. St. Mary's: Sir J. Alderson and Dr. King Chambers, Physicians; and Mr. S. Lane, Mr. Spencer Smith, and Mr. White Cooper, Surgeons. Middlesex: Dr. A. P. Stewart, Dr. Goodfellow, Dr. H. Thompson, and Dr. Greenhow, Physicians; and Mr. Shaw and Mr. Nunn, Surgeons. St. Thomas's: Dr. Barker, Sir J. Risdon Bennett, and Dr. Peacock, Physicians; Mr. Le Gros Clark and Mr. Simon, Surgeons; and Mr. Liebreich, Ophthalmic Surgeon. University College: Dr. Walshe, Sir W. Jenner, and Dr. Russell Reynolds, Physicians; and Mr. Quain, Mr. Erichsen, and Sir H. Thompson, Surgeons. Westminster: Dr. Radcliffe, Physician; and Mr. Holt and Mr. Holthouse, Surgeons.

#### THE PARKES MUSEUM.

THIS museum is closed until the end of September. In October, it will again be opened free to the public on Tuesdays, Thursdays, and Saturdays; and, during the winter, lectures on sanitary science will be given in the museum. The lectures will be illustrated with the sanitary appliances deposited in the museum, which now include many new contributions sent from the recent Medical and Sanitary Exhibition at South Kensington. We believe it is intended to distribute the awards to the exhibitors at the exhibition, at the second public annual meeting of the subscribers to the museum in October or November.

#### EXPERIMENTAL PHYSIOLOGY.

AT the meeting of the Bristol Association, Dr. Burdon Sanderson delivered an able address in the department of Anatomy and Physiology, selecting as his subject the discoveries of the past half-century relating to animal motion. The address, as a whole, was a vindication of the practice of vivisection. "No one, he averred, acquainted with the development of the branch of practical medicine relating to the diseases of the central nervous system, would hesitate in attributing the rapid progress which had been made in the diagnosis and treatment of these diseases to the study of nervous pathology, and the knowledge gained by experiments on animals. The address was read before a crowded audience, and amongst those present were Professors Owen, Huxley, Acland, and Allen Thomson. The references to results obtained by experiments on living animals were received by those present with approval.

#### NEW INFIRMARY AT BOLTON.

THE Earl of Bradford opened, this week, an Art Exhibition in aid of the new infirmary, which has been erected at a cost of £20,000. Amongst those who took part in the proceedings were Mr. J. K. Cross and Mr. J. P. Thomasson, members for the borough, and Mr. Agnew and Mr. Leake, the members for South-east Lancashire. The move-



ment for the erection of the infirmary originated with a donation of £5,000 from the late Dr. Chadwick, for many years a medical practitioner in the town. This was supplemented by a gift of £5,000 from the present mayor of the borough, Alderman James Musgrave. The Art Exhibition includes some very excellent works, among them being Miss Thomson's "Balaclava".

THE LATE J. ROSE-INNES, M.B., C.M.

MEDICAL men, in all situations and circumstances of life, are ever wont to do their duty nobly and bravely. The loss of the steamship *Teuton* off Cape Danger, on the East Coast of Africa, has brought grief to many a home; but every one seems to have done his duty, and no one more nobly than the surgeon of the ship, Mr. J. Rose-Innes, M.B., C.M., who, with the aid of the supercargo, marshalled the passengers on the deck and maintained order during the awe-inspiring moments before the ill-fated ship foundered. Mr. Rose-Innes stood manfully to his post until he went down with his ship. Such deeds of heroism deserve to be recorded. Mr. Rose-Innes was a graduate of Aberdeen, where he obtained his degrees in medicine and surgery about two years ago. He went to the Cape with another vessel belonging to the same company as the *Teuton*, where he joined the ill-fated ship. Mr. Rose-Innes was well known in Aberdeen for his engaging and social disposition.

SANITARY PROTECTION.

A SANITARY Protection Association for Portsmouth, which is intended to undertake the supervision of the drainage arrangements of private houses, so as to ensure their proper sanitary condition, has been started at a meeting held, under the chairmanship of the ex-Mayor, Mr. Alderman Cudlipp. The Association proposes, as a supplementary object, to enable its members to procure practical advice on moderate terms, so as to obtain the best means of remedying defects in houses of the poorer classes.

NON-MEDICAL CORONERS.

AN inquiry was opened at Taunton a few days ago under the following circumstances. Quartermaster-Sergeant Arbery, of the Somersetshire Militia, died there on the 23rd April, after only a few hours' illness. The medical gentleman who saw him was unable to certify as to the cause of death. At the inquest a verdict of "Died by the visitation of God" was returned, but subsequently a *post mortem* examination of the body was made, when a quantity of arsenic, more than sufficient to cause death, was found in deceased's stomach, though whether taken voluntarily or administered by some one is at yet unknown. The matter was placed in the hands of the police, and at the beginning of July the Court of Queen's Bench, on the application of the Attorney-General, quashed the inquisition, and issued a *mandamus* commanding the coroner of the district to have the body disinterred and to hold another inquiry. Accordingly, another inquest has been opened at Taunton. The body, which had been exhumed, was viewed at the cemetery, and, after identification, the inquiry was adjourned to the 9th inst. The circumstances are highly suggestive of the present defective mode of conducting coroners' inquiries, which is—except where the coroner is medical—chiefly characteristic of the plentiful lack of technical knowledge on the part of coroner and jury, and the reckless guessing at causes or easy avoidance of duty by some such formula as that profanely adopted in this instance.

THE LATE DR. BILLING.

A VENERABLE figure of great note has passed away from London circles, and a name—*clarum et venerabile*—has been this week added to the roll of the illustrious dead. The author of the *First Principles of Medicine* died in London on September 2nd, at the age of 90. The deceased physician, who was a native of Ireland, was born in 1791, and was educated at Trinity College, Dublin, and at Oxford, graduating at the first-named University. After studying for the medical profession, he was admitted a member of the Royal College of Physicians of London, and elected a Fellow in 1818, after which he held the offices

of Censor and member of Council. From 1822 to 1845, he was physician to the London Hospital, and from 1817 to 1836 was a teacher in the Medical School there. While engaged at the London Hospital, he instituted the series of clinical lectures which have since become an established feature of the medical school at that institution. In 1836, upon the establishment of the University of London, he was invited to become a Fellow, and appointed a member of the senate and examiner for degrees in medicine, an office which he filled for many years. Dr. Billing was a man of great learning, a philosopher of great acuteness, and an artist of much accomplishment, as well as a practical physician of high and just repute. His *First Principles of Medicine* illumined the dawn of the new era of scientific medicine in which we are living; and although he has for many years retired from practice, and his books are past date, they may still be read with satisfaction as marking distinct epochs in progress, to which the author contributed in no small degree. Dr. Billing's artistic tastes led him to study ancient and modern gem cutting, an art which he did much to encourage by liberal patronage, while he collected some of the choicest specimens, and added to its standard literature.

GASTROSTOMY.

ON Tuesday last an audience, large for the vacation season, assembled at the London Hospital to witness the performance of oesophagotomy by Mr. Reeves. At a consultation immediately before the operation, it was decided to perform gastrostomy instead. This was accordingly done in the usual situation, the stomach being left temporarily unopened. The patient, who was a much emaciated woman, aged 33, the subject of malignant disease of the larynx and oesophagus, survived the operation about thirty-two hours.

THE PRESIDENT OF THE UNITED STATES.

THE improvement which we noticed in the condition of the President in our last week's issue, has been maintained during the week which has since passed; and, though the gain in strength has not been very marked, the manner in which the patient has borne the removal from Washington to New Jersey, which was successfully accomplished on the 6th instant, has sufficiently shown that the gain, so far as it went, was a real and substantial one. It is to be remembered, too, that the improvement effected was obtained under very unfavourable circumstances of temperature and climate. All the accounts agree in stating that the heat of late at Washington, and the oppressiveness of the atmosphere have been excessive, and altogether beyond what has been usually experienced there in the month of September. Notwithstanding these adverse influences, the appetite for food has increased, the parotid swelling has in a great measure disappeared, and the gland has shown a disposition to heal. The discharge from the lumbar wound has been healthy, and is lessening in quantity. There has been nothing in the general condition of the circulation, respiration, or temperature, to give rise to any uneasiness; although the pulse has continued accelerated it has not been more so in amount than the weak state of the patient and the effects of the almost tropical heat, sufficiently explain. On the whole, then, while, on the one hand, no fresh unfavourable indications have appeared, the general tendency of the conditions previously existing has been favourable, and gradually progressive toward recovery. We think the surgeons in attendance have acted very wisely in removing the President from Washington to Longbranch. There was evidently an intense desire in the President's mind to get away from the city and all the depressing associations of the long and weary ordeal to which he has been painfully subjected in his official mansion; and, at the same time, a conviction that, if he could have the advantage of a more northern climate, he would be greatly benefited by the change. The accomplishment of his wishes cannot but act as a favourable stimulus on the patient's constitutional powers. The unusually high temperature at Washington must have had a retarding effect on reparative progress; and, beyond this, it is well known that, in the autumnal season, the extensive flats of the Potomac waters and Chesapeake Bay

give rise to a malarial condition of atmosphere, the influence of which extends to the city. Longbranch, to which the President has been removed, is about two hundred and forty miles nearly north of Washington, on the New Jersey coast; and he will there find, not only a cooler and more invigorating climate, but he will have the advantage of the direct influence of the air from the North Atlantic ocean. Although it is not possible to foretell what relapses may still occur, and although, under any circumstances, the period of convalescence must be a long and tedious one, there is now far more reason for anticipating the President's recovery, under the conditions in which he is at present placed, than there has been for many weeks past at Washington.

#### TYPHOID FEVER AT MÜLLER'S ASYLUM.

MÜLLER'S Orphan Asylum at Bristol seems to be unfortunate in its experience of typhoid fever. Six years ago, there occurred amongst its inmates an outbreak of that disease, which, according to the report of Mr. Davies, the medical officer of health, attacked five hundred children, and killed twelve. Another outbreak has just occurred, though happily of smaller dimensions. At the meeting of the Bristol Sanitary Committee last week, Mr. Davies reported sixty cases of the disease as existing in the asylum, the outbreak being confined to one of the houses in which the little girls were locked. Some of the cases are stated to be very serious. The water-supply is from wells within the asylum grounds, and is now undergoing analysis. The circumstances of the outbreak are such as to offer every facility for thorough investigation, and it will be interesting to learn what has been the cause of this renewed outbreak.

#### SIR JOHN KIRK, M.D.

DR. JOHN KIRK, Her Majesty's Political Agent and Consul-General at Zanzibar, whom the Queen has been pleased to nominate an ordinary member of the second class or Knight Commander of the Order of St. Michael and St. George, was born at Arbirlot, Forfarshire, in 1833, and received his degree of M.D. in 1854 from the University of Edinburgh. After serving on the Civil Medical Staff as assistant-physician to the British Hospital at Renkioi, Dardanelles, during the Crimean War, he was subsequently naturalist and medical officer, second in command of the late Dr. Livingstone's second exploring expedition to the Zambesi River in 1858. He was so engaged for six years, when his health gave way and he came home to England, but subsequently returned to Africa in the consular service as acting surgeon to the political agency at Zanzibar. He was soon afterwards promoted to be Vice-Consul there, and afterwards assistant political agent, and ultimately political agent. He accompanied the Sultan of Zanzibar in that capacity to England in June, 1875. Dr. Kirk is well known in this country as the friend and confidant of Dr. Livingstone, and as having been instrumental in inducing the Sultan of Zanzibar to enter into a treaty for the suppression of the slave trade in his dominions. He has also, by his own exertions and the material aid he has afforded to other explorers, materially aided the progress of geographical discovery in Africa. He was appointed Consul also in the Comoro Islands in September, 1875, and was promoted to be Agent and Consul-General at Zanzibar in January, 1880.

#### THE NOTTINGHAM PORK-POISONING CASES.

THE final report by Dr. Klein on the microscopical examination and experimental investigation of the various substances submitted to him in connection with the cases of pork-poisoning at Nottingham (see vol. I, 1881, p. 361), has only just been issued by the Local Government Board, as an appendix to Dr. Ballard's description of the outbreak. The main facts have already appeared in these columns, and they need not, therefore, be now reproduced. Dr. Ballard has gone, with characteristic minuteness, into every detail of the history of the pork from its purchase to its mastication; but he has not succeeded in discovering the cause of the outbreak. He seems to attach his suspicions chiefly to the gravy served out with the pork, which, it seems, was compounded mainly from jelly obtained by boiling down pork-bones, pigs'

feet, ends of knuckles of pork, and some similar scraps. This jelly was stored in the cellar of the eating-house, amidst somewhat frowsy surroundings, and it might have had the opportunity of accidental infection, whilst, unlike the pork, some of it thus accidentally infected might not have been exposed to the destructive operations of a sufficiently long boiling. But then again, Dr. Klein could find nothing unusual or morbid in the various articles of rubbish from the cellar where the jelly was kept, nor about a sample of the paper with which the portions of pork dispensed were habitually covered. In the tissues of the one fatal case that occurred, Dr. Klein found, however, evidences beyond question of the action of some specific poison. Bacilli (similar to those discovered in the Welbeck inquiry) were found in varying numbers in the blood, pericardial fluid, juice expressed from the lung, in the air-vesicles and in the blood-vessels of the lung, in the tissues of the stomach and ileum, in the spleen within and around its large vessels, and in and around the vessels of the kidney, and in the connective tissue between the tubuli of the renal cortex. The capillary vessels of the glomeruli of many of the Malpighian corpuscles of the kidney were [impervious, being degenerated into hyaline or fibrous bands, the nuclei of the glomeruli being increased ("glomerulonephritis"). Some of the tubuli contorti contained extravasated blood, others of them hyaline casts. There was hæmorrhagic infarction of the lung-tissue, and bacilli were found with or without spores amongst the blood, filling the air-vesicles and in the blood-vessels. Inflammation of Peyer's glands of the small intestine and a few bacilli in the sub-mucous tissue; and in the liver slight interstitial hepatitis. Guinea-pigs and mice inoculated with the blood, pericardial exudation, and lung-juice, became diseased. Six, out of ten animals inoculated, died spontaneously, and four were killed. In all ten, pneumonia, in two accompanied by pulmonary hæmorrhage, was found after death, and in eight of the ten was peritonitis, in four pleuritis also, and in two, in addition to pneumonia, there was enlargement of the liver and spleen. In two guinea-pigs inoculated with the blood, a tumour containing purulent matter developed at the seat of inoculation. Similar results followed the inoculation of material obtained by cultivation of the blood and lung-juice in the incubator. Bacilli were found in the blood and exudations of some of the above inoculated animals, as well as in the purulent matter of the tumours found in two of them as above described at the seat of inoculation. It must be confessed that the result of these inquiries still leaves the question in an unsatisfactory position, and it is evident that future and further experience and investigation must be awaited before all the facts collected as to this series of cases can be satisfactorily interpreted.

## SCOTLAND.

OVER 90 cases of fever were reported in Dundee during the last month. It was most prevalent in the lower lying parts of the eastern district of the town. Of 94 cases noted last week, 72 were of scarlet fever, and 22 of typhus.

SUBSEQUENT to his visit to the Royal Infirmary, Edinburgh, the Duke of Cambridge caused one of his aides-de-camps to write to the managers, expressing the pleasure and satisfaction he had experienced from his visit; and at the same time intimating the pleasure it afforded him to send £20 towards the maintenance of the hospital.

#### EXTENSIVE POISONING IN INVERNESS-SHIRE.

LAST week, a serious case of poisoning occurred at a farm near Inverness, in which the persons were seized by the symptoms of irritant poisoning, and of which one of them died. The account given is, that four rabbits were given to the mistress of the farm by the shooting tenant. Two of those rabbits were consumed one day by the servants without any untoward result. Next day the remaining two rabbits were used for making soup; this soup was partaken of by three persons, who all became sick shortly afterwards. Five male and two

female servants, who had not partaken of the soup but eaten of the rabbits themselves, were seized by violent vomiting and severe abdominal pains. After medical aid had been procured, nine of the sufferers recovered; but the case of the cook proved intractable, and she died in great agony. Drs. MacNee and Macdonald, of Inverness, made a *post mortem* examination of the body of the cook, and, it is stated, found evidence of poisoning. More precise information will, however, require further time. At present it seems likely that some poisonous material had been by mistake introduced into the soup.

#### THE TEMPERATURE IN SCOTLAND DURING AUGUST.

SINCE the end of May, very little summer weather, either as regards temperature or fair weather, has been experienced over the greater part of Scotland. Some observations by Dr. Alexander Brown of the temperature at Arbroath during August are of interest, as recording accurately what prevailed there. In the shade there the thermometer ranged from 73° on the 4th to 39° on the 29th, and the mean temperature of the month was 54.8°. Thus it was the coldest month of August since 1845, when the mean monthly temperature was 54.6°. The mean temperature of August from 1843 to 1881, inclusive, was 57.6°.

#### OPHTHALMOLOGY: MIDDLEMORE FUND PRIZE ESSAY.

THE interest on the fund of £500 given in trust to the British Medical Association by Mr. Richard Middlemore of Birmingham, to found a prize for the best essay on Ophthalmology, having accumulated for three years, the Committee of Council now offer, in accordance with the terms of the trust deed, a prize of £50 for the best essay on the Scientific and Practical Value of Improvements in Ophthalmological Medicine and Surgery made or published during the past three years. The successful essay will be the property of the Association. Essays must be in English or accompanied by an English translation, and forwarded under cover, with a sealed envelope bearing the motto of the essay, and containing the name and address of the author, addressed to the General Secretary of the British Medical Association, 161A, Strand, London, and must be in his hands on or before May 31st, 1882.

## ASSOCIATION INTELLIGENCE.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

A MEETING of the Committee of Council will be held at the offices of the Association, 161A, Strand, on Wednesday, the 12th day of October, next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

161A, Strand, London, September 6th, 1881.

### BRANCH MEETINGS TO BE HELD.

**NORTH WALES BRANCH.**—The thirty-second annual meeting of this Branch will be held at the Pull-y-crochon Hotel, Colwyn Bay (near Conway), on Thursday, September 22nd, under the presidency of Dr. Samuel Griffith of Portmadoc. Dr. Wm. Roberts of Manchester has promised to read a paper on Micro-organisms in the Urine; and Mr. Lawson Tait one on The Diagnosis and Treatment of Chronic Inflammation of the Ovary. Members of the Branch desirous of reading papers at this meeting are requested to communicate their titles to the Honorary Secretary.—J. LLOYD ROBERTS, Honorary Secretary.

**SOUTH MIDLAND BRANCH.**—The autumnal meeting of the above Branch will take place at Leighton Buzzard, on Tuesday, September 27th; H. Rogers, Esq., President. Further particulars will be shortly announced. Gentlemen desirous of reading papers are requested to send the titles forthwith to the Honorary Secretary of the Branch, GEO. F. KIRBY SMITH, Northampton.—August 31st, 1881.

**LANCASHIRE AND CHESHIRE BRANCH.**—A special meeting of this Branch will be held at the Medical Institution, Liverpool, on Wednesday, September 21st, at 5 P.M., to consider the subject of Consultations with Homœopaths.

An ordinary meeting of the same Branch will be held at Bolton, on Thursday, October 13th. Members desirous of reading communications, etc., are requested to send an intimation to the Honorary Secretary immediately.—A. DAVIDSON, Honorary Secretary, 2, Gambier Terrace, Liverpool.—September 3rd, 1881.

**EAST ANGLIAN BRANCH.**—The autumnal meeting of this Branch will be held at the Swan Inn, Southwold, on Friday, September 30th, at 2 P.M.; Charles Palmer, Esq., Senior Surgeon Great Yarmouth Hospital, President. It is requested that members desirous of reading papers or exhibiting specimens will give immediate notice to one of the Honorary Secretaries.—W. A. ELLISTON, M.D., Ipswich; M. BEVERLEY, M.D., Norwich Honorary Secretaries

**SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.**—The first meeting of the above district for the present season will be held on Friday, the 30th instant, at the Station Hotel, Hayward's Heath; Dr. Byass of Cuckfield in the chair. The meeting will be at 3.30 P.M. Dinner at 5.30 P.M. Communications are invited; and it is requested that notice thereof may be sent at once to the Secretary.—T. JENNER VERRALL, Honorary Secretary, 20, Bedford Place, Brighton.—September 5th, 1881.

**EAST YORK AND NORTH LINCOLN BRANCH.**—The autumn Meeting of this Branch will be held at Beverley on Thursday, September 22nd, at 4.15 P.M. Gentlemen who desire to make any communication, or to propose any resolution, are requested to inform the Secretary not later than the 14th inst. The time allotted to each communication is limited to fifteen minutes.—E. P. HARDEY, Hon. Sec.—Sept. 5th, 1881.

## CORRESPONDENCE.

### COMPULSORY PERIODS OF STUDY.

SIR,—I am pleased to see that Mr. Savory has not allowed to pass unchallenged Mr. Hutchinson's remark, "that the practice of liberal rejection of candidates imperfectly qualified really amounts to the same thing, and attains the same end, with much justice to the diligent and able," as the extension of the compulsory period of study. So "liberal," indeed, have the rejections been of late, that it is by no means rare to hear it remarked that to be rejected at the College is no disgrace. Should such a feeling extend, the discredit of rejection will no longer act as a stimulus to the candidate to do his best to pass, and the rewards of good work must be distributed with even hand to the rejected and unrejected. With rejections at 40 and 50 per cent., it is clear, if the time for preparation be sufficient, there must be some imperfection either in the conduct of the examination or in the preparation of the candidates. After long experience of the examinations, both for the primary and final, at the College of Surgeons, I am inclined to exonerate the examiners. I can speak with even greater certainty as to the care and increased attention paid by teachers to students now as compared with the assistance given in former years. But, with increasing subjects required for examination, there has been no corresponding increase in the time allowed for acquiring them; and the consequence is seen in the augmented list of rejections.

If my memory serves me correctly, Mr. Savory advocated an extension of the period of study on a former occasion, and Mr. Heath followed with a suggestion that the best way of extending it would be to require of the student two full years of hospital work between the passing of the primary and his presenting himself at the final. This appears to me, now, to be the reform which is required. It would not check the brilliant student, but would extend the time for the less gifted or idle, and ensure for them a better acquaintance with that which is most requisite for the practice of their profession.—I am, sir, your obedient servant,

R. CLEMENT LUCAS, B.S.

Finsbury Square, Sept. 6th, 1881.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, September 1st, 1881.

Altman, Asher Lyons, Kingston, Jamaica.  
Baker, William Braine, Banbury, Oxon.  
Rabbeth, Samuel, Putney, S.W.  
Thaine, Philip Thornton, 15, Montague Street, W.C.

The following gentlemen also on the same day passed their Primary Professional Examination.

Aslanian, Bedros, London Hospital.  
Gaudy, Rastonji D., Grant Medical College.  
Jones, John Hughes, St. Bartholomew's Hospital.

### MEDICAL VACANCIES.

THE following vacancies are announced:—

**BATH GENERAL OR MINERAL WATER HOSPITAL.**—Resident Medical Officer. Salary, £100 per annum, board and apartments. Applications by September 15th.

**BETHLEM HOSPITAL.**—Two Resident Medical Students. Applications to A. M. Jeaffreson, Esq., Bridewell Hospital, Blackfriars, E.C., by October 1st.

**BURY ST. EDMUND'S FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION.**—Assistant Medical Officer. Salary, £100 per annum. Applications to the Secretary by 14th September.

**CHELTENHAM GENERAL HOSPITAL AND DISPENSARY.**—Dispenser. Salary, £80, with board and lodging. Testimonials, on or before 24th instant, to the Honorary Secretary.

**CHILDREN'S HOSPITAL,** 49, Great Ormond Street, W.C.—Clinical Assistant. Applications to Dr. Lee.