

we to find the necessary time to employ all the advances of medical science for the benefit of our patients under conditions which shall be economically remunerative to the medical profession? I think few will doubt that the problem cannot be solved by leaving things to take care of themselves. At the present moment in our great cities, and in our own great city particularly, the dire confusion and want of co-operation between various agencies for providing the poor and the sick with medical attendance is a by-word. I hope we shall all admit that there is room for careful investigation of the problem which I have suggested to you, and that it is one well worthy of the consideration of this Division. This is a problem which is not our own alone, it is exercising the minds of the workers in every other great city of Europe. In Paris and in Berlin they have dealt with it in a measure by means of the Assistance Publique and by compulsory medical assurance, and I should like you to consider whether it might not be wise for a commission to be sent from this country to bring to us an accurate report of these two very different systems, not with any intention of slavishly copying them, but with the view to seeing how far they might be suitable to our needs and of avoiding the difficulties which are no doubt found in carrying them out. The British Medical Association is, of course, already at work in many of these directions, but I think it may be admitted that this Division has taken a somewhat apathetic attitude in the matter. This is not well, for surely we may claim that this Division is peculiarly well fitted to take part in solving such a problem. We have, owing to the large percentage of our members who are engaged in hospital work, a thorough knowledge of the difficulties from the hospital point of view.

As a result of the deliberations of the Executive Committee on these questions we have decided to bring before the Division certain economic problems for the purposes of discussion. We have already arranged during this winter for two discussions, one on a subject which perhaps may be called the general ethics of medical charity, in which I am glad to be able to tell you the three following members of the profession have promised to take a prominent part: Sir Douglas Powell, Mr. John Tweedy, and Dr. Kingston Fowler. The position of these three gentlemen in the Royal College of Physicians, the Royal College of Surgeons, and the University of London ensures at least that the matter will receive consideration from the highest possible standpoint of public interest and of the necessities of medical education. Later on, after Christmas, it is hoped that a discussion will take place on some problem of hospital administration, and I am pleased to be able to tell you that Dr. Schorstein of the London Hospital and Mr. Clutton of St. Thomas's Hospital have promised to take an active part in it. I think, then, we may agree that there is a work for this Division to take up, and I hope that in the coming winter we may perhaps have somewhat larger attendances than we have here to-night to discuss these problems.

Annual Representative Meeting.

Sir VICTOR HORSLEY gave his report on the Representative Meeting, 1906:

MR. PRESIDENT AND GENTLEMEN,—After what has fallen from our Chairman, I feel that I cannot communicate the terms of this brief report without first thanking you very much for electing me as Representative, or at the same time without pointing out that you have conferred upon me this signal honour for no less than four times, and that under those circumstances of course next year I must hand over the duty and the pleasure to some other member of the Division. I hold very strongly indeed that a highly important representation of this sort should be held by one man for a short period only, and in that way only can we create throughout the Division the interest and activity and the work which the Association requires. At the last meeting of Representatives, which was held in London, a great deal of interesting work was done, and work which must very materially affect the future of the Association. Many questions were discussed which are of vital importance to the Association, although at the meeting in London final conclusions were not arrived at. The first of these questions is that of finance. During the past year, previous to the meeting of Representatives, there was a great deal of correspondence in the BRITISH MEDICAL JOURNAL, and a great deal of desultory talk

perhaps as to the financial stability of the Association. The Association has a turnover of £50,000 a year. It seems absurd to question for a moment the financial stability of an Association with a turnover of that magnitude. And of course it required but a very little discussion in public meeting to show that the financial stability of the Association is absolutely unimpaired. But at the same time, now that each member of the Association has his right in his Divisional Meeting to take an active share in the work of the Association and of its administration, it is not surprising to find that during the last year there has been a great deal of questioning as to whether the present administration of the Association is the most economical that can be contrived; and, secondly, whether the available funds of the Association—I say available advisedly, because our expenses are enormous—whether the available funds of the Association can be adjusted to the carrying out of the new work which the constitution demands shall be performed by the Association. The Representative Meeting discussed the question of the finance of the Association from this point of view, and they thereupon appointed a Committee of inquiry, consisting of the officers of the Association and a certain number of Representatives, to first investigate the present mode of administration of the Association, the present cost of that administration, and then, as I said just now, the adjustment of the available funds towards the carrying out of the work of the Association throughout its Divisions and Branches. After having made such an inquiry, the same Committee was entrusted with the further duty of reporting in what direction organization could be carried out in order to render the working of the Association as economical as possible. The appointment of a Committee of inquiry of that kind shows that the Representative Meeting has commenced to set our house in order in a thoroughly workmanlike and businesslike way.

The next general question upon which I must report is one which will come up again this evening, and therefore I need only say a few words upon it. It is in regard to the action of the Representative Meeting in respect of the election of candidates to the General Medical Council. It was felt—and nowhere more strongly than in this Division—that for a long time the direct representation of the profession on the General Medical Council has not been satisfactory, and that the voices of the present Representatives failed to make themselves adequately felt in the Council. At the meeting of Representatives at Leicester last year a very distinct programme was adopted for putting before the profession a list of chosen candidates. That programme included a frank statement that candidates would be expected to support such measures as had been declared in public debate by the Association to be useful for the profession. At the Representative Meeting exception was taken to the exacting of what was called a pledge from the candidates. To those of us who have had the experience of the last decade of the internal working of the General Medical Council and who know what the actual position of the Representatives of the Corporate Bodies is in that Council itself, as I have said in public before, it is nothing less than hypocrisy to suggest that what was called a pledge among the provisions of the Leicester meeting, is anything more than what is understood directly or indirectly by the Representatives of the Corporate Bodies. However, they are not asked to subscribe to anything in writing, and it is the old story that what is written remains. On that ground objection was taken to the whole scheme, and, therefore, the Representative Meeting decided by vote not to take part as such in this election. The field, therefore, at the present moment is regarded as entirely open as regards the British Medical Association officially.

The next great question of domestic interest in the Association is the Charter. One or two Divisions expressed surprise, in resolutions of a general kind, that the Association was moving to obtain a Charter. I think those Divisions have forgotten what has transpired during the last three years, namely, that a new constitution having aroused throughout the whole profession a fresh interest in the internal economy of the profession, the Association has found that, existing as it did under the Companies Act, its constitution was not adequate for the purposes of the Association, and that therefore some change had to be effected. Without going into any detail, it is of course

well understood now that that could only be arrived at by means of a Charter. The need for such a Charter is urgent if we are to not only develop our work, but to carry it on as we are now instructed under the new constitution. Because on two points alone, namely, the question of helping each other by benevolence and by what is called defence work, on those two points alone a Charter is absolutely necessary; and let me repeat that not only do we need a Charter in order to develop the work, but also to carry on legally and satisfactorily what we are actually doing. May I say that we are doing and have done in the Association a great deal of defence work of a general kind for which we have had no really strictly legal position, no legal authorization to spend the money of the Association; and we have been advised that unless someone took formal objection in the courts to oppose our doing that work, we might go on without fear of interruption, although not legally entitled to such liberty of action. That, of course, is not a satisfactory state of things for an Association like this. Thus the necessity for a Charter is obvious. Next, the Representative Meeting had before it this position—that the Executive Council of the Association had earlier in the year passed a resolution suggesting that there should be more delay in the application for a Charter. Now undoubtedly that resolution was brought forward at the Central Council by those who thought we were going too fast—those who thought it was advisable to put the brake on, or, as one of them actually said, to put the hands of the clock back. Whatever may have been the object of bringing forward that resolution, it was accepted by the Council and so reported to the Representative Meeting. The Representative Meeting, however, took it in rather a different sense, and though agreeing that there should be further delay in proceeding with the application for a Charter, they ordered the Organization Committee to redraft the Charter and to bring it before the Divisions early in next year, and at a special meeting of Representatives. They also at the same time furnished the Organization Committee with instructions which carry the changes in the constitution of the Association somewhat further than had existed in the draft Charter. Thus, for instance, I should point out to the Division that the draft Charter will come before them early in the year, when they will note that changes are proposed to be made in the Central Council so that the Central Council can be made more truly an executive body and will be a more workable body. Instead of being a body of sixty-four members, costing something like a thousand a year, its numbers will be reduced, that is to say, to about two-thirds, and thereby not only a more economical administration of the work of the Association will be obtained, but at the same time a much easier administration. I particularly mention that point, namely, the proposed alteration in the Central Executive Council, because it seems to me the most important amongst those suggested alterations which the Representatives passed in their meeting in July relative to the Charter. Thus, the draft Charter, as revised, corrected, and brought into order by the Organization Committee, will be referred to us early in 1907, and also later to a special meeting of the Representatives. So much for the Charter, and so much, I think, for special reference to the business of the Representative Meeting as far as it bears on the domestic affairs of the Association.

Now we come to the work of the Representative Meeting in relation to public affairs. You have referred, Sir, to the economical questions which affect this Division, most particularly in regard to the administration of public medical charity. This Division is, probably, in its *personnel*, not specially interested in the great economic question which affects a large part of the Association, namely, the details of contract practice, and the all-important bearing which contract practice has upon the wage-earning power of the general practitioner. But it will hear with interest that at the Representative Meeting reports were received from Branches as well as from our Central Medico-Political Committee, to show that the Association during the past year by means of its organization has been extraordinarily successful in supporting the profession against the (very natural) attempts on the part of the public to encroach on its wage-earning capacity. In other words, the Association now, by its new constitution, is for the first time really supporting the general practitioner to obtain an adequate

wage for his services through public appointments. And as regards the first question of contract practice, may I point out that in the Minutes of the Representative Meeting you will find that the meeting, speaking now in the name of the whole Association, has been able to formulate ideal rules and constitutions for public medical services and for provident dispensaries, which have received the support of the whole Association, and therefore we may practically say of the profession. These rules embody this great principle, that the medical profession is to have a paramount representation in the administration of contract service. May I point out to this Division that the time is now immediately at hand when, as you say, Sir, we, representing chiefly the consultant branch of the profession, shall have to speak to the public on this subject in behalf of the general practitioner throughout the whole kingdom? There are two great disputes going on at the present time between the profession and the public on commercial lines. I need only refer to one of them, the well-known Ebbw Vale dispute, which affects a population of something like 20,000 persons. During this winter the members of the Association will have to assist more particularly five of our colleagues who are having their livelihood taken away from them, and we shall have to support them, I think, in this Division, materially as well as morally. And may I add, for the information of those who perhaps are not familiar with the facts of the Ebbw Vale dispute, that it amounts to this: that the difference of opinion between the miners and the medical men whom they have employed so far ought last summer to have been submitted to arbitration? The Association was willing to enter into the arbitration, and everything had been so settled, but the Miners' Committee, who are now rather losing credit themselves as not representing the miners' views, withdrew from this arbitration at the last moment, and thus our colleagues are thrown on the world this week, and it will be for the Association to support them. This, I suppose, means a struggle of five or six months, when it may be hoped that the ordinary adjustment of the matter by arbitration will be effected. But this shows you that we are now at once, by reason of the reorganization of the Association, brought face to face with responsibilities which I think the profession did not feel ten years ago. It would not have occurred to many of us in London to take an active interest in what was happening to the wage-earning capacity of our friends in South Wales. And, just to give you an example also of what the new constitution has done on this one point, there is also a small dispute going on now in Durham. The Association had issued warning notices so as to localize the dispute to the very spot and to prevent blacklegs being brought in to counteract the position of our colleagues who held the appointments before. The medical management of this dispute is entirely in the hands of the Association, and the local Secretary informed me that the miners' agents had issued advertisements in a Manchester paper and in a Nottingham paper, upon which members of the profession in Manchester and Nottingham had, of their own motion, immediately paid for and issued counter advertisements in these particular papers. They had no relationship with or responsibility towards Durham, but they saw that their colleagues in Durham were being attacked, and they, of their own motion, without the least suggestion, came forward to help them. [Applause.] That is a thing which no one would have dreamt of ten years ago. These disputes which so seriously affect the lives and well-being of our colleagues may not immediately concern the *personnel* of this Division, but this Division will have, this winter, to take the question up in order to support our brethren in the country at a distance.

May I also point out that on this question of contract practice, the Representative Meeting have taken what I must characterize as a statesmanlike attitude, namely, that the terms of practice being so entirely different in different parts of the country, even in different parts of this city, no one Division can dictate to another precisely what should be the organization or terms of organization, and therefore the Representative Meeting decided by special resolution that each Division was to have automatic action in the application of the ideal rules regulating contract practice.

With that we can pass on to the next public question—

namely, the action of the Association in regard to the Education Department. The Association, of course, three years ago, supported a petition in regard to the teaching of hygiene and temperance, and that was the first direct occasion on which the reconstituted Association came into contact with the Education Department. As is well known, the Education Department has paid, from that moment, a great deal of attention to what the Association asks for. It is, therefore, not surprising that, under the present Government, the Educational Department on the recent occasion of a deputation from the Association in co-operation with other bodies consented to the formation of a medical bureau, that is to say, the Department is to have its own medical officer and medical organization, so that the Education Minister shall no longer be advised indirectly or in a haphazard way, but by a proper medical department. Moreover, the further request of the deputation, that the medical inspection of the children in elementary schools should be compulsorily instituted, was ultimately accepted. Thus the Association on these two important points—namely, medical organization and the Education Department and the medical inspection of school children—has secured a great step forward in national health, which will be a great source of congratulation to the members of the Association who wish to see it take its proper place in the conduct of public business.

And may I say, Sir, that this Division here again, although it may not be immediately interested in its membership on the question, Who is to carry out this medical inspection of school children? it will have to take its share in determining the principles and the detail of such working during the current winter, because Mr. Birrell, in his reply to our deputation, recognized that the Association now, under its new constitution, represents the medical profession all over the kingdom, and he specifically asked the deputation to see that the Divisions should help the Education Department to draw up the rules and principles by which such inspection is to be guided.

The next public matter that the Representative Meeting decided upon in the name of the Association was the amendment of the Lunacy Laws. As is well known, for a great many years the Association has approached the Lord Chancellor and other departments of the Government in respect to amendments to Lunacy Laws, but without much success. It seems now that better times are coming in this respect, and that its views on the better treatment of borderland cases, and the proper attitude of responsibility of the profession towards such cases, which were finally settled by the Representative Meeting, and contained in their Minutes, are now favoured by those in authority. And in relation to the same subject also the details of proposed legislation for the restraint of persons who are the victims of drug habits and the inebriate states have been agreed upon. Those two subjects, therefore, I think may be regarded as settled as far as the minds of the members of the Association are concerned, and, as I said before, the attitude of Government departments now is becoming much more favourable to the wishes of the Association.

I must now point out that during the past year, acting on the instruction of the last meeting of Representatives, the Association took a new step in public affairs altogether. It had been felt that whenever we approached a Government department we were never listened to with interest, and found that it was because no Government department thought for a moment that the medical profession had any political influence in the country. People may have very different ideas as to what they mean by political influence, but what the Medico-Political Committee thought was this, that political influence, as far as we were concerned, meant that we had not sufficiently instructed the members of Parliament as to the reforms which the medical profession desire to be carried out—for instance, on Public Health, security of tenure of office, and so forth. The profession not being organized, had never been to the individual members of Parliament. A new policy, therefore, was entered upon; the Medico-Political Committee, in obedience to the instructions of the Representative Meeting in Leicester, drafted a series of questions which it propounded through the Divisions to something like 150 of the candidates for Parliament at the election. The effect of these questions really has been

most interesting, because the members so interviewed or catechized have reported to their party agents, and these, in return, doubtless to the heads of offices. The result is that, on three separate occasions during this year, we have been informed by Government Departments that the Association is a power in the State. They have recognized it, and they are quite ready to listen to what we have to say as representing an important profession. It is quite curious to hear these things acknowledged officially when one remembers the coldness and the hostility of only three or four years ago. It is obvious that if the Government recognizes the position of the medical profession now in a truer light than before, it is by virtue of the work of the Association under its new constitution and through the instructions given by the Representative Meeting, and I need hardly say that when I resign at the end of my term of office this year it will be with great pain at leaving the discussions of a body which conducts business in a more practical way than any I have had the honour to serve on before. [Much applause.]

Dr. LAURISTON SHAW proposed a hearty vote of thanks to Sir Victor Horsley for his interesting report, and also for the very able manner in which he had represented the Marylebone Division at the meeting. This was carried unanimously, and Sir VICTOR HORSLEY briefly acknowledged the compliment.

The Wandsworth Circular.—Dr. Llewellyn Williams's letter concerning the candidates for the General Medical Council was considered.—Mr. ARMOUR proposed, Sir VICTOR HORSLEY seconded, and it was carried:

That no scheme of representation not based on territorial arrangement be considered by this meeting.

General Medical Council Election.—Mr. ANDREW CLARK expressed his willingness to withdraw from the candidature for the General Medical Council in view of the fact that there seemed such a widespread feeling in the profession that more general practitioners should be members of that Council, and under the circumstances he should be most happy to support the candidature of Dr. McManus.—Mr. RYALL proposed, Sir VICTOR HORSLEY seconded, and it was carried:

That Dr. McManus be supported by this Division.

—Sir VICTOR HORSLEY proposed, Mr. ARMOUR seconded, and it was carried:

That Dr. Langley Browne and Mr. Rutherford Morison be supported by the Division.

Candidates to be Supported by the Division.—Sir VICTOR HORSLEY proposed, the MEDICAL HONORARY SECRETARY seconded, and it was carried:

That at the proper time the resolutions supporting Dr. McManus, Dr. Langley Browne, and Mr. Rutherford Morison should be communicated to every member of the Division.

HAMPSTEAD DIVISION.

A MEETING of this Division was held on Friday, October 12th, at 5 p.m., at St. Peter's Hall, Belsize Square, N.W., Dr. MACEVOY in the chair.

Minutes.—The minutes of the previous meeting were taken as read.

Letters.—A letter was received from Mr. Humphreys, presenting to the Division Palgrave's *Chairman's Handbook*, which was accepted with thanks. Letters were also received from Dr. Anderson, Dr. Pidcock, and Mr. Armit, regretting inability to be present. A suggestion of Dr. Anderson that steps should be taken to prevent Divisional meetings clashing with meetings of Central Council and Ethical Committee was referred to the Committee to deal with.

Questions.—Mr. HUMPHREYS asked whether any appreciable effect on the number of members of the Division had resulted from the general professional meeting on May 5th. The Hon. Secretary stated that he had sent a printed form of appeal and an application form to the twenty medical men present on May 5th who were not members of the Association. Of these four had since become members. Mr. STEWART suggested that membership might be increased by dividing the area of the Division into half a dozen sections, and getting some member to canvass in each section. The HONORARY SECRETARY said that such a scheme had been drawn up by Mr. Armit, but the men asked to canvass had declined to

do so. Mr. NELSON HARDY thought that if literature of local interest (such as the reports in the SUPPLEMENT on the Hampstead Hospital) were sent round to non-members more men would join. Eventually Mr. HUMPHREYS proposed:

That the Committee be directed to consider what steps should be taken to increase the membership of the Division, and to enlist the interest and sympathy of local medical men.

This was seconded by Mr. NELSON HARDY, and carried.

Chairman's Address.—Dr. MACEVOY then read his address for the opening session (1906-7). It was essentially a plea for tolerance and for respect of the liberty of the individual practitioner. There was in these days in the Association a tendency towards coercion which was most undesirable. He gave examples of resolutions passed by this Division and by others in which he thought an intolerant spirit was shown—for example, with regard to contract practice, consultants, provident dispensaries, fees, etc. It was unjustifiable to dictate to medical men provident dispensary rules with which they might not agree and to attempt to force their views on others. He thought the work of the Association should be limited mainly to social and ethical work. He protested against the suggestion that all doctors were equal, and considered that they had no right to dictate to any medical man what fees he should or should not take, or what operations he might or might not perform. With regard to contract practice, it was essential that all resolutions should be criticized by men familiar with the subject in all its practical workings. The scanty attendances at Divisional meetings often resulted in the passing of unpractical resolutions. The interests of those medical men who were absent, whether members or non-members, should be carefully considered. What they wanted was a general representation, and they must beware of intolerant minorities. They must beware lest they sap the independence and crush the individuality of their members.

Vote of Thanks.—Dr. GLOVER, in moving a vote of thanks to Dr. Macevoy for his most admirable and salutary address, entirely agreed with what he had said. He deplored a tendency in the Association towards the worst kind of trades unionism.—The vote of thanks having been seconded by Dr. MACDONALD BROWN, Mr. HUMPHREYS said that while approving of much that the Chairman had said, he thought that there must be a limit to liberty which might, if carried too far, become anarchy. No man could be allowed liberty to cut his neighbour's throat.—Mr. NELSON HARDY drew attention to the collective point of view. They joined the Association because they recognized that they could do collectively what they could not do as individuals. The vote of thanks to Dr. Macevoy was then carried unanimously.

Annual Representative Meeting.—In the absence of Mr. Armit on the Central Ethical Committee, his report was read by Dr. YELD.—Mr. HUMPHREYS then proposed:

That the report be accepted, and that a vote of thanks be conveyed to Mr. Armit, with congratulations on the way in which he has carried out his work.

This was seconded by Mr. NELSON HARDY, and carried unanimously.

Hospital Sunday Fund.—Mr. NELSON HARDY explained the action taken by the Branch up to date in this matter.—Mr. STEWART proposed:

That this Division approves of the action taken by the Metropolitan Counties Branch with regard to the Hospital Sunday Fund.

This was seconded by Dr. YELD, and carried.

Divisional Library.—Mr. CUNNINGTON explained that the Central Library had agreed to accept on loan the nucleus of a medical library. This, though nominally open to the general public, would be under separate catalogue, and practically only available for medical men. The books could be stamped on the cover as the property of the Association. He invited members to help by sending volumes of interest to the Honorary Secretary.—Mr. STEWART suggested that notice of the library should be given in the agenda with an appeal to members for help.

Annual Dinner.—The date was left to the Chairman and Secretary to fix, and notice to be inserted in the agenda of the next meeting.

TOTTENHAM DIVISION.

A WELL attended meeting was held at the rooms of the Hornsey Conservative Association, Finsbury Park, on Wednesday, October 17th; Dr. LEONARD GRANT presided.

Lecture.—A most interesting lecture was given by Mr. Lowe on Recent Developments in Treatment of Surgical Tuberculosis. A vote of thanks was passed to the lecturer for his most instructive paper.

GENERAL MEDICAL COMMITTEE ELECTION.

The meeting then dissolved and another consisting of practitioners of the Division held, Dr. Cambridge in the chair, when three gentlemen from the list of candidates for the General Medical Council were selected as the best representatives of the profession.

BIRMINGHAM BRANCH.

THE first ordinary meeting of the session was held on Thursday, October 18th, the PRESIDENT (Dr. Wyer) being in the chair.

Election of Direct Representative on General Medical Council.—The following resolution was carried *nem. con.*:

That this meeting of the Birmingham Branch cordially approves of the candidature of Dr. Langley Browne for the position of Direct Representative of the profession on the General Medical Council, and trusts that all the members will give him their support.

EDINBURGH BRANCH:

SOUTH-EASTERN COUNTIES DIVISION.

Annual Dinner.—The annual dinner was held in the King's Arms Hotel, Melrose, on the evening of Tuesday, October 16th, at 7.30 o'clock, Dr. YOUNG (Earlston), Chairman, and Dr. BANNERMAN (Hawick), Croupier. Of the ordinary members there were present: Dr. Carlyle Johnstone, Dr. Fleming, Dr. Muir, Dr. Macdonald, Lieutenant-Colonel I.M.S. (ret.), Dr. Hamilton, Dr. Cullen, and Dr. Calvert. There were present as guests: The Rev. R. J. Thompson, Minister of the Parish of Melrose; Mr. J. B. Hamilton, Head Master of St. Mary's School, Melrose; and Sheriff Smith, Selkirk. The CHAIRMAN gave "The King," which was loyally pledged. The CROUPIER proposed "The Imperial Forces," to which Lieutenant-Colonel MACDONALD, I.M.S. (ret.), replied. Dr. CARLYLE JOHNSTONE gave the toast of "The British Medical Association" in eloquent terms, and Dr. HAMILTON, in his speech in reply, dealt specially with hospital reform, having served for some years on the Committee dealing with the subject. Sheriff SMITH in an able speech proposed "The Clergy," aptly and wittily replied to by the Rev. Mr. THOMPSON. Dr. MUIR gave the toast of "*Floreat Res Medica*," in a way which roused enthusiasm. Dr. FLEMING's remarks in proposing "The Borderland" were much enjoyed, and Dr. CULLEN was most racy in proposing "The Division," to which the CHAIRMAN replied. "The Guests" was given from the Chair in a few felicitous remarks, and Mr. HAMILTON made a very neat reply. The evening concluded when Dr. JOHNSTONE had given the Chairman's health, which was enthusiastically pledged. Several songs were sung, and Dr. MUIR gave much enjoyment by three recitations, all rendered in a charming manner. All agreed that the dinner was in every way successful, and expressed the desire that it be continued annually.

SOUTH-EASTERN BRANCH:

CANTERBURY AND FAVERSHAM DIVISION.

ONE of the most unique and interesting meetings of this Division was held at Whitstable on Thursday, October 4th.

Oyster Luncheon.—Dr. HAYWARD kindly entertained the members, amongst whom were some from the Dover, Thanet, and Ashford Divisions, to an oyster lunch at the Bear and Key Hotel. At its conclusion, the HONORARY SECRETARY, in proposing the health of "The Chairman," drew attention to the increasing interest taken by the members of the Division in the work of the Association, as shown by the continued good attendances at the meetings, which was partly due to the varied attractions offered—clinical, medico-political, and social—and to a large extent to the hospitality and energy of the Chairmen of the meetings.

Visit to Whitstable Oyster Beds.—Through the kind offices of Dr. Hayward (Chairman of the meeting) the Whitstable Oyster Fishery Company placed one of their trawlers at the disposal of the members, and the directors accompanied them out over the oyster beds and demonstrated the process of oyster-dredging. Ample opportunity was given all on board to sample the different varieties as they were brought up from the beds—the customary stout and brown bread and butter was also kindly supplied. On the return to the Whitstable Company's premises the process of sorting and packing the different sizes of Whitstable oysters was shown. It appears that, all being of the same quality, size regulates the price. The experts explained that the oyster is more prolific on the Essex coast but improves on being transferred to the Whitstable beds. The oyster on attaining a separate existence goes through several stages, and between the sixth and seventh year has reached perfection for the epicure.

Annual Representative Meeting.—The meeting was commenced on the way out—Dr. HAYWARD presiding—by Dr. GOSSE reading his report of the proceedings at the Annual Representative Meeting in London last July. The meeting was resumed at Dr. Hayward's house.

Confirmation of Minutes.—The minutes of the previous meeting were confirmed.

Next Meeting.—It was agreed that the next meeting be held in December at Faversham, and that Dr. Evers be the chairman.

General Medical Council Election.—A letter was read from Dr. Fothergill of Wandsworth with reference to the candidature of Drs. Langley Browne, MacManus, and Jackson as Direct Representatives on the General Medical Council. A resolution was passed that they were suitable candidates.

Hospital Management.—The proposals of the Hospitals Committee of the British Medical Association were gone into and discussed fully (excepting nursing homes and dispensaries). Dr. WHITEHEAD REID gave a full explanation of the methods adopted at the Kent and Canterbury Hospital, and reported that a subcommittee had been appointed (of which he was a member) to consider these and other proposals, and to report as soon as possible to the Board of Governors. Dr. ALEXANDER explained in detail the principles of hospital management at the Faversham Cottage Hospital, and, so far as that institution was concerned, it was generally agreed that there was little if any abuse of this charity. As regards the suggested model principles of hospital management, all of them were agreed to, and Nos. II and XIII were specially approved. Dr. M. T. WILLIAMS spoke with reference to the out-patient department of the Canterbury Hospital. The Honorary Secretary was directed to write to the Secretary of the Kent and Canterbury Hospital to forward the following resolution, which was unanimously passed:

That the medical men practising in the Canterbury and Faversham Division of the South-Eastern Branch of the British Medical Association heartily approve the suggested model principles of hospital management, and earnestly hope the Board of Management of the Kent and Canterbury Hospital will give them their serious consideration with a view to their adoption.

Votes of Thanks.—Votes of thanks were passed to the Chairman and Drs. Reid and Alexander for their addresses, to the Whitstable Oyster Fishery Company, and to Dr. Gosse for his report.

Apologies for Non-attendance.—Letters of regret were read from Drs. Noble, Street, and B. Rigden.

Tea.—Tea was provided by Dr. Hayward at his house.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: CARDIFF DIVISION.

An ordinary general meeting of the Cardiff Division was held in the rooms of the Cardiff Medical Society on Thursday, October 18th, Dr. D. R. PATERSON in the chair.

Confirmation of Minutes.—The minutes of the last general meeting were read and confirmed.

Chairman's Address.—Dr. PATERSON, the Chairman, briefly addressed the meeting on the subject of hospital reform in connexion with medical charities. Dr. Paterson

also made reference to the great loss the Division had sustained by the lamented death of Dr. Stewart of Bridgend, and it was unanimously resolved that a vote of condolence be accorded to the widow and relatives.

Appointment of Police Surgeons in Cardiff.—A letter from the Medico-Political Committee in reference to these appointments was read, and it was finally resolved:

That in the opinion of the Cardiff Division of the British Medical Association the conditions of tenure of office for one year attached to the advertised vacancies for police surgeons by the Cardiff Watch Committee are detrimental to the interests of the police force, the medical profession, and the public.

Election of Direct Representatives to the General Medical Council.—Dr. H. A. LATIMER of Swansea, one of the candidates at the forthcoming election, addressed the meeting on this subject, and made reference to the scheme proposed by the Chairman of the Wandsworth Division. —Dr. Latimer was cordially thanked for attending and giving his address, and it was unanimously resolved:

That this meeting of medical practitioners of the Cardiff district heartily approves of the candidature of Dr. H. A. Latimer for election as one of the Direct Representatives to the General Medical Council, and promises to support him by all the means in its power.

Lantern Demonstration.—Mr. EVELYN J. EVATT gave a lantern demonstration on the development of the epidermic ridges and the evolution of the "patterns." This was received with marked interest, and a hearty vote of thanks was accorded to Mr. Evatt.

Annual Representative Meeting.—Dr. EWEN J. MACLEAN presented his report on the Annual Representative Meeting, and dealt with several important items on the agenda of that meeting, making special reference to the discussions on the proposed draft application for a Royal Charter, and also on contract practice work, illustrating this by the present dispute at Ebbw Vale.

YORKSHIRE BRANCH: BRADFORD DIVISION.

The opening meeting of the Division for the session was held at the Eye and Ear Hospital, Bradford, on Tuesday, October 9th, at 8.30 p.m. Mr. J. BASIL HALL (Chairman) presided.

Confirmation of Minutes.—Dr. METCALFE read the minutes of the last meeting of the Division, which were adopted.

The late Dr. J. H. Bell.—Dr. RABAGLIATI in a few touching words reminded the meeting of some of Dr. Bell's characteristics. He said that they must all feel that Dr. Bell never did anything unkindly or ungentlemanly. He was a man of many parts, but his name would always live in medicine through his investigations into the origin of woolsorters' disease and its connexion with the *Bacillus anthracis*. Dr. Bell always kept abreast of the times in scientific knowledge, and only recently he had been discussing the opsonic theory and the possible influence of opsonic methods on the future of medicine. Dr. Rabagliati concluded by moving that a vote of condolence and sympathy should be sent to Mrs. Bell and family. Dr. GOYDER seconded, and it was adopted by the members standing in their places.

Chairman's Address.—The CHAIRMAN then gave an address on Self-restraint in Surgery, which will be published. Mr. HORROCKS moved a vote of thanks to Mr. Hall for his excellent address. He agreed with Mr. Hall that there was too much eagerness on the part of the public for operations. They appeared to lack patience for the slower methods of treatment. In this way the better judgement of the surgeon was sometimes overborne. Mr. MOSSOP seconded, and hoped they would have similar addresses in the future. The vote was carried unanimously.

Dinner.—The question as to the advisability of having a dinner on the occasion of a visit of the Editor of the BRITISH MEDICAL JOURNAL to Bradford was considered. Dr. GOYDER proposed, and Dr. MITCHELL seconded, that this should take place. This was carried *nem. con.* It was agreed that the address should take place at seven and the dinner at eight, and that the Dinner Committee should consist of the Chairman and Secretaries and Dr. Bronner.

LANCASHIRE AND CHESHIRE BRANCH:

LIVERPOOL SOUTHERN DIVISION.

AN ordinary meeting of the Division was held on October 22nd at the Medical Institution, Dr. WESTBY in the chair.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Annual Representative Meeting.—Dr. WESTBY then read his report of the work done at the Annual Representative Meeting, at which he represented this Division. A vote of thanks to Dr. Westby was passed unanimously for the great amount of time and trouble he has expended at the meeting, and also in drawing up his report.

Proposed Combination of Divisions.—Dr. LOGAN said that in his opinion the Association should pass a law allowing Divisions which were closely associated geographically to be combined, and that a representative of such combined Divisions should have proportionately increased voting power. This would tend to reduce the present unwieldy proportions of the Representative Meetings and increase the size of the Divisional meetings.

Payment of Representatives.—It was proposed and carried:

That this Division is of opinion that the expenses of the Representatives at the Representative Meeting, to the amount of £1 ls. per day, reckoning from the day before the meeting and inclusive of the last day, should be defrayed out of the funds of the Branch.

It was also proposed and carried:

That a copy of the above resolution be sent to the Secretary of the Lancashire and Cheshire Branch, with a request to bring the matter up at the next meeting of the Branch Council, and also that the Representative of the Division on the Branch Council be instructed to support the same.

Bradford Ethical Rules.—The adoption of the Bradford Ethical Rules was considered, but it was decided to postpone the matter.

General Medical Council.—A communication from the Wandsworth Division regarding the election of Direct Representatives on the General Medical Council was read.

Hospital Reform.—A communication from the Medical Secretary regarding the work of the Hospital Reform Inquiry by the Association was read.

MIDLAND BRANCH:

BOSTON AND SPALDING DIVISION.

AN ordinary meeting was held on October 9th at the Red Lion Hotel, Boston, at 3.30 p.m., Dr. MILLER in the chair.

Paper.—Dr. T. J. WALKER, of Peterborough, read a paper on a case of acute intestinal obstruction by Meckel's diverticulum, in which the diverticulum had tied a true knot round the small intestine. An animated discussion followed the conclusion of the paper, in which most of the members present took part.

Proposed Union of Divisions.—The question "Shall the Boston and Spalding Division be united with the Stamford and Lincoln Divisions to form one Division?" was answered with a unanimous and emphatic No.

(Dr. Walker had tea with the members in the hotel afterwards.)

CAPE OF GOOD HOPE (EASTERN PROVINCE)
BRANCH:

GRAHAMSTOWN DIVISION.

Clinical Evening.

A CLINICAL meeting of this Division was held on September 21st at the Albany General Hospital at Grahamstown, Dr. J. BRUCE-BAYS in the chair.

Confirmation of Minutes.—The minutes of the meeting of July 13th were read and confirmed.

Ethical Committee.—Arising out of the minutes, it was resolved:

That the Executive Committee of the Division be the Ethical Committee of the Division.

Also:

That Drs. J. B. Greathead, G. E. FitzGerald, and E. G. Dru Drury be appointed as a Medico-Political Committee.

Cases and Specimens.—The following cases and specimens were then shown:—Dr. JONES-PHILLIPSON: A boy

with xeroderma of four months' duration improving under arsenical treatment.—Dr. BRUCE-BAYS: A Dutchman with obstinate epigastric pain—for diagnosis.—Dr. JONES-PHILLIPSON read notes of 3 cases of local anaesthesia produced by Barker's method, 2 for circumcision, and 1 for removal of growth.—Dr. GREATHEAD showed two specimens of large ovarian multilocular cysts removed by operation, one weighing 12½ lb. apart from 13 pints of fluid, and the other 5 lb. apart from 10½ pints of fluid; also a section of a fibro-adenoma of the breast cut by Mr. Robertson.—Dr. PURVIS showed the following sections: (a) Encephaloid cancer of the pancreas; (b) epithelioma invading muscle; (c) cholesterol crystals from a cyst of the antrum of Highmore; (d) a blood clot from the bladder containing amyloid bodies, which gave a blue reaction with iodine.

Bloemfontein Congress.—The business of the Bloemfontein Congress was then briefly dealt with in two short resolutions.

SYDNEY AND NEW SOUTH WALES BRANCH.

THE regular monthly meeting of the Branch was held on Friday, August 31st, Dr. NEWMARCH (Vice-President) in the chair.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

Apologies for Non-attendance.—Apologies were received from Drs. Pockley, Clarence Read, and Hinder.

New Members.—The CHAIRMAN announced the election of the following gentlemen as members: Dr. J. S. Le Fevre, Burrowa; Dr. J. Solomon Harris, Darlinghurst; Dr. Lionel Robertson; and the nomination of Dr. E. A. Bligh, R.A.M.C.; Dr. E. W. Moncrieff, Wagga Wagga; Dr. Murray M. Vernon, Tingha; Dr. A. G. V. Elder, Strathfield; Dr. H. H. Bullmore, Woollahra; Dr. N. R. Howse, Orange.

Postponement of Communications.—The CHAIRMAN stated that Drs. Hinder, Maitland, and W. J. Munro desired to postpone their cases.

Demonstration.—Dr. ALFRED W. CAMPBELL gave a demonstration, illustrated by a series of lantern slides, drawings, photographs, and casts, of his histological studies on the localization of cerebral functions. Drs. FLASHMAN and CAMAC WILKINSON made remarks on the demonstration. Dr. CAMPBELL replied.

Proposed Alteration of Articles.—Dr. CRAGO proposed and Dr. QUATFE seconded the following resolution:

That Article 39 be altered as follows:

After the words (line 14) "the above offices and of" insert the words "the first two of."

Omit (line 18) "at or before the Annual Meeting, who shall deliver the same to the Chairman at the Annual Meeting."

Insert after "Honorary Secretary" (line 18) "not less than twenty-four hours before the time fixed for the Annual Meeting."

Article 41.

Omit the whole of Article 41 and insert:

"At a convenient time before the date fixed for the Annual Meeting the President, or at his request the Council, shall appoint two or more members of the Association to be scrutineers, who shall, not more than twenty-four hours before the time fixed for the Annual Meeting, receive from the Honorary Secretary the ballot papers returned to him and shall compute the votes given therein, and after the commencement of the Annual Meeting (in writing, signed by each one of them) report to the Chairman the number of votes given in favour of each candidate, and the Chairman shall declare to the meeting the result of the election.

Article 33.

Omit all the words after "members thereof" in line 2.

LIBRARY OF THE BRITISH MEDICAL
ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m., except on Saturdays, when they close at 2 p.m. Members can have their letters addressed to them at the office.

**SOUTH WALES AND MONMOUTHSHIRE
BRANCH.****CONTRACT PRACTICE COMMITTEE.**

THE following circular was issued to all members of the Branch on October 20th :

Dear Sir,—In March last we had the honour to address to you, as to other members of the South Wales Branch, an appeal for subscriptions to the Fund which the Branch Council has inaugurated for the purpose of maintaining the interests of the profession in the Branch area in respect of colliery appointments and other forms of contract practice.

Since the issue of that appeal, events have occurred in connexion with the Ebbw Vale dispute which have at the same time demonstrated the necessity for the existence of such a Fund, and have made it necessary to appeal for fuller support than has up to the present been accorded.

The stages of the Ebbw Vale dispute have been reported from time to time with some fullness in the columns of the **BRITISH MEDICAL JOURNAL**, but at this juncture it appears desirable to place before the members of the Branch a statement of the issues involved and of the principle events which have culminated in the present position.

Briefly, the system of provision for medical assistance which has prevailed among the employes of the Ebbw Vale Coal, Steel, and Iron Company since July, 1902, has been that of management by a Committee of the employes, to whom the entire poundage deducted at the works is paid, and who employ a staff of medical officers at fixed salaries, the balance of the members' payments being expended at the discretion of the Committee.

Your Council has repeatedly expressed its opinion that schemes of this character are not, in the long run, conducive to the interests either of workers or of their medical officers, and as regards the workers, there is reason to believe that this opinion is shared by some of the leaders of the miners of South Wales.

For these reasons your Council has determined to oppose the formation of any new schemes of the kind. For the present, however, it has not been thought well for the Branch Council to interfere with schemes which are already in existence, except in those cases in which there should be an application from those directly concerned for support in the institution of reform.

In the early part of 1905 the attention of your Council and of the British Medical Association was directed to the oppressive treatment of the medical officers by the Committee of Management of the Ebbw Vale Fund, the rights of private practice originally granted to the medical officers were being interfered with by the Committee without offer of compensation, the staff was gradually being reduced and additional work thereby thrown upon the remaining members without any corresponding increase of remuneration, and in matters of detail also the treatment of the medical staff by the Committee showed the unfitness of that body to manage a medical service.

As a result of the intervention of the British Medical Association, negotiations were opened by the Managing Committee. These were of a protracted character, but resulted in January last in the acceptance by both sides of the principle of arbitration, and Mr. T. Richards, M.P., was accepted as arbitrator on behalf of the Committee, and the Medical Secretary of the British Medical Association as arbitrator on behalf of the Medical Staff. In stating the terms of reference to these gentlemen, however, a difficulty arose, inasmuch as the British Medical Association considered that the terms of reference should be made as wide as possible, whilst the Workmen's Committee desired that they should be restricted to the consideration of certain proposals laid down in writing between the two parties in August and September last. Further, it was found that the Committee of the Fund, while the negotiations were in progress, were filling casual vacancies in their staff with medical men who were not in co-operation with their professional colleagues in South Wales.

After an attempt by the staff to obtain a satisfactory adjustment of the dispute by direct communication with the Committee of the Fund, these members of the staff (five in number) who, having remained loyal to the British Medical Association, have been dismissed, and their employment terminated on September 30th.

As the action which has resulted in this dismissal was taken under the direction of the Executive Committee of the Monmouthshire Division and the Council of the South Wales Branch acting through its Contract Practice Committee, your Council, when matters reached a critical stage, considered that it was their duty to promise financial support to the staff in the event of their dismissal on account of their loyalty to their professional brethren. This contingency having now occurred, it becomes the duty of your Council to appeal to all members of the Branch for support in the discharge of this obligation.

Such support, however, we are instructed to point out, must not be regarded merely as a matter of assistance to the individual practitioners who have lost their employment. The interests of all colliery surgeons in South Wales and, though less directly yet not less surely, of most private general practitioners and consultants, are involved in securing a successful issue of the struggle with the Ebbw Vale Committee, for if that Committee should succeed in its attempt to carry on its medical service in Ebbw Vale on a system which is entirely disapproved of by the profession throughout the Branch area, and with the help of medical practitioners who have proved themselves entirely disloyal to their professional brethren, it must be expected that in other districts endeavours will be made to take advantage of the weakness of medical organization thus demonstrated. Further, experience proves that any systematic depreciation of a particular class of the profession, spreads to other classes, and colliery surgeons will not be the only class whose incomes will be diminished and the conditions of their work made more onerous in the event of a defeat at Ebbw Vale.

Your Council is convinced that the only way of carrying the contest to a successful issue is by the continuance in the district of the discharged staff who have the confidence and regard of a large number of their patients. There is every reason to believe that the action taken in the name of the miners has been the action of a Committee not truly representative of them. Experience has already shown the difficulty which such a Committee, in the face of the profession, must find in obtaining medical officers who can be trusted for long to give satisfaction to their patients and ultimate employers, namely, the workmen themselves and their families. But time is necessary to bring home to the workmen and their families the truth that their real interests in this matter are bound up in the success not of their Committee, but of their medical officers; and, to secure this time, it is necessary for the dismissed staff to receive all requisite assistance to enable them to hold their position in the district.

For this purpose your Council finds that it must be in a position to meet monthly liabilities, which at present may be estimated at a sum of approximately £170.

There is every reason to believe that the struggle, if backed up in this way, will not last twelve months, but your Council is of opinion that they should have at their command resources which would carry them through for this period if necessary. The sum now in hand will meet the contemplated liabilities for at least three months, and this amount has been subscribed by only one-fifth of those to whom our appeal in March was addressed. Further, experience shows that medical practitioners are more willing to subscribe to meet a known emergency than to meet a mere contingency, and, therefore, your Council has every confidence that the members of the Branch will demonstrate by their support in this matter both their enlightened appreciation of their own interests and their sense of loyalty to the profession.

The membership subscription has been fixed for the present at 5s. per annum, but in addition foundation donations are solicited from members specially interested in contract practice. A contribution of five guineas is suggested as the amount of such donations, which may be paid, if so desired, in instalments over a number of years. Some donations of ten guineas have been received.

To further strengthen the Fund, and to provide against any extraordinary drain on its resources from exceptional circumstances—for example, a protracted dispute in a colliery practice or with the Friendly Societies—members are invited to state how much per week they would be willing to contribute to a "Guarantee Fund," which would be available to meet the contingency. These weekly pay-

ments would be called for only under such exceptional circumstances and *pro rata* as the case might demand.

In conclusion, the Committee appeals to all the members of the Branch to give to the recent developments of contract practice in the Branch area their earnest consideration, and to contribute as liberally as possible to the fund.

Members are asked to fill in the appropriate forms on the accompanying perforated slip, and forward them, with their subscriptions, in the enclosed envelope, to the Hon. Secretary, who will, for the time being, act also as Treasurer to the fund.

We are, yours faithfully,

D. J. WILLIAMS, *President*.

FRANK G. THOMAS, *Hon. Branch Secretary*.

EWEN J. MACLEAN, *Hon. Secretary and Treasurer*,
12, Park Place, Cardiff.

Association Notices.

BRANCH AND DIVISION MEETINGS TO BE HELD.

BATH AND BRISTOL BRANCH.—The first ordinary meeting of the session will be held at the Medical Library, University College, Bristol, on Wednesday evening, October 31st, at eight o'clock, Dr. D. S. Davies, President. The following communications are expected:—J. Michell Clarke, M.D., and I. Walker Hall, M.D., will show microscopical slides of halteridia (pigeon's blood), *Spirochaeta pallida*, Leishman-Donovan bodies (kala azar), spirillum of relapsing fever (man and monkey), and trypanosomes (surra), from specimens kindly sent by Mr. F. P. Mackie. J. Michell Clarke, M.D.: Notes on a case of kala-azar. C. A. Morton: The treatment of cases after abdominal operations. T. Carwardine, M.B.: Recent observations bearing upon the position of the motor area in man, and their confirmation by a clinical case (illustrated by lantern slides). P. Watson Williams, M.D.: The operative treatment of dissection of the nasal septum, with special reference to submucous resection.—NEWMAN NEILD and W. H. BEAUMONT, Honorary Secretaries, Clifton.

BORDER COUNTIES BRANCH.—A general meeting of the Branch will be held at Penrith on November 2nd. The agenda will include a paper on The Hygiene of Mind by Dr. T. S. Clouston of Edinburgh. Dr. Crerar of Maryport will read some notes on his trip to the Toronto meeting of the Association; and Mr. Norman Maclaren will show some interesting cases of vesical calculi. Details as to time and place will be issued later to each member.—FRANCIS R. HILL, Honorary Secretary, 62, Warwick Road, Carlisle.

LANCASHIRE AND CHESHIRE BRANCH: LIVERPOOL (NORTHERN) DIVISION.—A meeting of the members of the above Division will be held at the Medical Institution, 114, Mount Pleasant, on Monday, October 29th, at 4 p.m. Agenda: Ethical matters. Report of Annual Representative Meeting by Divisional Representative. Proposed payment of expenses of Representatives at annual meeting. Proposed conference of hospital authorities. *Re* Central Emergency Fund: See SUPPLEMENT BRITISH MEDICAL JOURNAL, August 25th, 1906. Notice of motion by this Division for next Representative Meeting.—A. W. GERMAN, Honorary Secretary of the Division.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—The first meeting of the session, a clinical meeting, will be held on Thursday, November 1st, at 5 p.m., at St. Bartholomew's Hospital, E.C., when cases will be exhibited and discussed by members of the hospital staff.—E. W. GOODALL, Honorary Secretary, Eastern Hospital, Homerton, N.E.

METROPOLITAN COUNTIES BRANCH: LAMBETH DIVISION.—The next meeting of the Lambeth Division will be held at the Camberwell Infirmary, Brunswick Square, Peckham Road, S.E., on Friday, October 26th, at 3.30 p.m. Agenda: (1) Minutes of the last meeting. (2) Dr. Robert Ester will present his report of the Representative Meeting held in London in July last. (3) Dr. Herbert French, of Guy's Hospital, will give a demonstration on pathological microscopical specimens. (4) Dr. Keats has kindly consented to conduct members round the wards of the infirmary. It is hoped that as many members as possible (with their medical friends) will attend, this being the first meeting of the Session 1906-7.—W. ALEXANDER ATKINSON, M.D., Honorary Secretary, Lambeth Division, 216, Camberwell New Road, S.E.

METROPOLITAN COUNTIES BRANCH: TOTTENHAM DIVISION.—A meeting will be held at the Hornsey Conservative Association Rooms at 9.15 p.m. on Friday, November 2nd. Subject: Discussion on Hornsey Cottage Hospital, to be opened by Dr. J. R. Fuller.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—An ordinary meeting will be held at the Wandsworth Town Hall on Friday, October 26th, at 8.15 p.m., when a popular lecture will be given by Ebenezer Howard, Esq., the founder of the Garden City Association, on its aims and objects. Limelight views will be shown. A discussion will follow. Tea and coffee will be provided at 7.30 p.m. The chair will be supported by Sir Henry Kimber, Bart., M.P., the Mayors of Wandsworth, Battersea, and Wimbledon, Reginald Harrison, F.R.C.S., R. O. Moon, M.D., and others. Ladies will be invited, as well as prominent members of the laity.—E. ROWLAND FOTHERGILL, Honorary Secretary, Torquay House, Southfields, S.W.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.—The next meeting of this Division will be held at the Plough Hotel, Alnwick, on Wednesday, October 31st, at 3.30 p.m. Business: Confirmation of minutes. A general discussion on influenza will be opened by the Chairman, Dr. Alexander James Main. Any other business.—SCOTT PURVES, Honorary Secretary, Alnwick.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—A meeting of this Branch will be held at the Railway Hotel, Kendal, on Wednesday, October 31st, at 4.45 p.m., when a paper will be read by Dr. Hough (Ambleside) on Peritonitis, to be followed by a discussion. Dr. Leeming (Kendal) will read short notes on the radical cure of hernia, and show cases.—A. S. BARLING, Honorary Secretary, Lancaster.

SOUTH-EASTERN BRANCH: GUILDFORD DIVISION.—The autumn meeting of this Division will be held at the Royal Surrey County Hospital on Wednesday, October 31st, at 4.30 p.m. Dr. George Fisher (Shere) will preside. Agenda: (1) Minutes of the Annual Meeting. (2) To consider the proposals of the Hospitals Committee for hospital reform. (3) Dr. D. M. Mitchell will read notes on (a) Two Cases of Haematocele; (b) a Case of Multiple Intussusceptions. (4) Dr. F. K. Weaver will read notes on Some Cases of Appendicitis of Unusual Interest, and will show a case of disseminated sclerosis, with atypical symptoms. (5) Cases and specimens will be shown by other members. (6) Any other business. Dinner at 6.30 p.m., Lion Hotel, Guildford. Charge 6s., exclusive of wine. The Honorary Secretary will be glad to hear from members who intend to be present, and who are likely to remain to dinner, also from any wishing to show cases or specimens.—E. J. SMYTH, Honorary Secretary, "Maythorne," Epsom Road, Guildford.

SOUTH-EASTERN BRANCH: REIGATE DIVISION.—The annual meeting of the Division will be held at the White Hart Hotel, Reigate, on Tuesday, October 30th, at 4.30 p.m., when the members are particularly requested to meet and welcome the Chairman, Dr. John Walters, J.P., on his return from Canada. Agenda: To elect the officers of the Division for the ensuing year. Dr. John Walters: The Annual Meeting of the Association at Toronto. Dr. E. Bromet: The Meeting of Representatives in London. A discussion on Some Points of Interest to the General Practitioner in Public Health will be opened by Dr. R. Deane Sweeting, of the Local Government Board, Whitehall. Mr. James Berry, Surgeon to the Royal Free Hospital, on Haematuria, from a Practical and Clinical Point of View. Members from Dorking and Horley are particularly asked to attend this important meeting. All members of the South-Eastern Branch are invited to attend and to introduce professional friends. Dinner at 6.30 p.m. Charge 7s. (exclusive of wine). The Honorary Secretary will be glad if members will inform him if they are able to stay to dinner.—W. A. BERRIDGE, Honorary Secretary and Treasurer, 158, Station Road, Redhill.

SOUTHERN BRANCH.—The autumn general meeting will be held at the South-Western Hotel, Southampton, on November 15th, at 3.45, to be followed by a dinner at 6 o'clock. Members who have cases to exhibit, or specimens to show, or papers to read, are requested to communicate with the undersigned as soon as possible.—H. J. MANNING, Honorary Secretary, Laverstock House, Salisbury.

ULSTER BRANCH.—A meeting of this Branch will be held at Ballymena on Saturday, November 3rd.—CECIL SHAW, Honorary Secretary.

YORKSHIRE BRANCH.—The next meeting of the Branch will be held at the Grand Hotel, Scarborough, on Saturday, October 27th, at 4.15 p.m., when the following business will be transacted and papers read:—Papers and cases—(1) Dr. Churton (Leeds): A Case of Sudden Recovery from Aphasia of Twenty-three Years' Duration in a Man aged 50; with remarks. (2) Mr. W. H. Brown (Leeds): On Some Phases of Hospital Abuse. (3) Mr. Whitehead (Leeds): Traumatic Corneal Ulcers and their Treatment. (4) Dr. Solly (Harrogate), with Dr. Douglas Wilson: A Case for Diagnosis; Myomectomy for Multiple Uterine Myomata. (5) Dr. Trevelyan (Leeds): The Classification of Phthisis in Respect to Prognosis. The Council

will meet at 4 10 p.m. Members and friends will dine at the Grand Hotel at 6.30. As a number of members will be accompanied by their wives, it has been decided to invite ladies to the dinner. Members who intend staying for the dinner or the week-end are requested to communicate with Dr. Salter, 34, Prince of Wales Terrace, Scarborough, or the Manager of the Grand Hotel, as soon as possible, so that the necessary arrangements may be made. Special terms, at the rate of 10s. 6d. per day, including the dinner, have been arranged for. Cheap return tickets can be obtained at Leeds. A number of members will go to Scarborough on Friday evening. There will be golf at Ganton on Saturday morning.—ADOLPH BRONNER, Honorary Secretary, 33, Manor Row, Bradford.

GENERAL MEDICAL COUNCIL ELECTION.

THE POSITION OF THE BRITISH MEDICAL ASSOCIATION.

OFFICES OF THE BRITISH MEDICAL ASSOCIATION,
429, Strand, W.C.,
October, 1906.

SIR,—My attention has been drawn, as Chairman of Representative Meetings, to a misapprehension which appears to exist as to the proceedings of the Annual Representative Meeting with respect to the selection of candidates for the General Medical Council. I am informed that many Divisions and individual members of the Association are under the impression that the meeting decided that the Association should take no part whatever in the election, and that the finding of the meeting constitutionally debar Divisions from dealing in any way with the matter. It seems well, therefore, to state what was the exact finding of the meeting, which I quote from the minutes:

Minute 70.—Resolved: That in view of the difficulties that have arisen in connexion with the Declaration by Candidates, this meeting declines to nominate candidates for election.

It will be observed that this resolution has to do with nothing but the part which the Representative Meeting itself, pursuant to the scheme adopted by the Oxford Meeting, should have taken in the selection of candidates, and in no way affects the action of Divisions or other parts of the Association. It is merely a declaration that the Meeting itself, having regard to certain conditions, thought it well not to proceed to carry out its own part as previously intended.

I cannot understand how this can be supposed in any way to restrain the action of the Divisions or other bodies of the Association apart from the Representative Meeting, nor as Chairman of that meeting do I consider that such action would be in conflict with the spirit of the resolution.

I am,

Yours faithfully,

J. A. MACDONALD,

Chairman of Representative Meetings.

The Editor,

BRITISH MEDICAL JOURNAL,
429, Strand, W.C.

ADDRESSES OF CANDIDATES.

DR. G. H. BROADBENT.

G. H. BROADBENT, M.R.C.S.Eng., L.R.C.P.I., and L.M. (8, Ardwick Green, Manchester), has issued the following address to the registered medical practitioners of England and Wales:

LADIES AND GENTLEMEN,—In placing my services at the disposal of the profession in the ensuing election for Direct Representatives on the General Medical Council, I may be allowed to say that, in order to show that my efforts in the past have not been confined to a narrow groove, I have been for many years a member of the

British Medical Association, and since the Cheltenham meeting a member of its Central Ethical Committee and its Representative on the Contract Practice Subcommittee, 1905-6, that I have attended all the Representative Meetings of the Association on behalf of the North Manchester Division, that I am a member of the Council of the Lancashire and Cheshire Branch, a vice-President and ex-President of the Incorporated Medical Practitioners' Association, and have been a member of the Council of the Medical Guild practically since its foundation some fourteen years ago. All this has given me considerable insight and experience as to the difficulties and trials as well as shortcomings of everyday practice which might prove useful in the General Council of Education and Registration in London.

I have recently expressed my views in the BRITISH MEDICAL JOURNAL as to the necessity of lectures being given to senior students on ethics, to supply the deficiency caused by abolishing the apprenticeship system, and of raising the standard of preliminary education before registration, both in arts and science, which I need not repeat now.

I am also in favour of stringent action on the part of the Council in any proved cases of touting for vaccination on the part of Poor-law medical officers or their agents—even in those employed by the Guardians—and I would go so far as to consider whether proved cases of gross underselling should not be considered "infamous conduct in a professional respect," not only as an injustice to their fellow-practitioners, but as lowering the dignity of the profession in the eyes of the public.

The craze for registration now that midwives have secured it is certain to be attempted not only for nurses, but spectacle-makers, herbalists, etc., and will require careful watching during the next five years, and the General Council will require keeping on the alert, not only for the protection of the public, but, if it were possible, that of the profession as well, inasmuch as the President has stated that the Council's resources are not yet exhausted. Abolishing unqualified assistants not only benefited the public but the profession.

It has always been my endeavour, in season and out of season, to secure as far as possible the union and the interests of the profession, and especially by promoting new as well as old combinations of various kinds.

My personal experience of provident dispensaries, and another large provident association, when on the staff of which for a few years I fought for the honour and dignity of the profession in the face of strong opponents, and for many years since leaving them, for a wage limit, is well known in my immediate neighbourhood. All this practical experience, in addition to that gained as a general practitioner for upwards of a quarter of a century, would surely be of use in a council composed mostly of professors and consultants who know nothing of it personally, and would be of assistance in cross-examination of delinquents when brought before it.

If it is possible in a new Medical Act to protect the public from the barefaced assumption of medical titles, especially by companies, and from other means of deceiving it, I need not say that it will have my hearty support.

The experience gained during the three years I have sat on the Central Ethical Committee of the British Medical Association, not one meeting of which have I been absent from, ought to be of some service to me if elected to the General Medical Council.

The reckless distribution of medical services without any regard to wage limit, to the injury of respectable qualified practitioners, should surely be adjudged "infamous conduct in a professional respect" as in any other.

MR. RUTHERFORD MORISON'S CANDIDATURE.

DR. J. CROMIE (Blyth, Northumberland) writes under date October 22nd: If ever man deserved well of his professional brethren that man is Rutherford Morison. He found the profession in Northumberland disorganized, disunited, and underpaid. He put his hand to the plough, and never looked back until he organized us, united us, fought for us, and led us to victory, securing for us—in face of our own apathy, our mutual jealousy, and the bitter hostility of a section of the miners—a reasonable remuneration for our work.

He is a consulting surgeon, and, like the Levites of old, might have passed the whole matter by on the other side. But no! Like the brick he is, being the son of a general practitioner, and no doubt remembering the days spent as such himself, he came over and helped us. And such help! He gave unsparingly of time, though he is a busy man; he gave of his money, though he is not a millionaire; he gave of his counsel and advice, which we always found right; and he gave us his great weight and influence as a consultant, which we found a potent factor, as no one could say he was an interested party.

I am not a little tickled to hear the cry that general practitioners can only be represented by a general practitioner. It is, no doubt, a pretty theory; but, Sir, I prefer an ounce of practice to a pound of theory, and though myself a general practitioner I honestly believe that had it not been for Mr. Morison's tact, courage, and, above all, his commanding position as a consultant, the fight in Northumberland would have ended differently.

When we find a consultant who is willing, and has proved that he is able, to fight our battles as general practitioners for us with those outside the profession, who can gainsay my logic when I argue that he is the man to fight our battles with those inside the profession?

On these grounds I confidently appeal to general practitioners all over England to vote for Rutherford Morison.

DR. McMANUS'S CANDIDATURE.

At a largely attended meeting of the South-West London Medical Society, held on October 10th, 1906, the following resolution was unanimously carried:

That this meeting warmly supports Dr. L. S. McManus's candidature at the forthcoming election of the General Medical Council, and trusts that members of this Society will do all in their power to secure Dr. McManus being elected.

THE WANDSWORTH CIRCULAR.

We have received the following for publication:—
Return General Medical Council Election.

1. Dr. McManus.
2. Dr. Langley Browne.
3. Dr. Latimer.

In issuing the above return the scrutineers desire to point out that the candidature of Dr. Morison was not before the electorate in full.

HUGH R. KER,
A. G. BATEMAN,
HUGH WOODS,
Scrutineers.

Vital Statistics.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 8,444 births and 4,419 deaths were registered during the week ending Saturday last, October 20th. The annual rate of mortality in these towns, which had been 17.4, 17.1 and 15.5 per 1,000 in the three preceding weeks, further declined last week to 14.8 per 1,000. The rates in the several towns ranged from 6.5 in King's Norton, 6.6 in Hornsey, 7.1 in Leyton, 7.3 in Wallasey, 8.1 in Smethwick, 8.6 in Reading, 8.7 in Ipswich, 9.0 in Handsworth (Staffs.), and 9.1 in Willesden to 19.6 in Birkenhead, 20.3 in Rochdale, 20.5 in Liverpool, 20.6 in Blackburn, 21.7 in St. Helen's, 21.8 in Stockton-on-Tees, 24.0 in Middlesbrough, and 24.8 in Warrington. In London the rate of mortality was 13.6 per 1,000, while it averaged 15.0 per 1,000 in the seventy-five other large towns. The death-rate from the principal epidemic diseases averaged 1.9 per 1,000 in the seventy-six towns; in London this death-rate was equal to 1.4 per 1,000, while among the other seventy-five towns the rates ranged upwards to 4.3 in Swansea, 4.4 in Norwich, 4.5 in Warrington, 4.7 in Bootle and in Middlesbrough, 5.1 in Burnley, and 7.0 in Blackburn. Measles caused a death-rate of 1.2 in West Ham, 1.6 in Bootle, 2.1 in Stockport, 2.2 in Oldham, 2.7 in Norwich, and 3.0 in Warrington: scarlet fever of 1.3 in Walthamstow; whooping-cough of 1.3 in Birkenhead; "fever" of 1.4 in Bolton; and diarrhoea of 2.6 in Wolverhampton and in Barrow-in-Furness, 2.7 in Preston and in Swansea, 2.8 in Merthyr Tydfil, 3.1 in Middlesbrough, 4.1 in Burnley, and 5.8 in Blackburn. The mortality from diphtheria showed no marked excess in any of the large towns, and no deaths from small-pox were registered during the week. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals, which had been 3,388, 3,603, and 3,803 at the end of the three preceding weeks, had further risen to 3,923 at the end of last week; 548 new cases were admitted during the week, against 533, 621, and 566 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 20th, 922 births and 540 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.1, 17.2, and 17.8 per 1,000 in the three preceding weeks, declined to 15.8 per 1,000 last week, but was 1.2 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these

Scotch towns the death-rates ranged from 11.4 in Leith and 12.9 in Edinburgh to 17.1 in Glasgow and 22.1 in Greenock. The death-rates from the principal infectious diseases averaged 2.3 per 1,000, the highest rates being recorded in Dundee and Greenock. The 274 deaths registered in Glasgow included 2 which were referred to scarlet fever, 8 to whooping-cough, and 23 to diarrhoea. Two fatal cases of scarlet fever, 2 of diphtheria, and 10 of diarrhoea were recorded in Edinburgh; 4 of diphtheria and 5 of diarrhoea in Dundee; 5 of measles and 2 of whooping-cough in Aberdeen; and 4 of diarrhoea in Greenock, 3 in Leith, and 2 in Paisley.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, October 20th, 519 births and 341 deaths were registered in six of the principal Irish towns, as against 483 births and 430 deaths in the preceding period. The annual death-rate in these towns, which had been 19.5, 18.8, and 17.5 per 1,000 in the three preceding weeks, fell to 17.1 per 1,000 in the week under notice, this figure being 2.5 per 1,000 higher than the mean annual rate for the seventy-six English towns for the corresponding period. The figures ranged from 11.2 in Londonderry and 13.7 in Limerick to 21.7 in Dublin and 23.3 in Cork. The zymotic death-rate in the same six Irish towns averaged 2.6 per 1,000, or 1.0 per 1,000 lower than during the preceding period, the highest figure (3.9) being recorded in Waterford. In Clonmel there was a death from typhus and in the city of Dublin 2 from scarlet fever.

ENGLISH URBAN MORTALITY IN THE THIRD QUARTER OF 1906.

THE vital statistics of the seventy-six large towns dealt with in the Registrar-General's weekly returns are summarized in the accompanying table. During the three months ending September last 110,208 births were registered in these towns, equal to an annual rate of 27.9 per 1,000 of the population, estimated at 15,818,360 persons in the middle of the year; in the corresponding periods of the three preceding years the rates were 29.6, 29.0, and 28.2 per 1,000 respectively. In London the birth-rate last quarter was 26.5 per 1,000, while it averaged 28.5 in the seventy-five other large towns, and ranged from 15.5 in Hastings, 17.4 in Bournemouth, 19.1 in Hornsey, 19.7 in Halifax, 21.3 in Bradford, and 21.4 in Northampton to 34.1 in Wigan, 35.2 in Hanley, 36.0 in Middlesbrough, 37.1 in Sunderland, 37.7 in Rhondda, and 37.9 in Merthyr Tydfil.

During the quarter under notice 63,968 deaths were registered in these towns, equal to an annual rate of 16.2 per 1,000; in the three preceding third quarters the rates were 15.1, 17.5, and 15.2 per 1,000. In London the rate of mortality last quarter was 15.4 per 1,000; while it averaged 16.6 in the seventy-five other large towns, among which the death-rates ranged from 7.2 in Hornsey, 9.2 in King's Norton, 10.2 in Handsworth (Staffs.), 11.3 in Willesden and in Bournemouth, 11.5 in Burton-on-Trent, and 11.8 in Leyton to 20.2 in Manchester, 20.3 in Tynemouth, 20.5 in Wigan, 20.6 in Middlesbrough, 20.7 in Burnley, 21.0 in Liverpool, 21.1 in Merthyr Tydfil, and 21.9 in Stockport.

The 63,968 deaths from all causes in the seventy-six towns last quarter included 17,483 which were referred to the principal infectious diseases; of these, 5 resulted from small-pox, 1,067 from measles, 393 from scarlet fever, 619 from diphtheria, 729 from whooping-cough, 355 from "fever" (principally enteric), and 14,312 from diarrhoea. The death-rate from these principal infectious diseases, which had been 2.66, 5.02, and 3.45 in the third quarters of the three preceding years, was 4.43 per 1,000 last quarter. In London the rate was 3.67 per 1,000, while in the seventy-five other large towns it ranged from 0.77 in Bournemouth, 1.29 in Hornsey and in King's Norton, 1.65 in Halifax, 1.73 in Hastings, and 2.11 in Bristol to 6.82 in Aston Manor, 6.99 in Burnley, 7.00 in Grimsby, 7.05 in Stockport, 7.09 in Coventry, 7.20 in Norwich, 7.34 in West Ham, 7.43 in Hanley, and 7.86 in Birkenhead.

The 1,067 deaths from measles were equal to an annual rate of 0.27 per 1,000; in London the death-rate from this disease was 0.22 per 1,000, while it averaged 0.29 in the seventy-five other large towns, and was highest in Norwich, Stockport, Manchester, Salford, Oldham, Burnley, Huddersfield, and Rotherham. The 393 fatal cases of scarlet fever corresponded to an annual rate of 0.10 per 1,000; in London the rate of mortality from this disease was 0.09 per 1,000, while it averaged 0.10 in the seventy-five large provincial towns; among which scarlet fever was proportionally most fatal in Walthamstow, Hanley, Birkenhead, Salford, Rochdale, Sheffield, Rotherham, and Tynemouth.

The 619 deaths from diphtheria were equal to an annual rate of 0.16 per 1,000; in London the diphtheria death-rate was 0.13 per 1,000, while it averaged 0.17 in the seventy-five other large towns, and was highest in Reading, Aston Manor, Derby, Birkenhead, Salford, Halifax, Hull, and Merthyr Tydfil. The 729 fatal cases of whooping-cough corresponded to an annual rate of 0.18 per 1,000; in London the mortality from this disease was 0.17 per 1,000, while it averaged 0.19 per 1,000 in the seventy-five other large towns, amongst which the highest rates were recorded in Walsall, Birkenhead, Wallasey, Rotherham, Middlesbrough, Sunderland, South Shields, and Swansea. The 355 deaths referred to different forms of "fever" were equal to an annual rate of 0.09 per 1,000; in London the "fever" death-rate was 0.03 per 1,000, while it averaged 0.10 in the seventy-five other large towns, and was highest in West Ham, Grimsby, Bootle, Wigan, Preston, Hull, and Tynemouth. The 14,312 fatal cases of diarrhoea corresponded to an annual rate of 3.63 per 1,000; in London the rate of mortality from this disease was 3.00 per 1,000, while it averaged 3.90 in the seventy-five other large towns, among which diarrhoea was proportionally most fatal in West Ham, Hanley, Aston Manor, Coventry, Grimsby, Stockport, Birkenhead, and Sheffield. Of the five fatal cases of small-pox registered in the seventy-six towns last quarter one belonged to Liverpool and two each to Hull and Devonport.

Infant mortality, measured by the proportion of deaths among children under 1 year of age to registered births, was equal to 209 per 1,000 last quarter, against 159, 229, and 186 per 1,000 in the three quarters of the three preceding years; in London the rate last quarter was 191 per 1,000, while it averaged 216 per 1,000 in the seventy-five other large towns, and ranged from 94 in Hornsey, 110 in Halifax, 135 in Derby, 137 in Bournemouth and in Devonport, and 140 in Brighton, to 264 in Wigan, 265 in Norwich, 267 in Great Yarmouth, 269 in Preston, 275 in Hull, 297 in Aston Manor, 301 in Stockport, 306 in Burnley, and 315 in Grimsby.

The causes of 540, or 0.8 per cent., of the deaths registered in the seventy-six towns were not certified, either by a registered medical practitioner or by a coroner. All the causes of death were certified in Croydon, Hornsey, Tottenham, West Ham, Walthamstow, Southampton, Great Yarmouth, Plymouth, Devonport, Wolverhampton, Walsall, Derby, Stockport, Oldham, and York; while the highest proportions of uncertified deaths were 3.2 per cent. in St. Helen's and in Preston, 3.3 in Barrow-in-Furness, 3.7 in Rotherham and in South Shields, and 5.3 in Gateshead.

Analysis of the Vital Statistics of Seventy-six of the Largest English Towns during the Third Quarter of 1906.

Towns.	Estimated Population middle of 1906.	Births.	Deaths.	Annual Rate per 1,000 Living.			Deaths from Principal Infectious Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Fever.	Diarrhoea.	Deaths of Children under one year of age to 1,000 Births.	Rate per cent. of Uncertified Deaths.
				Births.	Deaths.	Principal Infectious Diseases.										
76 Towns -	15,818,360	110,208	63,968	27.9	16.2	4.43	17,480	5	1,067	393	619	729	355	14,312	209	0.8
75 Provincial Towns -	11,097,143	78,975	45,790	28.5	16.6	4.75	13,156	5	811	285	465	534	280	10,776	216	1.1
London -	4,721,217	31,233	18,178	26.5	15.4	3.67	4,324	-	256	108	154	195	75	3,536	191	0.2
Croydon -	151,011	1,017	534	27.0	14.2	3.75	141	-	4	3	9	7	2	118	202	-
Willesden -	143,622	1,055	406	29.5	11.3	3.47	124	-	2	4	4	7	1	106	167	1.2
Hornsey -	86,935	414	155	19.1	7.2	1.29	28	-	2	2	-	-	1	25	94	-
Tottenham -	119,503	940	403	31.5	13.5	4.02	120	-	1	1	-	2	1	115	206	-
West Ham -	301,617	2,247	1,234	29.9	16.4	7.34	552	-	37	3	16	10	26	460	240	-
East Ham -	129,886	877	396	27.1	12.2	5.05	164	-	8	3	5	4	3	141	222	0.3
Leyton -	118,287	820	347	27.8	11.8	4.74	140	-	5	6	7	8	3	111	182	0.3
Walthamstow -	121,334	893	411	29.5	13.6	4.86	147	-	1	7	9	3	1	126	207	-
Hastings -	67,144	259	216	15.5	12.9	1.73	29	-	3	1	-	-	1	22	193	1.4
Brighton -	128,095	706	439	22.1	13.7	2.16	69	-	7	1	1	5	1	55	140	0.2
Portsmouth -	205,118	1,472	828	28.8	16.2	4.75	242	-	2	-	13	22	5	200	198	1.0
Bournemouth -	67,702	293	190	17.4	11.3	0.77	13	-	1	-	1	2	1	8	137	1.1
Southampton -	117,312	732	385	25.0	13.2	2.97	87	-	-	-	3	-	3	81	149	-
Reading -	78,987	449	234	22.8	11.9	3.20	63	-	-	-	10	1	-	52	180	2.1
Northampton -	93,749	500	279	21.4	11.9	3.13	73	-	-	2	1	-	2	68	186	0.7
Ipswich -	71,809	472	266	26.4	14.9	2.63	47	-	-	-	1	-	1	45	197	0.8
Great Yarmouth -	52,613	360	236	27.4	18.0	4.57	60	-	1	-	2	-	2	55	267	-
Norwich -	117,958	777	558	26.4	19.0	7.20	212	-	41	2	3	6	3	157	265	0.5
Plymouth -	118,014	691	426	23.5	14.5	2.94	87	-	5	1	6	3	1	71	208	-
Devonport -	78,405	504	233	25.8	11.9	2.60	51	-	5	2	2	4	4	35	137	-
Bristol -	363,223	2,368	1,174	26.1	13.0	2.11	191	2	17	8	14	13	6	133	156	0.3
Hanley -	66,360	582	316	35.2	19.1	7.43	123	-	1	7	4	2	2	107	227	0.9
Burton-on-Trent -	52,922	330	152	25.0	11.5	2.28	30	-	-	2	-	5	1	22	145	2.6
Wolverhampton -	100,729	684	385	27.2	15.3	4.18	105	-	1	2	2	2	2	95	200	-
Walsall -	94,577	702	379	29.8	16.1	4.75	112	-	-	-	1	1	3	97	215	-
Handsworth -	63,819	359	163	22.6	10.2	2.39	38	-	-	2	-	-	-	76	159	1.2
West Bromwich -	68,469	504	257	29.5	15.1	3.75	64	-	3	-	-	7	-	53	196	0.8
Birmingham -	548,022	4,129	2,374	30.2	17.4	6.00	819	-	44	11	20	16	5	723	243	1.7
King's Norton -	72,608	475	166	26.2	9.2	1.29	23	-	1	1	2	1	1	17	141	1.8
Smethwick -	64,531	489	232	30.4	14.4	4.10	66	-	-	1	3	2	2	57	166	1.7
Aston Manor -	82,288	536	333	26.1	16.2	6.82	140	-	5	3	7	4	3	118	297	0.6
Coventry -	76,374	613	343	32.2	18.0	7.09	135	-	-	3	3	7	1	124	230	1.2
Leicester -	232,111	1,436	834	24.8	14.4	4.31	250	-	18	7	6	2	1	216	241	1.1
Grimsby -	69,359	523	335	30.2	19.4	7.00	121	-	1	1	5	4	4	110	315	0.3
Nottingham -	254,563	1,702	1,092	26.8	17.2	5.63	358	-	2	4	8	6	13	325	253	0.4
Derby -	123,981	755	387	24.4	12.5	2.18	67	-	2	-	11	8	3	45	135	-
Stockport -	99,646	637	544	28.1	21.9	7.05	175	-	29	1	2	4	-	139	301	-
Birkenhead -	117,292	928	582	31.7	19.9	7.86	230	-	1	7	10	29	3	180	259	0.3
Wallasey -	64,578	450	213	28.0	13.2	3.73	60	-	6	3	1	8	3	42	147	0.9
Liverpool -	739,180	6,017	3,879	32.6	21.0	6.49	1,195	1	66	23	26	53	15	1,005	241	2.7
Bootle -	65,989	520	320	31.6	19.5	6.79	112	-	6	6	3	5	4	91	204	0.9
St. Helen's -	91,153	757	433	33.3	19.1	4.84	110	-	-	3	5	2	2	102	234	3.2
Wigan -	87,588	744	448	34.1	20.5	6.29	137	-	-	-	3	3	9	110	263	1.6
Warrington -	69,280	581	300	33.6	17.4	5.27	91	-	14	-	2	2	-	88	186	1.7
Bolton -	180,502	1,145	693	25.4	15.4	3.67	185	-	-	5	5	3	4	148	193	0.6
Bury -	58,744	351	226	24.0	15.4	3.15	46	-	2	-	1	-	1	42	234	2.2
Manchester -	637,126	4,657	3,207	29.3	20.2	6.45	978	-	121	25	25	31	11	764	245	0.6
Salford -	234,077	1,691	1,123	29.0	19.2	6.45	376	-	67	12	28	9	7	280	238	0.5
Oldham -	140,969	938	636	27.5	18.1	4.17	146	-	29	4	2	4	4	99	182	-
Rochdale -	87,189	546	377	25.1	17.3	2.49	54	-	3	5	11	4	3	28	183	2.7
Burnley -	102,808	728	530	28.4	20.7	6.99	179	-	38	3	3	1	2	133	306	1.1
Blackburn -	134,015	858	499	26.0	14.9	2.99	98	-	7	6	6	5	1	73	184	1.8
Preston -	116,399	802	526	27.6	18.1	5.96	173	-	3	3	4	4	6	153	289	3.4
Barrow-in-Furness -	60,967	479	212	31.5	13.9	3.23	49	-	-	-	2	1	-	46	122	3.3
Huddersfield -	94,851	73	439	21.2	18.6	5.12	121	-	44	1	4	8	3	61	220	0.7
Halifax -	109,272	588	325	19.7	11.9	1.65	45	-	19	2	9	-	1	14	110	0.6
Bradford -	288,544	1,529	1,139	21.3	15.8	3.75	270	-	14	10	10	7	13	220	301	1.1
Leeds -	463,495	3,106	1,778	25.4	15.4	3.98	460	-	25	13	9	21	10	382	216	0.3
Sheffield -	447,951	3,400	2,112	30.4	18.9	6.66	744	-	18	11	20	16	17	635	246	1.2
Rotherham -	61,098	468	271	30.7	17.8	5.72	87	-	5	5	2	10	10	256	256	3.7
York -	83,467	531	280	25.5	13.5	3.51	73	-	-	1	1	5	1	63	188	-
Hull -	262,426	2,011	1,284	30.7	19.6	6.19	406	2	-	2	25	17	18	341	275	0.9
Middlesbrough -	100,069	837	514	36.0	20.6	5.85	146	-	-	3	7	20	5	109	229	0.8
Stockton-on-Tees -	62,664	439	209	33.4	15.9	3.82	50	-	-	-	-	1	1	48	162	1.9
West Hartlepool -	73,387	542	257	29.6	14.0	3.05	56	-	-	-	5	1	1	49	130	0.4
Sunderland -	154,385	1,427	695	37.1	18.1	4.23	163	-	6	6	5	24	15	121	170	2.4
South Shields -	111,402	880	454	31.7	16.3	3.35	93	-	17	9	8	5	2	197	207	0.5
Gateshead -	123,191	949	525	30.9	17.1	5.58	171	-	18	10	8	3	2	137	233	0.5
Newcastle-on-Tyne -	268,721	2,018	1,161	31.7	17.3	3.44	231	-	10	12	12	1	1	197	207	0.5
Tynemouth -	54,138	428	274	31.7	20.3	5.08	69	-	8	1	1	7	1	51	189	1.8
Newport (Mon.) -	74,227	619	268	33.4	14.4	2.97	65	-	-	1	1	1	-	43	158	1.5
Cardiff -	183,823	1,286	775	28.1	12.5	2.68	123	-	-	-	2	11	4	105	167	0.3
Rhondda -	127,684	1,200	572	37.7	18.0	5.74	183	-	8	-	10	1	4	159	250	0.7
Merthyr Tydfil -	74,961	708	394	37.9	21.1	5.90	71	-	-	1	6	1	2	54	244</	

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

SURGEON A. WOOLLCOMBE is promoted to be Staff Surgeon from November 29th. He was appointed Surgeon, November 29th, 1897.

The following appointments have been made at the Admiralty: **GERARD J. IRVINE**, Inspector-General to Chatham Hospital, October 31st; **CHARLES H. DAVE**, Surgeon, to the *Vernon*, October 16th; **EDWARD O. B. CARBERY, M.B.**, Surgeon, to the *President*, additional, for three months' study at West London Hospital, October 22nd; **EDWARD CORCORAN**, Fleet Surgeon, and **GEORGE O. M. DICKINSON, M.B.**, Surgeon, to the *Africa*, on commissioning, November 6th; **GEORGE A. WATERS, M.D.**, Fleet Surgeon, to the *Ramillies*, on recommissioning, November 6th; **RICHARD A. ROSS, M.D.**, Staff Surgeon, and **DUNCAN G. ADDISON-SCOTT**, Surgeon, to the *Highflyer*, on completing, November 6th; **SAMUEL H. FACBY**, Staff Surgeon, to Portland Hospital, November 6th; **MURRAY P. JONES**, Staff Surgeon, to the *Wildfire*, November 2nd; **WILLIAM B. MACLEOD, M.B.**, Staff Surgeon, and **HENRY COOPER**, Surgeon, to the *Diana*, on recommissioning, November 6th; **REGINALD ST. G. S. BOND, M.B.**, Staff Surgeon, to the *Hermione*, November 6th; **WILLIAM BASTIAN**, Surgeon, to the Royal Marine Division, Plymouth, November 6th; **PATRICK D. MACT CAMPBELL**, Surgeon, to the *Sealark*, on recommissioning, undated; **ARTHUR R. THOMAS** and **GERALD M. EASTMENT**, Surgeons, to the *President*, additional, for three months' course at West London Hospital, October 22nd; **HERBERT H. GILL, M.B.**, Staff Surgeon, to the *Emerald*, November 6th.

WILLIAM B. BATEMAN, civil practitioner, has been appointed Surgeon and Agent at Newhaven and Portobello, October 18th.

MARTIN CLOVER, civil practitioner, to be Surgeon and Agent at Portloe and Portscatho, October 20th.

ROYAL ARMY MEDICAL CORPS.

CAPTAIN J. T. CLAPHAM, from temporary half-pay, is placed on retired pay, October 21st. He entered the service as Surgeon Captain January 31st, 1891, and was placed on half-pay October 21st, 1901. He was with the Nile Expedition in 1898, receiving the British and Egyptian medals.

INDIAN MEDICAL SERVICE.

CAPTAINS A. GWYTHER, M.B., and **J. A. HAMILTON, M.B.** Bengal Establishment, are promoted to be Majors from July 29th. They were appointed Surgeon-Lieutenants January 29th, 1895, and Surgeon-Captains January 29th, 1898. Major Hamilton was in the China campaign in 1900, receiving a medal with clasp.

The following officers, having satisfactorily completed their probationary courses of instruction at the Royal Army Medical College and at Aldershot, are finally admitted to the Indian Medical Service from February 1st:—**H. W. PIERPOINT**, **W. D. H. STEVENSON**, **H. P. COOK**, **P. S. MILLS**, **W. J. FRASER**, **D. C. V. FITZGERALD**, **C. R. O'BRIEN**, **R. S. KENNEDY**, **B. HIGHAM**, **C. A. GODSON**, **R. H. LEE**, **W. H. HUME**, **G. E. MALCOLMSON**, **P. HEFFERMAN**, **W. A. MERTENS**, **H. S. HUTCHISON**, **D. M. C. CHURCH**, **K. G. G. CROLY**, **S. T. CRUMP**, **W. B. A. K. CULLEN**, **J. MACG. SKINNER**.

HONOURABLE ARTILLERY COMPANY OF LONDON.

SURGEON LIEUTENANT-COLONEL W. C. JAMES, M.D., is granted the honorary rank of Surgeon Colonel, October 8th.

ROYAL ARMY MEDICAL CORPS (MILITIA).

SUPERNUMERARY CAPTAIN H. FOX, M.B., is absorbed into the establishment, October 5th.

IMPERIAL YEOMANRY.

STANLEY R. GIBBS to be Surgeon-Lieutenant (extra) in the Royal North Devon (Hussars), under the conditions of paragraph 29, Imperial Yeomanry Regulations, October 13th.

Surgeon-Lieutenant R. C. GAYER, The Surrey (the Princess of Wales's) Regiment, is promoted to be Surgeon-Captain, September 17th.

VOLUNTEER RIFLES.

SURGEON-CAPTAIN F. A. WAGSTAFF, 3rd (Cambridgeshire) Volunteer Battalion the Suffolk Regiment, resigns his commission, October 6th.

Surgeon-Lieutenant-Colonel C. W. THORP, 2nd Volunteer Battalion the Lancashire Fusiliers, is granted the honorary rank of Surgeon-Colonel, September 20th.

Surgeon-Major W. POOLEY, 2nd Volunteer Battalion the Lancashire Fusiliers, is granted the honorary rank of Surgeon-Lieutenant-Colonel, September 22nd.

Surgeon-Lieutenant A. ROBINSON, M.D., 2nd Volunteer Battalion the York and Lancaster Regiment, to be Surgeon-Captain, October 24th.

CHANGES OF STATION.

The following changes of stations amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during September, 1905:

	FROM	TO
Colonel W. L. Chester, M.B.	Peshawar	Cherat.
" H. R. Whitehead	Rawal Pindi	Murree.
" J. G. Harwood	Portsmouth	India.
Lieut.-Col. D. O'Sullivan	Sialkot	Nathia Gali.
" E. L. Maunsell	Gosport	Bloemfontein.
" K. W. Ford, D.S.O.	London Dist.	Gibraltar.
" R. Caldwell	Sheffield	Devonport.
" R. G. Hanley, M.B.	Rawal Pindi	Kuldana.
" S. G. Allen	Ambala	Kalabagh.
" W. H. Starr	Secunderabad	Bangalore.
" G. H. Barefoot	—	Winchester.
" G. Scott, M.B.	Multan	Gharial.
" R. H. Penton, D.S.O.	Strensall	York.
Major O. R. A. Julian, C.M.G.	Peshawar	Cherat.
" H. St. G. S. Hore	Birr	Naas.
" J. Thomson, M.B.	Edinburgh	Woolwich.
" J. C. Connor, M.B.	Winchester	Parkhurst.
" T. W. Gibbard, M.B.	Rawal Pindi	Murree.
" G. B. Stanistreet, M.B.	Egypt	Salisbury.
" J. E. Brogden	Hong Kong	North China.
" A. C. Fox	Tidworth	Egypt.
" G. St. C. Thom, M.B.	Aldershot	N. Command, India.

	FROM	TO
Captain A. H. Waring	Mian Mir	Dalhousie.
" W. B. Winkfield	Portsmouth	Gosport.
" R. A. Cunningham, M.B.	W. Command.	—
" J. J. W. Prescott, D.S.O.	Leeds	Devonport.
" P. H. Falkner	W. Command.	Cardiff.
" J. W. Langstaff	—	Brecon.
" F. Harvey	Aldershot	Canterbury.
" B. F. Wingate	Kingston	Deepest.
" R. L. Argles	Newcastle-on-Tyne	N. Command, India.
" F. S. Walker	Ferozepore	Murree.
" T. E. Fielding, M.B.	Gosport	Portland.
" A. F. Weston	Bedford	Colchester.
" J. Tobin	Limerick	Cork.
" J. F. Whelan, M.B.	Peshawar	Cherat.
" P. S. Lelean	Parkhurst	E. Command, India.
" A. W. Gibson	Aden	Dthala.
" T. White	Perham Down Camp	Tidworth.
" A. R. C. Parsons	Rolleston Camp	—
" W. M. B. Sparkes	Amritsar	S. Command.
" S. B. Smith, M.B.	Rawal Pindi	Kasauli.
" A. H. Hayes	Ambala	Subathu.
" J. M. H. Conway	—	Dagshai.
" S. M. W. Meadows	Mian Mir	Murree.
" D. S. Skelton	Devizes	W. Africa.
Lieutenant F. M. M. Ommanney	Woolwich	Shorncliffe.
" G. A. Kempthorne	Mian Mir	Dalhousie.
" M. C. Wetherell, M.D.	Attack	Campbellpore.
" D. Le Bas	Bloemfontein	Maritzburg.
" E. C. Whitehead, M.B.	Maritzburg	Pretoria.
" J. A. Turnbull	Rawal Pindi	Murree.
" M. D. Ahern	Ferozepore	Dalhousie.
" H. T. Wilson	Rawal Pindi	Murree.
" A. N. Fraser, M.B.	N. China	Hong Kong.
" R. H. L. Cordner	Rawal Pindi	Murree.
" A. W. Gater	—	—
" J. A. Anderson, M.B.	Lark Hill Camp	Bulford.
" H. G. Sherren	Bulford	W. Command, India.
" R. P. Lewis	Netley	Fort Tregantle.
" J. H. Graham, M.B.	—	Egypt.
" C. E. W. S. Fawcett, M.B.	Bere Island	Secunderabad.
" G. H. Rees, M.B.	Portsmouth	Gosport.
" E. L. Moss	Dorchester	Portsmouth.
" M. B. H. Ritchie, M.B.	West Down Cp.	Bulford.
" E. T. Potts, M.D.	Aldershot	South Africa.
" W. M'Conaghy, M.B.	Netley	—
" M. Keane	Curragh	E. Comd., India.
" C. F. White	Kilcullinan Camp.	—
" P. S. Stewart, M.B.	Cork	Ballincollig.

Lieutenant-Colonel C. J. W. Tatham, retired pay, has been placed in medical charge of troops at Scarborough; and Captain E. Chandler, retired pay, has relinquished the medical charge at the Detention Barracks, Gosport.

Vacancies and Appointments.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

VACANCIES.

- ASTON UNION**.—Resident Assistant Medical Officer for the Work-house and Cottage Homes. Salary, combined, £140 per annum.
- BARNSELEY**: **BECKET HOSPITAL**.—House-Surgeon. Salary, £100 per annum.
- BARNSTAPLE**: **NORTH DEVON INFIRMARY**.—House-Surgeon. Salary, £100 per annum.
- BELGRAVE HOSPITAL FOR CHILDREN**, Clapham Road, S.W.—(1) Assistant Physician. (2) Senior and Junior Resident Medical Officers; honorarium at the rate of £20 and £10 per annum respectively.
- BIRKENHEAD BOROUGH HOSPITAL**.—Junior Resident House-Surgeon, male. Salary, £80 per annum.
- BODMIN**: **CORNWALL COUNTY ASYLUM**.—Second Assistant Medical Officer; male. Salary, £150, rising to £180 per annum.
- BRADFORD ROYAL INFIRMARY**.—(1) House-Physician, (2) House-Surgeon. Salary, £100 per annum each.
- BUNTON**: **DEVONSHIRE HOSPITAL**.—Assistant House-Surgeon. Salary at the rate of £70 per annum.
- CANCER HOSPITAL, FULHAM ROAD, S.W.**—Surgical Registrar. Honorarium, £26 5s. per annum.
- COVENTRY AND WARWICKSHIRE HOSPITAL**.—(1) Senior House Surgeon. (2) Junior House Surgeon. Salary, £100 and £60 per annum respectively.
- COVENTRY AND WARWICKSHIRE INFIRMARY**.—Honorary Ophthalmic Surgeon.
- DUNDEE**: **UNIVERSITY COLLEGE**.—Demonstrator of Anatomy. Salary, £200 per annum.
- EDINBURGH**: **ROYAL COLLEGE OF PHYSICIANS**.—Superintendent of the Laboratory.
- ENNISKILLEN**: **FERMANAGH COUNTY HOSPITAL**.—House-Surgeon. Salary, £52 per annum.
- EVELINA HOSPITAL FOR SICK CHILDREN**, Southwark.—(1) House-Physician; (2) House-Surgeon; (3) Assistant House-Surgeon. Salaries, (1) and (2) £80 per annum, and (3) £70 per annum.
- GRIMSBY COUNTY BOROUGH**.—Medical Officer of Health. Salary, £500 per annum.
- HALIFAX**: **ROYAL INFIRMARY**.—Third House-Surgeon. Salary, £80 per annum.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton, S.W.—Assistant Physician.
- HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, W.C.—House Surgeon. Salary, £20 for six months, and £2 10s. washing allowance.

HULL: ROYAL INFIRMARY.—Casualty House-Surgeon. Salary, £50 per annum.

KING'S COLLEGE, London.—Demonstrator of Physiology. Salary, £75.

LANARK: MIDDLE WARD ISOLATION HOSPITAL.—Resident Physician. Salary commencing at £124 per annum.

LEEDS PUBLIC DISPENSARY.—(1) Honorary Pathologist, (2) Honorary Dentist.

LEICESTER INFIRMARY.—Resident Surgical Dresser. Honorarium, £10 10s. for six months.

LONDON SCHOOL OF CLINICAL MEDICINE, Seamen's Hospital, Greenwich, S.E.—Assistant to the Pathologist. Salary, £5 per month.

MACCLESFIELD: PARKSIDE ASYLUM.—Junior Assistant Medical Officer. Salary, £140, rising to £160 per annum.

MAIDSTONE: WEST KENT GENERAL HOSPITAL.—Assistant House-Surgeon and Anaesthetist. Salary, £60 per annum, and £5 washing allowance.

MANCHESTER: ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN.—Medical Officer to attend home and out-patients. Salary, £90 per annum.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £163, rising to £180 per annum.

NOTTINGHAM: CITY ASYLUM.—Junior Assistant Medical Officer, male. Salary, £150 per annum.

NOTTINGHAM GENERAL DISPENSARY.—Senior Resident Surgeon for the new branch at Hyson Green. Salary, £180 per annum.

PARTICK BURGH.—Resident Medical Officer at the Knightswood Hospital. Salary, £100 per annum.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Resident Medical Officer for Out-patient Department. Salary at the rate of £80 per annum.

ROCHESTER: ST. BARTHOLOMEW'S HOSPITAL.—(1) House Surgeon. (2) House Physician. Salary, £110 per annum each.

STOCKPORT UNION.—Resident Assistant Medical Officer at the Stepping Hill Hospital. Salary £130, rising to £150 per annum.

SUNDERLAND INFIRMARY.—Male House Physician and Pathologist. Salary, £80 per annum.

THROAT HOSPITAL, Golden Square, W.—(1) Anaesthetist, (2) Senior Clinical Assistant.

WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Senior House Surgeon. Salary, £120 per annum.

WATERFORD COUNTY AND CITY INFIRMARY.—House-Surgeon. Salary, £100 per annum.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Honorary Surgeon.

WESTMINSTER HOSPITAL MEDICAL SCHOOL, S.W.—Midwifery Tutor.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—(1) House-Physician. (2) Assistant House-Surgeon. Salaries at the rate of £100 and £75 per annum respectively.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces vacancies in the office of Certifying Factory Surgeons at Gateshead (Durham), Histon (Cambridge), Balbriggan (Dublin).

APPOINTMENTS.

BECK, E. A. A., M.B.Camb., District Medical Officer of the Martley Union.

BRODRIBB, F. A., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Bradford Union.

CUNNINGHAM, H. H. B., M.D., F.R.C.S.I., M.R.C.S.Eng., Ophthalmic Surgeon to the Ulster Hospital for Women and Children, Belfast.

CURTIS, Henry, B.S. and M.D.Lond., F.R.C.S.Eng., Assistant Surgeon to the Metropolitan Hospital, Kingsland Road, N.E., and Clinical Assistant, Throat and Ear Departments, the London Hospital.

EMTAGE, E. W., M.R.C.S.Eng., L.S.A., Medical Officer of Health, Bideford Rural District.

GILES, W. A., M.B., Honorary Surgeon to the Adelaide Hospital.

HAMILTON, A. A., M.B., Honorary Assistant Physician to the Adelaide Hospital.

HOWE, George H., M.B., Ch.B.Edin., Junior House-Surgeon to the Macclesfield General Infirmary.

HULBERT, Henry L. P., M.B., B.C.Camb., D.P.H., Assistant Medical Officer under the Manchester Education Committee.

LATHAM, Henry, M.B.Edin., C.M., B.Sc. (Public Health), Physician to the Peterborough Infirmary.

LEA, Charles Edgar, M.B., Ch.B.Vict., Junior Resident Medical Officer at the Withington Workhouse of the Chorlton Union.

LEDINGHAM, Alex., M.A., M.D., D.P.H.Aberd., Medical Officer of Health of the County of Banff.

MCCASKIE, H. B., M.B., M.R.C.S., L.R.C.P., Clinical Assistant to the Chelsea Hospital for Women.

MCGLASHLAN, J., M.D.Glasg., D.P.H.Camb., Certifying Factory Surgeon for the Newhaven District, Sussex.

M'QUEEN, J., M.B., B.Ch.Glasg., Certifying Factory Surgeon for the Cumnock District, Ayrshire.

MORGAN, J. N., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Pontypridd Union.

PATRICK, J. King, M.B., Ch.B., Examiner to the St. Andrew's Ambulance Association.

PEARSE, P. S., L.R.C.P., L.R.C.S.Eng., L.F.P. and S.E., House-Surgeon, Royal Victoria Eye and Ear Hospital, Dublin.

REIND, T., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Chipping Sodbury Union.

ROSS, D. Murray, M.B., B.S., Clinical Assistant to the Chelsea Hospital for Women.

SCOTT, Graham, M.R.C.S., L.R.C.P.Lond., reappointed Anaesthetist to Great Ormond Street Children's, the Royal Dental, and Central London Throat Hospitals.

TOBIN, W. J., L.R.C.P. and S.Irel., District Medical Officer of the Goole Union.

TURTLE, W. R., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the West Ham Union.

WEAR, Algernon, M.D., B.S.Durh., of Leeds, Honorary Medical Officer in charge of medical cases at the Southern Branch of the Leeds Public Dispensary.

WILKINSON, P. W., M.B., C.M.Edin., District Medical Officer of the Tavistock Union.

WOODS, J. R. L., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Forde Union.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTH.

PARSONS.—On October 16th, at 32, Park Hill Road, Hampstead, N.W., the wife of L. D. Parsons, B.A., M.B., Ch.B.Edin., of a son.

MARRIAGE.

GRIFFITH-PROSSER.—On October 18th, at the Parish Church, Merthyr Tydvil, John Griffith, M.R.C.S., L.R.C.P.Lond., son of R. C. Griffith, Brynstencyn, Anglesey, late of Port Dinorwic, to Annie Prosser, daughter of David Prosser, Thornwood, Treharris.

DIARY FOR THE WEEK.

TUESDAY.

THERAPEUTICAL SOCIETY, Apothecaries' Hall, Blackfriars, E.C. at 4.30 p.m.—Election of officers. Papers:—H. Wippell Gadd, F.C.S.: Some Further Researches upon the Active Principles of Viola Odorata; Dr. W. A. Potts: The Therapeutical Uses of Preparations of Viola Odorata.

WEDNESDAY.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY, 20, Hanover Square, W., at 5.30 p.m.—General Meeting and Address by the President, Dr. H. Shirley-Jones, J.P. (Droitwich): The Art of Medicine in Ancient Egypt.

THURSDAY.

NORTH-EAST LONDON CLINICAL SOCIETY, Tottenham Hospital, N., 4 p.m.—Clinical cases.

NEUROLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, 9 p.m.—Sir Thomas Barlow, Bart., M.D.: Presidential Address, Remarks on Some of the Nervous Complications of Specific Fevers.

FRIDAY.

SOCIETY OF ANAESTHETISTS, 20, Hanover Square, London, W., at 8.30 p.m.—Paper:—Dr. Silk: Anaesthesia in Abnormal and Constrained Positions.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Royal Kent Dispensary, Greenwich Road, S.E., at 8.45 p.m.—Paper:—Dr. A. E. Giles: Some Observations on Uterine Fibroids.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, Hammersmith.—Clinical meeting.

POST-GRADUATE COURSES AND LECTURES.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Wednesday, 5 p.m., Larynx.

CHARING CROSS HOSPITAL.—Tuesday, 4 p.m., Surgical. Thursday, 4 p.m., Electrical.

LONDON SCHOOL OF CLINICAL MEDICINE, Dreadnought Hospital, Greenwich.—Clinics: Medical and Surgical daily, except Saturday and Sunday, at 2.30 p.m. and 3.15 p.m. respectively; Throat and Ear, 4 p.m., Monday; Skin Diseases, 4 p.m., Tuesday; Eye Diseases, 4 p.m., Wednesday; Radiography, 4 p.m., Thursday. Operations, daily, 2.30 p.m. Out-patient Demonstrations: Medical and Surgical, 10 a.m. daily; Ears and Throats, noon, Monday and Thursday; Eyes, 11 a.m., Wednesday and Saturday; Skin, noon, Tuesday and Friday.

MEDICAL GRADUATES COLLEGE AND POLYCLINIC, 22, Chancery Street, W.C.—The following Clinical Demonstrations have been arranged for next week at 4 p.m. each day: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Throat. Lectures at 5.15 p.m. each day will be given as follows: Monday, The Diagnosis of Pregnancy; Tuesday, Certifiability; Wednesday, The Treatment of Rickets; Thursday, The Field of Vision in Health and Disease.

MOUNT VERNON HOSPITAL FOR CONSUMPTION, Central Out-Patients Department, 7, Fitzroy Square, W.—Thursday, 5 p.m., Some Prognostic Factors in Pulmonary Phthisis as Indications for Treatment.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Tuesday, 3.30 p.m., Clinical Lecture; Friday, 3.30 p.m., Ophthalmoplegia in Nervous Diseases.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Tottenham Hospital, N.—Tuesday, 4.30 p.m., Lecture-Demonstration on the Administration of Anaesthetics.

POST-GRADUATE COLLEGE, West London Hospital, Hammersmith Road, W.—The following are the arrangements for next week: Daily, 2 p.m., Medical and Surgical Clinics. 2.30 p.m., X rays; 2.30 p.m., Operations. Monday, 12 noon, Pathological Demonstration. Monday and Thursday, 2.30 p.m., Diseases of the Eye. Tuesday and Friday, 2.30 p.m., Diseases of Skin. Tuesday and Friday, 2.0 p.m., and Wednesday and Saturday, 10 a.m., Diseases of Throat, Nose, and Ear. Wednesday, 10 a.m., Diseases of Children. Lectures at 5 p.m.: Monday, Clinical Cases; Tuesday, Bilharzial Disease; Wednesday, Practical Medicine; Thursday, Practical Surgery; Friday, Some Aspects of the Treatment of Insanity.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.—Thursday, 3 p.m.: Diagnosis and Treatment of Ectopic Gestation.

BOOKS, Etc., RECEIVED.

London: Baillière, Tindall and Cox, 1906:

- Heart Disease and Aneurysm of the Aorta. By Sir W. H. Broadbent, Bart., K.C.V.O., M.D., F.R.S., D.Sc., LL.D., F.R.C.P., and J. F. H. Broadbent, M.A., M.D., F.R.C.P. Fourth edition. 12s. 6d.
- Clinical Lectures on Enlargement of the Prostate. By P. J. Freyer, M.A., M.D., M.Ch. Third edition. 6s.
- On Retro-Peritoneal Hernia. Being the "Arris and Gale" Lectures, 1837. By B. G. A. Moynihan, M.S., F.R.C.S. Second edition. Revised and partly rewritten by the Author and J. F. Dobson, M.S., F.R.C.S. 7s. 6d.
- Manual of Chemistry. By W. Simon, Ph.D., M.D. Eighth edition. 15s.
- Lectures on Diseases of the Lungs. By J. A. Lindsay, M.D., F.R.C.P., M.A. Second edition. 1906. 10s. 6d.
- The Miracle Worker. By G. Maxwell. London: E. Grant Richards. 1906. 6s.
- Schmerzlose Operationen. Ortliche Betäubung mit indifferenten Flüssigkeiten. Psychophysik des natürlichen und künstlichen Schlafes. Von Professor Dr. C. L. Schleich. Fünfte Auflage. Berlin: J. Springer. 1906. M.6.
- Artificial Limbs for Use After Amputations and Congenital Deficiencies. By F. G. Ernst. Leicester: F. W. S. Clarke and Co., Ltd.
- Die forensische Bedeutung der sexuellen Perversität. Von Privatdozent D. J. Salgó. Halle a S.: C. Marhold. 1907. M.1.20.
- The Puerperium, or the Management of the Lying-in Woman and Newborn Infant. By C. N. Longridge, M.D., Ch.B., F.R.C.S., M.R.C.P. London: Adlard and Son. 1906. 5s.
- Nursing at Home. By J. D. E. Mortimer, M.B., F.R.C.S., and R. J. Collie, M.D. London: G. Gill and Sons. 8d.
- The Cambridge Natural History. Edited by S. F. Harmer, Sc.D., F.R.S., and A. E. Shipley, M.A., F.R.S. Vol. I.: Protozoa, by M. Hartog, M.A., D.Sc.; Porifera (Sponges), by I. B. J. Sollas, B.Sc.; Coelenterata and Ctenophora, by S. J. Hickson, M.A., F.R.S.; Echinodermata, by E. W. MacBride, M.A., F.R.S. London: Macmillan and Co. 1906. 17s.
- Collected Papers on Circulation and Respiration. First Series, chiefly containing Laboratory Researches. By Sir L. Brunton, M.D., D.Sc., LL.D., F.R.S., F.R.C.P. London: Macmillan and Co., Ltd. 1906. 7s. 6d.
- The CHCl₃ Problem. By R. Gill, B.Sc., M.B., B.S., F.R.C.S. Vol. I. Analysis. Vol. II. The Physiological Action of CHCl₃. Edinburgh and London: W. Blackwood and Sons. 1906. Two vols. 10s.
- Textbook on Diseases of the Heart. By G. Steell, M.D., F.R.C.P. Appendix on The Volume of Blood in Relation to Heart Disease. By J. L. Smith, M.A., M.D. Manchester: The University Press. 1906. 7s. 6d.
- The Nature and Treatment of Cancer. By J. A. Shaw-Mackenzie, M.D. Fourth edition. London: Baillière, Tindall and Cox. 1906. 2s. 6d.
- Paris: J. B. Baillière et Fils, 1907:
- Nouveau Traité de Médecine et de Thérapeutique. Publié en Fascicules sous la direction de MM. P. Brouardel et A. Gilbert. XI. Intoxications. Par P. Carnot, E. Lancereaux, Letulle et Wurtz. Fr. 6.
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CALENDAR OF THE ASSOCIATION.

Date.	Meetings to be Held.	Date.	Meetings to be Held.
OCTOBER.		NOVEMBER (Continued).	
26 FRIDAY	LAMBETH DIVISION, <i>Metropolitan Counties Branch</i> , Camberwell Infirmary, Brunswick Square, Peckham Road, S.E., 3.30 p.m.	4 Sunday	
27 SATURDAY...	WANDSWORTH DIVISION, <i>Metropolitan Counties Branch</i> , Wandsworth Town Hall, 8.15 p.m.	5 MONDAY	
28 Sunday	YORKSHIRE BRANCH, Grand Hotel, Scarborough, 4.15 p.m.; Council, 4.10 p.m.; Dinner, 6.30 p.m.	6 TUESDAY.....	LONDON: Organization Committee, 11 a.m. LONDON: Special Finance Inquiry Committee, 4.30 p.m.
29 MONDAY	LIVERPOOL (NORTHERN) DIVISION, <i>Lancashire and Cheshire Branch</i> , Medical Institution, 114, Mount Pleasant, 4 p.m.	7 WEDNESDAY	
30 TUESDAY.....	LONDON: Metropolitan Counties Branch Committee, 4.30 p.m. REIGATE DIVISION, <i>South-Eastern Branch</i> , Annual Meeting, White Hart Hotel, 4.30 p.m.; Dinner, 6.30 p.m.	8 THURSDAY...	WANDSWORTH DIVISION, <i>Metropolitan Counties Branch</i> , Bolingbroke Hospital, 4 p.m.
31 WEDNESDAY	BATH AND BRISTOL BRANCH, University College, Bristol, 8 p.m. GUILDFORD DIVISION, <i>South-Eastern Branch</i> , Royal Surrey County Hospital, 4.30 p.m.; Dinner, Lion Hotel, Guildford, 6.30 p.m. NORTH LANCASHIRE AND SOUTH WEST-MORLAND BRANCH, Railway Hotel, Kendal, 4.45 p.m. NORTH NORTHUMBERLAND DIVISION, <i>North of England Branch</i> , Plough Hotel, Alnwick, 3.30 p.m.	9 FRIDAY	
1 THURSDAY...	CITY DIVISION, <i>Metropolitan Counties Branch</i> , Clinical Meeting, St. Bartholomew's Hospital, E.C., 5 p.m.	10 SATURDAY...	
2 FRIDAY.....	BORDER COUNTIES BRANCH, Penrith. TOTTENHAM DIVISION, <i>Metropolitan Counties Branch</i> , Hornsey Conservative Association Rooms, 9.15 p.m.	11 Sunday	
3 SATURDAY...	ULSTER BRANCH, Ballymena.	12 MONDAY	
		13 TUESDAY.....	
		14 WEDNESDAY	
		15 THURSDAY...	LONDON: Hospitals Committee. LONDON: Joint Hospitals Committee. SOUTHERN BRANCH, South-Western Hotel, Southampton, 3.45; Dinner, 6 p.m.
		16 FRIDAY.....	
		17 SATURDAY...	
		18 Sunday	
		19 MONDAY	
		20 TUESDAY ...	
		21 WEDNESDAY	
		22 THURSDAY..	WANDSWORTH DIVISION, <i>Metropolitan Counties Branch</i> , Conjoint Meeting with Richmond and Chelsea Divisions, Chelverton Road Hall, Putney, 8.45 p.m.
		23 FRIDAY	
		24 SATURDAY...	

MEMBERSHIP OF THE BRITISH MEDICAL ASSOCIATION.

THE British Medical Association exists for the promotion of medical and the allied sciences, and the maintenance of the honour and the interests of the medical profession.

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