

SELECTIONS FROM JOURNALS.

SURGERY.

DISLOCATION OF THE Ulna IN CONNECTION WITH COLLES'S FRACTURE.—In a paper read before the Medical Society of the State of New York and published in the *New York Medical Record* for March 20th, Dr. E. M. Moore of Rochester describes five cases in which he has found dislocation of the ulna in connection with Colles's fracture of the radius. He first described the lesion ten years ago, having met with it in the necropsy of a woman who was killed by throwing herself, while in a state of mania, from a window. He says that he has since that time taught the following doctrine. The fall comes upon the palm of the hand; and the radius, which sustains the full force of the strain, gives way at a point near the wrist. The line of fracture is usually oblique, starting from a point on the anterior aspect of the radius, near the articulation, and running backward and upward. It is seldom more than an inch from the joint, and seldom so far. But the line of fracture is very various, sometimes simple and nearly transverse, but often comminuted. The luxation of the ulna exists in more than half of the cases. The force of the fall may be just balanced by the strength of the radius, but in the nature of such accidents this would not be often the case. In most, there would be some force still to be borne. The radius instantly on fracture ceases to afford resistance; the hand is carried still further back, and then comes the strain on the attachments at the end of the ulna. As the hand with its broken fragment of the radius is forced backward, the strain is often sufficient to rupture the connection between the two bones or to break the ulna near the head. Dr. Moore has seen this double fracture twice only. The rupture takes place at the weakest point, which is its insertion in the pit at the root of the styloid process. But this is not the only resistance. The styloid is held to the carpus by the internal lateral ligament, which takes a very firm hold upon the end and radial surface of the styloid. This also gives way, and usually does so by pulling off the surface of the bone, which proves to be weaker than the ligament. Thus the remaining styloid is brought to an edge like a gouge-chisel, and is shortened about one-half. When these resisting forces are disposed of, the end of the ulna, now laid bare, is pressed against the posterior annular ligament, and is apt to become engaged upon it either by a fold, or, what is more likely, by splitting its fibres and hooking upon it. If very great violence have been used, the head of the ulna will be driven forward through the annular ligament and skin, thus producing a compound luxation. Dr. Moore feels sure of having described a luxation that has been overlooked. Referring to the diagnosis, he calls attention to a difference of the form of the wrist in different cases of Colles's fracture. Some are curved backward; others have the hand carried more laterally. He believes that those that present the wrist well curved back are more apt to be those of luxation of the ulna with fracture; but the lateral bend implies generally shortening of the radius from fracture without luxation of the ulna. In the treatment, he employs traction and circumduction to disentangle the ulna and carry it up in its place between the tendons of the extensor carpi ulnaris and extensor minimi digiti. With the thumb under the ulna, and the hand beneath, and the fingers upon the back of the wrist holding with great firmness, he applies his dressing. This consists of a simple roller from half to three-quarters of an inch in diameter and two inches long. This is to be carefully placed under the ulna, abutting against the pisiform bone and slowly displacing the thumb. Then a strip of adhesive plaster of the same width is drawn with as much force as it will bear around the wrist, and pinned to prevent relaxation. The band of plastered cloth is carefully adjusted so that the distal edge is brought around on a line with the end of the radius. This bandage will grasp the broken fragment, and hold it to the end of the ulna. The dressing is complete by the use of a sling which must not be more than three inches wide. This is placed over the roller, and is made of this width to cause the whole bearing to come on the roller, which is both compress and splint. The hand is brought down and allowed to hang naturally. After six hours, he cuts the bandage through by thrusting one blade of a pair of scissors under it on the back of the wrist. The few hours of such retention seem to be sufficient. He says that if great pains be taken to restore the parts, the flexed position of the hand will have a tendency to keep the restored ulna in place, especially if suitable compresses be used. These can be well adjusted in Bond's and Levis's splints. Moreover, in those cases in which there is no luxation, the results are apt to be good in the fixed position, for the full length is obtained because the ulna is not disturbed. Where luxation occurs, the muscles have a constant tendency to displace the ulnar head, and when slipped downward

the least, it is apt to remain. He therefore prefers gravity to any fixed splint. Moreover, by simple dressing, the parts are under view without its derangement.

EXTRACTION OF METAL FROM THE VITREOUS BODY BY THE MAGNET.—Dr. J. Hirschberg brought the following case before the Berlin Medical Society on the 15th of October last. A lad sixteen years of age, when working in the smithy with his father, on the 11th September, at 8 A.M., suddenly felt that his right eye had been hurt and its sight dimmed. Having travelled six and a half hours by road and rail, he was seen by Dr. Hirschberg at half-past 3 P.M. There was a wound in the sclera, two and a half millimetres in length and one millimetre and a half above the top of the cornea, presenting some clear vitreous humour between its lips. The cornea was plaited vertically. It was at once presumed that a foreign body had penetrated into the eye. The eye having been bandaged, thorough rest in a darkened room was prescribed. In the evening, the sight was said to be much improved; the wound was closed; the cornea was clear; the aqueous humour transparent; the iris free; the pupil moderately dilated, and egg-shaped, with the point upwards: the iris was evidently dragged up to the wound, or adherent to the inner aperture of it; no prolapse, and normal reflexion from the pupil. A dark thread was seen in the vitreous body, tapering straight downwards from the wound. On the patient being made to look down, a pretty large piece of iron came into view, some distance behind the lens, in the lower part of the vitreous body, black, irregular in shape, sharp-edged. The optic nerve and retina were normal. The state of things being unaltered the next morning, and not only the eye itself, but even its fellow, being thought to be in danger, the following operation was resorted to. Thorough anaesthesia having been induced, a semicircular conjunctival flap was formed inwards from the intended line of incision, and reflected back over its base towards the temple. The retractor was now inserted, and the eye, by an assistant with forceps, turned inwards as far as possible. A meridional incision four millimetres in length was made through the whole of the membranes by slow sawing movements with von Gräfe's cataract-knife behind the ciliary body in the direction of the equator, the edge of the knife being turned towards the latter. Vitreous humour showed in the wound, but did not escape. Gentle pressure on the inner lip of the wound having proved unavailing, an electro-magnet, resembling in shape the arm of a curved iris-forceps without teeth, was inserted in the wound, with its point turned towards the nose, and the concavity towards the sclera. As no effect was obtained, the magnet was withdrawn and the incision lengthened to seven or eight millimetres with scissors. The magnet was inserted as before, only a little more deeply, and so twined as to bring its point nearer to the lower vertex of the equator of the bulb. On cautiously withdrawing the magnet, it was now found to have caught hold of a black splinter of metal, which issued with it from the eye. A pad of cotton was gently pressed upon the eye, the fading anaesthesia fully re-established, the conjunctival flap re-turned over the incision and fixed by two sutures. Both eyes were properly bandaged, and the patient was lifted into his bed. The fragment of metal was three millimetres by two by one millimetre in thickness, free from rust, with sharp and irregular edges, one side somewhat convex, the other plain, and weight twenty milligrammes. The next day, the eye was free from irritation, T - 2, the cornea slightly plaited, the pupil contracted. On the second day, a drop of atropin solution was applied; but it was not before the evening of the third day, when the eye was able to make out the time on an ordinary watch, that the pupil became dilated. The refracting media were now found clear, and the scleral cicatrix left from the operation could be clearly distinguished. On the fourth day, the sutures were removed, and a clear bead of vitreous humour was still to be seen at the point of the sclera where the metal had entered. About a fortnight after the operation, the cicatrix was complete, the conjunctiva still a trifle swelled over the incision. The small thread in the vitreous body then still observable gave way in another fortnight, when the patient was discharged. The author goes on to indicate the exact details of the appearance of the fundus, and the visual field, which are both represented by figures, surveys the literature on the subject, in which Dr. McKeown of Belfast is assigned the place of honour, and winds up with a description of the magnet employed by himself.—*Berlin. Klin. Wochenschrift*, 1879, No. 46.

At the recent meeting of the Rural Sanitary Authority of the Darlington Union, Dr. Eastwood was again elected unanimously to the office of Chairman, this being the seventh year. At the same meeting, Mr. James Mackie of Heighington was re-elected, for the eighth year, Medical Officer of Health. On account of the smaller amount of work required, the salary was reduced from £120 to £100 per annum, whilst the greatest confidence was expressed in Mr. Mackie personally.

of sanguification, and as no part of the permanent parenchyma, which consists of stellate fibres, composed of protoplasm, partly displaced by fat-cells. By a simple process of fatty degeneration, the red marrow becomes yellow.

Through what process, then, are the non-nucleated red blood-corpuscles developed from the nucleated haemato blasts of the marrow? Precisely in the same manner as the nucleated cells in the embryo precede the non-nucleated form. Rindfleisch searched specimens of marrow from numerous foetal guinea-pigs. "Many a female guinea-pig", says he, "had to lay down her life without yielding that which was sought for." But at length he found four embryos, in which he could detect the transition of nucleated into non-nucleated blood-cells. He observed the nucleus, surrounded by a little colourless protoplasm, in the act of quitting the cell and leaving behind it a bell-shaped reddish-yellow structure, almost identical in form with a non-nucleated blood-corpuscle. This process must go on with great rapidity when it is necessary to make up for loss of cells from menstruation, anaemia, or debility. The bell-shaped body, being composed of soft, somewhat elastic material, soon assumes a rounded form when set free from its bed in the marrow and rolled along in the circulation, proceeding in one direction; so that it has the pressure of the stream behind it and the pressure of the resistance of the blood in front of it, which determine the biconcave form of the perfect red blood-corpuscles. The nucleus left behind accounts for the free nuclei which may be found in red marrow.

When fresh blood-corpuscles are required to make up for the loss of blood by accident or disease, the blood-pressure, increased by certain influences towards the medullary cavity, necessitates the exit of an extra supply from that cavity as fast as its entrance therein, since the blood is passing through unyielding structures. Red corpuscles are more rapidly formed. Rapid fission of the haemato blasts taking place, the corpuscles, under these circumstances, are smaller than normal. After bleeding a guinea-pig, its blood was examined on the third day, and numerous small red corpuscles were found side by side with those of natural dimensions. The number of these small bodies increased till the seventh day, then they diminished; so that, about the fourth week after the bleeding, not one single small corpuscle was to be found. In the blood of women after menstruation, similar bodies were detected, ultimately disappearing; and neither in this nor any other form of haemorrhage could an increase of white corpuscles be discerned. The deduction thus suggested by Professor Rindfleisch is obvious.

That in animals where the red blood-corpuscles are permanently nucleated, these, too, are developed from haemato blasts, there can be no doubt. Besides, from examining sections of the spleen of a young dove, proofs have been found of the origin of haemato blasts from white blood-corpuscles or leucocytes. The spleen is the chief blood-forming organ in birds; in mammals it plays a great part, being a store of haemato-genous tissue supplemental to the blood-forming red marrow. Why the cells of the marrow have this tendency to form corpuscles is a question unsolved, but which does not refute Rindfleisch's theory. What has the marrow (says he) in common with the spleen or the blastoderm? Yet the two latter, quite different structures, have long been admitted to aid in the formation of blood. After extirpation of the spleen, vicarious sanguification has been found to be established in the mesenteric glands. In an anaemic child, rachitic and with general sclerosis of the cancellous tissue of the bones—which, of course, implied great changes in the red marrow—the greater part of the lymphatics, and even the cellular tissue in the tubes of the kidney, was discovered to be haemopoietic. Rindfleisch concludes by admitting that M. Hayem, in 1877, already pointed out the identical nature of certain cells in the blood and in the red marrow. In the small red-corpuscles found in the blood of convalescents, we recognise the French physiologists "globules nains" described in the eighty-fourth volume of the *Comptes Rendus*.

KESWICK.—In this report, Dr. Ward argues at length that many so-called local diseases of the brain, the respiratory organs, the kidneys, etc., in addition to those of the zymotic class, are intimately connected with sanitary defects; and he gives numerous examples to prove his case. There can, of course, be no doubt that impure air is a potent influence for evil everywhere; but we think that Dr. Ward has gone too far in ascribing to "impure house-atmosphere" all the mischief that he imputes to it. Although works of water-supply and drainage-extension are in progress, the houses generally seem to have very imperfect sanitary arrangements, and it would be well that the authority should address itself earnestly to securing an improvement in this respect. The death-rate for the year 1879 was not high (16.1 per 1,000); but it was 1.8 in excess of that for 1878. Diseases of the respiratory organs and allied affections accounted for the major part of this excess. Zymotic diseases were not prevalent, only two deaths occurring from diphtheria, and two from diarrhoea.

ASSOCIATION INTELLIGENCE.

FORTY-EIGHTH ANNUAL MEETING.

SPECIAL NOTICE.

ACCOMMODATION IN CAMBRIDGE.

MEMBERS of the Association who propose to bring ladies to Cambridge on the occasion of the Annual Meeting in August, and desire to have lodgings engaged for them, are recommended to make early application to the Honorary Reception Secretary, A. P. Humphry, Esq., 56, Corpus Buildings, Cambridge. The prices at which lodgings will be obtainable vary from three shillings to one guinea per day (inclusive of attendance) for a bed-room and sitting-room.

Hotels.—The following are the principal hotels in Cambridge.

"Bull" (Trumpington Street).—Bed, 3s. 6d.; sitting-room, 6s. to 10s. Attendance, 1s. 6d.; breakfast, from 2s.

"Lion" (Petty Cury).—Bed, 3s. 6d.; sitting-room, 5s. to 7s. 6d. Attendance, 1s. 6d.; breakfast, from 2s. 6d.

"Hoop" (Bridge Street).—Bed, 5s.; sitting-room, 7s. 6d. Attendance, 1s. 6d.; breakfast, from 1s. 6d.

"University Arms" (Regent Street).—Bed, 2s. 6d.; double bed, 3s. 6d.; sitting-room, 5s. Attendance, first day, 1s. 6d.; following days, 1s. Breakfast, with meat, 2s. 6d.; plain, 1s. 6d.

Applications for hotel-accommodation should be addressed direct to the landlords.

EAST YORK AND NORTH LINCOLN BRANCH.

THE twenty-fourth annual meeting of this Branch will be held at the Infirmary, Hull, on Wednesday, May 26th, 1880, at 1.30 P.M.; the President, T. M. EVANS, Esq., in the Chair.

The following cases and papers are promised.

1. The President : Opening Address.
2. Mr. R. H. B. Nicholson : Osteotomy in a Case of Double Genital Valve ; Removal of the Cervix Uteri for Malignant Papilloma.
3. Dr. Frank Nicholson : The Changes Associated with Granular Kidney.
4. Dr. Lunn : Dislocation of Astragalus : Removal with good result.
5. Mr. Craven : Surgical Instruments.
6. Mr. Sherburn : Successful Removal of a large Uterine Fibroid Tumour.
7. Dr. King : Two Cases illustrative of the Treatment of Stricture of the Oesophagus.

The President will be happy to see any of the country members to lunch at his house, 17, Albion Street.

The dinner will be held at the Vittoria Hotel, at 5.30 P.M. : dinner, exclusive of wine, 7s. 6d.

Members of the profession are invited to attend both the meeting and dinner.

It would facilitate arrangements if gentlemen who intend to dine would inform the secretary without delay.

E. P. HARDEY, Honorary Secretary.
35, Regent Terrace, Anlaby Road, May 18th, 1880.

SOUTH-EASTERN BRANCH : EAST KENT DISTRICT.

THE annual meeting will be held at St. Bartholomew's Hospital, Rochester, on Thursday, May 27th, at 1.30 P.M.

WM. KNIGHT TREVES, F.R.C.S., Hon. Sec.
Margate, May 14th, 1880.

EAST AND WEST KENT DISTRICTS : CONJOINT MEETING.

A CONJOINT meeting of the above districts will be held at St. Bartholomew's Hospital, Rochester, on Thursday, May 27th, at 2 P.M. The chair will be taken by Dr. BOWLES of Folkestone, President of the South-Eastern Branch.

SOUTH MIDLAND BRANCH.

THE annual meeting of the above branch will be held in the Board Room of the Northampton General Infirmary, on Thursday, May 27th, at half-past two o'clock, under the Presidency of FRANK BUSZARD, M.D.

The following papers have been kindly promised.

1. D. J. T. Francis, M.D. : A Few Words on Effects of Change of Air on Health.
2. W. Newman, M.D. : Scarlet Fever, in Special Reference to its Sequelæ.

3. G. P. Goldsmith, M.D.: Notes on an Interesting Case of Heart-Disease.
 4. H. Veasey, Esq.: Cases in Surgery.
 5. A. Haviland, Esq.: The Principles of Climatology in reference to Health-Resorts.
 6. R. H. Kinsey, Esq.: Some Notes on Surgical Cases.
 7. G. H. Percival, M.B.: Case of Extra-Uterine Foetation.
 8. W. H. Bull, Esq.: Notes on Carbolic Acid Poisoning.
 9. C. J. Evans, Esq.: Case of Abdominal Tumour.
 10. A. H. Jones, M.B.: Case of Pelvic Haematocele.

G. F. KIRBY SMITH, *Honorary Secretary.*

Northampton, May 10th, 1879.

P.S.—The President requests the pleasure of the company of the members of the Branch to luncheon at his residence, 43, Abington Street, at a quarter past one o'clock.

SOUTH-EASTERN BRANCH: WEST SUSSEX DISTRICT.

A MEETING of the above district will be held at the Marine Hotel, Worthing, on Monday, May 31st, at 4.15 P.M.; Dr. KELLY in the Chair.

The dinner will be served at 6 P.M. punctually. Charge, 6s. 6d. (exclusive of wine).

Papers are promised from the Chairman and other members.

W.M. J. HARRIS, *Honorary Secretary.*

13, Marine Parade, Worthing, May 17th, 1880.

SOUTH OF IRELAND BRANCH.

THE quarterly meeting of the Branch will be held in the Royal Cork Institution on Saturday, May 29th, at 4 P.M.

Members intending to read papers or send communications will kindly intimate their intention to the honorary secretaries as early as possible.

P. J. CREMEN, M.D., { *Honorary Secretaries.*
 T. G. ATKINS, M.D., {

Cork, May 12th, 1880.

STAFFORDSHIRE BRANCH.

THE May meeting of this Branch at Wolverhampton has been postponed until further notice.

VINCENT JACKSON, { *Honorary Secretaries.*
 J. G. U. WEST,

SOUTH-EASTERN BRANCH.

THE thirty-sixth annual meeting will be held on Tuesday, June 8th, at two o'clock P.M., in the Royal Pavilion, Brighton; W. WITHERS MOORE, M.D., President-elect, in the Chair.

CHARLES PARSONS, M.D., *Honorary Secretary.*
 2, St. James's Street, Dover, May 19th, 1880.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE Secretaries invite the co-operation of members in increasing the strength of the Association and Branch. Each member, in his own district, can be of great service if he will ascertain the names of suitable gentlemen desirous of joining us, and forward the same to either of the undersigned without delay.

ALFRED SHEEN, M.D., Cardiff,
 J. HANCOCK WATHEN, Fishguard, { *Honorary Secretaries.*
 May 1880.

MIDLAND BRANCH.

THE annual meeting of this branch will be held at Nottingham, on Thursday, 24th June. Members desirous of reading papers are requested to communicate at once with Dr. Marshall, *Honorary Secretary*, Nottingham, or with

C. HARRISON, M.D.,
Honorary Secretary of the Branch.

MIDLAND BRANCH: MEETING.

A MEETING of this Branch was held at Matlock Bath, on Wednesday, May 5th. The President, J. WRIGHT BAKER, Esq. (Derby), in the Chair.

Medical Education.—The PRESIDENT briefly addressed the members, and stated that the meeting had been called chiefly for the purpose of considering the resolutions of the Metropolitan Counties Branch on medical education. After considerable discussion—

Resolution No. 1 was approved.

In place of resolution No. 2, it was proposed and approved: "That every student of medicine before going in for his final examination, should produce a certificate of having studied at least eighteen months with a registered practitioner who dispenses his own medicines, or having dispensed for eighteen months at a public hospital or dispensary."

In resolution No. 3, it was recommended "that the age should be twenty-one instead of twenty-two years."

In resolution No. 4, it was resolved "that all students be required to undergo an examination in elementary anatomy and physiology at the end of the first year of professional studies."

In resolution No. 5, it was resolved that in place of two years, one year be inserted; and that the following be added: "That regular tutorial instruction be given at all medical schools and recognised hospitals—in the former, by regular medical tutors; in the latter, by the house-surgeons and physicians—and that this tutorial instruction be considered equivalent to a proportion of the lectures which the student is compelled to attend."

Paper.—Dr. Webb read a paper on Progressive Locomotor Ataxy.

Previously to the meeting, the members ascended to the summit of the High Tor, accompanied by Dr. Holland of Matlock, and Dr. Webb of Wirksworth, who kindly explained the objects of interest.

SPECIAL CORRESPONDENCE.

PARIS.

Exencephalic Infants.—*A Calculating Boy.*—*Congenital Small-pox.*—*Dr. Galezovski's Ophthalmic Practice.*—*New Ophthalmological Clinic.*

A SHORT time ago, a great sensation was caused among the inhabitants of the quarter called "Les Ternes" by the birth of a child supposed to have two heads. It turned out that what was taken for the second head was simply a tumour, caused by the protrusion through the anterior fontanelle of a portion of the cerebrum with its membranes. The child, which was otherwise well developed, was born at full term, and lived only a few days; but the mother, a primipara, was so depressed at the idea of having given birth to "a double-headed monster", that it was with difficulty she recovered her health. This case is evidently only another example similar to the following, which was lately presented, through M. Broca, to the Anthropological Society of Paris, by M. Tarnier, obstetric surgeon to the Maternity Hospital. It consisted of an exencephalic child, which was born at the Maternity at full time and well developed, but survived only a few hours. M. Broca said he was glad of the opportunity of discussing the subject of the influence that one had upon the other in the development of the brain and skull. It is generally known that, when the brain is not developed, the cranium is small; whilst, on the other hand, it is admitted that the resistance of the cranium prevents the development of the brain. But the example under notice suggests another proposition. It has hitherto been understood that, if the brain of the superior animals were folded upon itself, it would occupy less room. M. Broca, however, offers another explanation; he suggests that the surface and bulk of the brain do not develop in the same geometrical proportion; that, owing to the folds or convolutions that are formed on it, its surface can adapt itself to the central mass of the brain. And the example before the Society would seem to confirm this theory; for the bones of the cranium were formed, but they did not close over, so that the brain grew outside the skull. If, therefore, the folds of the brain be due to want of room, it is evident that here the brain ought not to present any, as it had all the space necessary. On the contrary, in the present case, the brain was not only folded on itself, but it was more so than in an ordinary child at term; the folds were more numerous and smaller, and presented a great irregularity. The case presented another peculiarity: the dura mater was adherent to the edge of the placenta, and a plaster-of-Paris moulding was taken of the subject. The specimen is to be seen in the museum of the Society, where it is placed upright; and the placenta, which is spread out fan-shaped, gives the figure the appearance of one of the Hindoo deities generally seen in museums.

At the last meeting of the Anthropological Society, M. Broca exhibited a human phenomenon in the person of a young lad aged 11, a Piedmontese, named Jacques Inaudi. He left his native place a short time ago, and, in company with a monkey, he earned his livelihood by begging. When his appeals in the ordinary way were not attended to, he offered to solve mentally in a few minutes, and without any assistance of any kind, the most difficult problems in arithmetic. He was often put to the test; and, during his sojourn at Marseilles, a gentleman to whom he had appealed for charity was so astounded with the lad's gift of calculation, that he was induced to bring him to Paris as a

THE MINISTRY OF HEALTH.

WE see with satisfaction that the plan which we have adopted for the last few years of devoting a special column to the interests of the public health services, and which has proved highly advantageous and satisfactory to the members of those services, has now been followed by our contemporary the *Lancet*. We cannot, however, but suggest, for the reputation of medical literature, that the supervision of these matters should be entrusted to some one possessing an elementary knowledge of the history of the subject. From a series of articles appearing during successive weeks, our contemporary has reiterated its quaint jubilations that "the claims of the country to a Ministry of Health", on which it thinks it important to add that "it has long and importunately insisted", are now satisfied by the admission of Mr. Dodson to the Cabinet. It thinks it eminently worthy of Mr. Gladstone to have carried into effect this policy, and to have "taken the initiative in giving the Local Government Board its proper place". All this might be excusable as a passing error, but that our contemporary should not, in the course of a month of this sort of writing, have become aware or been reminded that throughout Mr. Gladstone's last administration Mr. Stansfeld held a place in the Cabinet as President of the Local Government Board, and, unfortunately, without those happy results which are now predicted from Mr. Dodson's presence. Mr. Dodson is an untried statesman, and we are content to be very hopeful of his future, but that his presence in the council chamber offers any immediate prospect of a Ministry of Health is a proposition too childish to be entertained. A President of the Local Government Board has been a Cabinet Minister with far more satisfactory results. The exclusion of the late President was mainly due to personal considerations, and the new President has now merely resumed the position which is the due of the Minister who is in such immediate connection with the local interests of the country. A real Ministry of Health is, we are afraid, for the moment, as far off as ever; but, as the new Government have come in pledged to progress in home legislation, it may be hoped that they will not leave sanitary matters in the unfortunate plight in which they now find them.

SMALL-POX AT READING.

FOR some years past, the Medical Officer of Health for Reading has been pressing upon the Town Council the expediency of providing hospital accommodation for infectious diseases, but the Council have delayed adopting his oft-repeated recommendation, backed up, as it had been, by the Local Government Board, until a recent outbreak of small-pox in the town has induced them to sanction the erection of a temporary hut for the isolation of the cases. It may be hoped that the authority will proceed from this to the building of a properly equipped hospital for their important district; for they have had, during the recent outbreak, evidence sufficient for complete conviction of the disadvantage and inconvenience arising from the want of such accommodation. A servant-girl was brought from a house in London to Reading in February last, whilst suffering from incipient small-pox. The parents of the girl were unwilling to receive Poor-law relief, until, by being kept away from work on account of the infection, they were compelled to accept it. They would, however, have been willing for their daughter to have been removed to a hospital for infectious disease if one had been available. The result of non-isolation was that the girl communicated the disease to three other members of her family, one of whom died. The father and his son were thrown out of work, and then (too late) the cases were removed to the infirmary at the workhouse, and were isolated. A man who acted as bearer at the funeral of the fatal case in this family was attacked ten days afterwards with small-pox; and as he was the landlord of a beerhouse, arrangements had to be hurriedly made for his isolation in an empty cottage, which it was necessary to clear out and furnish before he could be removed to it. All the cases subsequent to the first would probably have been prevented, and an incalculable amount of trouble and anxiety spared, if the Authority had possessed in readiness the hospital of which they are now, too tardily, contemplating the erection. The aphorism of shutting the stable door when the steed is stolen has never been more strikingly exemplified.

MEDICO-PARLIAMENTARY.

Notice of Motion.—The following notice of motion has been given by Mr. R. PAGET: To draw attention to the inconvenience of sending criminal lunatics to county asylums; to the necessity for making separate accommodation for idiots and for chronic lunatics now in county asylums; and to move a resolution.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Fellows of the College on May 13th, 1880.

Barlow, Thomas, M.D. London, 10, Montague Street
Coupland, Sydney, M.D. London, 7, Nottingham Place
Dickinson, Edward Harriman, M.D. Edinburgh, Liverpool
Donkin, Horatio Bryan, M.B. Oxford, 60, Upper Berkeley Street
Goodhart, James Frederick, M.D. Aberdeen, 27, Weymouth Street
Kelly, Charles, M.D. London, Worthing
King, Robert, M.B. Cambridge, 48, Harley Street
Mahomed, Frederick H. H. Akbar, M.D. Brussels, 12, St. Thomas Street
Shaw, Thomas Claye, M.D. London, Banstead Asylum, Surrey
Topham, John, M.D. London, 19, Collingham Road

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Board of Examiners, on the 14th instant, and, when eligible, will be admitted to the pass examination.

Messrs. John C. Underwood, James M. Griffin, Charles Y. Shuter, Edwin G. Hunt, and Henry R. Todd, students of Guy's Hospital; Albert Ramsden, Charles G. Grimmer, and Harry Campbell, of St. Bartholomew's Hospital; George H. Salter and John J. Y. Baber, of St. George's Hospital; Chas. E. Downman, of University College; H. Ruskin Hancock, of Charing Cross Hospital; Archibald G. Andrews, of the London Hospital.

Twelve candidates were rejected.

The following gentlemen passed on the 15th instant.

Messrs. John O. Littlewood, Henry C. Ensor, Richard P. Samut and George P. Longman, of Guy's Hospital; Henry Ward and William R. Cowen, of St. Bartholomew's Hospital; Chas. W. Whistler, of St. Thomas's Hospital.

Nine candidates were rejected.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on the 18th instant.

Bassett, Henry T., Birmingham, Guy's Hospital.
Cantin, Lewis A., Mauritius, St. Bartholomew's Hospital.
Cook, George W. H., Southsea, London Hospital.
Crowther, George H., Wakefield, Leeds School.
Jones, Arthur, Manchester, Liverpool School.
Jones, Vincent A., Birmingham, Birmingham School.
Kingsland, Arthur T., Birmingham, Birmingham School.
Lane, James E., Norfolk Square, St. Mary's Hospital.
Mackrell, Alfred S., Queen Anne Street, St. Bartholomew's Hospital.
Megarry, John W., Lavender Hill, Belfast School.
Mott, Frederick W., Hastings, University College.
Nance, Henry C., Eccleshall, St. Bartholomew's Hospital.
Plummer, Charles J., Valparaiso, Guy's Hospital.
Redman, Edwin M., Peckham, University College.
Rhodes, James H. A., Liverpool, Liverpool School.
Rummells, Harry B., New Quay, Cornwall, St. Mary's Hospital.
Smart, Alfred, Luton, Beds, Guy's Hospital.
Sturge, Henry H., Dartford, Guy's Hospital.
Watson, Frank S., Isleham Soham, Charing Cross Hospital.
Weldon, George, Brompton, St. George's Hospital.
White, Alfred T. O., Lansdowne Road, St. George's Hospital.
White, Robert P., Wigan, Edinburgh School.
Young, Thomas M., South Shields, Newcastle School.

Eleven candidates were rejected.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 13th, 1880.

Black, William Glaholm, Ludhoe Grange, Durham.
Condon, James Hunt, Sydenham, Kent.
Crane, Charles Robinson, Charing Cross Hospital.
Powell, Henry Albert, 32, Huntley Street, W.C.
Schmidt, Wolfgang, 127, Leman Street, E.
Stevenson, Henry Wickham, 22, Charterhouse Square.
Tew, James Scott, 5, Marquise Terrace, N.W.

The following gentlemen also on the same day passed their primary professional examination.

Hull, Walter, St. Thomas's Hospital.
Parke, Charles James, Guy's Hospital.
Phillips, Frank Leslie, Queen's College, Birmingham.

MEDICAL VACANCIES.

Particulars of those marked with an asterisk will be found in the advertisement columns.

THE following vacancies are announced:—

BATTLE UNION—Medical Officer for the Second District. Salary, £25 per annum.

BELGRAVE HOSPITAL FOR CHILDREN—Physician. Applications to the Honorary Secretary on or before May 30th.

BELGRAVE HOSPITAL FOR SICK CHILDREN—House-Surgeon. Stipend, £30 per annum, with board and lodging in the hospital. Applications, with testimonials, to the Honorary Secretary on or before May 30th.

*BRADFORD FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION—Resident Medical Officer. Salary, £200 per annum. Applications, with testimonials, to the Secretary on or before June 1st.

BROOKE'S DISPENSARY, Selby, Yorkshire—Medical Officer.

*CARLISLE DISPENSARY—Junior House-Surgeon. Salary, £90 per annum, with apartments, coals, gas, and attendance (not board). Applications, age, and qualifications, to the Honorary Secretary.

CENTRAL LONDON SICK ASYLUM DISTRICT—Principal Medical Officer. Salary, £300 per annum, with furnished house, coals, and gas. Applications, with testimonials, not later than May 22nd.

DUDLEY DISPENSARY—Resident Medical Officer. Salary, £120 per annum, with apartments, coals, and gas. Applications, with testimonials, to the Honorary Secretary before May 22nd.

DUNGANNON UNION—Medical Officer for Workhouse, Fever Hospital, and Medical Superintendent Officer of Health. Salary, £120 per annum for Workhouse and Fever Hospital, and £1 per case as Medical Superintendent Officer of Health. Election on the 27th instant.

EAST RIDING LUNATIC ASYLUM, Beverley—Assistant Medical Officer. Salary, £100 per annum, with board, apartments, etc. Applications, with testimonials, not later than June 18th.

ETON UNION—Medical Officer for the Burnham District. Salary, £90 per annum.

HALSHAM UNION—Medical Officer for the Fourth District. Salary, £60 per annum.

LEEDS AMALGAMATED FRIENDLY SOCIETIES' MEDICAL AID ASSOCIATION—Assistant Surgeon. Salary, £140 per annum. Applications, with testimonials, on or before May 25th.

LIVERPOOL INFIRMARY FOR CHILDREN—Assistant House-Surgeon. Remuneration, £50 per annum.

LONDON HOSPITAL, Whitechapel—Sixth Assistant Physician. Applications, with testimonials, on or before May 24th.

MANCHESTER ROYAL INFIRMARY—Pathological Registrar. Salary, £100 per annum. Applications to the Secretary on or before May 27th.

NOTTING HILL PROVIDENT DISPENSARY—House-Surgeon. Salary, £100 per annum, with furnished apartments, firing, lighting, and attendance. Applications, with testimonials, to the honorary secretary on or before May 25th.

*ROYAL FREE HOSPITAL—Senior Resident Medical Officer. Salary, £104 per annum, with board and residence in the hospital. Applications, with testimonials, to the Secretary on or before May 26th.

ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY OF WIGAN—Junior House-Surgeon. Salary, £80 per annum. Applications, with testimonials, on or before May 26th.

SAFFRON WALDEN UNION—Medical Officer for the 1st District. Salary, £80 per annum.

SELBY UNION—Medical Officer to the Selby District. Salary, £73 per annum.

*SHEFFIELD GENERAL INFIRMARY—House-Surgeon. Salary, £120 per annum, with board, lodging, and washing. Applications, with testimonials, on or before May 29th.

SPILSLEY UNION—Medical Officer for the Stockley District.

SUNDERLAND UNION—Medical Officer for Bishopwearmouth East District.

TAUNTON UNION—Medical Officer to the Churchstanton District. Salary, £52 per annum. Applications, with testimonials, before May 29th.

TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay—Junior House-Surgeon and Dispenser. Salary, £90 per annum. Applications, with testimonials, to the Honorary Secretary not later than May 22nd.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY AND FEVER HOSPITAL—House-Surgeon. Salary, £150 per annum, with residence in the Infirmary. Applications, with testimonials, to the Secretary, before June 25th.

WONFORD HOUSE HOSPITAL FOR THE INSANE, Exeter—Assistant Medical Officer. Salary, £100 per annum, to be increased to £120 the second year. Applications, with testimonials, not later than June 1st.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

GROOM, Henry T., M.R.C.S., appointed Assistant Medical Officer to the Metropolitan Free Hospital, *vice* Alexander Pentland, M.B.; whose term of office has expired.

HOTHAM, R. H., M.R.C.S., appointed Attending Medical Officer to the Royal Pimlico Dispensary, *vice* W. Cunningham Cass, M.R.C.S., resigned.

KING, George M., M.R.C.S., appointed Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* H. E. Dixey, M.B., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcements.

BIRTH.

HAYWARD.—On March 28th, at Riverton, South Australia, the wife of W. T. Hayward, M.R.C.S., of a son.

MARRIAGE.

EASTES—RUMBOLL.—On the 19th instant, at Thorpe-le-Soken, Essex, by the Rev. Claude Bosanquet, M.A., Vicar of Christ Church, Folkestone, assisted by the Rev. Professor R. J. Pearce, M.A., Thomas Eastes, M.D., third son of Sylvester Eastes, Esq., Folkestone, to Alice Elizabeth, second daughter of the Rev. A. H. Rumboll, M.A., Vicar of Thorpe.

DEATHS.

BRACEY, W. Arthur, M.R.C.S., at Birmingham, aged 38, on May 10th.

FOX, Edward Charlton, M.D., at Auckland, New Zealand, aged 38, on March 8th.

EVEREST, Henry, F.R.C.S., at 14, Westbourne Terrace Road, aged 64, on May 12th.

PRESENTATION.—Dr. Foster McGeagh has been presented with a handsome clock and candelabra, together with a purse of gold, by his patients and friends, on the occasion of his resigning the office of Resident Physician of the Tunbridge Wells Sanatorium, a post which he had held since the opening of the institution.

PUBLIC HEALTH.—During last week, being the nineteenth week of this year, 3,645 deaths were registered in London and twenty-two other large towns of the United Kingdom. The mortality from all causes was at the average rate of 22 deaths annually in every 1,000 persons living. The annual death-rate was 20 in Edinburgh, 28 in Glasgow, and 35 in Dublin. The annual rates of mortality in the twenty English towns were as follow: Norwich 16, Oldham 18, Leicester 18, Leeds 18, Brighton 18, Bristol 19, London 20, Portsmouth 20, Sheffield 21, Newcastle-upon-Tyne 21, Hull 22, Birmingham 22, Bradford 22, Wolverhampton 23, Salford 23, Nottingham 23, Sunderland 24, Manchester 25, Liverpool 27, and again the highest rate 31 in Plymouth. The annual death-rate from the seven principal zymotic diseases averaged 3.1 in the twenty towns, and ranged from 0.9 and 1.1 in Oldham and Leeds, to 7.2 and 17.4 in Sunderland and Plymouth. In London, 1,389 deaths were registered, which were 123 below the average, and gave an annual death-rate of 19.8. The 1,389 deaths included 8 from smallpox, 24 from measles, 47 from scarlet fever, 7 from diphtheria, 89 from whooping-cough, 8 from different forms of fever, and 13 from diarrhoea—being altogether 196 zymotic deaths, which were 38 below the average, and were equal to an annual rate of 2.8 per 1,000. The deaths referred to diseases of the respiratory organs, which had been 260 and 280 in the two preceding weeks, further rose to 286 last week, but were one below the average; 164 resulted from bronchitis, and 83 from pneumonia. Different forms of violence caused 39 deaths; 32 were the result of negligence or accident, including 12 from fractures and contusions, 4 from burns and scalds, 3 from drowning, 2 from poison, and 8 of infants under one year of age from suffocation. Six cases of suicide were registered. The duration of registered bright sunshine in the week was equal to 47 per cent. of its possible duration. The recorded amount of ozone showed an excess during the week, especially on Wednesday and Saturday.

SURGEON-MAJOR J. O'NIAL, Army Medical Department, has been appointed principal medical officer, 1st Division Candahar Field Force, and is to have the temporary rank of deputy-surgeon-general from the date of his taking up the duties of the appointment.

NORTH-EASTERN HOSPITAL FOR CHILDREN.—The annual meeting of the friends and subscribers of this institution was held at Devonshire House, Bishopsgate, on May 14th. From the committee's report, it appeared that during the twelve months 397 in-patients had been treated, as compared with 379 in the previous year, whilst the out-patients had numbered 13,472 new cases, as compared with 13,961 in 1878. The Convalescent Home at Croydon had proved an useful auxiliary to the institution. The net result of the bazaar held in July last year had been the receipt of £1065 19s. 11d., in addition to which forty-seven cots were promised for the new wards. For the new building, about £1500 was required, and when this was subscribed the trustees would be in possession of freehold property to the value of £17,873. The general expenses of the hospital had grown during the year from £1613. 8s. 6d. to £1869 4s. 8d. During the previous three years, the excess of expenditure over income had averaged £400 per annum. In 1878, it was £503; whilst for the past year it had been only £265. The new wards, which will accommodate fifty patients, will be opened on June 2nd by the Duchess of Edinburgh.

CITY ORTHOPÆDIC HOSPITAL.—The Lord Mayor presided on May 7th at the twenty-eighth anniversary festival of this hospital, held at the Albion Tavern, Aldersgate Street. The result of the Lord Mayor's appeal on behalf of the charity was a list of subscriptions amounting to more than £500.

UNIVERSITY COLLEGE HOSPITAL.—Dr. Thomas Barlow, late Assistant-Physician to the London Hospital, has just been appointed to the same office, and Assistant Teacher of Clinical Medicine, in University College Hospital, where he was formerly a distinguished student. Dr. Barlow is also Assistant-Physician to the Hospital for Sick Children.

HONOUR TO A MEDICAL HERO.—The *Philadelphia Medical Times* reports that passed Assistant-Surgeon John W. Ross has been promoted eight numbers in his present grade, for extraordinary heroism in risking his life at Holly Springs and Memphis during the yellow-fever epidemic of 1878.

MEDICAL MAGISTRATE.—Dr. J. W. Eastwood of Dinsdale Park has been placed on the Commission of the peace for the borough of Darlington.

UNIVERSITY OF OXFORD.—At a Congregation held on May 15th, the following degree was conferred: *Doctor of Medicine*: Payne, Joseph Frank, Fellow of Magdalen.

OPERATION DAYS AT THE HOSPITALS.

MONDAY Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.

TUESDAY Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.

WEDNESDAY .. St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—King's College, 1.30 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.

THURSDAY St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.

FRIDAY Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.

SATURDAY St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

LONDON.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARY'S.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M.—Mr. Wm. Adams, "On the Treatment of Lateral Curvature of the Spine by Steel Supports, Plaster-of-Paris Jacket, etc.;" Mr. Henry Morris, "On Epithelioma of the Neck, following a patch of chronic skin-disease, in which the cancer was twice excised and the jugulars ligatured".

FRIDAY.—Clinical Society of London, 8.30 P.M.—Report of the Committee on Dr. Crocker's Case of Congenital Disease of the Scalp. Report of the Committee on Keloid. Dr. Graify Hewitt, "A Case of Acute Hysterical Vomiting of ten months' duration, caused by Displacement of the Uterus"; Mr. Clutton, "A Case of Acquired Hypertrophy of one Limb"; Mr. Henry Morris, "Two Cases of Disease of the Mastoid Bones, in one of which a severe attack of Herpes of the Face followed Thrombosis of the Jugular Vein and Lateral Sinus"; Dr. F. Taylor, "An Unusual Case of Cardio-pulmonary Bruit"; Dr. Whinham, "A Case of Cancer of the Pylorus: Ulceration of the Cancerous Growth and Formation of an Abscess between the Pylorus and the Liver: Gangrene of the Left Foot and Leg".—Quekett Microscopical Club, University College, 8 P.M.—Mr. A. D. Michael, "On two species of Acarina, not hitherto recorded as British".

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the General Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the General Secretary and Manager, 161, Strand, W.C.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *Duplicate Copies*.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication. WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

ST. ANDREW'S UNIVERSITY.

SIR,—In to-day's issue of your JOURNAL, there is an extract from a Scotch paper that is so manifestly unjust to the St. Andrew's graduates, that I cannot allow it to pass without protest.

The degree of M.D. can now only be obtained from St. Andrew's University without residence by men who are above the age of forty, and who are recommended to the senators by holograph letters testimonial from at least three hospital physicians or surgeons of acknowledged eminence; and this practice of selection is rigidly carried out. Dr. Pettigrew, the Dean of the Medical Faculty, evinces much care and pains in his preliminary investigation of the professional position and social status of the candidates, from whom the Medical Faculty select a limited number every November to undergo the examinations for the degree in the following April; and as only ten can have the degree conferred upon them in the same year, the examination to some extent is competitive.

The selected candidates are all registered medical men, holding, in almost every case, three or four registrable diplomas; men who have practised their profession for nearly twenty years or more; and men, too, who are pronounced both by the profession (as witness their testimonials) and the public, as successful, deserving medical practitioners; but this is not sufficient for them to receive the degree. They must not merely attend but pass the required examinations; and if any think they have merely to attend, I would inform them what Dr. Keiller, whom I met subsequently when going over the New Infirmary at Edinburgh, told me, "that the examiners at St. Andrew's did not necessarily pass any candidate who presented himself for examination; on the contrary, on one occasion they rejected a man for the fourth time, and he, too, had been mayor of his town".

The examination lasts two days; the written from 10 A.M. till 5 P.M., with an hour's interval for lunch. The *viva voce* examination is held the following day, at four tables, the candidates being a quarter of an hour at each, besides ten or fifteen minutes occupied by Dr. Pettigrew in testing the candidate's knowledge of the microscope. The other examiners were Drs. Balfour, Littlejohn, Keiller, and Watson in Surgery—all Edinburgh men occupying a foremost position in the medical world. I have passed seven examinations; and the recent one of St. Andrew's was anything but a farce, and I believe was well calculated to test the knowledge, reading experience, and ability of the candidates.

One word as to the grievance complained of by the Edinburgh graduates. Ten men only receive the degree from St. Andrew's every year; therefore, as there are two or three times as many men who receive annually the degree of M.D. from the University of Edinburgh, it is no longer a grievance; indeed, in due time, the position will be reversed, and the medical graduates of Edinburgh will "overbear by their votes" those of St. Andrew's.

I have, sir, troubled you with this information, because you have many St. Andrew's graduates amongst your readers, and some may even feel hurt at the somewhat offensive paragraph, but also because I believe the intention to obtain the St. Andrew's degree has had a good influence on my own career, acting as an unconscious stimulus to keep *au courant* with the advancement of medical knowledge; and because I think it may possibly have a similar influence on others desirous of obtaining the degree of M.D.—I have the honour to be,

A FORMER HOUSE-SURGEON OF THREE LONDON HOSPITALS, AND A RECENT GRADUATE OF ST. ANDREW'S UNIVERSITY.

May 15th, 1880.

TREATMENT OF RANULA.

MR. G. APPLETON (Lizard) has succeeded in effecting a speedy cure in a case some time since by cutting out a piece (using forceps and scissors) and then smearing the inside with lunar caustic.

ERGOT IN DIABETES.

SIR.—The following corroborates the case reported in the JOURNAL of May 8th by Dr. W. Murrell on the treatment of diabetes insipidus with ergot. The case appeared during my assistantship with Dr. Canney of Bishop Auckland, about twenty years ago. He had two cases of diabetes, a lady and gentleman. After they had been under his care for some time, he ordered the following: Ergot, one ounce, bruised in one pint of cold water, and boiled down to half a pint, strained and put into sixteen half-ounce bottles, with direction for one to be taken every three hours. I had also to take the specific gravity twice a week for both patients; and I may add that it gradually increased to 1021. I left the situation; therefore I could not say if the cases made any further recovery; but I think, with Dr. Murrell, that ergot is worth a trial in such cases.—I am, sir, yours, etc.

SAMUEL J. NOAKE, L.R.C.P.

A PESSARY TWENTY-FIVE YEARS IN THE VAGINA.

SIR.—A few days ago, I removed from a woman aged 74 years, a wax pessary, which, according to her own statement, had been placed there twenty-five years ago by a midwife for some uterine displacement. It was well imbedded in the tissues, and had nearly penetrated into the gut. It never caused her any inconvenience, until lately she suffered from severe constipation of the bowels, and complained of a burning sensation in the vagina. The pessary was very irregular in shape, soft in structure and was incrusted with a calcareous deposit.—I am, etc.

J. H. DANAHER.

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

COLONIAL APPOINTMENTS.

SIR.—The following notes may be of use to medical men seeking employment in the Colonies and will, in some measure, answer the query of "Colonial" in your impression of March 15th.

All colonial medical appointments are made subject to "confirmation" by the Secretary of State; but those made by the local governments are usually confirmed. Consequently, if the candidate be living in Britain, he should apply to the Secretary of State; if living in the colony, to the Local Government. Appointments by the Secretary of State are made, either after the exercise of personal influence, or on production of good professional testimonials: in the latter case, the candidate must have patience, the exercise of which may have to last over some years, unless he takes the first offer, irrespectively of pay, health, or "conditions". If he be appointed by the Secretary of State, the passage is paid and half-pay allowed from the date of sailing, on condition of serving three years, to the date of taking up duties. The duties must be taken up immediately on arrival in the colony, and the medical officer must provide himself with suitable lodging (which often cannot be got), horses and carriage, and must in many cases dispense his own medicines. Immediate attendance on all calls at a fee of two shillings, with an allowance of one shilling per mile after the first mile, is one of the conditions often made, qualified by the very magnanimous permission to sue for accounts in the Petty Debt Court! The roads in most cases are but the roughest of bridle-paths. The patients seldom call the doctor until the final stage of a disease is reached, and will then only pay for one visit, this visit being more required for the purpose of avoiding an inquest than for the benefit of the patient, who is probably considered to be "Obeah'd" beyond recall. The ordinances of local legislatures may at any time be altered or ignored, at the whim of the local government, or by direction of the authorities "at home".

Demerara, or more correctly British Guiana, has a somewhat complicated medical service, the principal branch being the medical service of the Immigration Department, and it is chiefly to this department that men are appointed by the Secretary of State. On assuming duties of appointment, they are styled "Supernumerary Medical Officers", and are allowed, if not married, the use of an empty room in the assistant resident surgeon's quarters of the colonial hospital. They have a salary of £288 a year, 4 per cent. *per annum* on the pay being stopped by local law for the "Widows' and Orphans' Fund"; a claim to pension after ten years' service and after attainment of fifty-six years of age; and they are required to act, if called on, for the assistant resident surgeon without extra pay (the assistant resident surgeon gets £60 a year more and has furnished quarters); to take charge of medical districts, either for short periods without additional remuneration, or for longer period on half-pay of supernumerary and half-pay of district medical officer; to accept the appointment to a district which has been proved too unhealthy for even a Creole to reside in and continue in health. Leave to England may be obtained for six months after five years' service, if there be enough men in the colony to act for those entitled to be absent.

The amount stopped annually for the Widows' and Orphans' Fund, if invested in a Life Insurance Company, would give the widow a sum of more use to her, in the event of the premature decease of the officer, than the allowance from the fund could possibly be. If ordered to assume the charge of a district, the medical officer of which is going on leave, the supernumerary will have to do so at a few days' notice, and to provide himself with furniture, horses and carriage, on the half-pay of supernumerary, with half-pay of district medical officer—e.g., a man just starting in life is ordered to take charge of a district having a salary of £600 per annum for six months, with a total pay of £225. That is, for £225 the supernumerary is expected to get horses and carriage (= £150), pay house-rent (= £40), furniture (= £100), besides paying servants and personal expenses; and, at the end of six months' acting duty, the supernumerary may be required to go back to the colonial hospital, and lose half the value of his recent purchases by a forced sale. There is no allowance for moving nor for travelling expenses.

The salaries of the district medical officer appear good to those unacquainted with the expenses of living in this colony; but intending candidates should know that the Government have proposed a scheme which will materially reduce these salaries; and, although this new scheme has not passed the local legislature, yet the Government are filling up such vacancies as occur by making "provisional" appointments at very reduced rates of pay: this reduction of salaries carries with it a reduction of the superannuation and also of the Widows' and Orphans' Fund allowances.

Permit me to add that the rules and regulations, as published "by Authority" in the Colonial Office List, are seldom enforced in favour of a medical officer, and then only after the tedious process of an appeal to the Secretary of State; on the other hand, if the medical officer misunderstand or exceed the most trivial rule or instruction, no board of guardians in England can be more severe, unjust, and damaging than the local government of a colony.

A roll-call of those engaged in the medical service of the Immigration Department of this Colony since 1873 should be a mournful ceremony for the local authorities.—Your obedient servant,

24th March, 1880.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following were the questions on Surgical Anatomy and the Principles and Practice of Surgery, which were submitted to the candidates at the pass examination for the diploma of membership of the Royal College of Surgeons on the 14th instant, when they were required to answer at least four, including one of the first two, out of the six questions. 1. Supposing a portion of the Musculo-Spiral Nerve, as it passes behind the Humerus, to be removed in an operation, describe fully the condition in which you would expect to find the limb a year afterwards. 2. Describe the relations of the common Carotid Arteries in the Neck. How is the Circulation carried on after one of them has been tied? 3. What forms of Abscess may occur in connection with the Mammary Gland? How should they be treated locally and generally? 4. Explain how Stricture of the Urethra may lead to Extravasation of Urine; give the treatment you would adopt in such a case. 5. Describe the appearances and treatment of the various forms of Lupus. 6. Describe fully the treatment of a case of Strangulated Hernia after operation.

Those candidates who had not undergone any examination in Medicine, or who did not hold a recognised medical licence, were required to pass in it before obtaining the diploma; the following were the questions on Medicine. 1. Describe the

symptoms and pathological conditions of Rheumatism, Gout, and Rheumatoid Arthritis respectively, with the treatment proper to each. 2. Give the causes, symptoms, and treatment of Peritonitis. 3. State the uses and doses of the following drugs: Ipecacuanha, Elaterium, Digitalis, Extract of Stramonium, Liquor Strichniae, Liquor Morphiae Acetatis, Sulphate of Zinc, Nitrate of Silver, Dilute Sulphuric Acid, and Dilute Hydrocyanic Acid. State the composition of the following drugs: Compound Ipecacuanha Powder, Compound Kino Powder, Compound Jalap Powder, Compound Mixture of Senna, Compound Tincture of Camphor.

PHYSICIANS AND PATIENTS.

SIR.—In the discussion now proceeding under the above title in the BRITISH MEDICAL JOURNAL, two or three points—and, to my mind, most essential ones—have as yet had no stress laid on them. The following required conditions naturally, and I think equitably, influence the relation in which the second medical man consulted stands to the first or ordinary medical attendant. A second opinion being desired, is the person from whom that opinion is sought selected by the ordinary medical attendant, or by the patient? If by the patient, is his preference concurred in by the ordinary medical attendant, or is it opposed by him? Answers to these questions, if given, would, in my estimation, justify difference in the relations of the second medical man to the first. If a patient be sent by one medical man to another for consultation, not only should the second medical man communicate his opinion and prescription to the first, but in no future illness should he consult with that person without similar communications so long as the medical man who first introduced the patient continues the ordinary medical attendant of his family. I should not, however, feel bound to such a course if a patient, not acting capriciously, but whose case was admittedly a fair one for a second opinion, came for my advice in opposition to the will and against the selection of his ordinary attendant. In the imperious requirements of illness and love of life, in the difference of opinion, real and assumed, existing among medical men, together with the complete ignorance of medical matters among the public, it is absurd to suppose their liberty can be restrained in the choice of medical consultations, while scrupulously insistent on full liberty in all other matters. If a patient come to me for advice, I, of course, consult with him; if his case do not relate to any former treatment, inquiry is unnecessary; if it do, I write to the ordinary medical man; but if the patient come of his own will in opposition to the choice of his ordinary medical attendant, I consider I owe no allegiance to the latter, and therefore accept the patient when he chooses to apply. I do not know the estimation in which this mode is held by the profession, but as it appears to me to have equity and common sense in its favour, I shall act on it till a better code is laid down.—Your obedient servant,

GEO. CORDWENT.

MILVERTON, May 11th, 1880.

Mr. F. NICHOLLS (South Croydon).—Apply to the Secretary of the Obstetrical Society of London, 53, Berners Street, W.

THE BRUSSELS EXAMINATION.

SIR.—In reply to your correspondent "Aspirant", who, in your last issue, wished to know the nature of the examination on Mental Diseases at the University of Brussels, I, having graduated there within a twelvemonth, would inform him that he will be required to answer any questions on Mental Diseases which the examiner may choose to put to him. I would therefore recommend him to study the subject well. He will find Dr. Blandford's work of great service.—I am, sir, yours faithfully,

M.D. BRUSSELS.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Mr. J. Mann, Glasgow; Mr. W. K. Treves, Margate; Mr. J. J. Ilott, London; Dr. D. J. Mackenzie, Glossop; Dr. P. Boulton, London; Mr. S. F. Murphy, London; Dr. Herbert Snow, London; Dr. A. H. Carter, Birmingham; Dr. R. T. Cooper, London; Dr. Joseph Walker, London; Dr. W. Cheadle, London; Mr. J. Farrar, Morecambe; Our Glasgow Correspondent; Dr. R. J. Lee, London; Dr. Glascott, Manchester; Mr. J. D. Wilson, Edinburgh; Mr. A. S. Greenway, London; Mr. J. E. Sturt, Dunse; Mr. G. A. Woods, Southport; Dr. T. F. Pearce, Liphook; Dr. D. Edgar Flinn, Brownhills; Dr. W. R. Gowers, London; Our Edinburgh Correspondent; Our Paris Correspondent; Dr. S. M. Miller, Philadelphia; Dr. W. J. Marshall, Greenock; Dr. J. Harris, Worthing; Mr. G. Appleton, Helston; Mr. Eastes, London; Dr. Alderson, London; Dr. T. Oliver, Newcastle; Mr. Vincent Jackson, Wolverhampton; Dr. E. Seguin, New York; Dr. C. Parsons, Dover; Dr. Brailey, London; Messrs. J. Weiss and Son, London; Mr. C. A. Cooper, Sheepshed; Dr. A. Sheen, Cardiff; Mr. R. Torrance, Newcastle-on-Tyne; Mr. J. W. Sanders, London; Dr. Flynn, Cork; Dr. C. R. Drysdale, London; Dr. D. J. Rutherford, Baltasound; Mr. T. Alexander, London; Dr. Bushell Annisong, Cambridge; Dr. Alexander, Hull; Mr. Osmay Vincépt, London; Dr. Taylor, London; Mr. F. Turner, Great Malvern; Mr. W. Bowman Macleod, Edinburgh; Dr. Peacock, London; Dr. Kinkead, Galway; etc.

BOOKS, ETC., RECEIVED.

Lectures on the Human Eye in its Normal and Pathological Conditions. By A. Alt, M.D. New York: G. P. Putnam's Sons. 1880.
 General Paralysis of the Insane. By W. J. Mickle, M.D. London: H. K. Lewis. 1880.
 The Human Body and its Functions. By H. S. Paterson, M.D. London: Hodder and Stoughton. 1880.
 Le Cerveau: Sa Topographie Anatomique. Paris: Berger-Levrault et Cie.; J. B. Bailliére et Fils.
 Des Epanchements de Sang dans les Plèvres consécutifs aux Traumatismes. Par le Dr. Ch. Nélaton. Paris: G. Masson. 1880.
 Des Abcès Chauds de la Prostate, et de Phlegmon Périprostatique. Par le Dr. Paul Segond. Paris: G. Masson. 1880.
 Tables of the Physiological Action of Drugs. By E. A. Morshead. London: H. K. Lewis. 1880.