

joint is ankylosed, the forearm disproportionately short; the hand, which bears four fingers and no thumb, is flexed on the wrist. The left thumb is flexed on the malformed wrist; the fingers are finely formed, but small and webbed. The thighs are well-developed, the knee-joints appear imperfect, the legs are strongly flexed on the thighs, and a sharp fold of redundant integument lies over the popliteal regions. There is talipes varus on both sides; the feet are not disproportionately small. The left toes are perfect, the right foot bears but three.

The integuments of the parasite are not highly sensitive. Urine flows away from the urethra frequently, and the autosite cannot recognise any desire for micturition from the parasite, nor feel any sensation during the passage of urine from the parasite till he feels that fluid damping his body. This we could prove when we superficially examined Laloo; the day was cold, the parasite was exposed naked for ten minutes whilst the autosite was well wrapped up, and felt no desire to make water. The parasite is evidently acardiac, but there is distinct evidence that it has intestine. In a foetal pig with a thoracopagous parasite (Museum R.C.S., No. 123) the parasite has a small piece of intestine connected with that of the autosite by a long narrow gut. Such an arrangement would be a source of danger to an autosite, especially should the parasitic diverticulum be to the least degree pervious where it joins the autosite's intestine. One kidney at least must be present. Whether the presence of a urinary apparatus is or is not a source of danger to the physiological commonwealth of which the parasite and autosite must necessarily consist is a question not easily solved.

These cases of "heterologous union," or "heterodidymus," are developed apparently in a manner succinctly expressed by Mr. Benjamin Lowne: "a second embryo becomes wedged in between the visceral arches or laminae of another before they unite." Hence, the development of the second is arrested. Abnormalities of the viscera of the autosite adjacent to the attachment of the parasite are frequent; thus the liver may bear an unusually large number of lobes, or there may be two gall-bladders.

Of Laloo's adventures we need say little. He was in this country a few years ago, but was prevented from exhibiting at the Indian Exhibition, owing to some question of the right of his guardians to make a show of him. We are informed that at one place where he was displayed to the public his exhibitor was ordered by the authorities to desist, as he constituted an "indecent exhibition." Any attempt to amputate the parasite, or even a part of the parasite, would clearly be dangerous; surgery of this kind is known to be highly unsatisfactory.

A very complete description of parasitic monsters may be found in Dr. A. Förster's *Missbildungen des Menschen*: of Laloo we shall hear more when the next volume of the *Transactions of the Pathological Society*, containing Messrs. Shattock and Sutton's report, is published.

ST. GILES (Population, 45,178).—*Insanitary Areas: Glanders in a Horsekeeper*.—Some years ago, the Shelton Street area, a part of this district, was reported upon as insanitary, and in each successive report has Mr. Lovett drawn attention to its defective condition. In the report for 1886, we again find it referred to as exercising an injurious effect on the death-rate; but during the past session, and since that report was made, Parliamentary powers have been obtained for dealing with this area. In the subdistrict of St. Giles South, which comprises this group of streets, there was an increase in the death-rate, but in both the other subdistricts a considerable reduction. In Shelton Street itself the rate for the year was as high as 53.5 per 1,000. The zymotic death-rate was slightly in excess of that for all London; deaths from measles, whooping-cough, and diarrhoea being above the average. Mr. Lovett states that in no two diseases are the dangerous symptoms more commonly overlooked than in whooping-cough and measles. The latter disease was particularly fatal among the children in the poorer parts of Bloomsbury, especially during the summer months. Many of the nights being unseasonably cold, the disease became complicated with bronchitis and pneumonia, which quickly produced fatal results. Deaths from typhoid fever were very few, and so were those from scarlet fever. Typhus fever attacked four children, members of one family, residing in Nottingham Court. After removal to hospital, no further case was reported. Towards the end of the year a milk seller's horsekeeper was stated to have died from glanders. Apparently there was no illness among the horses, and a veterinary surgeon had certified to their healthy condition.

ASSOCIATION INTELLIGENCE.

ELECTION OF MEMBERS.

ANY qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

COLLECTIVE INVESTIGATION OF DISEASE.

THE Report upon the CONNECTION OF DISEASE WITH HABITS OF INTemperance, which was presented to the Section of Medicine in the Annual Meeting of 1887, and a further portion of the Report upon OLD AGE have been completed, and will shortly be published in the JOURNAL.

Reports upon the two remaining inquiries, namely, that into DIPHTHERIA, and that into the GEOGRAPHICAL DISTRIBUTION OF CERTAIN DISEASES, are in preparation, and will be published as soon as ready.

The following inquiry only of the first series remains open, namely, that on THE ETIOLOGY OF PHthisis.

A fresh inquiry into the ORIGIN AND MODE OF PROPAGATION OF EPIDEMICS OF DIPHTHERIA has just been issued.

Memoranda upon these subjects, and forms for recording observations, may be had on application to the Secretary of the Collective Investigation Committee, 429, Strand, W.C.

BRANCH MEETINGS TO BE HELD.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A conjoint meeting of the above districts will be held at the Grand Hotel, Brighton, on Thursday, March 22nd. F. W. Salzmann, M.R.C.S., will preside. Meeting at 3.30 P.M.; dinner at 5.30 P.M.; charge 6s., exclusive of wine. The following papers will be read: Dr. Starling: A case of Fibroid Induration of the Stomach (with specimens). Gentlemen desirous of making any communication to the meeting should write to the undersigned or to Dr. Gostling, West Worthing.—T. JENNER VERRALL, Honorary Secretary, 97, Montpellier Road, Brighton.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at Ashford, on Thursday, March 15th. Dr. Wilks in the chair. Anyone wishing to send communications should inform the Honorary Secretary at once.—W. J. TYSON, 10, Langhorne Gardens, Folkestone.

BATH AND BRISTOL BRANCH.—The fourth ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday evening, February 29th, at half-past seven o'clock: G. F. BURDER, M.D., President. The following cases will be exhibited at 7.30 P.M. precisely:—F. St. John Kemm, M.D.: Graves's Disease Treated with Strophanthus. C. A. Wigan, M.D.: Pseudo-Hypertrophic Paralysis. J. Michell Clarke, M.B.: 1. Infantile Hemiplegia (without Atrophy)—three cases. 2. Infantile Paraplegia (with Atrophy). 3. Infantile Paralysis of Muscles passing from Spine to Scapula. E. Markham Skerritt, M.D.: 1. Advanced Bulbar Paralysis. 2. Complete Spinal and General Hemianesthesia. The following communications are also expected:—H. Ormerod: Spina Bifida, with Specimens. C. P. COOMBS, M.D.: On Splenic Leukemia. N. C. DOBSON: A Case of Hydatid Cyst of the Omentum. C. F. PICKERING: The Treatment of Discharge from the Ear. W. J. PENNY: A Case of Acute Intestinal Obstruction, with Early Operation and Successful Result.—E. MARKHAM SKERRITT, R. J. H. SCOTT, Honorary Secretaries, Clifton.

EAST SURREY DISTRICT: SOUTH-EASTERN BRANCH.—The spring meeting of this District will be held at the Queen's Hotel, Upper Norwood, on Thursday, March 8th, at 4 P.M., W. F. R. BURGESS, M.D., of Streatham, in the chair. Dinner at 6 P.M.; charge, 7s., exclusive of wine. The following papers have been promised: Mr. Noble Smith: On Hip-joint Disease, with diagrams. Dr. P. T. DUNCAN: On Simple Catarrhal Fever. Members desirous of exhibiting or reading notes of cases are invited to communicate at once with the Honorary Secretary, P. T. DUNCAN, M.D., Croydon.

BRITISH GUIANA BRANCH.

THE annual meeting of this Branch was held at the Public Hospital, Georgetown, January 6th, 1888. There were present Dr. GRIEVE, the Surgeon-General, in the chair; Drs. Anderson, Hillis, Wallbridge, Honiball, Veendam, Massiah, Delamere, Rannie, Reid, Hill, Hulton, Law, Fulton, Texeira, E. G. Leary, Ozanne, and the Secretary.

Letters of apology and telegrams were read from those who were unable to attend.

Chairman's Address.—After the minutes of last meeting had been read and confirmed, the CHAIRMAN delivered a short address,

in which reference was made to the very successful year the Branch had just closed. A general view of the progress of medicine was taken, special mention being made of the transmission of disease from lower animals to man. The political status of the profession in the colony was touched upon.

Vote of Thanks.—A vote of thanks was given to the Surgeon-General for his address.

Dr. Massiah's Motion.—Dr. MASSIAH brought forward the motion standing in his name; this was seconded by Dr. E. G. LEARY. Dr. LAW moved an amendment to the effect that the Committee should strictly confine itself to the pathological condition of the bone, and after some discussion this was carried by a majority of seven.

Notice of Motion.—Dr. HONIBALL handed in notice of motion as to the Surgeon-General being *ex officio* President, and as to voting by proxies.

Specimens.—Notice was read by the SECRETARY of specimens sent by Dr. A. Dickson of Ovarian Pregnancy, Guinea Worm, etc.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Cocaine Poisoning.—Variations of Microbes under Cultivation.—

Transmission of Tubercle by the Air Passages.—Farcy in Man.

DR. J. DÉJÉRINE records an interesting case of poisoning by subcutaneous injections of cocaine. The patient was a young dentist, aged 26. M. Déjérine found him in a semi-comatose state, with generalised muscular contraction of the arms and legs. The arms were slightly bent, the legs were stretched out; the knee-jerk was not discernible owing to contraction. The pulse was quick but regular (120), the breathing hurried; the eyes were closed, the pupils dilated and insensible to light. There was complete unconsciousness. The following lesions were detected on the skin: There was a pustular crusty eruption, consisting of pustules the size of a pea, covered with a blackish-grey dry scab, on the anterior external surface of the two arms and on the anterior part of the legs and thighs. This eruption resembled the scabs of syphilitic rupia. On returning to consciousness the patient rose and walked about, with his eyes closed on account of the painful sensation caused by light on the eyeballs. He gave the following particulars as to the cause of the attack: Six weeks previously he began to give himself subcutaneous injections of cocaine. He began with doses of 1 centigramme, and gradually increased the quantity until he used 50 centigrammes. The injections produced agreeable sensations and sexual desire followed by emission. The evening on which the attack above described took place he had injected 1 gramme of cocaine at 10 o'clock. He employed three syringes and a warm solution. At the third injection he fell down unconscious. The next day Dr. Déjérine again examined the eruption, which seemed to be due to localised gangrene of the cutis, resulting from the injections with cocaine, which the patient introduced into and not under the skin. At the spot where the injections were made there were white patches insensible to the touch. The patient stated that when M. Déjérine pinched him in different places during the state of coma he was aware of the fact, but felt no pain whatever. He was, therefore, sensible to the contact of an external object, but insensible to pain. The patient recovered. M. Déjérine considers that if the patient had not gradually accustomed himself to progressive doses of cocaine the dose of 1 gramme would have proved fatal.

MM. Léon Guignard and Charrin, at a recent meeting of the Académie des Sciences, described the results of their experiments on the morphological variations of microbes, and more particularly of the pyocyanine microbe. This microbe, in broth cultivations, appears as an active bacillus, about twice as long as it is broad. The cultivation, placed in a stove at a temperature of 35° C. (95° F.), becomes covered with a film, beneath which a greenish-blue colouring matter is observed, which gradually turns yellow. The bacilli collect their contents into one or two corpuscles; the membrane swells round these corpuscles, which constitute encysted cells or arthrospores. The microbe may be made to assume various forms by adding different mineral or organic acids to the broth. If a small quantity of carbolic acid or creasote be added, it appears as a bacterium. With naphthol

at 0.25 per 1,000, thymol at 0.50 per 1,000, or alcohol at 40 per 1,000, bacilli of different lengths are obtained. These are either separate or joined together by pseudo-filaments or filaments tangled together, forming a network on the surface of the cultivation. These different forms are transitory, and the normal bacillus shortly reappears. If bichlorate of potassium at 0.10 per 1,000 be added to the broth, the cultivation presents a collection of tangled filaments during five or six days; at the end of this time they are replaced by the normal bacillus. If 3 per 1,000 of boric acid be added, the development of the bacillus is retarded, but it continues to produce pyocyanine. With 5 per 1,000 of boric acid short filaments are obtained; with 6 or 7 per 1,000 of the same substance straight or curved bacilli, crescent or ring-shaped, are obtained. If these bacilli do not divide they assume spiral forms. The microbe then ceases to produce pyocyanine, and gradually reassumes its normal form. Bacilli cultivated in broth, to which 0.75 of creasote, or 2 grammes of salicylic acid has been added, form a collection of durable, spherical cells, which resemble micrococci. These cells constitute a means of reproduction, for when replaced in the cultivations of pure broth they reappear as normal bacilli, and produce pyocyanine. These experiments show how far experimental polymorphism may be carried, and the variety of forms which the pyocyanine microbe may be made to assume. These forms, however, are but transitory, and the normal bacillus which produces the pyocyanine invariably reappears.

At the same meeting MM. Cadéac and Malet gave an interesting description of their experimental researches on the transmission of tuberculosis by the respiratory passages. Three series of experiments were made. 1. Forty-six animals (rabbits and guinea-pigs) were made to inhale a portion of tuberculous detritus; of this number two only became tuberculous; the respiratory passages of these animals were irritated by inhalations of bromine. 2. The atmosphere in boxes containing rabbits was saturated with tuberculous fluid. All the animals contracted tuberculosis. 3. Tuberculous substances were introduced into the trachea of some rabbits by means of injections; the animals shortly became tuberculous. MM. Cadéac and Malet conclude from their experiments that when the tuberculous bacillus enters the respiratory passages by means of an inert fluid, these passages constitute a favourable agent for the development of tuberculosis. The bacilli are almost unable to introduce themselves into the respiratory passages when they are incorporated in a fine dust.

M. Bucquoy had a case of chronic farcy under his care. The patient was a man, aged 46, who had suffered from abscesses in the muscles and areolar tissues in different parts of the body for several months. The first of these abscesses proceeded from a wound in the hand, accompanied by lymphangitis of the arm, with suppurating glands in the axilla. Fresh abscesses appeared, the general condition became worse, and the patient died. At the necropsy a number of farcinous abscesses were found, two of them were intracranial, one in the meninges and another in the brain; the mucous membrane at the base of the tongue and glosso-epiglottic folds was ulcerated; this last symptom is regarded by veterinary surgeons as characteristic of glanders. The patient had driven a horse belonging to a stable in which several cases of glanders had occurred. While the patient was alive Dr. Bucquoy made inoculations and cultivations with the virus. He found that asses resisted the action of this virus. M. Bucquoy regards this as one of glanders. The farcinous character of the affection and its marked appearance were probably due to the quality of the virus, its mode of transmission, or the medium in which it developed.

VIENNA.

[FROM OUR OWN CORRESPONDENT.]

Pilocarpine in Bright's Disease.—Thoracocentesis in Empyema.—

The Chair of Anatomy in the University of Vienna.

DRS. D. BENEZÚR and S. CSATÁRY, assistants to Professor Wagner in the medical faculty of Buda-Pesth, give in a recent number of the Hungarian medical periodical, *Orvosi Hetilap*, the following summary of a series of articles on the effect of pilocarpine chloride in Bright's disease, published in that journal: 1. The patients become accustomed to the pilocarpine, and even large doses, such as 6 centigrammes, do not at a later period produce such disagreeable after-effects as doses of 1 centigramme at the beginning of the treatment. The injections of pilocarpine should not be discontinued in consequence of symptoms which had been con-

that case. Lord Justice Bowen said the question was one of very great difficulty. It had been decided in the Irish case of "Brennan v. the Limerick Poor Law Union." The deceased had in that case been suffering from delirium tremens. The decision showed that no action lay against the guardians, on the ground that they were acting ministerially in the matter, and that by the Poor Law Acts such a liability is not imposed upon them. There was, he supposed, no substantial difference between the Irish and the English Poor Law.—Mr. Baron Huddleston said that case was not quoted when the point was previously before him.—The evidence of some of the nurses and doctors having been heard, the learned judge ruled that there was no evidence of negligence in this case, and by his lordship's direction the jury found a verdict for the defendants.

MEDICAL AID SOCIETY.

A CORRESPONDENT writes to us with regard to the action of the Medical Aid Society at Hanley. In the JOURNAL of January 14th we gave our opinion of the character of this Society, and advised medical practitioners desirous of maintaining the dignity of the profession to have as little to do with it as possible.

Complaint has also reached us as to the system of "touting" for patients alleged to be practised by agents of the London and Manchester and other insurance societies; it is stated that they not infrequently call on the patients of different practitioners and persuade them to leave their own medical men, and to employ the services of the medical men of their society for a small additional premium payment.

It has always been considered legitimate for insurance agents in the way of business to call on members of the public in the hope of getting them to take policies in their respective offices; but if, under the pretence of *bona fide* insurance business these societies are through their agents simply carrying on a wholesale traffic in cheap medical attendance, we cannot but think such practices worthy of the strongest reprobation of the profession.

W. J. B.—Our correspondent was well advised in leaving a situation for which he was admittedly unqualified, and continuance in which would probably have brought him into difficulty. Without a full report of the proceedings we are unable to form an opinion whether the decision of the county court judge was right or not. The solicitor, if properly retained, might be liable for negligence in failing to appear to conduct the case.

INDIA AND THE COLONIES.

NINETEENTH ANNUAL REPORT OF THE SANITARY COMMISSIONER FOR BENGAL (DEPUTY SURGEON-GENERAL R. LIDDERDALE, M.D.) FOR THE YEAR 1886.

In the year under review there was a marked reduction in the prevalence of cholera, as compared with its incidence in 1885. In 1886 the deaths from this disease amounted to 118,363 persons, among a population numbering 66,163,884, that is, at the rate of 1.78 per 1,000; while in 1885, 173,767, or 2.62 per 1,000 of the population perished from this cause. The disease attacked 21,567 villages, or 9.33 per cent. of the total number of villages in the province, against 29,239, or 12.61 per cent., in 1885. In the urban circles 9,935 persons died of the disease, at the rate of 4.12 per 1,000 of the population; in the rural districts 108,433, or 1.70 per 1,000 of the population. As usual, the rainfall exercised a powerful influence on the prevalence of cholera. In 1885 the province was severely inundated, so much so that a large portion of it was kept under water to a late period; this, in the opinion of the Sanitary Commissioner, has the effect of materially reducing the usual severity of the winter prevalence of cholera in that year, and this abatement was prolonged into January and February of 1886. The first four months of the year had a rainfall below the average of several preceding years, but this was not followed by any marked exacerbation above the usual seasonal increase of deaths. March, April, and May have a smaller mortality than 1885.

There was heavy rain in May, June, July, August, and September, attended by a very considerable diminished mortality, but the winter prevalence of the disease was high, and culminated in severity in December.

It appears that the Government of India directed a table to be prepared, showing the meteorological peculiarities which obtained during defined periods of cholera outbreaks in certain selected thanas and towns. The Sanitary Commissioner does not seem to think that much, or indeed any, useful information has resulted. He thinks the whole subject has already been exhaustively considered by Drs. Lewis and Cunningham, and he adds the following significant paragraph: "We already know the conditions which

foster the disease, and what the Sanitary Department requires is more and more money to remove them, leaving to savants to puzzle out the problem of causation, while in the meantime we save useful lives." It is certain that until the health officers of Calcutta and the other great cities have either "more powers" to deal with the known causes which foster cholera, or the obstructive municipalities are by some means made to cease from obstruction, the death-rate from this disease will continue to be what it is, and Calcutta will continue to be what it is—a terror to Continental nations. Again and yet again we have warned the Government of India that unless some stringent measure in the direction indicated is taken, Continental Governments will take steps to protect themselves by international action that will affect the commerce of India very seriously. At this time a measure of municipal reform from Bombay is under consideration there, and it is a lamentable fact that great pressure is being brought to bear on the Government by nearly the whole of the wealthy and educated native community to emasculate the measure, by striking out the clauses which are intended to promote the health of the community, or indirectly to effect the same bad end by restricting the power of health officers. Cities that have grown up, no matter where, without knowledge of the laws of health, can only be made even tolerably wholesome to live in by a considerable expenditure of money under the supervision of sanitary engineers, and this is exactly what municipal bodies in India, under the almost sole guidance of wealthy but, as regards sanitation, ignorant native gentlemen will not permit. Has the governing race lost the art of governing? Has it become so emasculated in India that it must "lie low" at the bidding of the ignorant governed?

REGISTRATION IN CEYLON.

A REGISTERED PRACTITIONER writes: In the JOURNAL of January 7th it appears that an Order in Council has been published extending the provisions of the second part of the Medical Act, 1886, to Ceylon. That this is a step in the right direction is unquestionable, but, at the same time, I venture to hope that the privileges which are associated with the act of registration will be extended to us in their entirety, and that thereby we shall be enabled to overcome satisfactorily the present unjust and undignified restrictions that are imposed upon the medical men of the Ceylon Medical Service by the Government in the matter of fee-charging. At the present moment, no medical man in charge of an out-station is permitted to demand a fee from any Government servant who draws a salary under £25 a month. The largest number of my patients consists of Government servants with salaries ranging from £10 to £22 a month, and the majority of them are, in addition, landed proprietors, and yet, by reason of this grossly unfair ordinance, I am forced to attend upon them and their families without the smallest remuneration. Now, why should this be so? The "free" patient and the medical officer are both servants of one and the same Government, with the important difference though that, in my case, I am registered, hold a British qualification, and am privileged to claim a monthly salary of £7 4s. only. This being the case then, wherein lies the necessity or the justice of drawing this fine distinction?

It strikes me very forcibly that the "free patient" derives a considerable amount of gratuitous benefit by this curious arrangement. Without entering into a lengthy recital of the wrongs that are thus inflicted upon medical men drawing a meagre salary, I may mention that any number of instances could be cited where medical officers have had to go some distance to attend Government servants for fractures, typhoid fever, etc., and who, on forwarding their account for payment, have received the terse and pithy reply of "I am a Government servant." It is therefore only to be hoped that the Council will take into consideration the existing state of matters, and that, before extending the Act of Registration to Ceylon, it will exert its powerful influence to amend the anomalous position which medical men in the island are forced to occupy.

THE *Indian Medical Gazette* states that Sir James Hanbury, K.C.B., will shortly be gazetted Principal Medical Officer, Madras, and will probably be the successor of Surgeon-General Madden as Chief Medical Officer of the Forces in India.

MEDICAL MAGISTRATE.—Surgeon-Major Keogh, J.P. for Co. Kildare, has been placed on the Commission of the Peace for the Queen's County.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

MAINTENANCE OF THE PHYSIOLOGICAL DEPARTMENT.—At a meeting of Convocation held on February 21st, the ordinary motion was made to continue the grant of £500 per annum for the expense of the Physiological Department, a minimum which Professor Fowler said Dr. Burdon Sanderson had eked out by an annual payment of £100 from his private purse. Professor Freeman opposed the grant as an antivivisectionist; so did the Bodleian Librarian, who reviewed the history of the contest over the Physiological Department, and complained of the inequity with which an important minority had been treated. Mr. Macray said that he and others would feel bound to vote against grants to the department so long as the University left the question of vivisection unrestricted by its statute. The grant was carried by 102 votes to 22.

UNIVERSITY OF CAMBRIDGE.

OUR Cambridge correspondent telegraphs:—The following were, on February 23rd, admitted to the degree of M.B.:

Harrison, H. L., B.A. (St. John's); Light, E. M. (Clare). Mr. Light was also admitted to the degree of B.C.

UNIVERSITY OF BRUSSELS.

At the recent February examination the following gentlemen, having passed successively the first, second, and third Doctorates Examinations required by the University, were admitted to the degree of M.D.:

Des Voeux, H. A., M.R.C.S.Eng., L.R.C.P., L.S.A.; Dyer, S. G., M.R.C.S.Eng., L.R.C.P., L.S.A.; Hubbard, W. L., M.R.C.S.Eng., L.R.C.P., L.S.A.; Mathews, W., M.R.C.S.Eng., L.R.C.P. Ed., F.R.C.S. Ed.

OBITUARY.

PROFESSOR WAGNER.

THE death of Professor Wagner, the distinguished pathologist, on February 10th, is announced from Leipzig.

Professor Ernst Leberecht Wagner was born in Dehlitz in 1829, obtained his degree at Leipzig in 1855, was made extraordinary professor in 1859, and in 1863 ordinary professor of general pathology and pathological anatomy. After Wunderlich's death Wagner took over the direction of clinical medicine in the University of Leipzig. His profound pathological acquisitions were evidenced by numerous publications—for example, *On Uterine Cancer* (Leipzig, 1858), *On Fatty Metamorphosis of the Heart* (1864), *On Lymphadenoma Resembling Tubercle* (1871), and these labours throw his clinical activity into higher relief than is usually the case with physicians. "Of his many-sided and profound knowledge of pathology" (*Berliner Klinische Wochenschrift*, February 20th) "his distinguished exposition of Bright's disease is a witness; of his comprehensive medical culture his *Handbook of General Pathology*, a truly classical work, of which Uhle was co-editor. Subsequently to 1860 Wagner edited the *Archiv der Heilkunde*, which, in 1878, gave place to new undertakings. Wagner was distinguished as a diagnostician and teacher, and in general character, and his work will ever be remembered far beyond the scene of his activity."

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

WITHINGTON URBAN (Population, 21,000).—Dr. Railton's account of the incidence of epidemic disease during 1886 in the four townships comprised in this district is very interesting. The year's mortality was low, although two rather extensive epidemics of fever prevailed, which, but for the mildness of the disease, might have proved very disastrous. Measles also prevailed to a great extent in Chorlton-cum-Hardy in the early months of the year, and especially in the month of April. Six cases of diphtheria were reported, and of these 5 proved fatal. They were quite unconnected one with the other, the milk supply being from a different source in each case. Dr. Railton devotes a fair portion

of his report to a consideration of the mortality at the various age periods. Deaths of infants were at the rate of 9 per cent., which is slightly lower than in 1885. All the deaths from diarrhoea occurred in children under 5 years of age. The general death-rate was very low—12.0 per 1,000.

KENSINGTON (Population, 173,500).—*Hospitals of Asylums Board: Notification of Disease: Disease in Post Office Officials.*—Dr. Dudfield's annual reports may be regarded as exhaustive treatises on sanitary science, of which he not only expounds the theory, but relates the practice. His influence and interest are widespread, and acting under his advice the vestry of St. Mary Abbots, has become a real power in promoting improvements, and in controlling sanitary legislation. Dr. Dudfield has always attached the greatest importance to the work of the Metropolitan Asylums Board in connection with hospital accommodation, and may justly claim credit for originating many useful features of its present system. He for many years contended for the free admittance of all infectious cases upon the application of sanitary officials or of registered practitioners, and it was mainly at his instance also that the plan of removing small-pox patients out of London was adopted, and that the hospital-ships were instituted. His report for 1886, especially that part which deals exclusively with the prevalence of zymotic diseases in the district, shows that there was not a great deal of epidemic sickness during the year. Measles, whooping-cough, and diarrhoea were the most fatal, but the number of deaths in each instance was below the decennial average. Diphtheria was the only one of these diseases which showed a mortality in excess of the average. This increase, Dr. Dudfield thinks, may be apparent rather than real, and is possibly due to greater accuracy in diagnosis. The decline in the prevalence and fatality of certain diseases is taken as evidence of the beneficial results of the system of voluntary notification. The action of the postal authorities in reference to the notification of several cases of scarlet fever in the families of letter-carriers, etc., did not quite satisfy Dr. Dudfield's requirements, information having been withheld until the services of the disinfecting staff were called into requisition at the termination of the respective illnesses. The death-rate for the whole parish was 15.9 per 1,000, compared with 15.5, 15.1, and 16.1, in the three preceding years, being 1.4 per 1,000 below the decennial average, and 4.0 below the metropolitan rate. The infant mortality was lower than in some recent years, the number of deaths under one year of age being 636, or 15.4 per cent. of the total registered births.

CHELSEA (Population, 97,716).—*Diphtheria: Typhus Fever: Conviction for Careless Dispensing.*—The number of deaths registered in this parish during 1886, including the three subdistricts, was 1,909. The death-rate, therefore, was equal to 20.4 per 1,000. No deaths were recorded from small-pox, and there were only 7 deaths from scarlet fever. Dr. Edward Seaton states, as a curious fact, that exactly the same number of scarlet fever deaths occurred in each of the two preceding years. Diphtheria caused 28 deaths—a high mortality, as compared with other urban districts. Dr. Seaton's experience leads him to the conclusion that defective house drainage has very little to do with the production of this latter disease. "It is beyond question," says Dr. Seaton, "that many outbreaks of diphtheria, like scarlet fever, have been traced to milk, and it is also beyond doubt that in these cases the milk has not become contaminated by human agency, or by a polluted water supply. As in the case of scarlet fever, there are facts which point to a disease of the cow as the source of the mischief." People are careless about measures of isolation and disinfection in connection with diphtheria; but Dr. Seaton insists very strongly on the need for treating the disease as one of an infectious character. Some cases of typhus fever occasioned considerable anxiety, occurring as they did in a court occupied by poor people, necessarily living under unfavourable sanitary conditions. The utmost precautions were taken, and the patients removed to the hospital, and Dr. Seaton procured the assistance of the guardians and of other charitable societies in relieving cases of distress, which would otherwise have fallen ready victims to the disease. The new disinfecting station afforded valuable help, and its usefulness is becoming more generally recognised. One of the chief events of the year was the successful prosecution of a chemist and druggist for carelessness in dispensing a medicine.

POPULAR (Population: South district, 58,530; North district, 115,000).—*Prevalence of Measles and Diphtheria: Cutting off*

MEDICAL NEWS.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BIRMINGHAM GENERAL HOSPITAL.**—Assistant House-Surgeon. Applications by February 25th to the House Governor.
- BRISTOL DISPENSARY.**—Surgeon. Applications by March 8th to E. Stock, Esq., 57, Queen Square, Bristol.
- CANCER HOSPITAL, Brompton.**—Registrar. Salary, £50 per annum, with board and residence. Applications by March 6th to the Secretary.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.**—Two Assistant Surgeons. Applications by March 6th to the Secretary.
- COTON HILL LUNATIC HOSPITAL.**—Assistant Medical Officer. Salary, £100 per annum, with board, etc. Applications by March 10th to the Medical Superintendent.
- DEWSBURY AND DISTRICT GENERAL INFIRMARY.**—House-Surgeon. Salary, £80, with board, etc. Applications by March 6th to the Chairman of the House Committee.
- FRENCH HOSPITAL, Leicester Square.**—Resident Medical Officer. Salary, £80 per annum, with board, etc. Applications to the Secretary.
- LEICESTER INFIRMARY AND FEVER HOUSE.**—Assistant House-Surgeon. Salary, £50, with board, etc. Applications by March 10th to the Secretary, 24, Friar Lane, Leicester.
- LINCOLNSHIRE COUNTY ASYLUM, Bracebridge, near Lincoln.**—Assistant Medical Officer. Salary, £150 per annum, with board, lodging, and washing. Applications by February 25th to J. W. Marsh, Esq., Superintendent.
- METROPOLITAN HOSPITAL, Kingsland Road.**—Junior House-Surgeon. Salary, £40, with board, etc. Applications by February 27th to the Secretary.
- MOUNTMELLICK UNION, Coolrain Dispensary.**—Medical Officer. Salary, £115 per annum, and fees. Applications to Mr. P. Kelly, Honorary Secretary, Derryduff, Mountrath. Election on March 5th.
- OUGHTERARD UNION.**—Medical Officer, Oughterard Dispensary. Salary, £112 per annum and fees. Applications to Mr. Robert Mons, Honorary Secretary, Drumnakill Lodge. Election on March 7th.
- OUGHTERARD UNION.**—Medical Officer to the Workhouse, Infirmary, and Fever Hospital. Salary, £70 per annum. Applications to Mr. J. Gillmore, Clerk of Union. Election on March 7th.
- ROXBURGH DISTRICT ASYLUM, Melrose.**—Assistant Medical Officer. Salary, £80 per annum, with board and residence. Applications to Dr. Johnstone.
- ST. GEORGE'S AND ST. JAMES'S DISPENSARY.**—Physician. Applications to S. L. Bunnell, 60, King Street, Regent Street, W.
- TARBAT (ROSS-SHIRE).**—Medical Officer. Salary, £115 per annum. Applications by February 29th to Finlay Munro, Esq., Rockfield-by-Fearn, N.B.
- UNIVERSITY OF GLASGOW.**—Four Examiners in Medicine. Annual fee, £40 or £30. Applications by March 5th to the Secretary of the University Court, G. D. McLellan, Esq., 145, West George Street, Glasgow.
- WEST BROMWICH DISTRICT HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board. Applications by February 25th to William Bache, Esq., Churchill House, West Bromwich.
- YORK COUNTY HOSPITAL.**—Senior House-Surgeon. Salary, £100 per annum, with board, etc. Applications by March 1st to the Secretary.
- YORK DISPENSARY.**—Three Resident Medical Officers. Salary, £130 per annum, with furnished apartments, etc. Applications by February 29th to S. W. North, Esq., 84, Micklegate, York.

MEDICAL APPOINTMENTS.

- ASHLEY, S. D., M.R.C.S.,** appointed Resident House-Surgeon to the Brixton, Streatham, and Herne Hill Dispensary, *vice* A. G. Peacock, L.R.C.P., M.R.C.S., resigned.
- CALVERT, James, B.A., B.Sc., M.D.Lond., M.R.C.P., M.R.C.S.,** appointed Assistant-Physician to the Royal Hospital for Diseases of the Chest, City Road, London.
- GRIFFITHS, T. R.,** appointed Clinical Assistant to the Birmingham Borough Asylum, *vice* R. J. Fox, resigned.
- HATLES, D. G. Clements, C.M., M.D.Ed.,** appointed Consulting Surgeon-Oculist to the Redland Branch of Clifton Dispensary.
- JONES, E. Lloyd, M.B., C.M., B.A.,** appointed Junior House-Surgeon to the Western Dispensary, Marylebone Road, N.W.
- LUFF, A. P., M.B., B.Sc.Lond., M.R.C.S.,** appointed Assistant-Physician to the North-West London Hospital, Kentish Town Road, *vice* T. Glover Lyon, M.A., M.D., resigned.
- POWELL, H., L.R.C.P.Ed.,** appointed Medical Officer to the Silvermines Dispensary, Nenagh Union, *vice* J. H. A. Hall, L.K.Q.C.P.I., resigned.
- SUGDEN, E. S., M.B.Dur., M.R.C.S.Eng.,** appointed Senior House-Surgeon to the Birkenhead Borough Hospital, *vice* S. Hughes, M.B., C.M.Ed., M.R.C.S., resigned.
- THOMAS, J., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House-Surgeon to the Glamorgan and Mounmouth Infirmary and Dispensary, *vice* Donald Paterson, M.D., resigned.

PRESENTATION TO DR. F. ERNEST POCOCK.—At the half-yearly dinner, on February 16th, of the Brussels Medical Graduates Association, Dr. Henry Lewis, of Folkestone, President, in the chair, a handsome illuminated address, with a gold repeating watch and massive silver centre-piece and soup tureen, was presented to Dr. F. Ernest Pocock, who has been honorary secretary of the asso-

ciation for nearly ten years. The presentation was made jointly by Dr. Jervis, the president, and Dr. I. Beresford Ryley, the founder of the Association, both of whom spoke in the warmest and most cordial manner of the indefatigable energy and acumen shown by Dr. Pocock in carrying out the work of the association. It was entirely owing to Dr. Pocock's efforts that the Brussels degree had been (under the recent Medical Act) placed upon the *Medical Register*. Dr. Pocock suitably responded, and thanked the association for their kind recognition of his services. Dr. Bowles, F.R.C.P., of Folkestone, in replying to the toast of his health, said that Indian medical students were at a great disadvantage in obtaining a degree in medicine, but that he hoped this was soon to be remedied. Among the other speakers were Dr. Danford Thomas, Dr. William Gayton, Dr. Nix, Dr. Barraclough, and Dr. Orwin.

THE WORKHOUSE INFIRMARY NURSING ASSOCIATION.—H.R.H. Princess Christian of Schleswig-Holstein, patroness of the Workhouse Infirmary Nursing Association, has written to the committee: "If I have an opportunity, I will certainly urge the claims of the Trained Nursing Association in workhouse infirmaries. I know from personal experience what good work it has done." The eighth annual report of this association showed that there has been during the past year a steady increase in the demand for nurses trained by the association. Sixty-three have been appointed to twenty-two infirmaries. Seventy-three nurses, of whom fifty-four are in London and the remainder in the country, are now at work. Four vacancies were filled during the year at new infirmaries. Midwives from the association are at work at the infirmaries of St. Pancras, Camberwell, St. Luke's (Holborn), Marylebone, Kensington, and Hampstead. The Board of Guardians of St. George's-in-the-East have consented to fill the vacancies which occur in their infirmary with trained nurses, under the supervision of Miss Hughes, the matron appointed last year. Miss Louisa Twining has promised a donation of £100 towards meeting the increased outlay of the association in carrying out the work it has set to itself—that of abolishing the old system of pauper nursing, and replacing it by placing trained ladies and nurses in all our infirmaries. It is encouraging to find that fifteen boards of guardians subscribe to the society's funds.

HUNTERIAN SOCIETY.—The following officers of the Hunterian Society were elected at the annual general meeting on February 8th for the ensuing twelve months:—*President*: R. Clement Lucas, B.S. *Vice-Presidents*: Mr. G. J. B. Stevens; Mr. G. B. Ilicks; Fletcher Beach, M.D.; Heinrich Port, M.D. *Treasurer*: H. I. Fotherby, M.D. *Trustees*: H. I. Fotherby, M.D.; Mr. D. de Berdt Hovell. *Librarian*: Mr. T. Rowing Fendick. *Orator*: G. E. Herman, M.D. *Secretaries*: F. Charlewood Turner, M.D.; Mr. John Poland. *Council*: Messrs. S. H. Appleford; T. E. Bowkett; P. L. Burchell, M.B.; F. M. Corner; J. S. E. Cotman; H. Gervis, M.D.; Dundas Grant, M.D.; W. Rivington, M.S.; Isaac Scarth, M.B.; J. H. Stowers, M.D.; C. J. Symonds, M.S.; R. G. Tatham. *Auditors*: G. E. Herman, M.B.; Messrs. Waren Tay, T. Rowing Fendick, J. S. E. Cotman. *Library Sub-committee*: Messrs. F. M. Corner, S. H. Appleford, Walter Rivington, M.S.; Heinrich Port, M.D.; J. S. E. Cotman. In our notice of the dinner of this Society last week, the name of Buzzard was misprinted for that of Sir William Blizard, of the London Hospital, who in former years adorned the presidential chair, being the first president, and delivered the first oration.

THE WILLIAM F. JENES MEMORIAL PRIZE.—The first triennial prize of 250 dollars, under the deed of trust of Mrs. W. F. Jenks, will be awarded to the author of the best essay on "The Diagnosis and Treatment of Extra-Uterine Pregnancy." The prize is open for competition to the whole world, but the essay must be the production of a single person, and must be written in the English language, or if in a foreign language must be accompanied by an English translation. All essays to be sent to the College of Physicians of Philadelphia, Pennsylvania, U.S.A., addressed to Ellwood Wilson, M.D., before January 1st, 1889. Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. The Committee will return unsuccessful essays if reclaimed within one year. If the successful essay be published, which the trustees have the power of doing, the distribution of it is to be entirely under the control of the trustees under the deed. If not published, it is to be the property of the College of Physicians of Philadelphia.

ABERDEEN MEDICO-CHIRURGICAL SOCIETY.—The following gentlemen have been admitted as honorary members of this Society:—Sir Andrew Clark (London), Drs. Matthews Duncan (London), David Ferrier (London), Alex. Harvey (London), Thomas Keith (Edinburgh), William Bruce (Dingwall), Samuel Davidson (Wartle), Patrick Jamieson (Peterhead), William Lyon (Peterculter), Alexander Manson (Banff), Charles Smith (Kinnairdy).

INTER-HOSPITAL (RUGBY) CUP TIES.—Second round: St. Mary's v. London, resulted in a win for the former by 1 try (10 points) and 3 minors to 2 minors (2 points). The game was almost entirely confined to the forwards, and the result somewhat unexpected. The semi-final round is played this week, the final on March 1st.

INTER-HOSPITAL (ASSOCIATION) CUP.—Penultimate round: St. Bartholomew's v. St. Mary's. Played on February 14th, resulted in a draw, each side scoring one goal. St. Thomas's v. Guy's (holders). Played on February 17th, resulted in a win for the holders by 4 goals to 1.

Professor Brunetti, of the University of Pavia, has just been suspended by ministerial decree on the ground that he incited the students to rebellion against his colleagues.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor Walter Hamilton Hylton Jessop, F.R.C.S.: Lecture I. On the Physiological and Pathological Conditions of the Pupil, and Accommodation.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Omerod: Two Cases of Friedrich's Ataxia. Mr. Marmaduke Sheild: (1) Ununited Fracture of Arm. (2) Loose Bodies in Knee-joint. Mr. Black: Case of Syphilis. Cases will also be shown by Mr. Stephen Paget, Mr. Pitts, Dr. Samuel West, and others.

TUESDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Inspector-General Lawson: The Milroy Lectures.—Lecture III. Epidemiological Aspects of Yellow Fever.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. Henry Morris: Some remarks on the Radical Cure of Hydrocele, with notes of two Cases of Excision of the Tunica Vaginalis, followed by Recurrence of the Hydrocele. Mr. A. Marmaduke Sheild: A Case of Neglected Dislocation of the Humerus, followed by Paralysis of the Nerves of the Hand and Forearm, treated by Excision of the Head of the Humerus.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor Walter Hamilton Hylton Jessop, F.R.C.S.: Lecture II. On the Physiological and Pathological Conditions of the Pupil, and Accommodation.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Theodore Williams: Pathology and Modern Treatment of Bronchial Asthma.

THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Inspector-General Lawson: The Milroy Lectures.—Lecture IV. Epidemiological Aspects of Cholera.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Annual meeting.

PARKES MUSEUM OF HYGIENE, 5 P.M.—Professor G. Sims Woodhead, M.D., on Milk and Disease.

HARVEIAN SOCIETY, 8.30 P.M.—Mr. Mansell-Moullin: The Surgical Treatment of Erysipelas. Dr. Spicer: On the Functions of the Uvula and Epiglottis.

FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor Walter Hamilton Hylton Jessop, F.R.C.S.: Lecture III. On the Physiological and Pathological Conditions of the Pupil, and Accommodation.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 P.M.—Mr. Percy Dunn will show Pathological Specimens. Mr. Roche Lynch will show a Specimen of Cancer of Bodies of the Vertebrae. Dr. Eccles will give a demonstration of Massage. Papers: Mr. Lunn: On a Successful Case of Oophorectomy. Dr. Inglis Parsons: The Treatment by Electrolysis of Fibroids of the Uterus.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which should be forwarded in stamps with the announcement.

BIRTHS.

BELL.—On February 18th, at Marchard Bishop, Devon, the wife of Theodore Bell, M.B., B.Ch. (Univ. Dublin), of a daughter.

O'CONNELL.—On January 30th, at Neemuch, Central India, the wife of Surgeon D. V. O'Connell, M.D., Army Medical Staff, of a daughter.

DEATH.

GREENER.—On February 11th, at Riverside, Cardiff, Marjorie Grace, infant daughter of Michael and Florence Greener.

OPERATION DAYS AT THE LONDON HOSPITALS.

MONDAY	10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.
TUESDAY	9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); St. Mary's; Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department); 10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.
WEDNESDAY	10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-West London; Chelsea Hospital for Women.
THURSDAY	10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-West London; Chelsea Hospital for Women.
FRIDAY	9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.15 P.M.: St. George's (Ophthalmic Department).—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.
SATURDAY	9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS. —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.
GUY'S. —Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; 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., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th., 3; 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, Th., 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, Tu., 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. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.
ST. GEORGE'S. —Medical and Surgical, M. T. F. S., 1; Obstetric, Tu. S., 1; o.p., Tu., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu., S., 9, Th., 1.
ST. MARY'S. —Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrician, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30; Operations, Tu., 1.30; Ophthalmic Operations, F., 9.
ST. THOMAS'S. —Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.
UNIVERSITY COLLEGE. —Medical and Surgical, daily, 1 to 2; Obstetrics, M. Tu. Th., F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S. 9.15; Throat, Th., 2.30; Dental, W., 10.30.
WESTMINSTER. —Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, M., 9; Skin, Th., 1; Dental, W. S., 9.15.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication. CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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.

THE TITLE OF DR.

HONESTAS writes: Your reply to "Anxious One," in the JOURNAL of February 11th, that the Royal College of Physicians of Edinburgh has always discouraged its Members and Licentiates from using the title of Dr. is quite erroneous.

In 1865, Dr. Grace, of Thornbury, wrote to the Secretary of the College, asking for information on this subject. The official reply was that "he was (as a Licentiate) legally entitled (by the charter) to call himself doctor, and to add the prefix on his door-plate, etc." (see the JOURNAL, February 7th, 1885). This secretary was the distinguished Rutherford Haldane, afterwards a member of the General Medical Council.

At the present time the College undoubtedly discourages the assumption of any other title than that of physician by its Licentiates, but this does not alter the fact that for many years it gave candidates to understand that the licence carried with it a right to the title of Dr., and in all official communications this prefix was used.

I hope all old Licentiates and Members will make a note of the law as laid down by the College in their letter to Dr. Grace.

A SOCIETY FOR SUPPLYING CLOTHES TO CHILDREN IN HOSPITALS.

MRS. H. GOODWIN STEPHENSON, Honorary Secretary of the Society for Making Clothes for the Sick Children in London Hospitals, will be glad to receive applications for membership, and to supply rules, patterns, and all further particulars on receipt of two stamps and a letter addressed to her at 26, Dorset Square. There are now over 1,000 members of the society, and parcels of clothes are sent monthly to twenty-five institutions in turn. Each member is required to supply four garments yearly, and to provide her own materials, but no subscription is asked for. The clothes are much valued by the various hospitals.

WOMEN AS PHARMACISTS.

MRS. ISABELLA S. CLARK KEER, herself a pharmaceutical chemist, recommends pharmacy as an employment for women, in an interesting paper on the subject in *Atalanta* for this month. There are at present ten women pharmacists on the registry of the Pharmaceutical Society, of whom four are in business, three in England and one in Wales; of the others, some hold appointments in hospitals and dispensaries, and one or two give private lessons in pharmacy.

CARRIAGES FOR REMOVING INVALIDS.

MESSRS. H. and J. RADING, 14 and 15, Riding House Street, Langham Place, London, write: We notice in the JOURNAL of February 18th an illustrated article from Mr. Richard Davy, of the Westminster Hospital, in the last paragraph of which he states "that until lately no regard has been given to the removal of an invalid," we may beg leave to mention, as must be known to most of your readers, that for the last fifty years our invalid's cot carriages have been used for that purpose, and with such gratifying results that not one single complaint of an injury done to an invalid during transit has been made, among the thousands we have moved to all parts of England, Ireland, Scotland, and to the Continent.

Our carriages have the advantage of conveying an invalid from bedside to bedside without having to be moved off the couch, no matter how far the distance, which obviates the necessity, which occurs in other carriages, of taking the patient out, and transferring him to a railway carriage or guard's van, where he runs a great risk of taking cold and being much shaken.

We may also mention that we never have any inconvenience with the railway companies; on the other hand, they facilitate our object by even allowing our carriage to be placed in the middle of a train to lessen the little vibration that may ensue; but as we have special means of strapping our carriage to the truck, in addition to their arrangements, such vibration is reduced to a minimum.

We shall have the greatest pleasure in showing and describing our carriages to Mr. Richard Davy or any other medical gentleman interested in the object of the removal of invalids, and we are sure that we shall convince them that our mode of removal supercedes all others, and will continue to merit the patronage hitherto bestowed on us by the profession.

IDIOSYNCRASY TO QUININE.

H. G. H. writes: A patient who consulted me the other day after I had prescribed for him suddenly asked me if I had ordered him "quinine" in any form or other, and on informing him that I had not, I asked him the reason. "Why? well," he said, "I really cannot take it. I have tried it several times, and every time it produces the same effect," namely, intolerable itching all over the body, but more particularly the hands, between the fingers, which lasts for about two or three hours. The first time he tried it was about nine years ago, with the same result then as now, and every time that he takes it (unaware, of course, as he will otherwise not take it upon any account) he has this most fearful itching of which he complained. In all "Therapeutics," articles upon quinine, etc., that I have read, I have not seen this mentioned. I wanted him to try a dose or two, with the intention of combining it with some liquor arsenicalis, as a preventive to this most intense itching; but nothing would induce him to try it, although he said he wished so much to be able to take quinine.

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

J. Walters, M.B., Reigate; Dr. Longford, London; Surgeon H. G. Wyatt, Curragh Camp; Messrs. Ingram and Royle, London; Dr. O. Coleman, Surbiton; Dr. Webb, Neuilly-sur-Seine; Miss F. Wilkinson, London; Mr. R. H. Johnston, Bungay; Mr. J. M. Balfour, Monialve; Mr. S. J. Lilley, Leicester; Mr. T. J. Verrall, Brighton; Dr. A. M. Edge, Manchester; Mr. H. Williams, Liverpool; Dr. J. Wight, Aberdeen; J. Ferguson, M.B., Perth; T. H. T. Pullin, M.B., Sidmouth; Dr. Edwardes, London; Mr. A. W. Mayo Robson, Leeds; Mr. A. Durey, Paris; The Secretary of the Income Tax Repayment Agency, London; Messrs. Pally, Kelly and Co., Redruth; Mr. M. Sharman, Leicester; Mr. W. E. Bridge, Purandhee, near Poona; Mr. R. V. Kelly, London; Dr. D. A. Fraser, Tonnes; Mr. W. Berry, Wigan; Our Swiss Correspondent; Vesical Calculus; Mr. J. G. Horder, Cardiff; Mr. T.

S. Ellis, Gloucester; Dr. D. A. C. Hood, London; Mr. J. H. Thomas, Wellingtonborough; Dr. F. Tresilian, Ebbw Vale; Mr. M. Howes, Stafford; Dr. J. K. Spender, Bath; The Director-General of the Army Medical Department, London; Dr. W. Sedgwick Saunders, London; Dr. Mickle, London; Mr. Davies, Sherborne; Mr. W. Duncan, Bristol; Our Glasgow Correspondent; Dr. Andrew Currie, Sydney; Dr. T. Oliver, Newcastle-upon-Tyne; Brigade-Surgeon R. P. Ferguson, Shorncliffe; Dr. Norman Kerr, London; Dr. J. Dowling, Tipperary; Mr. A. F. Hawkins, Birmingham; Mr. G. Mahomed, Bournemouth; Dr. Raiton, Manchester; Dr. S. D. Chippingdale, London; Messrs. Slack and Brownlow, Manchester; Mr. A. B. Wilmot, Burnham; The Honorary Secretary of the Jamaica Branch of the British Medical Association, Kingston; Mr. T. H. S. Pullin, Skilmouth; Dr. F. de Havilland Hall, London; Dr. J. Rogers, London; Mr. A. Evans, West Bromwich; Mr. T. J. Gallwey, Newcastle; Mr. S. R. Dyer, London; Mr. W. P. Feltham, Newry; Mr. C. F. Holfer, Bilston; Dr. B. Barnes, London; The Secretary of the British Guiana Branch of the British Medical Association, Georgetown; T. D. Greenlees, M.B., Stone; Dr. Apostoli, Paris; Mr. J. J. H. Jackman, Dunmore East; Dr. J. W. Moore, Dublin; Dr. W. Sykes, Moxborough; Mr. Holland, London; A Member of the British Medical Association, Tunbridge; Dr. Beaven Rake, Trinidad; Mr. E. White Wallis, London; Mr. J. T. Neech, Oswestry; Mr. R. Clement Lucas, London; Mr. S. White, Sheffield; Mr. E. Stock, London; Dr. Robertson, Ventnor; Messrs. H. and J. Reading, London; Mr. W. H. Powell, Ross; Mr. W. D. Moore, Cardiff; Dr. E. Markham Skeritt, Clifton; Dr. H. A. Gordon, London; The Secretary of the British Medical Temperance Association, London; Dr. C. Halls, Clifton; Dr. Ritchie, Saltburn-by-the-Sea; Dr. F. C. Turner, London; Dr. W. F. Haslam, Birmingham; Mr. F. J. Dixon, West Bournemouth; Dr. Greenwood, jun., London; Dr. R. Paramore, London; The Proprietors of the *Graphic*, London; Mr. Francis Hawkins, London; Old Subscriber; Mr. T. W. Hannaford, London; Mr. R. Davies, Petersfield; A. Gray, M.B., Dalton-in-Furness; Mr. W. H. Greening, London; Mr. G. F. C. Masterman, Stourport; Messrs. T. Noakes and Son, London; Mr. W. Smith, London; Mr. M. Greener, Cardiff; Mr. F. A. Southam, Manchester; The Honorary Secretaries of the Nottingham Medico-Chirurgical Society; Surgeon M. W. Kerin, Cork; Mr. J. W. Orr, Wellingtonborough; The Secretary of the Cancer Hospital, Brompton; Mr. E. N. Close, Streatham; Dr. M. C. Furnell, The Riviera; Mr. J. W. Macalister, London; Dr. B. Liveing, London; Dr. R. Haygard, Hull; The Equitable Telephone Association, London; Dr. Tatham, Salford; Dr. P. T. Duncan, Croydon; Mr. K. D. Young, London; Mr. W. W. Patterson, London; Mr. E. C. Barnes, London; Dr. A. W. Orwin, London; Mr. A. Ambrose, Buckhurst Hill; Mr. E. S. Reynolds, Manchester; Mr. W. S. Low, London; The Secretary of the Volunteer Medical Association, London; Messrs. H. Sell and Co., London; T. Bell, M.B., Morchard Bishop; Mr. Dean, Manchester; The Editor of the *Liverpool Journal of Commerce*; Mr. R. J. Hamilton, Liverpool; Mr. E. H. Carter, Chelmsford; Mr. F. F. German, Seaford; Mr. E. Trimmer, London; Dr. Wallace, Greenock; The Librarian of the Société Médico-Chirurgicale de Liège, Liège; etc.

BOOKS, ETC. RECEIVED.

Transactions of the College of Physicians, Philadelphia. 3rd series. Vol. ix. Philadelphia: P. Blakiston, Son and Co. 1887.

Transactions of the Academy of Medicine in Ireland. Vol. v. Edited by William Thomson, M.A., F.R.C.S. Dublin: Faunin and Co. London: Baillière, Tindall and Cox. Edinburgh: MacLachlan and Stewart. 1887.

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