

favourable influence in initiating collateral circulation before actual deligation was done—an inference which the total absence of oedema, together with the very trifling amount of pain or inconvenience experienced after ligature, seemed to justify.

Closure of the wound by first intention and the total disappearance of ligature and sutures may also be worthy of note.

ON THE ANTISEPTIC AFTER-TREATMENT OF VACCINATION.

By JOHN BARK, M.R.C.S.ENG.,

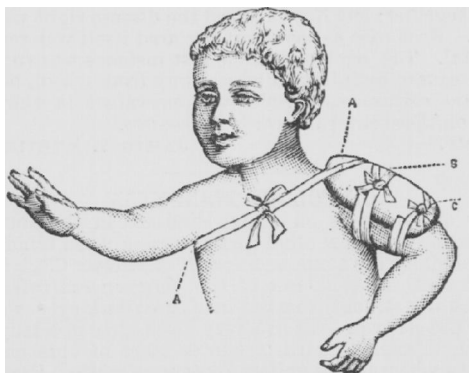
Honorary Surgeon, Stanley Hospital and Hospital for Diseases of the Throat, Liverpool; Public Vaccinator, West Derby Union.

DURING some five years' experience in a large public vaccination district, with a mixed population of over 100,000, and a yearly average of over 2,000 primary vaccinations, I have noticed that the most common mischief one has to dread is the occasional occurrence of erysipelas, which, of course, as in the case of any ordinary wound, may, under conditions favourable for its development, end fatally through septic absorption.

It is a noteworthy coincidence that all the cases that have come under my observation have been in children in whom cleanliness was almost entirely neglected, or who were living in houses where the hygienic surroundings were bad. There is no doubt that all attacks of blood-poisoning which follow vaccination are due to one or other of these causes, and that they are not the direct result of the operation, as anti-vaccinationists so confidently and unjustifiably assert.

In my practice as surgeon to a general hospital, having been for many years profoundly convinced of the value of antiseptic treatment in surgical affections, I have long felt that the same principle might be employed with advantage to prevent the incidence of erysipelas or blood-poisoning after vaccination. Acting on this idea, I have for over a year employed an antiseptic pad for the protection of the vaccinated arms of infants, applying it after the opening of the vesicle on the eighth day, before which date (in my experience) septic absorption does not take place.

The pad is composed either of boracic or eucalyptus absorbent cotton wool, or of Hartmann's perchloride wood wool wadding (the latter being the most absorbent, and therefore answering best), and covered at the back and edges by antiseptic gauze, and is applied in the manner shown in the woodcut.



Note.—The pad has been represented in the woodcut very much too large.

b and c are two straps of soft half-inch tape, which fasten the pad to the arm; while a a is a similar tape, which passes from its upper border to the opposite axilla, and prevents the pad from slipping down. The mother must be warned not to disturb this arrangement for at least six days. I have tried this protective dressing in about 100 cases, some of them specially selected on account of their large inflammatory areola, and have found that on removal of the pad on the sixth or seventh day after its application the inflammatory infiltration has entirely disappeared, and in most cases a firm, hard scab has already replaced the vesicles, so that the arm can safely be left uncovered.

The following are the advantages claimed for this form of protector:

1. It protects the arm from external violence.
2. It absorbs all discharge.
3. Most important of all, it reduces the risk of septic absorption.

4. It cannot be used a second time like ordinary shields, which it is too often the dangerous practice to use again and again.

5. Lastly, and not its least advantage, is its extreme cheapness. As the result of the practical experience gained in this matter, my conviction is that this antiseptic absorbent covering effectually minimises the risks of erysipelas and blood-poisoning, those *bêtes noires* of all vaccinators, and is well worthy of a thorough trial.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.,

TRANSIENT RECURRENT ATTACKS OF LATERAL HEMIANOPSIA.

A. B., a well-nourished and healthy-looking man, aged 65, stated that when 20 years of age he had his first attack. At that time he was working as a miner underground, and having finished his work had just returned home, when he noticed that he could only see half or part of anything he fixed his eyes upon; thus in looking at two objects placed side by side, only one was visible, or on looking at a bystander only the left half of his face could be seen. At the same time, an indescribable anxiety seized him, quite out of proportion to his concern at losing half his field of vision, and at the same time he felt a fulness at the epigastrium, as though, to use his words, he "had wind in his stomach." This having lasted a few minutes, there commenced a sort of vibratory movement over that part of his sight which was obscured of vision. This he described as appearing like rapidly passing the hand, with fingers outspread, backwards and forwards close by the side of the eye. This vibratory phenomenon gradually increased in intensity, and then gradually faded, and at the same time seemed to clear off the field of obscured sight, till in about fifteen minutes sight was again restored to its normal condition. He says that he had a slight headache afterwards, but nothing of importance.

Now the attack above described he says he has had at pretty regular intervals during the last forty-five years, though he says they are not so intense of late years as in earlier life. The intervals between the attacks vary, sometimes one every few days, at others every few months; he states also that the attacks vary in intensity, sometimes lasting about an hour, and sometimes only a few minutes. There is no history of any nervous complaint, as epilepsy or asthma (if this is a nervous affection), and no history of phthisis. During the last nine months he has lost the sight of his left eye from acute glaucoma, as he describes it. At the present time the right eye is perfectly sound.

Now this sort of attack has been described to me by another, who is quite independent of the gentleman spoken of above. This latter says his was first produced by a severe mental effort when a student, the onset being characterised by great irritability of temper and great inaptitude for reading, the attack in the two cases being exactly similar. In the latter case, after his first attack he had no more for four years, when they returned again at intervals of a few days. He now says that he has had none for some months.

Jos. WM. GILL, L.R.C.P.Lond., M.R.C.S.Eng.
Looe, Cornwall.

RIGIDITY OF OS UTERI: INCISIONS: RECOVERY.

ON December 5th, 8 P.M., I attended A. L., primipara, aged 30, married two years, good medical history.

Pains were strong and frequent, the nurse stated the waters had broken on December 3rd, and that the pains had left till now. The os was dilated to the size of half-a-crown, the parts moist. After waiting two hours without any change I left.

December 6th, 7 A.M., dilatation had increased, but pains slight and few; 8 P.M. pains returned, and I gave antimonial wine every half hour till nauseated, then administered chloroform, but without result.

December 7th, 10 A.M. As the pains were strong and the parts hot and dry, I decided to terminate the labour by incising the os, and consulted my partner Mr. F. Bennett, who agreed that it was absolutely necessary, and kindly rendered valuable assistance.

I first applied the forceps to steady the uterus, then made incisions anteriorly and posteriorly to the extent of about half an inch;

the child's head was now forced through before I could make more. The rest was natural, the uterus contracting well. The child was dead. After-treatment consisted merely of careful diet and syringing every four hours with Condy's fluid. Temperature remained normal, the patient making an uninterrupted recovery, being up on the tenth day, and now perfectly well.

Though there is no claim to originality of treatment, the rarity of such a marked case I thought might warrant my presuming upon your valuable space.

Linton, Cambs.

FRANK S. WATSON, M.R.C.S. and L.S.A.

SCARLET FEVER AND THE PUERPERAL CONDITION.

THE question whether puerperal women are more susceptible than others to contract and suffer severely from scarlet fever is one of the greatest interest and importance.

During the last four weeks I have met with two cases bearing on the subject; in one house there was scarlet fever, some of the children being laid up and others convalescent at the time. The mother, the wife of a working man, living in a healthy rural district, was confined in the midst of this fever, and made a good recovery without contracting the disease.

In the other case, also in a healthy country district, and where the only source of infection which could be suggested was so remote that one would have scarcely anticipated its action, the puerpera contracted the infection and suffered somewhat severely, but eventually recovered, and is now convalescent. That the disease she suffered from was scarlet fever is evident from the fact that three other inmates of the house have subsequently suffered. The interesting point connected with the case is that the mother was of a higher social status than the previous case, and recently had considerable domestic trouble, and for months had looked forward to her confinement with dread and great anxiety.

The above cases appear to me to strikingly bear out the remarks of Dr. Thursfield in the JOURNAL of January 11th.

Dolgelly, N. Wales.

W. WILLIAMS, M.A., M.B. (Oxon.).

It has been generally accepted that puerperal women are specially liable to contract scarlet fever. Some would go so far as to forbid the medical man from attending a confinement if he had scarlet fever cases under his care at the same time. The risk to the puerpera is much exaggerated. In my twelve years' experience as medical officer of health, in which I have had to investigate outbreaks of scarlet fever, I have never known a puerpera to contract the disease from her medical attendant. When the puerpera has been nursed in the same room where the scarlet fever patient has been, not a single case of either the puerpera or her infant has come under my observation. It is only a few weeks ago that I had a case where the puerpera nursed the patient. It has occurred to me that the puerpera and infant enjoy an immunity from the contagion of scarlet fever which others do not. In practice it is well to take all precautions to protect the patient, but there exist morbid fears on this question which the experience of many men engaged in large practices do not confirm. My opinion and experience confirm Dr. Thursfield's.

Bacup.

JNO. BROWN, M.D., D.S.SCI.

A CASE OF TRAUMATIC INJURY TO LABYRINTH OF RIGHT EAR, SUCCESSFULLY TREATED WITH INJECTIONS OF PILOCARPINE.

On October 28th, 1889, Sapper W. O., Royal Engineers, was admitted to hospital, a loaded baggage wagon having passed over his head on the left side. He was unconscious for twenty minutes, he had hæmorrhage from both ears, no serous exudation; he had perforation of the right membrana tympani, several lacerated wounds of both sides of head, which quickly healed under treatment. On October 31st, he was noticed to be deaf on the right side. Treatment by hypodermic injections of one-tenth grain of pilocarpine was commenced on November 14th, when watch was not heard at external meatus; treatment omitted for two days on November 20th. On November 27th, note says that the membrana tympani looks healthier and not congested as before; perforation healed; cone of light well defined, tinnitus at times distressing; he is much pleased with improvement in hearing. On November 30th, singing in ears continuous, but throbbing nearly gone, does not hear watch through temporal bones, faintly over mastoid process, but hears watch at external meatus. On December 5th, he could hear watch at three inches and half from meatus. Potass. bromide

grain x., t.d.s., improved the throbbing. On December 8th he could hear watch six inches from meatus. On December 17th, he was discharged, stating that he could hear as well with right as left ear. After each injection, the patient was kept in bed for two hours; the heart was not much affected, but salivation, sweating, and some looseness of the bowels was produced. One-eighth grain was latterly injected, which caused free sweating, which latter effect was noticeably followed by improvement in hearing. No weakness, palpitation, or giddiness was at any time produced.

E. J. ERSKINE RISK, Surgeon A.M. Staff (M.R.C.S., L.R.C.P.).
Station Hospital, Gravesend.

FIRST PREGNANCY LATE IN LIFE.

THE interesting communication in a recent number of the JOURNAL recalled to my mind two somewhat similar cases, which occurred when I was in practice near Sandringham several years ago.

One I attended personally. This patient asked my advice as to a swelling in her body, and on examination I told her she was pregnant. She replied that that could not be the case for she had been married nineteen years, had never had a child, and that she was turned forty-seven years of age. Time, however, proved that I was right, and at the full term she was delivered of a female child. I had to use forceps on account of uterine inertia, but in other respects everything was perfectly normal, and mother and child did well.

In the other case the mother was of the same age or thereabouts, and had passed a childless married life of twenty years. She was attended by Dr. Gentles, now of Derby, who was at that time assisting me. In that case also mother and child did well.

Holland Park, W.

ALFRED E. BARRETT.

INCUBATION OF MEASLES.

In a young ladies' school with thirty-five resident scholars, a case of measles occurred; the girl was at once removed to a cottage in rear of the dwelling house, complete isolation secured, a nurse put in charge, and all communication cut off. In twelve days the patient and nurse were sent away, and the cottage and everything in it thoroughly disinfected. Exactly fourteen days after this girl showed the disease, a second case occurred; fourteen days after that a third, fourteen days after that a fourth, and fourteen days after that a fifth. Nos. 1, 2, 3, and 5 belonged to different classes, and slept in different rooms; Nos. 1 and 4 were sisters, and slept together; but No. 4 showed the disease eight weeks after her sister. Each case as soon as it declared itself was removed to the hospital. The outbreak in the first instance was supposed to have been caused by infection when away from school, but that is by no means certain, as measles was prevalent in the district. Comment on these clinical records is needless.

Harrogate.

JAMES A. MYRTLE, M.D.

ON COLOUR BLINDNESS.

IN neither of the papers on colour blindness in the JOURNAL is reference made to yellow blind persons; cases of red blindness and of green blindness are alone mentioned. Professor Clerk Maxwell discovered that the blindness of the *foramen centrale* to blue light, which was strongly marked in his own dark eyes, was either altogether absent or present in a very low degree in a lady of fair complexion. Professor Garnett quotes cases of blue and violet blindness, to whom bright yellow appears as white. Professor F. Holmgren, of Upsala, gives details of violet blindness; in the case of each, only one eye was really colour blind, the vision of the fellow eye being normal. This peculiarity enabled the observer to compare the experience of colours gained through one eye with that gained by the other, and thence to state in the language of those possessing normal vision how colours really appear to the colour blind.

I knew a case of a similar description. A person, skilled in the use of the telescope, carefully watched the progress of spots across the sun's disc during the summer of 1870, protecting the right eye by darkened eyepieces, closing the left eye; occasionally, however, these would become displaced, when the eye used would be exposed to full sunlight, though only instantaneously each time; the final result was that the right eye became yellow blind, strictly speaking, blind to amber coloured rays. Thus to this eye a glass filled with a dilute solution of tincture of iodine in water appears colourless, and buttercups in a lawn in full sunshine are scarcely perceived.

Mixtures of colours which appear to make perfect matches by one kind of light are far from matching one another when viewed by a different light. The yellowing effect of gaslight tells more on the white than on combined colours. The colour blind generally class all tints as yellows or blues. According to Maxwell their sensations correspond to green and blue; but the reason why they regard yellow as brighter than green lies in the fact that although to the normal eye the sensation of yellow is a combination of the sensations of red and green, yet yellows are so much brighter than greens that light from them generally excites the green sensation more powerfully than from green objects themselves, and hence yellows are more conspicuous than greens to the colour blind, but only in virtue of the green they contain. To enable colour blind persons to distinguish between red and green, Maxwell constructed a pair of spectacles, one eyeglass of which was red and the other green, so that the object appeared differently to the two eyes; with them objects had a metallic lustre. To the colour blind a red object would appear brighter when seen through the red glass, while a green object would appear brighter through the green glass.

A colour blind or dichromatic person, in speaking of red, green, orange, and brown, refers to different degrees of brightness or purity of a single colour, and not to different colours.

Guided by the fundamental laws of colours and of their combinations, taking especial care to avoid all names of colour tests, when an examination of eyes is made, all test objects to be referred to by number or form only, and by checking the first results by contrasts observed with typical greys and the complementary colours we shall establish an effective system of testing for colour blindness.

J. LARDNER GREEN, M.R.C.S.

Salisbury.

REPORTS

ON

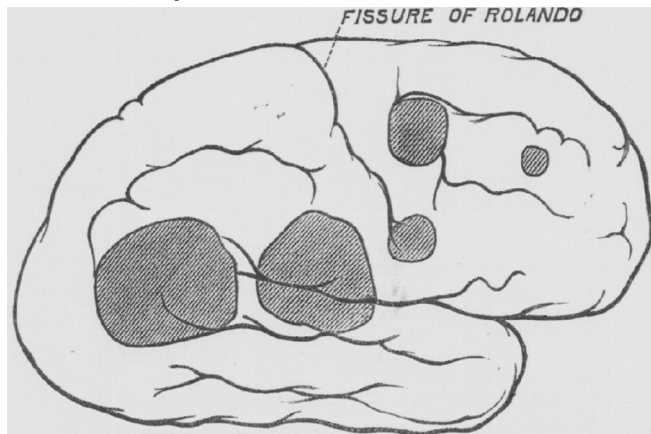
MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

A CASE OF CEREBRAL ABSCESS LOCALISED AND OPENED.

(By G. E. WILLIAMSON, M.A., F.R.C.S., Surgeon and Ophthalmic Surgeon to the Infirmary.)

A RIVETTER's apprentice, aged 15, presented himself at the Eye Department on May 20th, complaining of dimness of vision and headache. It appeared that six months previously he was struck on the forehead by a rivet, which flew out from a machine. He



Copy of a rough sketch made at the time by Dr. Drummond. The right side of the brain, outer surface. The five shaded circles represent the abscesses, the one opened is at the lower end of the fissure of Rolando.

did not lose consciousness, nor was there much bleeding. The wound healed, but not feeling well he kept his bed for some time. The rest of the history was difficult to obtain, and was unreliable, but he said that when he got up he had lost the use of his left leg and arm. After some time he regained the use of the limbs, the

left arm remaining weaker than the right. Since the accident he has been subject to fits; he says that they begin at the left side of the mouth, and go on to the left arm; he adds that he never loses consciousness nor the power of speech, and he can tell when a fit is coming on by a sensation at the left side of the mouth. He suffered from severe frontal headache, vomited from time to time, and there was acute double optic neuritis. In the centre of the forehead there was a vertical scar three-quarters of an inch long. He was admitted into the infirmary, and two days afterwards (May 23rd) he called to the nurse that he was about to have a fit. It consisted of a strong twitching at the left angle of the mouth, with spasmodic closure of the eyelids on both sides, particularly the left; the hands and other parts were unaffected, and there was no loss of consciousness. Up to this time he had been bright and intelligent, but from the day of the fit he became progressively worse, complained much of headache, and lost his interest in things about him. The left angle of the mouth became more sensitive, the least touch on any part of the face, or even a threatened touch, causing a slight contraction. No further fits occurred, but the headache became intense, and his expression heavy and pained. The left elbow was semi-flexed, and somewhat rigid, and he cried out with pain when it was straightened. Percussion was now painful over the surface area of the brain corresponding to the left side of the face. On June 1st, he was stupid and heavy, much more so than on the previous day; the skin was hypersensitive everywhere, and he cried out when he was touched. Both eyes were turned to the right; the pupils were equal, of medium size, and responded to light. He passed water in bed, answered slowly when spoken to, and the left angle of the mouth twitched on the least touch. When the face was drawn with pain there was distinct weakness on the left side. His general condition being now much worse and critical, it was decided to trephine at once. The skull was carefully measured, and the point aimed at was the face centre on the right side. After making a semi-lunar incision a one-inch trephine was applied, the dura mater was incised, and the brain presented, the surface looking normal. A hollow needle connected to a syringe was pushed straight into the brain, and when it penetrated half an inch pus entered the glass barrel. A vertical cut was made into the convolution, and the interior of a small abscess cavity bulged into the trephine hole; it was scraped out with a spoon. As the symptoms had seemed to promise a larger lesion, the needle was systematically passed upwards, downwards, forwards, backwards, and lastly, inwards, to a distance of about two inches in each direction, but without result. A small spoon run round the interior of the cavity met a resisting membrane, and did not sink into soft brain substance unless forced. A drainage tube was introduced, and the flap sutured. The strictest antiseptic measures were employed, and although the head had to be shaved and cleansed only a quarter of an hour before the operation, asepsis was maintained throughout. No special movements were observed during the operation. Morphine was not injected, and there was no trouble from hemorrhage.

Eight hours after the operation he was conscious, more ready to respond to questions, the eyes did not deviate, but he could not count fingers. The sensitiveness of the skin was gone, the rigidity of the left arm had almost disappeared, there was no spasm at the angle of the mouth, and the tongue was protruded much more readily. The pulse was about 100 to the minute, and irregular in the sense that three or four quick beats were followed by as many slow ones; no intermissions. He vomited, probably from the chloroform. Instead of passing water in bed he now called for the urinal.

Two days after the operation he was much brighter and said he had no headache. The left arm or any other part could be freely moved (passive motion) without causing pain; he slept soundly for a few hours at night. During the next few days he continued bright, free from headache, and asked to be removed to the general ward. With difficulty he could sometimes put his left hand to his face, but an occasional twitch was seen at the left side of the mouth. He could draw up the left leg readily, but not so precisely as the right. The pulse no longer varied its beat. The dressings were changed the day after the operation, and again four days later; the wound was then healed, except at the drainage orifice. No pus escaped at any time after the operation. At the end of a week he was still bright and comfortable, talked freely, but could not put his left hand to his face. He could not see a hand when held up, nor distinguish the brilliant colours of a striped jacket. The flap looked bulged over the trephine hole,

tising abroad. The Council pointed out that any foreign medical man could practise in this country, his only disabilities being that he could not be registered, could not sign death certificates, or hold certain public appointments, and could not sue for fees; it was further pointed out that a doctor of medicine in France could enter for the first examination for the licence of the College without any restriction, and that under the new Act, when reciprocity was granted by any foreign country, a medical man qualified in such country would be able to be placed on our *Register* here without undergoing any examination in this country. This part of the report was adopted unanimously, and it was ordered that it should be printed, and a copy sent to the Foreign Office.

The quarterly report of the Finance Committee was received and adopted, with the addition that the stipend of the College Librarian, Dr. Munk, should be increased by fifty guineas.

The annual report of the Examiners for the Licence was received and adopted; during the year 469 licences were granted.

A report was received from the Laboratories Committee respecting the duties of the director of the new laboratory, and recommending the appointment of Dr. Sims Woodhead to the office. The report was unanimously adopted.

Certain alterations in the by-laws were then agreed to, mostly relating to the now abandoned office of Vice-President, and in their stead it was resolved for the first time to enact the following by-law: In all cases of the unavoidable absence of the President, or of his inability to act, he shall appoint a Fellow of the College who has been a Censor to act for him as President for all purposes of routine business and on all matters of form.

ASSOCIATION INTELLIGENCE.

BRANCH MEETINGS TO BE HELD.

WEST SOMERSET BRANCH.—A clinical meeting will be held at the Taunton and Somerset Hospital on Thursday, February 13th, at 3 p.m. Members wishing to show cases or specimens are requested to forward the titles thereof to Mr. Cosens not later than February 8th, when a circular will be sent to each member giving notice of the meeting and of the subjects to be brought forward.—W. BURROUGH COSENS, Assistant Secretary, Taunton.

YORKSHIRE BRANCH.—The next meeting of this Branch will be held at the Hospital, Rotherham, on Wednesday, February 26th, at 3 p.m. Members intending to read papers are requested to communicate with the Secretary before February 14th.—ARTHUR JACKSON, Secretary.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held, by the kind invitation of Dr. Adams, at Brooke House, Upper Clapton, N.E., on Thursday, February 20th, at 8.30 p.m. The evening will be devoted to a demonstration by Dr. Hadden of patients suffering from various forms of nervous disease. Visitors will be welcomed.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, N.E.

BATH AND BRISTOL BRANCH.

The third ordinary meeting of the session was held at the Grand Pump Room Hotel, Bath, on Thursday evening, January 16th, R. S. FOWLER, F.R.C.S., in the chair. There were also present twenty-two members and one visitor.

New Members.—The following gentlemen were elected members of the Association and the Branch: W. H. STEVENS, M.R.C.S., L.R.C.P., of Bristol; J. WILTON, M.D., Bathaston; H. APPLETON, M.D., Sneyd Park; C. A. GRIFFITHS, M.R.C.S., L.R.C.P., Bristol; G. F. BERGIN, M.R.C.S., L.R.C.P.

Communications.—Mr. H. W. FREEMAN described A New Method of Treatment in Intracapsular Fracture of the Hip-Joint, and exhibited a successful case treated accordingly.—Mr. G. S. POLLARD read Notes of a Case of Inguinal Hernia with Internal Obstruction. Mr. GREEN mentioned a case bearing on the subject. Dr. GOODRIDGE, Mr. PAGAN LOWE, and Dr. HARDYMAN, also took part in the discussion.—Mr. T. D. RANSFORD brought forward A Case of Concealed Accidental Hemorrhage. Drs. AUST LAWRENCE, J. G. SWAYNE, and G. HARDYMAN spoke on the subject.—Dr. H. F. A. GOODRIDGE read Notes of a Case of Gastro-Colic Fistula, and showed the pathological specimens of the case.

PERTSHIRE BRANCH.

An ordinary meeting of this Branch was held on Friday, January 3rd, in the Rooms of the Society of Natural Science.

Election of President.—Dr. McNAUGHTON intimated his in-

ability to accept the office of President, in consequence of the restrictions placed upon him by the Commissioners of Prisons for Scotland. Dr. F. R. WILSON, A.M.D., was elected to the President's chair, and instructions were given to the Secretary to confer with Dr. McNaughton in reference to the causes which led to his resignation.

Medical Officers of Health.—The resolution of the annual general meeting as to the tenure of appointments by medical officers of health was unanimously approved of.

Annual Dinner.—The Secretary was instructed to arrange for the annual dinner of the Branch on the first Friday of February.

Paper.—Dr. TROTTER read a paper entitled Suggestions intended to Improve the Relations between the Perth Infirmary and the Medical Profession of the District. The Secretary was instructed to have a summary printed for the consideration of the Branch at next meeting.

JAMAICA BRANCH.

A GENERAL meeting of this Branch was held on October 16th, 1889, at the Public Library, Kingston, the PRESIDENT in the chair. Present:—Messrs. F. H. SAUNDERS (President), G. COOKE, HENDERSON, Da Costa, L. M. CLARKE, and TURTON.—The minutes of the last meeting (of July 31st) was read and confirmed, and signed by the President.

Notices of Motion.—The PRESIDENT gave notice that at the next meeting (November 27th) he would propose the formation of a Medical Benevolent Society.—Mr. G. COOKE gave notice that at the next meeting he would propose the formation of a Pathological Museum.

A letter of reply was read from Mr. T. F. CLARKE to the letter of condolence of the Branch with the family of their late colleague Dr. Thomas Clarke.

Papers.—The Hon. J. C. PHILLIPPO's paper on "The Arrest and Cure of Leprosy by the use of the Gurjun and Chaulmoogra Oils" was postponed.—A paper on "Three Cases of Fracture of the Upper Extremity," by Mr. F. H. SINCLAIR, was read by the SECRETARY. One was that of a man about 30, who for the last four years had suffered from "pains in all his bones." Last Christmas he fractured his left humerus in pulling a yam-stick out of the ground. It united readily. The present fracture was a simple transverse one of his right humerus at the junction of the lower and middle thirds. It was done, according to the patient, in throwing a stone. He threw the stone with very little force, but before it left his hand, and during the forward movement of his hand, he heard his arm "snap," and it fell to his side. There is no history of syphilis, and patient appeared healthy. The second case was that of a mulatto woman about 30 years of age, who in trying to break a dried branch off a logwood tree with her left hand slipped, and caught at the branch with her right hand in order to save herself from falling; as she did so she heard her arm snap. She had never had syphilis. The point of interest in both of these cases was the ease with which the bones broke. A third case, showing the elasticity of the bones in early life, was related.—The cases were discussed by Mr. G. COOKE, Dr. HENDERSON, and the PRESIDENT.—A paper on a Case of Thoracic Aneurysm in which the Common Carotid was Tied was read by Mr. G. COOKE. After relating the case in detail, he propounded the following questions:—1. Is the tying of the common carotid and subclavian in its first stage justifiable? 2. If so, is it best to tie them consecutively or at the same time?—An interesting discussion followed, in which Dr. HENDERSON, Mr. COOKE, and other members took part.

NEW SOUTH WALES BRANCH.

THE New South Wales Branch held its eighty-seventh general meeting in the Royal Society's Room, Sydney, on Friday, December 6th, 1889, Dr. FIASCHI (President) in the chair. Present: Drs. FOREMAN, CRAGO, WORRALL, HANKINS, MILFORD, QUaife, G. A. MARSHALL, Wm. CHISHOLM, BOWKER, FISHER, KENNIE, BRENNEMAN, de LAMBERT, HODGSON, SCOT SKIRVING, PARKER, BRADY, WILLIAMS, SHEWEN, and WEST. The minutes of the previous meeting were read and confirmed.

Papers, etc.—Dr. J. FOREMAN read some notes on a case of Extra-uterine Pregnancy, with Rupture of the Tube; and also exhibited a specimen. A discussion ensued, in which Drs. WORRALL, MILFORD, FIASCHI, and Mr. G. T. HANKINS took part.—Dr. BRADY exhibited some Instruments used in Operative Treatment of Dis-

eases of the Nose and Throat, and explained their use.—Dr. MILFORD read some notes on an example of the Pathological Effects of Arsenic Poisoning. Drs. RENNIE, CRAIG, and SCOT SKIRVING discussed this paper.—Dr. BOWKER read some notes on a case of Facial Carbuncle(?).

Medical Ethics.—Dr. HODGSON moved: 1. "That a committee be appointed to explain to newly arrived medical men, who intend practising in New South Wales, the laws and ethics regulating medical conduct in this colony." 2. "That such committee seek the assistance and co-operation of any delegates commissioned for the same object by the sister medical assembly in Sydney."—Dr. SCOT SKIRVING moved as an amendment: "That as each newly arrived medical man presents his diplomas for registration before the Medical Board a copy of the agreement between medical men and the friendly societies be placed in his hand, and he be asked to abide by it as far as the circumstances of the locality in which he settles will admit." The amendment was carried.

SPECIAL CORRESPONDENCE.

PARIS.

The Academy of Medicine and the Biological Society on the Contagious Character of Phthisis.—MM. Woodhead and Cartwright Wood at the Académie des Sciences.—*Saturnine Intoxication.*—*Sambucus Niger.*—*Typhoid Fever Statistics.*—*The Nervous System in Paralytic Rabies.*—*A Manual of Microbiology.*—*General News.*

THE discussion at the Academy of Medicine on the prophylaxis of tuberculosis still continues, some asserting the contagious nature of this disease, others expressing their doubts on the subject. MM. Malassez and Vignal, referring to the discussion at the Academy of Medicine, reminded the Biological Society at its last meeting that Villemin had demonstrated the pathogenic properties of the sputa of tuberculous patients, and that Tappeiner had rendered dogs tuberculous by making them inhale dried tuberculous sputa. One detail remained to be investigated, whether tuberculous sputa, under the usual conditions, that is to say, spat on to the ground or floor, then dried up, triturated by the feet of passers-by, moistened by rain or watering the floor or ground, becoming again desiccated, triturated, and moistened, retain their virulence. In 1883—just one year after Koch demonstrated that in most instances the tuberculous infectious agent is the bacillus, which is now known as Koch's bacillus—MM. Malassez and Vignal proved that in the sputa of a tuberculous patient, treated like sputa deposited on the ground, the bacilli are not attacked, and that they retain their pathogenic properties. M. Malassez concluded by saying that tuberculous sputum deposited on the ground is undoubtedly a source of danger, and more especially for those who may be in a state of receptivity and are surrounded by phthisical patients.

M. Chauveau read before the Académie des Sciences a note by MM. Woodhead and Cartwright Wood on the action of pyocyanic fluids on the development of charbon. In the case of a number of diseases, the introduction of the sterile products of the specific organism has protected a patient from the action of the virulent organism. But it has also been found that if in charbon, for instance, certain indifferent organisms were introduced with the charbon bacillus, the affection did not develop with its usual rapidity, and that many subjects survived it. The authors made some interesting experiments to determine the manner of action of these indifferent organisms. On November 5th a cultivation, ten days old, of the bacillus pyocyanus was rendered sterile and preserved in ice; a small quantity was taken when required and heated to the temperature of the body. Charbon virus obtained from cultivations, inoculated into a rabbit's ear, killed the animal in three days. From 2 to 4 cubic centimètres of the sterile pyocyanic cultivations were introduced into the subcutaneous tissue of the abdomen of three other rabbits twice a day during five days. During this period they manifested no morbid symptoms; one survived seven days, another nine days, the third is still alive. On November 15th two rabbits were inoculated with a charbon cultivation made on agar-agar, which had killed an animal in three days; 3 cubic centimètres of the sterile pyocyanic cultivation were introduced at the same time. The inoculation was repeated once a day during a week. The animals were alive and

well three weeks later. These facts would show that the products of indifferent organisms which confer immunity against charbon do not require the presence of the living organism to exercise their action. Pawlowsky and Bouchard observed that animals who had been affected with the disease in these conditions succumbed to a second attack. Pawlowsky supposed that the phagocytes, in devouring the saprophytes acquired a more marked action on the pathogenic organism; but this hypothesis is contradicted by the fact that the same effect may be obtained by the products. In certain diseases in which a first attack does not prevent a second, the cessation of the affection must be attributed to a reaction on the part of the organism. Unless in exceptional cases—rabies, for instance—the physician's aim should be to combat the specific poison by provoking the reaction of the tissues. This may be done by means of different remedies—such as quinine—without employing microbe products. The medicines do not act directly on the microbes. They merely combat the action of the poison, or stimulate certain tissues and increase functional activity.

MM. Binet and J. L. Prévost have made researches concerning saturnine intoxication, and have come to the following conclusions; Lead injections into the stomach, and the daily mixture of ceruse with the food and drink, are followed by gradual wasting, anæmia, slight albuminuria, and nervous phenomena (paralysis, aphonia, loss of reflex power, anæsthesia). The kidneys are deteriorated. Occasionally there is fatty degeneration of the liver, pericarditis, and granulo-fatty degeneration of the myocardium. Lesions of the segmentary, peri-axile type, described by Gombaut, are found in the nerves. Lead accumulates principally in the kidneys and bones; it is eliminated mostly by the bile; it is found months after the intoxication has ceased in the kidneys and bones. MM. Binet and Prévost treated animals that had suffered from prolonged saturnine intoxication with potassium iodide and salts of ammonia, but the necropsy revealed a large quantity of lead in the kidneys.

M. G. Lemoine, of Lille, has studied the *Sambucus niger*, and states that the second white, thin bark, which covers the wood directly, is the one which possesses diuretic properties. He boils a handful of this bark fresh, in a quart of water. A quart or a quart and a half of this decoction administered daily acts as a most effectual diuretic in ascites and anasarca, consecutive to diseases of the kidney and heart. In three or four days it increases the urine considerably. Elder also acts upon the intestine, producing four to six liquid stools a day. M. Lemoine considers that elder owes its properties to an action on the renal epithelium. MM. Combemale and Dubiquet's experiments confirm M. Lemoine's statements. They showed that polyuria was produced with 4 grammes to a kilog. of the animal, of the decoction made with the second bark of elder. When the bark is employed whole, 9 to 10 grammes per kilogramme are required for the same purpose.

Dr. Schneider furnishes the following statistics concerning typhoid fever among the troops garrisoned in Paris in 1889:—In the 119th Regiment 2 cases were recorded in July and 1 in August. From the 13th August to the 2nd September Seine water was substituted for spring water. In September 21 cases were reported in this regiment. In the 31st Regiment there was no instance of typhoid fever during May and June. In July and August 15 cases occurred. The regiment had been supplied with Seine water from June 14th to July 3rd. In October the total number of cases of typhoid fever for all the troops garrisoned in Paris was 10. From October 31st to November 5th Seine water was distributed all over the city. Seventy-five cases of typhoid fever were reported among the Paris troops from November 22nd to December 12th.

M. Ferré has made investigations in order to determine the state of the nervous system during the paralytic period of rabies. The sciatic nerves, stimulated by interrupted currents of moderate intensity, preserved their power of transmission. After section, the stimulation of the peripheral end determined movements in the posterior member; the stimulation of the central end proved that the animal had not lost its sensibility. Reflex transmission was preserved. The motor zones of the cerebral cortex of eight rabbits, of which the brain had remain intact after inoculation by trephining, were stimulated. The cortical zones preserved their power, but in the final stages, when the animal's temperature was 30°, 28°, 27°, the intensity of the current had to be increased in order to obtain the corresponding movements. From these facts it appears that the nervous apparatus of cortical medulla and peripheral transmission remains intact during paralytic rabies.

venture to predict that the time will come when you will feel the necessity of modifying the paragraph in red.—In behalf of the workpeople of Jones Brothers,
THOMAS MORETON, Secretary.

THE PROPOSED PUBLIC MEDICAL SERVICE.

At a meeting of the Perthshire Branch, held at Perth on January 3rd, 1890, Dr. Rentoul's resolutions were submitted and considered. Dr. Trotter moved: "That these resolutions are unsuitable to the circumstances of this District," and the motion was agreed to *nem. con.*

MEDICAL NEWS.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—The quarterly examinations in Edinburgh for the Triple Qualification took place in January, with the following results:

First Examination.—Of 45 candidates, the following 26 passed: E. J. Gilleran, Roscommon; M. J. Rees, South Wales; J. Hastings, Preston; J. Rutherford, Kirkmichael; J. F. Stevenson, Glasgow; W. C. E. Donoghue, Dublin; R. A. Mate, Shropshire; J. A. Blayney, Haslingden; S. Basham, South Shields; C. A. Dall, Preston; W. A. Gosford, Hampshire; M. R. Carter, Castleford; C. S. Dudgeon, Longford; Louisa Charlotte Nash, Bombay; J. Fox, Co. Tyrone; J. H. Wilson, Devonshire; T. M. Donovan, Co. Cork; A. L. Chignell, Wingham, Kent; H. DeC. O'Neal, Barbadoes; P. Doran, Freshford; W. Beatt, Cavan; A. C. Arthur, Neilston; J. D. Liston, Co. Limerick; Elsie Maud Inglis, India; E. J. Cummins, Tipperary; and J. R. Crease, South Shields.

Second Examination.—Of 64 candidates, the following 31 passed: C. H. MacDonald, Inverness; J. C. Ferguson, Tarbert; F. P. Drury, Hull; H. A. Smith, Cape Colony; Beatrice Emma Shaw, Ashton-under-Lyne; Susanna Rickman Beck, Dorking, Surrey; J. McCullough, Co. Down; Martha Georgina Isabella Cadel, Carriden; S. B. Haynes, Douglas; M. J. Rees, South Wales; B. F. Powell, Madras; W. W. Paterson, Inveresk; J. J. Brennan, Kilkenny; W. H. Knight, Lacey Rectory; R. A. Bull, Cork; M. Murchison, Skye; W. Daunt, Dublin; W. Thomas, Anglesea; J. Wilson, Newry; M. Cahill, Cork; H. Walley, Bradford; C. F. Weeks, Hull; A. W. Spinks, Bradford; P. M. Dwyer, Essex; M. J. Hickie, Co. Cork; J. Ryan, Limerick; F. E. Williams, Cheshire; E. G. Rice, Co. Cork; O. Gilmore, Co. Down; G. T. Kingston, Co. Cork; and A. J. MacDonald, South Australia.

Final Examination.—Of 89 candidates, the following 45 passed and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.: J. S. Cluff, Cookstown; R. H. Beardsley, Grange-over-Sands; L. L. James, London; J. Stobo, Bothwell; D. Doolan, Melbourne; G. G. Stuart, Dunfermline; J. Hurley, Enniskean, Co. Cork; D. J. Macaulay, Inverness-shire; F. H. Lazenby, Northumberland; F. Hall, Bury, Lancashire; M. L. MacKintosh, Sussex; J. Kerr, Largs; W. J. H. Cumming, Kent; J. A. Fox, Cornwall; W. P. Ryall, Isle of Wight; A. E. Wynne, Stafford; A. C. Burrows, Waterford; Stella Mary Taylor, Melbourne; C. H. Sykes, Yorkshire; M. Sinnetamby, Ceylon; A. H. Dubourg, London; C. Jones, Bangalore; W. R. Main, Lasswade; Louisa Rosa Cooke, Huddersfield; J. H. S. Grant, Dunfermline; S. H. Davies, Staffordshire; H. C. Evison, Milnthorpe; H. Shaw, Ennisceorthy; J. A. Jones, Merionethshire; R. S. Jacques, Scarborough; J. R. Lloyd-Jones, Barrow-in-Furness; W. V. Sinclair, Sandgate; R. T. Fallon, Westminster; J. Smith, Montrose; A. K. Melville, Wemyss, Fifehire; G. M. Grieve, Dundee; W. E. Leembruggen, Ceylon; A. J. Davies, South Australia; M. A. Bamby, Bangalore, India; J. F. Curry, Glin, Co. Limerick; D. F. Todd, Belfast; T. Davies, Victoria; A. Watson, Crooks, Gippsland, Victoria; J. K. Troup, Ballarat, Victoria; and W. R. M'Master, Omagh, Co. Tyrone.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—Fellowship Examinations.—The following gentlemen, having passed the necessary examination, have been admitted by the President (Dr. Meldon) Fellows of the College:

J. Cashin, L.R.C.S.I., 1878; and F. M. Harricks, L.R.C.S.I. 1870, L.K.Q.C.P.I. 1871.

The following candidates have passed the primary part of Examination for the Fellowship:

R. R. Leeper, L.R.C.S.I. 1884, L.K.Q.C.P.I. 1886; and Miss Edith Ellen Ward, L.R.C.S. Edin. 1889, L.R.C.P. Edin. 1889, L.F.P.S. Glas. 1889.

The following gentleman, having passed the necessary examination, has been granted the Diploma in Public Health:

W. Kiddle, M.B., B.Ch. Univ. Dub. 1884, Surgeon Medical Staff.

SOCIETY OF APOTHECARIES OF LONDON.—At the examination in Arts qualifying for registration as medical student, held at the hall of the Society on December 6th and 7th last, there were 168 candidates, of which number 110 passed—namely, 2 in the first class, 18 in the second class, and 90 in some subjects but not in all. The next examination will be held on March 7th and 8th.

The following candidates having passed the Qualifying Examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and were admitted as Licentiates in January, 1890:

On the 9th:

Gwyn, Howard Weston, London Hospital.
Hinde, Sidney Langford, St. Bartholomew's Hospital.

On the 16th:

Walsh, Leslie Herbert, King's College Hospital.
Baumler, Anna Magdalena Maximiliana, Zurich and Paris.

THE will of the late Mr. Thomas Willmer Peacock, J.P., surgeon of Glenridge, Virginia Water, who died on December 5th, shows a personal estate of the value of upwards of £44,000.

HER ROYAL HIGHNESS THE DUCHESS OF ALBANY has accepted the presidency of the Hammersmith centre of the St. John Ambulance Association.

BEQUEST.—Miss Elizabeth Twining, of Twickenham, bequeathed by her will £2,000 to the endowment fund of the St. John's Hospital at Twickenham.

A PENSIONED coast-guard officer named Barber and his wife, residing at Queenstown, have died from what is thought to be the effects of poisoning through eating tinned meat.

A NEW wing, erected at a cost of about £40,000, has been added by the Corporation to the Nottingham Borough Lunatic Asylum, Mapperley Hill. It will provide accommodation for some 280 patients, the total accommodation now being about 600.

MR. DAVID HOADLEY GABB, M.R.C.S. Eng., L.S.A., died on January 27th, at the age of 68. The deceased gentleman had practised in Hastings for close upon half a century, and was in harness until about a month ago, when he was attacked by an illness which proved fatal.

INTELLIGENCE received at Askabad from Persia states that in the month of November last, in the province of Khorasan, nearly 3,000 persons died from some abdominal disorder, the deaths in Meshed itself numbering about 100 daily. Later, however, the mortality diminished. The exact nature of the disease, it is reported, has not been ascertained.

PROFESSOR LAWSON TAIT will deliver an address to the Southampton Medical Society on Tuesday, February 4th, at 8 P.M., on "The Surgical Aspect of Impacted Labour;" and to the Cardiff Medical Society on Wednesday, February 5th, at 3 P.M., on "The Indications for Abdominal Section, with the Details of its Performance."

MEALS FOR SCHOOL-CHILDREN.—With a view to obtain the best information as to the methods and regulations under which meals are given, either by the State or by voluntary agencies, to necessitous children in large centres of population in Austria, Belgium, France, Germany, Switzerland, and the United States of America, Sir Henry Peek has offered prizes of £60, £40, and £20 respectively for the three best essays giving reliable information on the subject. The judges appointed are Sir Richard Temple, Dr. Gladstone, and Mr. William Bousfield. The essays may be written in either English, French, or German.

SURGEON PARKE.—A *Times* correspondent, in the report of an interview with Mr. H. M. Stanley, at Suez, thus refers to Surgeon Parke:—Dr. Parke, another old friend of all Anglo-Egyptians, was then still clothed in the white drills in which he had crossed Africa. Pulled down by recent fever, his colour just returning with the sea voyage, he looked younger than when he started, and it seemed incredible that he should be the man to whose unceasing work and skill Mr. Stanley bears such willing testimony. By one trait he will be recognised, however, by all who have ever met him. "He spoke to every woman in the interior of Africa with the same gentleness and courtesy as he would to a lady in a drawing-room at home," said Mr. Stanley.

THE PRICE OF QUININE.—Last June the price of quinine was lower than was ever known before; sulphate of quinine, which, in 1880, was selling wholesale at eleven shillings the ounce, was sold in June, 1889, for elevenpence the ounce. This great fall was mainly due to over-production. Ceylon, for instance, exported three million pounds of bark in 1881, and fifteen million pounds in 1885; Java exported less than half a million Amsterdam pounds in 1882, and nearly four millions and a half in 1888. Since 1886 the exports from Ceylon have considerably decreased, and will become still smaller, for cinchona plantations are being given up. The exports from Java, however, are increasing, and the Java bark contains twice as much quinine as the Ceylon; exports from India (Malabar coast) have increased considerably, so that there is no probability of quinine going back to the famine price of a decade ago. It is now selling wholesale at one shilling and fourpence, which is

about the same as it fetched in January, 1889. The increased demand, caused by the prevalence of dengue in Turkey and of influenza in Europe, has not had much effect on the price, probably because speculators in London still hold enormous quantities.

THE NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.—The adjourned meeting, to complete the arrangements for the foundation of this Society, was held at the Queen's Hotel, Manchester, on January 17th. Dr. Wallace (Liverpool) occupied the chair. After adopting the constitution and rules prepared by a provisional committee, the meeting proceeded to elect office-bearers for the first year. Dr. Wallace was elected President, and Dr. Lloyd Roberts (Manchester), Dr. McGowan (Oldham), Dr. Burton and Mr. William Alexander (Liverpool), Dr. Braithwaite and Mr. C. J. Wright (Leeds), Vice-Presidents. Dr. William Walter (Manchester) was appointed Treasurer, Dr. Sinclair (Manchester) General Secretary, and Dr. Donald, Dr. H. Briggs, and Mr. Sydney Rumbold, Local Secretary for Manchester, Liverpool, and Leeds respectively. In addition to these, a Council of twenty-four members was formed, comprising eight representatives of each centre, namely:—For Manchester: Dr. Samuel Buckley, Dr. John Scott, Dr. William Lauder, Dr. Nestfield, Mr. J. H. Martin (Blackburn), Dr. Milne (Accrington), Dr. Roberts (Oldham), and Dr. Starkey Smith (Warrington). For Liverpool: Dr. J. Armstrong, T. B. Grimsdale, and William McFie Campbell (Liverpool), T. S. Floyd and Hugh Miller (Birkenhead), Dr. Moore (Preston), Dr. Baron (Southport), and Dr. Alexander Hamilton (Chester). For Leeds: Mr. Mayo Robson, Dr. Hellier, and Mr. Edmond Robinson (Leeds), Dr. Hime (Bradford), Dr. Johnstone (Ilkley), Dr. Arthur Jackson (Sheffield), and Mr. J. F. Horne (Barnsley). It was announced that the first meeting would be held at Manchester on the third Friday in February, when Dr. Wallace would read a paper on the Etiology, Prognosis, and Treatment of Localised Peritonitis.

LECTURES AT THE SANITARY INSTITUTE.—The following list of lectures, to be given at 8 P.M. on the following dates, has been arranged by the Sanitary Institute of Great Britain for the special instruction of those desirous of obtaining a knowledge of the duties of sanitary officers:—1890. February 18th: 1. Introductory Lecture: Practical Considerations for Sanitary Officers (Mr. E. C. Robins, F.S.A., F.R.I.B.A.). February 21st: 2. Water Supply, Drinking Water, Pollution of Water (Dr. Louis Parkes, D.P.H. Lond.). February 25th: 3. Drainage and Construction (Professor H. Robinson, M.Inst.C.E.). February 28th: 4. Ventilation, Measurement of Cubic Space, etc. (Sir Douglas Galton, K.C.B., F.R.S.). March 4th: 5. Sanitary Appliances (Professor W. H. Corfield, M.A., M.D.Oxon.). March 7th: 6. Scavenging, Disposal of Refuse and Sewage (Mr. Charles Jones, Assoc.M.Inst.C.E.). March 11th: 7. Food (including Milk), Sale of Food and Drugs Act (Mr. Charles E. Cassal, F.C.S., F.I.C.). March 14th: 8. Infectious Diseases and Methods of Disinfection (Mr. Shirley F. Murphy, M.R.C.S., M.O.H. for the County of London). March 18th: 9. General Powers and Duties of Inspectors of Nuisances; Method of Inspection and, March 21st: 10. Nature of Nuisances, including Nuisances the Abatement of which is difficult (Mr. J. F. J. Sykes, M.B., B.Sc., D.P.H., M.O.H. for St. Pancras). March 25th: 11. Diseases of Animals in Relation to Meat Supply. March 28th: 12. Sanitary Law: General Enactments, Public Health Act, 1875, Model By-laws. April 1st: 13. Sanitary Laws and Regulations Governing the Metropolis (Mr. A. Wynter Blyth, M.O.H. for St. Marylebone). A fee of 6s. for the course will be charged to cover expenses, and students attending the course will be granted free admission to the museum and library during February and March.

MEDICAL VACANCIES.

The following Vacancies are announced:

- BRADFORD INFIRMARY AND DISPENSARY.**—Dispensary Surgeon. Salary, £100 per annum, with board. Applications by February 5th to the Secretary.
- BRIGHTON AND HOVE LYING-IN INSTITUTION.**—Honorary Surgeon in Ordinary, a Fellow or Member of one of the Royal Colleges of Surgeons of Great Britain and Ireland. Election, Friday, February 7th.
- BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN.**—House-Surgeon. Salary, £100 per annum, with rooms and attendance. Applications by February 3rd addressed to the President and Committee.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Board, residence, etc. Appointment for six months from April 1st, 1890. Applications by February 13th to the Secretary, 24, Finsbury Circus, E.C.
- GENERAL HOSPITAL,** Birmingham.—Two Assistant House-Surgeons. Residence, board, etc. Applications by February 1st to House Governor.

- GENERAL INFIRMARY,** Leeds.—Resident Medical Officer and Pathologist. Salary, £100 per annum, with board, residence, etc. Applications by February 3rd to Mr. W. H. Brown, 19, Queen Street, Leeds.
- GOUROCK DISTRICT.**—Parochial Medical Officer. Salary, £25 per annum.
- GREAT NORTHERN CENTRAL HOSPITAL,** Holloway Road, N.—House-Surgeon. Salary, £60 per annum, with board and lodging. Applications by February 11th to W. T. Grant, Secretary.
- METROPOLITAN HOSPITAL,** Kingsland Road, E.—Assistant Physician. Applications by February 1st to Mr. C. H. Byers, Secretary.
- PLYMOUTH PUBLIC DISPENSARY.**—Second Honorary Physician. Applications by February 17th.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** Moorfields.—Junior House-Surgeon. Applications by February 8th to the Secretary.
- ST. MARK'S HOSPITAL FOR FISTULA, Etc.,** City Road, E.C.—House-Surgeon. Salary, £50, with board and residence. Applications by February 8th to the Secretary.
- SALFORD UNION.**—Assistant Medical Officer. Salary, £140 per annum, with furnished apartments at the Infirmary. Applications, endorsed "Assistant Medical Officer," to be sent in by February 11th.
- SCHOOL BOARD FOR LONDON.**—Medical Officer. Salary, £400 per annum. Applications by February 10th, on forms to be obtained from the Clerk of the Board, Victoria Embankment, W.C.
- SWANAGE URBAN SANITARY DISTRICT.**—Medical Officer of Health. Salary, £21 per annum. Applications to the Clerk by February 7th; appointment to be made on February 18th.
- WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM,** etc., 73, Welbeck Street, W.—Dental Surgeon. Applications to the Secretary.
- WESTMINSTER GENERAL DISPENSARY.** Honorary Physician. Applications by February 8th.
- WIVELISCOMBE URBAN SANITARY DISTRICT.**—Medical Officer of Health. Applications to the Clerk by February 3rd. Salary, £10 per annum.

MEDICAL APPOINTMENTS.

- BARBER,** Sidney, L.R.C.P.Lond., M.R.C.S.Eng., appointed Resident House-Surgeon to the Beckett Hospital and Dispensary, Barnsley.
- BROCKWAY,** Archibald Birt, M.R.C.S., L.R.C.P., appointed Surgeon to the Hospital, Muttalburra, Queensland.
- CONNOR,** William G., L.K.Q.C.P.Irel., L.M., L.R.C.S.I., appointed Medical Officer for the Bedford District, Hoxne Union.
- COURTENAY,** E. Maziere, M.B., M.Ch., Medical Superintendent District Lunatic Asylum, Limerick, appointed Inspector of Lunatic Asylums, *vice* Dr. Hatchell.
- DRYLAND,** J. W., M.R.C.S., L.M., L.S.A., reappointed Medical Officer of Health to the Kettering Urban Sanitary District.
- DUNNE,** Dr., appointed Medical Officer to the Castletown Dispensary.
- ELLIS,** Hyacinth D'Arcy, M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Brierley Hill Urban Sanitary Authority, *vice* G. Ashmead, deceased.
- FOWLER,** Thomas Webb, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the First District of the Coventry Union.
- FOX,** Herbert, F.R.C.S., L.R.C.P., appointed Medical Officer to the Stainland District of the Stainland-with-Old-Lindley Union.
- GABE,** John Rees, M.D.Brux., M.R.C.S., L.S.A., reappointed Medical Officer and Public Vaccinator, 3rd District Holborn Union.
- GRANGE,** F., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Blackburn and East Lancashire Infirmary, *vice* R. J. Stephens, M.R.C.S., L.S.A., resigned.
- GRAY,** W. G., M.R.C.S.Eng., L.R.C.P.Edin., etc., appointed Medical Officer of Health to the Holsworthy Rural Sanitary Authority, and Medical Officer and Public Vaccinator to No. 4 and No. 5 Districts of the Holsworthy Union, *vice* T. L. Ash, L.R.C.P.Ed., resigned.
- HORSFALL,** Thomas, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Bedale District, Leyburn Union.
- MATHESON,** F., M.B.Edin., appointed Medical Officer to the Eastern District of the Westminster Union.
- MILBURN,** F. Le Fevre, M.R.C.S., L.S.A., reappointed Medical Officer to the 4th District, Holborn Union.
- MOGG,** J. H., L.R.C.P., L.R.C.S.Edin., etc., appointed Medical Officer and Public Vaccinator to the Feckenham District, Alcester Union, *vice* J. R. Nunn, deceased.
- MURRAY,** R. W., L.R.C.P., F.R.C.S.Eng., appointed Assistant Medical Officer to the Liverpool Infirmary for Children, *vice* N. P. Marsh.
- OATES,** John Harrison, M.R.C.S.Eng., L.R.C.P.Ed., appointed Medical Officer to the 10th District, Dewsbury Union.
- O'BRYEN,** James J., M.D., L.R.C.P., L.R.C.S., L.A.H., L.M., appointed Medical Officer to the Sydenham Dispensary, *vice* J. Law, M.D., C.M., resigned.
- OSBORNE,** Frank, M.R.C.S.Eng., L.S.A.Lond., appointed Resident Clinical Assistant to the Paddington Infirmary.
- PATTERSON,** Arthur Edward, M.B., appointed Clinical Assistant to the Derby Borough Asylum.
- PHILLIPS,** F. Leslie, M.D., M.R.C.S., appointed additional Medical Officer to the Birmingham and Midland Skin and Lock Hospital.
- ROBINSON,** Thomas H., M.B.Edin., C.M., appointed Medical Officer for the Wendron Subdistrict of Helston Union.
- SAUNDERS,** Alfred M., M.A., M.B., C.M., D.P.H., appointed Medical Officer to the Parochial Board of Birsay and Harray.
- SHADDEN,** James, M.B.Edin. and C.M., appointed Medical Officer to the Thorncliffe Iron Works and Collieries' Sick and Accident Fund.
- STAFFORD,** Thos. Joseph, L.K.Q.C.P.I., L.R.C.S.I., L.M., appointed to succeed Dr. Woodhouse as an Inspector of the Local Government Board.

STEVENS, Percy Richard, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the Benenden District, Cranbrook Union.
 VERNON, William, L.R.C.P. Edin., M.R.C.S.Eng., appointed Medical Officer for the Saxstead District, Hoxne Union.
 WRIGHT, Rowland Hill, M.D., M.S. Edin., appointed Medical Officer of the No. 4 (Cheswardine) District of the Drayton Union.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. E. Owen: The Lettsomian Lectures on Subjects in Connection with the Surgery of Infancy and Childhood. Lecture III.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: On External Diseases of the Eye. Hospital for Sick Children, Great Ormond Street, W., 4 P.M.—Mr. J. H. Morgan: On Beginnings of Joint Disease in Children.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—Inaugural address by President, Mr. Felix Weiss. Mr. George Cunningham: On an International System of Dental Notation. Mr. W. Mitchell: On Clinics and their Effects on Dental Societies. Mr. William Hern: On a Case of Buried Molar in Lower Jaw.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Dr. Delépine: *Sable Intestinal*. Mr. Lockwood: Retroperitoneal Hernia. Mr. D'Arcy Power: (1) Ruptured Spleen; (2) Repair of Ruptured Kidney. Mr. Solly: Myxofibroma of Pelvis. Mr. Shattock: Malformation of Generative Organs in Fœtus, with Specimens of the (2) Male Hymen. Dr. Little: Lower Spleen from an Infant. Mr. Robinson: Epithelioma of Lower Eyelid. Dr. Wethered: Cancer of the Pancreas. Card Specimens:—Mr. Robinson: (1) Lupus Verrucosus; (2) Duct Carcinoma of Male Nipple.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: On Malignant Diseases of the Skin.

WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by Dr. Carter and others. Dr. Amand Routh: Urethral Diverticula. Annual Meeting: Election of officers and Council. The President (Dr. Galabin) will deliver the annual address.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Kingston Fowler: On the Diagnosis of Valvular Disease of the Heart. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Q. Silcock: On Ophthalmoscopic Cases.

THURSDAY.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. J. F. Goodhart: On Albuminuria: a Digest of Peripatetic Cases.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury, 2 P.M.—Dr. Buzzard: On the Significance and Value of Tendon Reflex. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. J. H. Morgan: On Beginnings of Joint Disease in Children.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Kingston Fowler: On the Diagnosis of Valvular Disease of the Heart.

SATURDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. J. F. Payne: On Seborrhœa and Allied Affections.

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 announcement. The first post on Thursday mornings is the latest by which advertisements can be received.

BIRTH.

KIDD.—January 19th, at Carlton House, Enniskillen, the wife of Leonard Kidd, M.D., of a daughter.

MARRIAGES.

MACKNESS—RAIMES.—At Acaster Malbis, on January 23rd, by the Rev. G. Mackness, D.D., father of the bridegroom, assisted by the Rev. R. Blakeney, vicar of the parish, George Owen Carr Mackness, M.D., Broughty Ferry, to Bertha, daughter of John Raimes, Southmoor House, Acaster Malbis, York.

MACPHERSON—WALLACE.—At 66, Northumberland Street, Edinburgh, on January 15th, by the Rev. Arthur Gordon, M.A., St. Andrew's Church, John Macpherson, M.B., Medical Superintendent Stirling District Asylum, Larbert, to Rachel Annie, younger daughter of the late David Wallace, Balgrummo, Leven Fife.

DEATHS.

GABB.—On January 27th, at 18, Wellington Square, Hastings, David Hoadley Gabb, M.R.C.S., aged 68.

GAWITH.—On December 28th, 1889, at 222, Harrow Road, Paddington, James Jackson Gawith, M.R.C.S., L.S.A., aged 39, deeply regretted.

MORGAN.—On January 24th, at the Bradford Infirmary, Frederick William Gisborne Morgan, M.B., C.M. Edin., late Dispensary Surgeon to the Institution, aged 24.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Hours of Attendance*.—Daily, 2. *Operation Days*.—Tu. S., 2.

CENTRAL LONDON OPHTHALMIC. *Operation Days*.—Daily, 2.

CHARING CROSS. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days*.—M., 3; Th. 2.

CHELSEA HOSPITAL FOR WOMEN. *Hours of Attendance*.—Daily, 1.30. *Operation Days*.—M. Th., 2.30.

EAST LONDON HOSPITAL FOR CHILDREN. *Operation Day*.—F., 2.

GREAT NORTHERN CENTRAL. *Hours of Attendance*.—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day*.—W., 2.

GUY'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Dental, daily, 1.30; Throat, F., 1. *Operation Days*.—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Chelsea. *Hours of Attendance*.—Daily, 10. *Operation Days*.—M. Th., 2.

KING'S COLLEGE. *Hours of Attendance*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., W. F., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days*.—Tu. F. S., 2.

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

METROPOLITAN. *Hours of Attendance*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day*.—F., 9.

MIDDLESEX. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F., 9; W. 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th. 9.30; Dental, M. W. F., 9.30. *Operation Days*.—W., 1, S., 2; (Obstetric), W. 2.

NATIONAL ORTHOPÆDIC. *Hours of Attendance*.—M. Tu. Th. F., 2. *Operation Day*.—W., 10.

NORTH-WEST LONDON. *Hours of Attendance*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9. *Operation Day*.—Th., 2.30.

ROYAL FREE. *Hours of Attendance*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9. *Operation Days*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Hours of Attendance*.—Daily, 9. *Operation Days*.—Daily, 10.

ROYAL ORTHOPÆDIC. *Hours of Attendance*.—Daily, 1. *Operation Day*.—M. 2.

ROYAL WESTMINSTER OPHTHALMIC. *Operation Days*.—M. Th. F., 1.30; Tu. W. S., 2.

ST. BARTHOLOMEW'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p. W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. *Hours of Attendance*.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu., S., 9. *Operation Days*.—Th., 1; (Ophthalmic), Tu., 4, F., 1.15.

ST. MARK'S. *Hours of Attendance*.—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days*.—M., 2, Tu. 2.30.

ST. MARY'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.45, o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 3.30; Consultations, M., 2.30. *Operation Days*.—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.

ST. PETER'S. *Hours of Attendance*.—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day*.—W. 2.30.

ST. THOMAS'S. *Hours of Attendance*.—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 2; o.p. W., 1.30; Eye, M. Tu. W. Th., F., 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days*.—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Hours of Attendance*.—Daily, 1.30. *Operation Day*.—W., 2.30.

THROAT, Golden Square. *Hours of Attendance*.—Daily, 1.30; Tu. and F., 6.30. *Operation Day*.—Th., 2.

UNIVERSITY COLLEGE. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days*.—W. Th., 1.30; S. 2.

WEST LONDON. *Hours of Attendance*.—Medical and Surgical, daily, 2; Dental, Tu., F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days*.—Tu. F., 2.30.

WESTMINSTER. *Hours of Attendance*.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days*.—Tu. W., 2.

AMERICAN DEGREES AND GENERAL CULTURE.

MR. A. C. BRIDGES, M.R.C.S. (Brighton) writes: *Apologies* of the conversation given by "M.D." under this heading in the JOURNAL of January 25th, when travelling in the United States in the latter part of 1887, between Chicago and Southern California, I had for some days a fellow passenger, who informed me that the practice of medicine had been "his business this two-and-twenty year," that he "held a degree and a State certificate," and was "located down at —" through which I should pass on my way to the Far West. He buttonholed me on several occasions to expatiate on the greatness of his country, the claims of New York to be considered the most remarkable city in the world, and the most surprising smartness with which his countrymen were getting ahead of Europe in matters medical. His own medical knowledge, however, was somewhat crude, and his account of a *post-mortem* examination he had recently made on a typhoid fever case gave me some amusement. After dilating for some time on the extraordinary conditions in which he had found the brain, heart, and lungs, he seemed to stop, so I asked, "What did you find in the intestines?" His answer was, "Oh, wal, I guess I didn't go down so far as that."

LORD PALMERSTON ON INFLUENZA.

THE following account by Lord Palmerston of his own sufferings from influenza in 1833 will be read with interest just now:—

"To the Hon. Wm. Temple, Naples.—Stanhope Street, April 19th, 1833.—My dear William.—I am concerned to inform you that the whole of the Temple family, with all its connections, have been suffering more or less under the prevailing epidemic; but I, by right of primogeniture, have had a larger portion than the rest. F., E., and myself are all, for the present, confined to our respective houses. My attack began a fortnight ago, and consisted of inflammation on the chest and a violent attack of bile. The first, which was indicated by fever and pain across the chest, yielded immediately to a blister, but left an irritation in the trachea, with cough, which I have only just got quit of. The effect of this sort of attack is great prostration of strength, which requires every three or four hours sago or gruel; and when Dr. Granville, who attended me, found the fever was gone, and that there were no symptoms of inflammation left, he gave me quinine, and ordered me to eat lamb and drink sherry. I mention these details in case the epidemic should travel to Naples, either from Constantinople or London, at both of which capitals it seems to be very rife, that you may know the successful mode of treating it. As soon as any pain is felt on the chest a blister is the specific. What I suffered most from was the obstinate bile, for which I was obliged to take more calomel than I have swallowed for years. However, I am now so nearly well that I am only waiting for a little finer weather to go out again..... It is astonishing how general this disorder has been, with more or less severity according to accident. With F., and E., and S. and his girls, and with G. B., it has only been a violent cold, but without inflammation. I wrote to the King last Wednesday to excuse myself from the levee. P.S.—Dr. Granville makes the most delightful barley water for a cold, with an infusion of lemon juice and an ounce of gum arabic to a pint, and some sugar. It is better than any lozenges. Lady Minto is out of danger, but has been most alarmingly ill."

(Letter of April 23rd.)

"I can give you better accounts of us all, as we are all nearly well again."

(Letter of May 7th.)

"Though I asked Thompson to put off his motion on Friday last, because my whistle was not then quite in tune for a long debate, yet I am now quite well again in every respect, and F. and S. are also almost well, though still some little cough. It is marvellous how many people have had this influenza."

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

Dr. N. Dalton, London; Messrs. W. H. Allen and Co., London; Mr. Adams Frost, London; Dr. P. M. Deas, Exeter; Mr. W. R. Graves, Dublin; Mr. Alfred Carter, London; Mr. J. F. Rymer, Maidstone; Mr. W. Philson, Cheltenham; Our Liverpool Correspondent; Mr. M. H. Bleakley, Birkenhead; Medicus; Mr. C. F. Hodson, Bishop Stortford; Dr. E. Klein, London; Dr. Sawtell, Hyères; Mr. P. B. Bentlif, Jersey; Mr. O. Edwards, Leominster; Mr. T. Hutchinson, Camborne; Mr. G. H. Rowland, Accrington; Dr. B. C. Kerr, London; Dr. Rentoul, Liverpool; Dr. A. T. Myers, Cheltenham; Messrs. Clarke, Son, and Platt, London; Dr. C. W. Haig-Brown, Godalming; Dr. Ward Cousins, Southsea; The Registrar of the Royal College of Surgeons in Ireland, Dublin; Mr. A. B. MacDowall, Crouch End; Mr. W. Martindale, London; Mr. W. T. Keener, Chicago; Our Egyptian Correspondent, Cairo; Dr. Vacher, Birkenhead; Mr. G. Walker, Wimbledon; G. M. Robertson, M.B., Morningside; The Secretary of the Sanitary Institute, London; Aquarium; Dr. Sonsino, Pisa; Mr. F. B. Bengier, Manchester; Dr. C. F. Hutchinson, Monte Carlo; Mr. M. Lowther, Brighton; Mr. G. H. Melson, Birmingham; Dr. H. Ashby, Manchester; Mr. E. W. Forster, Darlington; Mr. J. W. Wilkinson, London; Mr. F. M. Harricks, Dublin; Mr. P. G. Lee, Cork; Dr. G. F. Inglott, Malta; Mrs. Daniell, London; Mr. H. Snow, London; Mr. E. N. Nason, Nuneaton; Dr. L. Parkes, London; Progress; Sir E. Lechmere, London; Mr. W. F. Blackwood, London; Dr. G. E. Herman, London; Mr. T. L. Laxton, Bridgwater; Dr. W. H. Taylor, Anerley; Mr. G. M. Smith, Clifton; Mr. W. Hammond, Liskeard; Mr. B. Spicer, New Barnet; Medicus; The Secretary of the New South Wales Branch of the British Medical Association, Sydney; Mr. B. S. Bishop, Manchester; Dr. J. C. Bucknill, Bournemouth; Surgeon E. J. E. Risk, Gravesend; Mr. R. Rae, London; Dr. J. J. O'Brien, Sydenham; Mr. A. B. Brockway, Muttaborra, Queensland; Mr. W. H. Fenton, London; Fair Play; Mr. M. Moore, Cavan; Dr. S. D. Clippingdale, London; Dr. J. F. Goodhart, London; I. V. R. C.; Professor H. Krause, Berlin; Mr. E. H. Ryan-Tenison, Bexhill-on-Sea; Mr. A. Carter, London; M.M.I.L.; Dr. von Vragassy, Manchester; M.D.; C. Banks, M.B., Paisley; Dr. A. Edington, Edinburgh; Mr. G. Cadogan-Masterman, Stourport; Surgeon-Major F. C. Barker, M.D.,

London; Dr. Kelly, Taunton; Mr. J. Robertson, Edinburgh; Evergreen; Mr. H. Morris, London; Brigade-Surgeon Hodder, Grouville; Dr. J. Johnston, Bolton; Dr. J. B. Pettigrew, St. Andrews; Mr. J. Knight, Manchester; Dr. H. G. Molony, Ballingarry; Dr. Darwin, Didsbury; Our Paris Correspondent; Dr. Ireland, Prestonpans; Mr. A. C. Bridges, Brighton; Mr. H. M. C. Macpherson, London; Sir William Roberts, London; Messrs. J. L. Bullock and Co., London; Dr. F. M. Pope, Leicester; Dr. Isambard Owen, London; Dr. Burney Yeo, London; Sir W. J. Moore, London; Mr. A. Jackson, Sheffield; Dr. J. W. Hunt, London; M. O. H.; Army Medical Reserve; Dr. A. D. Macdonald, Liverpool; Dr. J. Haddon, Canonbie; F. P. Nichols, M.B., Alderney; Mr. W. M. Rae, Inverness; Mr. W. Marriott, London; Dr. H. Handford, Manchester; F. A. Elkins, M.B., Morningside; Dr. Leslie Phillips, Birmingham; Mr. Lawson Tait, Birmingham; One of the Very Many; Mr. W. A. Bliss, London; Mr. T. G. Wadlow, Longsight; Corpuscule; Dr. O. Wood, London; Messrs. T. Christy and Co., London; Mr. F. Grange, Blackburn; Mr. A. Mackay, Aberdeen; Professor Atfield, London; Dr. Kerr, Bradford; Mr. J. Wedale, Mablethorpe; Mr. Young J. Pentland, Edinburgh; Our Manchester Correspondent; Dr. Halliburton, London; Dr. P. Horrocks, London; Professor Victor Horsley, London; Mr. H. Snell, London; Mr. H. Renshaw, London; Messrs. J. and A. Churchill, London; Mr. J. Lawrence-Hamilton, Brighton; Enquirens; Dr. P. Kidd, London; Dr. T. Williams, London; Mr. A. G. Southcombe, South Hackney; Dr. T. O. Duffield, London; Dr. W. J. Sinclair, Manchester; Mr. H. W. Roberts, Lewisham; Dr. W. Squire, London; Mr. J. Beal, London; M.D. Lond., B.Sc.; Dr. R. J. H. Scott, Bath; Dr. Norman Kerr, London; Dr. Stephen Mackenzie, London; Assize; Dr. T. L. Brunton, London; Mr. F. Wood, Brighton; Mr. C. R. Laurie, Laughton; Dr. R. W. Savage, London; Mr. H. Frowde, London; Mr. H. R. Swanzy, Dublin; Messrs. Tomlinson Brothers, Preston; Dr. S. O'Neill, Wisbech; Dr. Fleming, London; Mr. W. F. Haslam, Birmingham; Mr. E. Rice, Oxford; M.B.A.; Our Birmingham Correspondent; Mr. A. Whyte, Brecon; Mr. T. H. Bagshaw, Salford; Dr. J. S. Cameron, Leeds; Mr. G. W. Isaacs, London; Director-General Dick, London; etc.

BOOKS, ETC., RECEIVED.

- The Retrospect of Medicine. By James Braithwaite, M.D. Vol. C, July to December, 1889. London: Simpkin, Marshall, and Co. 1890.
- The Colonial Yearbook for the year 1890. By A. J. R. Trendell, C.M.G., with introduction by J. R. Seeley, M.A. London: Sampson Low, Marston, and Co. 1890.
- Rectal and Anal Surgery. By Edmund Andrews, M.D., and Edward W. Andrews, M.D. Second edition, revised and enlarged. Chicago: W. T. Keener. 1889.
- Dental Chemistry and Metallurgy. By Clifford Mitchell, M.D. Chicago: W. T. Keener. 1890.
- Intestinal Surgery. By N. Senn, M.D. Chicago: W. T. Keener. 1890.
- Electricity and the Methods of its Employment in Removing Superfluous Hair and other Facial Blemishes. By Plym S. Hayes, A.M., M.D. Chicago: W. T. Keener. 1889.
- A Handbook of Diseases of Women. By Dr. F. Winckel; authorised translation edited by Theophilus Parvin, M.D. Second edition. Edinburgh and London: Young J. Pentland. 1890.
- Lehrbuch der pathologischen Mykologie: Vorlesungen für Aerzte und Studierende bearbeitet Von Dr. P. Baumgarten. Vols. I, II. Braunschweig: Harald Bruhn. 1890.

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