

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.,

TEMPORARY CYCLOPLEGIA AFTER HEAD INJURY.

A CASE of head injury has recently come under my notice, which is of considerable interest from the peculiar group of eye symptoms which temporarily manifested themselves. Cycloplegia or paralysis of the ciliary muscle, involving complete loss of accommodation, is a condition occasionally met with combined with iridoplegia or paralysis of the iris, as in the ophthalmoplegia interna of Hutchinson, which is generally of specific origin. Double cycloplegia, however, without paralysis of the iris, is a very much rarer occurrence, and this condition is especially rare and interesting as the result of an injury to the head, as seen in the following case.

The patient, C. R., aged 17, first came under my notice on September 20th, suffering from a severe head injury, caused by falling down a ship's hold. He had two large scalp wounds, one over the right parietal bone and the other behind, just over the occipital protuberance. There was no fracture of the skull, and no focal symptoms of compression manifested themselves during the first two weeks, although he was closely watched. During the first week he lay in a semi-comatose condition. He could be roused by shouting to him and shaking him; would answer a question indistinctly and then relapse into his semi-comatose condition. There were no symptoms of paralysis. The pupils and eye movements were normal. At intervals he was violent, shouting and trying to get out of bed. During the second week he was more easily roused, answered questions more intelligently, and was much quieter, but complained greatly of pain in the head. During the third week consciousness was completely restored, but he was very irritable and easily excited.

On October 6th, sixteen days after the original injury, I first observed a slight internal squint of the left eye, and on examination I found the left external rectus was considerably impaired in power. I did not see the case for the four following days, being away from home. On my return on October 11th I found a very marked internal squint of the left eye, and the patient also complained for the first time that he could not see anything close at hand distinctly. On examination I found complete paralysis of the left external rectus. Both pupils were widely dilated, but contracted actively on exposure to light. There was no contraction, however, on convergence and in the effort at accommodation. With right and left eyes he could only read at the ordinary reading distance the largest of Jaeger's test types, No. 20, and that with difficulty. The distant vision, however, of both eyes was normal, as tested with Snellen's distance test types. With a + 6 D spherical lens he could read easily at the ordinary reading distance with either eye the smallest of Jaeger's type tests, No. 1 brilliant. This conclusively proved that the defectiveness of near vision was entirely due to loss of accommodative power, as near vision was at once rendered normally acute on artificially representing the change produced in the refractive power of the eye by the accommodative effort by means of a suitable convex lens placed before the eye. The fundus of both eyes was normal on ophthalmoscopic examination. In other respects he felt perfectly well. I found, however, that he could not walk along a straight line, and could not stand with his feet close together without support. Both knee-jerks were greatly exaggerated; front tap contractions present on both legs; cutaneous reflexes normal. It was remarkable to observe the gradual recovery of the accommodative power. On October 13th he could read at the ordinary reading distance without a lens Jaeger No. 16; on October 16th Jaeger No. 8; and on October 19th accommodation was completely regained, and he could read Jaeger No. 1 brilliant. The internal squint of the left eye gradually disappeared, but the left external rectus did not completely recover its power until about ten days after the complete disappearance of the cycloplegia. At this time, October 28th, he could walk quite steadily, but felt a little giddy occasionally. All the reflexes were normal. I saw the patient a month afterwards. His near and distant vision were normal, and he had remained free from all other symptoms.

This case presents a twofold interest: (1) from the very late appearance of the focal symptoms and their rapid disappearance, and (2) from the extreme rarity of recorded cases of paralysis of the ciliary muscles without accompanying paralysis of the iris as a result of injury to the head. This double cycloplegia was most probably due to nuclear mischief, which would explain the escape of the iris and the other ocular muscles supplied by the third nerve.

JAMES HINSHELWOOD, M.A., M.D.

Glasgow.

SCARLET FEVER AND THE PUERPERAL CONDITION.

In the JOURNAL of January 11th, Dr. Thursfield discusses the question of the incidence of scarlet fever in the puerperal condition. From an obstetrical point of view, I think it would have been interesting, and would have enhanced the value of Dr. Thursfield's communication, if he had given further particulars of these cases.

There can be little doubt that the liability on the part of puerperal women to contract scarlet fever, or to be affected by other contagia, is greatest during the first three or four days after delivery—that is, prior to the healing of the lacerations and contusions which may have occurred, and whilst the mucous surfaces are comparatively large and most absorptive of infectious matter. Yet Dr. Thursfield seems to imply that women in this condition are as little liable to contract scarlet fever as those in the more normal condition of health.

In my own practice I can only remember three cases of confinement or miscarriage occurring in a house where scarlet fever has at the same time existed. All three cases developed the disease and one died.

I give below the main particulars of a case of scarlet fever which occurred in my practice four months ago:

Mrs. P. was confined of her third child on the morning of September 25th. A rupture of the skin of the perineum, extending up to the edge of the anus, occurred. On the morning of September 26th her temperature was normal, and she appeared to be doing well. In the middle of the following night she was found in an excited condition, with an abnormally high temperature. On September 27th her temperature was 105°, the rash out thick and bright all over her body and limbs, and the tongue thickly coated with whitish fur. On September 28th the fur was peeling off the tongue in patches, and her temperature was a degree lower. On this day there was considerable pain and tenderness of the abdomen. The discharges were thin and abundant, and were kept sweet throughout by washing out the vagina at first with warm carbolic acid lotion, and later with Sanitas in warm water. On September 29th another practitioner saw her in consultation. The peeling of the tongue was now completed, the throat symptoms were not urgent, the tenderness over the uterus was less, the rash of a duller colour, and the temperature about 103°. The treatment had previously consisted of milk and milk and soda water, and a simple diaphoretic of acetate of ammonia and spirit of nitrous ether; but, at the suggestion of the consultant, this was replaced by salicylate of soda. After the third ten-grain dose an acute delirium supervened, which lasted during the night of September 29th-30th and part of September 30th, when it was impossible to administer anything by the mouth. Two half-grain morphine suppositories were placed in the bowel and produced a sound sleep, from which the patient awoke free of delirium. From this point defervescence was gradual, but continuous. There was slight albuminuria during the last fortnight she was under my treatment. There was a copious desquamation, which was not complete on October 19th, when she was removed in an ambulance to the Convalescent Home for Scarlet Fever at Stanmore. She ultimately made a good recovery.

The woman who had been engaged to nurse the case in the first instance expressed a desire to leave as soon as the scarlet fever was diagnosed. It was discovered at a later date that several children were down with scarlet fever in the house in which she lodged, and with these she had been in close contact immediately previous to attending the confinement of Mrs. P.

Stoke Newington. J. H. GARRETT, M.D., D.P.H.

UNIVERSITY OF ZÜRICH.—The total number of students at Zürich this winter semester is 501, of whom 168 are foreigners. The number of female students is 73; of these, 54 belong to the medical faculty.

A CASE OF ICTERUS GRAVIS IN A CHILD.

V. K. W., aged 2 years and 7 months, first seen October 27th; had then been jaundiced for a week. Present condition: tongue slightly furred; pulse 70, regular; jaundice of moderate intensity; complete absence of bile in the motions; urine deeply loaded with bile pigment; no enlargement or tenderness of the liver. Was ordered to be kept warm, and a mixture containing ten grains of phosphate of soda was prescribed three times a day. November 5th. His condition much the same; sinapisms and fomentations to be used over the liver in addition to previous treatment. November 10th, 3 P.M. Two slight attacks of epistaxis this morning; pulse 82, irregular; jaundice unaltered; the child, though ordinarily good tempered, in a highly irritable state, probable xanthopsy, the child refusing his milk on the ground that it was mustard. 10.30 P.M. Consultation with Dr. Graham, of Wynyard. In the interval there had been two further attacks of epistaxis, the blood being swallowed and vomited; otherwise no change. The question of icterus gravis was raised and dismissed on the ground of the extreme rarity of the disease in children, and of the slight nature of the indications. The phosphate of soda to be continued, in addition hyd. c. cret., 1-6th gr. every two hours; tr. hamamelis $\text{m} \vee$ to $\text{m} \times$ p. r. n., wet pack every four hours. November 11th. Passed a restless night, with fits of screaming in the morning; no longer speaks, but makes signs for what he wants; pulse 84, irregular; no apparent diminution or enlargement of the area of hepatic dullness; no tenderness over the liver; the motions for the first time contained bile. 7 P.M. Had slept most of the day; no further epistaxis; condition otherwise unchanged. November 12th. From 12.30 A.M. to 4.30 A.M. I was with him; his sleep was broken, but on moistening his lips with water and milk he became again quiet, and appeared better than he had done for the previous two days; skin cool; pulse 82, irregular. 9 A.M. Temperature 104.6° ; pulse 124, good volume, but irregular both in force and frequency; unconscious; convulsions, principally of the right side; no squint; was put in a wet pack, which reduced the temperature, but consciousness was never recovered, and he died at 12.30 P.M.; just before death a small quantity of dark, grumous blood was vomited.

Though this history is deficient in some important particulars, notably that the urine was not examined for leucin and tyrosin, and that a *post-mortem* examination was not obtained, yet I have ventured to record it, partly on account of the rarity of the disease in young children, partly to emphasise once more the danger of giving too favourable a prognosis even in a case of apparently simple catarrhal jaundice. The onset of the final symptoms was so sudden that it suggested cerebral hæmorrhage to me; but I am not aware that this has been recorded as a cause of death in cases of icterus gravis.

J. ARMITAGE, M.B.Oxon.

Emu Bay, Tasmania.

CHLOROFORM VERSUS ETHER.

SURGEONS cannot be content to leave the claims of these anæsthetics to physiologists or professional anæsthetists. Some of us have been for many years in the habit of superintending the administration of one or other of these drugs to hundreds of cases per annum. We may leave it to the anæsthetist to observe and report the minutest details of their action, but as to their action in the gross, or their fatality, we are quite competent to form our own views, and to speak for ourselves. The appeal is to clinical experience, and I trust apparent egotism will be pardoned. During a medical career of twelve years, dating from the time when I began attending the operations at the Edinburgh Royal Infirmary, I have never seen a case of death from chloroform.

During the last eight years at the Kashmir Mission Hospital, upwards of 11,000 operations have been performed. In over 3,000 cases chloroform has been administered in my presence; not a single fatal case has occurred. The cases in which serious danger has threatened might be counted on the fingers of one hand. None of these cases were due to any heart affection; it was a question of arrested respiration. Once the patency of the respiratory tract was secured, and a few artificial respiratory movements were performed, all danger passed away. Promptitude is necessary, but it is not a quality in which surgeons are deficient. It is to general surgeons not to anæsthetists that we are indebted for the knowledge how to meet the danger.

As far as the inhabitants of Central Asia and North India are concerned, chloroform may be regarded as a perfect anæsthetic. True, the beer drinking Tibetans occasionally struggle before suc-

cumbing to its influence, but of other races—Yarkandis, Hillmen, Pathans, Dards, Kashmiris, etc.—it may be said that to 99 per cent. chloroform may be given deeply and its administration prolonged without a drawback—no cardiac weakness, no bronchial irritation, very rarely signs of an overdose. That no powerful anæsthetic is free from risk is a truism. My old teacher, Professor Chiene, used to say that it was like a fast train passing many stations without stopping, and halting or fluctuating between the signal point of semi-conscious reflexes and the terminus of cessation of vital reflexes, namely, respiratory stoppage, arrest of heart action, death. Let every driver beware of the pace, watch the signals, and he will be safe. Such is the theory I learnt; such is my experience, others with wider experience say the same. Opposite theories cannot falsify extensive experience, even of individuals.

ARTHUR NEVE, F.R.C.S.ED,
Surgeon to Kashmir Mission Hospital.

THE ARTIFICIAL VITREOUS BODY.¹

THE method of dealing with lost eyes, by abscising the cornea with a narrow rim of sclerotic, clearing out the contents of the globe, and inserting a hollow glass sphere, has now been before the profession for nearly three years, and has been put upon its trial by a fair number of medical men. For the method of procedure and a great many useful hints I would refer my readers to the communications of the author of the operation, Dr. Mules, in vol. v, *Trans. Ophth. Soc.*, and in the *JOURNAL* of December, 1885, and June, 1887. What we want now is evidence in regard to the condition of these eyes after an interval of, say, two years since the operation, and it is for the furtherance of this object I desire to make this communication.

I have personally inspected as many of my earlier cases as I could trace, and show to-day three which have been done over two years. My first case, done nearly three years ago, writes to say his eye keeps perfectly well, but he is unable to present himself. This patient was shown by Dr. Mules at the Ophthalmological Society in 1885. Up to the end of 1886 I find I have performed the operation eleven times, and in only two of these has the glass sphere come out, but I must confess that one of these was considered a very satisfactory example of the completed operation, and was shown to the staff of the Liverpool Eye and Ear Hospital. In the case of the other, the globe escaped a few days after the operation, and has no bearing on the permanence of the operation. I believe the fate of the operation will depend in a great measure upon the permanence of the result, and I hope that others will look up their earlier cases, and record their experience in regard to this point. I think there can be no doubt that these cases I show are cosmetically a very great advance upon enucleation, or even simple evisceration, and entirely agree with Dr. Mules that the insertion of the glass sphere in no wise increases or diminishes the pain after evisceration.

In regard to the reaction, it is no doubt occasionally alarming, and always rather severe, nor have I observed that the introduction of a drain of horsehair or other material has done anything towards mitigating this. As regards the performance of the operation itself, it ought to be done rapidly, and with as little violence as possible; the inside of the sclerotic should be very gently cleaned, and the glass sphere introduced as soon as this is done, without waiting for the bleeding to stop, and the wound should be firmly closed with thick silk sutures passed through both conjunctiva and sclerotic. "Thin catgut" is, in my opinion, quite unsuitable for this purpose, as it gives way too soon, and Dr. Mules also now prefers thick silk. I now complete the entire operation in ten minutes, and I have done it in eight minutes.

A. HILL GRIFFITH, M.D.,
Surgeon, Royal Eye Hospital, Manchester.

A CASE OF DIABETES BENEFITED BY PHOSPHORUS: CONTINUATION.

IN the *JOURNAL* of November 30th I gave the account of a case which seemed to me to show that phosphorus is capable of controlling diabetes in a marked degree. The patient had suffered from diabetes for the past five years; from eczema for the past two years; and from an extensive eruption of boils for the past five months. He commenced treatment by phosphorus on November 1st, taking on the average one-tenth of a grain of phosphorus

¹ Read before the Lancashire and Cheshire Branch of the British Medical Association.

until November 23rd, by which time his eczema and his boils had almost completely disappeared and his diabetes had become vastly improved.

On November 24th his dose of phosphorus was doubled, and from that date he continued with the double dose for a few days. The effect which this doubling of the dose of phosphorus exerted on his diabetes will serve to illustrate more clearly the effect of phosphorus on this disease.

On November 23rd his urine had a specific gravity of 1033, and contained 27.3 grains of sugar in the fluid ounce. The twenty-four hours' urine amounted to 66 fluid ounces; the twenty-four hours' sugar to 1,801 grains.

On November 28th his urine had a specific gravity of 1020, and contained 6.5 grains of sugar in the fluid ounce. The twenty-four hours' urine measured 58½ fluid ounces; the twenty-four hours' sugar was 380.25 grains.

Throughout this period the patient was taking a sufficient quantity of bread to satisfy him completely, namely, the same quantity of bread that he had now for several months been accustomed to take.

On November 29th the patient stated that the quenching of his thirst for the past few days was beyond what he could have dreamed. He observed as to his treatment by the "perles" that they seemed from the very time when he first commenced to take them to quench his thirst. This he says is the great improvement, and he feels much contented with this, namely, that his thirst has gone.

Already, on November 27th, he had remarked to me that the craving desire for drink seems to have left him entirely, for he has now no desire for drinking between meals either by day or by night. He says that he has never, during the past five years, been anything like so well as he is now, either as regards the thirst or as regards his general feeling.

Weymouth Street, W.

BAIMANNO SQUIRE, M.B.Lond.

REPORTS

ON

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

BIRKENHEAD BOROUGH HOSPITAL.

GASTRO-ENTEROSTOMY WITH SENN'S APPROXIMATION PLATES.

(Under the care of GEO. S. STANSFIELD, M.R.C.S.)

THE extreme value of Professor Senn's bone plates and Mr. Jessett's experiments therewith, receiving apparently their first confirmation in the human subject in Mr. Clarke's case, recorded in the JOURNAL of November 16th, 1889, warrants my submitting the following case to the profession.

W. G., aged 53, a labourer, applied for treatment on December 4th, 1889. He complained of pain, which was almost constant, but was always aggravated by any food, whether solid or fluid. He did not locate the pain in any particular small spot, but drew his hand across the epigastrium, saying "Just across here." He rarely vomited; latterly he had been afraid to eat, and as a result was extremely emaciated. If importance is attached to cachexia, he had certainly the cachexia of cancer. He had consulted many doctors, among whom there existed a considerable diversity of opinion as to his malady. He had been ill many months, and as his life was perfectly miserable, he was willing to submit to any operation that promised relief. Upon examination a tumour could be indistinctly felt a little above and to the right of the umbilicus.

On December 16th he was placed under chloroform, and an incision about three inches long made in the middle line downwards from the ensiform cartilage. Pushing aside the colon, a hard mass was found in the upper part of the right lumbar region, somewhat globular, and about four inches in diameter. The incision was lengthened by another inch, so that a better examination might be made. The third part of the duodenum was the portion implicated; the adhesions were so extensive as to preclude removal.

On the hypothesis that the pain was caused, or intensified, by the food having to force its way through an almost closed canal, it seemed to me that a communication between the stomach and

jejunum would give a large amount of relief. Such a communication was therefore made exactly in the way described by Mr. Clarke, excepting that I had no occasion to use Lambert sutures, beyond one in the stomach, having accidentally made its incision a little too large. Deep and superficial sutures of chromicised catgut closed the parietal wound. There was no bleeding of any consequence, and no antiseptics were used.

The operation was completed in half an hour; towards the close the patient was very collapsed. Ether was given hypodermically, and he was not moved to his bed for two hours.

Beef-tea enemata, with liq. morphiae, gtt. xx, were given every three hours. He vomited four times, and was greatly distressed by hiccough. At the end of twenty-four hours the morphine was stopped. His progress was uninterrupted.

On the fourth day after operation he was allowed beef-tea by the mouth. On the sixth day he had a little bread and milk, for which he had a great desire. On the tenth day the wound was examined for the first time, and was found completely healed by first intention. On the twenty-fourth day he got up. On the thirty-third day he was weighed, and found two pounds heavier than on the day of operation. The temperature never rose above the normal line, and the bone plates were never seen again. He is now free from pain, and eats food heartily.

It may be asked, Why was not the first portion of the duodenum joined to the jejunum, instead of opening the stomach, seeing that the pylorus was perfect? Simply because the coil of jejunum used and the stomach came into proximity much more easily, and therefore avoided dragging, and in view of the patient's vomiting and hiccough in the first twenty-four hours, I attribute no small measure of his recovery to the freedom from dragging which existed.

I do not apprehend any trouble from the bile and pancreatic fluid, feeling confident that when the duodenum becomes completely closed, regurgitation into the stomach, and thence by the new passage, will not be troublesome.

I am indebted to Dr. L. McWhannell, senior house-surgeon, for careful notes from which the above is condensed.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 4TH, 1890.

W. H. DICKINSON, M.D., F.R.C.P., President, in the Chair.

The Late Sir W. Gull.—The proceedings were opened by the PRESIDENT delivering a tribute to the late Sir William Gull in the following words:—I must ask this Society to pay a brief tribute of regret for the recent loss of one of our oldest and one of our most distinguished members. Few words will be needed where so many have been spoken, but few though they be, it is right that the especial regret of this Society should be expressed. Sir William Gull was a great physician and a great genius; he was pre-eminently a great pathologist. It is true that this Society was not his habitual resort; indeed, in his later life his enormous practice made it impossible for him habitually to resort to any society, but he occasionally took part in our discussions, notably in those which had been arranged upon cancer and syphilis. Together with Dr. Sutton, he contributed one paper to our *Transactions*, one of great labour and detail, on the Spinal Cord in Arterio-Capillary Fibrosis. The best of his pathological work was elsewhere, but none the less to be appreciated. In proof of its quality, I need only instance his papers on Abscess of the Brain and on Reflex Paraplegia. In his later work, that on Arterio-Capillary Fibrosis, he had a coadjutor. Besides this, Sir William Gull was the author of many other papers, all of value, bearing on pathological questions; and, indeed, it always seemed to me that his pathological knowledge was the largest element in his deserved success. I was for many years often brought into contact with him, and often had occasion to admire the self-denying way in which he pursued his cases to their pathological issues. At the height of his practice he never hesitated to put aside the living for the dead, and I say deliberately that I never met a physician in the post-mortem room whose diagnosis was so well borne out by what was found. This is not the place to discuss his powers, great as they were, otherwise than as a pathologist. In this respect we must lament the loss of one who deserved a place second to none in this Society.—Dr. SAMUEL WEST proposed that a letter

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

NOTICE OF QUARTERLY MEETINGS FOR 1890. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on April 16th, July 16th, and October 15th, 1890. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, March 27th, June 25th, and September 4th, 1890.

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.*

BRANCH MEETINGS TO BE HELD.

WEST SOMERSET BRANCH.—A clinical meeting will be held at the Taunton and Somerset Hospital on Thursday, February 15th, 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.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.—The next meeting of this district will be held at the Tottenham Hospital, The Green, Tottenham, N., on Thursday evening, February 20th, 1890, at 8 o'clock precisely. Dr. W. M. Ord, President of the Metropolitan Counties Branch, will take the chair. Mr. G. Buckston Browne will read a paper on Some Practical Points in the Treatment of Retention of Urine. Dr. Wynn Westcott will give notes and exhibit a specimen of Root of Mandragora from Damascus. Some interesting cases from the wards of the hospital will also be exhibited. All duly registered medical men, whether members of the Association or not, are invited to attend these meetings. —GEORGE HENTY, M.D., Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—A meeting will be held in the Governors' Hall, St. Thomas's Hospital (entrance from Westminster Bridge) on Wednesday, February 12th, 1890, at 8.30 P.M. The chair will be taken by Dr. Ord, President of the Branch. Dr. Bristowe will read a paper on Pseudo-Peritonitis and Epilepsy in Hysteria. Cases of interest from the hospital will be shown. All practitioners will be welcome. —R. PERCY SMITH, Honorary Secretary, Bethlehem Royal Hospital, S.E.

STAFFORDSHIRE BRANCH.—The second general meeting of the present session will be held at the North-Western Hotel, Stafford, on Thursday, February 27th. The President, Mr. Vincent Jackson, will take the chair at 3.45 P.M. —GEORGE REID, General Secretary.

DUBLIN BRANCH: ANNUAL MEETING.

THE thirteenth annual meeting of the Dublin Branch was held in the King and Queen's College of Physicians, Kildare Street, on January 29th, Dr. WILLIAM MOORE, outgoing President, in the chair.

Report of Council.—The HONORARY SECRETARY (Dr. Conolly)

read the report of the Council, which stated that during the past year the Council held eight meetings. Twenty-two gentlemen were admitted to the Association, of whom several joined the Dublin Branch. There remained on the books of this Branch 184 subscribing members. On February 28th, 1889, it was decided to support the action which was then being taken by the Irish Medical Association with regard to the superannuation of Poor-law medical officers, and the Secretary was directed, in conjunction with the Secretary to that Association, to sign and forward a letter to the Chief Secretary for Ireland, setting forth the grievances of the Irish Poor-law medical officers in regard of superannuation and the unsatisfactory state of the law at present in this respect, and expressing a hope that Government would introduce during the current session a measure similar to the Union Officers' Superannuation (Ireland) Bill of 1883, whereby pension would become a matter of right and not of grace. The report then went on to refer to proposals made by Dr. Rentoul with regard to regulations suggested to be made in deciding what class of persons should be eligible for out-patient medical aid, and to a proposition put forward by Mr. J. Brindley James that the Association should give active support to a scheme that would have in view the establishment of hospital co-operation for the better conducting of the out-patient department of general hospitals.

The Question of Hospital Abuse.—The following report was presented by the Subcommittee appointed to examine the question: "In examining these resolutions it will be convenient to deal first of all with Clause 5 of Dr. Rentoul's motion, since your Subcommittee fail to see that it has any pertinency to the subject of the other clauses, or anything to do with the question of medical attendance on the working classes. It is not applicable to Ireland. The question of opening workhouse hospitals for clinical teaching has been under the consideration of the colleges here, and we see no reason to question the wisdom of the decision arrived at after careful consideration by those bodies, which was adverse to the change suggested. In all Irish teaching centres ample opportunities are already afforded to students of medicine for the acquisition of a full knowledge of fevers. Dismissing Clause 5, the remainder of the resolutions cover a very wide field, and deal with some very intricate questions. In approaching such subjects we are met by the difficulty that the conditions of medical charities in this country, as well as many other conditions of existence, are very different from what are found in England. Though abuses doubtless occur here in hospital relief, yet the grievance that has always pressed most hardly upon the Irish practitioner has been the abuse of the public dispensary relief system. It is most gravely to be feared that in the present state of the law any attempt to limit the scope of medical charities, other than those administered under the Poor law, would merely have the result of throwing an additional burden upon the medical officers connected with the latter. More than ten years ago the Irish Medical Association addressed to the Chairman of the Poor-law Union Inquiry Commissioners a communication dealing with the abuse of dispensary medical relief, and they suggested the enforcement of the following among other rules: '2. That gratuitous relief should be afforded only to those who are barely able to support themselves and their families during health.' To which was appended this note: 'Careful inquiries in England have shown that (a) persons in receipt of over £2 a week are able to pay fees for medical advice, and may be left to arrange terms with their medical attendants. (b) Persons receiving at the rate of from £1 to £2 a week are sufficiently well off to provide for their medical attendance by means of provident dispensaries or sick clubs; as are also single persons in receipt of even less than £1 a week.' '3. That persons able to provide for their medical attendance by provident dispensaries or sick clubs should be debarred from receiving gratuitous medical relief.' To which is appended the following note: 'The Council consider it the duty of Poor-law guardians and other local representatives of the people to take the lead in founding provident dispensaries.' Your Subcommittee entirely agrees that without the co-operation of the Poor-law authorities it is impossible in this country to check the abuse of dispensary relief, and in the present state of the law the dispensaries afford such fatal facilities for pauperism, that to limit the activity of general hospitals would merely be to drive the people to the dispensaries.' —Dr. ARTHILL moved the adoption of the report, which he described as a satisfactory one both in respect of the membership and finances of the Association. The greater part of the report was

taken up with the question of how medical officers should be remunerated who were in attendance on the better class of artisans, farmers, and such people. There was no portion of the community who gave more gratuitous assistance than medical practitioners, but that was no reason why they should be imposed upon. Those who practised in Dublin could protect themselves very well, but in the country the abuse of the medical Poor-law system was in many cases very gross. The tickets for medical relief were given out by the guardians, many of whom were illiterate men, without any selection whatever, and sometimes to persons who were relatively much better off than the medical officers themselves. He hoped pressure would be brought on the Local Government Board to protect the medical officers from the maladministration of this system. He considered the proposal to utilise the Poor-law infirmaries and fever hospitals as schools for clinical teaching instead of the hospitals in Dublin and Belfast as an unworkable scheme, because in some cases the teachers would not be competent to conduct the classes. He did not say this from want of respect for the local men, but he thought the system would be hardly workable. He thought something would be done to protect medical men from the frauds which were perpetrated on them owing to the present system of medical relief.—Mr. CROLY, Vice-President of the College of Surgeons, in seconding the motion, said he considered some young men in the country did themselves some injury in holding out for their guinea fee. There was no doubt that if some doctors started provident dispensaries, as they did in England, many persons who now had recourse to the Poor-law system would go to these dispensaries and pay fees. He knew cases where men who were well able to pay fees came to town and represented themselves as poor in order to obtain gratuitous relief. He remembered performing an important operation on one person who described himself as a poor boy and unable to give anything to the hospital, but who he (Mr. Croly) afterwards learned was a well-to-do baker who had his cars going along the road.—The report was adopted.

Installation of New President.—On the motion of Dr. BENNETT, seconded by Dr. ORMSBY, Dr. J. K. Barton was elected President of the Branch for the ensuing year. On taking the chair, the PRESIDENT, after expressing his thanks for the honour accorded to him; moved a vote of thanks to the outgoing president, Dr. Moore, for the manner in which he had discharged his duties during his term of office.—Dr. MOORE replied.

President's Address.—The PRESIDENT then delivered an address, in which he referred to the increasing growth and influence of the Association not only in the United Kingdom but in the Colonies. The organisation was now so complete that the opinion of the profession on any subject could be obtained. He then spoke of the ethics or what some might call the etiquette of the profession in certain matters, particularly in regard to the practice of one doctor handing over his cases to another when going on vacation, and also with regard to the duties of a doctor who was called into consultation by another. The profession was an honourable and noble one, and they should remember the principle of *noblesse oblige*, having for their motto, not every man for himself, but esteem yourself less than your fellow.

Irish Diplomats and English Hospital Appointments.—Mr. THORNLEY STOKER drew attention to the fact that in many English hospitals graduates and licentiates from Irish institutions were not eligible for appointment, and the offices were only open to men who had English and Scotch qualifications, whereas English and Scotch diplomates were eligible for appointment to medical offices here. They should bear in mind that the proportion of rejections in English and Scotch licensing bodies was smaller than in Ireland. He thought they should take action to have this unfair disability removed, and he proposed the following resolution: "That this Branch of the British Medical Association is of opinion that the diplomates of Irish universities and corporations should possess the same privileges in respect of public appointments in Great Britain as are enjoyed by diplomates in other parts of the kingdom."—Dr. ORMSBY, in seconding the motion, mentioned that some of the most distinguished medical men in London institutions were Irish diplomates.—Dr. ATTHILL, in supporting the resolution, said the action of English bodies in excluding Irishmen was rather a compliment to the latter, because they were evidently afraid of Irish competition.—Dr. MOORE said he endorsed every word of the resolution.—Dr. JACOB said they should urge on the parent Association to get this slur on Irish diplomates removed.—Dr. MACAN said he would move the following resolution as an addition to Mr. Stoker's:—

"That the Dublin Branch of the British Medical Association desires to draw the attention of the Council of the Association to the invidious exclusion of diplomates of Irish universities and corporations from many hospital appointments in Great Britain, with a view of enlisting their co-operation to have such disabilities removed."—Dr. STOKER seconded the resolution.—Both resolutions were carried.

Officers and Council.—The result of the ballot for officers and Council for 1890 was declared as follows:—President: J. K. Barton, M.D. President-elect: W. G. Smith, M.D. Vice-Presidents: Sir William Stokes, M.D., F.R.C.S.; Arthur Wynne Foot, M.D. Council: Lombe Atthill, M.D.; Sir John Banks, K.C.B.; E. H. Bennett, M.D.; J. H. Chapman, F.R.C.S.P.; A. H. Corley, M.D.; Kendal Franks, M.D.; T. W. Grimshaw, M.D.; E. Hamilton, M.D.; W. Moore, M.D.; L. H. Ormsby, M.D.; W. Thornley Stoker, M.D.; R. H. Swanzy, M.D. Representative on the Council of the Association: T. W. Grimshaw, M.D. Honorary Secretary and Treasurer: Conolly Norman, F.R.C.S.I., Richmond Asylum, Grange-gorman, Dublin.

The proceedings then terminated.

Annual Dinner.—The annual dinner was held in the evening, under the presidency of Dr. J. K. Barton. There was a considerable attendance. The usual toasts were proposed, and the proceedings passed off with great success.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The fourth general meeting was held in the Medical Institute on Thursday, January 9th, the President, Mr. D. C. LLOYD-OWEN, in the chair.

New Members of Branch.—The following members of the Association were elected members of the Branch: William Rennie, L.R.C.P., Workhouse Infirmary; Charles Robertson, M.B. Edin., Workhouse Infirmary; Charles St. Johnston, M.R.C.S., Workhouse Infirmary; John Ogle Tunstall, M.D. Lond., Workhouse Infirmary; N. H. Turner, L.R.C.P., Ivy Walls, Edgbaston.

Cerebellar Lesion.—Mr. MARSH exhibited the patient shown at the last meeting of the Branch,¹ with symptoms pointing to a lesion of the middle lobe of the cerebellum. After a month's treatment by rest, administration of iodide of potassium (3 ss. daily), and counter-irritation to the occipital region and nape of neck, all the symptoms disappeared, and the patient was apparently as well as he had been prior to the accident.

Fracture Dislocation of Vertebra.—Mr. BENNETT MAY showed a fracture dislocation of the fourth cervical vertebra, illustrating some points of interest in the treatment of these cases.

Myoma.—Mr. LAWSON TAIT showed an enormous soft oedematous myoma removed by hysterectomy. The patient had been suffering for many years from a large pelvic tumour. The diagnosis was that of a soft uterine myoma. It was found to be entirely extra-peritoneal, and had to be enucleated from top to bottom. The tumour weighed twenty-four pounds.

Papers.—Mr. LANGLEY BROWNE read a paper on spinal injuries.—Mr. FALES read a paper entitled "The Treatment of Slowly-maturing Senile Cataract, more especially of the Nuclear Variety."

SPECIAL CORRESPONDENCE.

PARIS.

Strophanthus in Infantile Diseases.—Anti-microbial Properties of White of Egg.—Ethychloral Urethane.—New Theory of Diabetes.—Gonococcus in Simple Urethritis.—General News.

M. MONCORVO has treated infantile diseases with strophanthus, and comes to the following conclusions: As a diuretic and for combating cardiac disturbance strophanthus is invaluable in infantile therapeutics. Its action is prompt and energetic. It is perfectly innocuous. The tincture in mitral or aortic lesions with hypostole and oliguria restores cardiac tone, regulates the rhythm, and strengthens the pulse. In infantile pneumonia or bronchopulmonary affections, accompanied by cardiac weakness, strophanthus is a valuable heart tonic. M. Moncorvo has not observed any marked influence on the nervous system or temperature. The action of strophanthus persists long after the treatment has been discontinued. M. Moncorvo employed an alcoholic tincture, in doses varying from four to twenty-eight drops in twenty-four hours.

¹ JOURNAL, 1890, vol. i, p. 80.

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR D. N. PARAKE, Bombay Establishment, has leave of absence for nine months, and left for Europe on January 31st.

Surgeon H. GREANY, M.D., Madras Establishment, is appointed officiating medical officer to the 1st Infantry, Hyderabad Contingent, *vice* Surgeon F. J. Doyle, on furlough.

Surgeon-Major G. P. MACKENZIE, M.B., Bengal Establishment, officiating senior medical officer at Port Blair, is confirmed in that appointment, *vice* Surgeon-Major W. N. Keefer, retired.

The services of **Surgeon-Major A. S. LETHBRIDGE, M.D.**, Bengal Establishment, Inspector-General of Gaols, are placed temporarily at the disposal of the Government of India in the Home Department.

Surgeon-General E. W. EYRE, late of the Madras Establishment, died at Bath on January 26th, aged 83.

Surgeon-Major O'BRIEN BANKS, Bombay Establishment, is promoted to be Brigade-Surgeon. His commission as Surgeon is dated October 1st, 1866, and that of Surgeon-Major twelve years therefrom. He was in the Abyssinian war in 1867-68, and was at the capture of Magdala (medal).

THE VOLUNTEERS.

MR. GEORGE WILLIAMSON, M.B., is appointed Acting-Surgeon to the 1st Aberdeen Artillery.

Mr. WILLIAM MUNRO JENNINGS is appointed Acting Surgeon to the 1st Durham Engineers.

Surgeon T. L. GENTLES, 1st Volunteer Battalion, Derbyshire Regiment (late the 1st Derbyshire), is promoted to be Surgeon-Major, ranking as Major.

Mr. GEORGE HENRY DARWIN, late Surgeon Volunteer Medical Staff Corps, Manchester Division, is appointed Surgeon to the 2nd Volunteer Battalion Manchester Regiment (late the 6th Lancashire).

UNIVERSITY INTELLIGENCE.

CAMBRIDGE.

THE Special Board for Medicine report that though candidates for the medical degrees must produce a certificate of proficiency in vaccination from one of the authorised vaccinators appointed by the Local Government Board, it has hitherto been found impracticable to obtain an authorised instructor in Cambridge. **Dr. Robert Cory, M.A.**, of Pembroke College, the Director of the Animal Vaccine Establishment, and the authorised vaccinator at the principal station, Blackfriars Road, London, has offered to visit Cambridge weekly during term and in the Long Vacation, and to give instruction and examine for certificates at the Cambridge Vaccination Station in East Road. The Board are of opinion that it is desirable to recognise **Dr. Cory's** position and services, as they consider it of great importance that students should have the best teaching in regard to the operation of vaccination, and **Dr. Cory's** scientific eminence and practical skill are such as to guarantee the efficiency of the instruction he gives. They accordingly recommend: That **Robert Cory, M.A., M.D.**, of Pembroke College, be approved as a teacher of vaccination in the University, and that he receive a stipend at the rate of ten pounds for each quarter during which he gives in Cambridge a course of instruction in vaccination.

CURATOR IN ZOOLOGY.—**David Sharp, M.B., C.M. Edin.**, has been appointed Curator in Zoology at the New Museum of Comparative Anatomy. **Mr. Sharp** is a Vice-President of the Entomological Society of London, and the author of a work on Zoological Nomenclature.

DEGREES.—At the congregation on January 30th the following degrees were conferred:—**M.B.**—**J. A. Arkwright, B.A.**, Trinity; **Charles E. Baker, B.A.**, Trinity; **J. H. Drysdale, B.A.**, St. John's; **Sydney Beauchamp, B.A.**, Caius; **John S. Edkins, B.A.**, Caius. **B.C.**—**J. A. Arkwright, C. E. Baker, J. H. Drysdale, S. Beauchamp.**

OBITUARY.

LEWIS H. SAYRE.

THE death occurred on the night of January 2nd, of heart disease, of **Lewis Hall Sayre**, a son and assistant of the well-known surgeon of that name. **Dr. Sayre** was born in New York in 1851. He obtained his general education in the College of the City of New York, and his diploma from Bellevue Hospital Medical College. He was an assistant professor of orthopædic surgery in Bellevue Hospital Medical College, and a member of the Academy of Medicine, and several State and national medical societies. The deceased had been somewhat run down with overwork, and was in addition suffering from an attack of the prevailing influenza, but was not known to be suffering from any other disorder, and he did not refrain from his professional duties. On the night

prior to his death he returned home to his father's house after visiting a patient at a late hour and when the other members of the family had retired to rest. He did not appear at breakfast, and his bed was found to be undisturbed. He was soon after found sitting in a chair in the office cold in death. It is inferred that he had been taken with a difficulty in breathing, for he had torn his shirt and collar open. A necropsy showed a disordered condition of the liver and kidneys, a fact hitherto unknown to his friends. He leaves a wife and three children. He was a consulting surgeon to the Hackensack Hospital, and was well known in connection with the York State Medical Association, the Pathological Society, the Academy of Medicine, and the American Medical Association.

PROFESSOR KARL WESTPHAL, M.D.

SCIENCE has sustained a great loss in the death of **Professor Westphal**, of Berlin, which took place on January 27th. **Geheime-Medicinal Professor Dr. Karl Westphal** was born in 1833, and from 1851 onwards studied in Berlin, Heidelberg, and Zurich. In 1856 he passed the State examination, and was appointed assistant physician in the small-pox departments of the Charité Hospital, Berlin. After a year he exchanged into the section for mental diseases, then under **Ideler's** direction, and here a congenial field for work was found. In 1861 he became *Docent* for psychiatry in the University of Berlin, and in 1869 he succeeded **Griesinger** as professor extraordinary and medical director of the department for mental and nervous diseases in the Charité Hospital. He added an out-patient department of these diseases, which afforded him a large material for observation and teaching purposes.

In 1874 he obtained the honour of the Ordinary Professorship in the above-mentioned, and became a Fellow of the Scientific Deputation for Medicine.

Westphal was not one of those speculative spirits who make striking discoveries by way of hypotheses in the first place, but was an eminent example as an exact investigator. By quiet, earnest work, by clear objective observation, he went on from fact to fact, and so carefully examined his own results, that what he at last published was unassailable. His aim was to base, as far as possible, the disease before him in its clinical aspect upon its corresponding pathological alterations. To attain this aim no trouble was spared, and all the resources known to diagnosis were employed.

This is not the place for a critical review of his works, but we may mention his investigations on progressive paralysis, on epilepsy, on paranoia, on agoraphobia, on compulsive ideas, and especially his contributions to the symptomatology and pathological anatomy of *tabes dorsalis*. The loss of the patellar reflex in this disease has been termed "**Westphal's symptom**," from its discoverer. Other investigations were on combined affections of the spinal columns, the formation of cavities in the spinal cord, pseudosclerosis, **Thomson's** disease, etc. Most of his papers on these subjects are to be found in the *Archiv für Psychiatrie*, which he himself edited for almost two decades.

The various forms of ophthalmoplegia chiefly interested him during the last few years, and he obtained important results, not only as to the pathology of this affection, but as regards the anatomy of the brain. He was the earnest friend of every one of his patients, hence his worldwide renown as a physician.

BERTRAM V. SORTAIN, B.A., M.B., B.C.

By the death of **Mr. Bertram Sortain**, at the early age of 27, the profession has lost a member who, had he been spared, would probably have taken a high position in it. **Mr. Sortain**, both from his character and intellect, deserves that he should not pass away from us quite unnoticed.

He was born in Ceylon in October, 1862. When quite young he showed signs of delicate constitution, and early developed asthma. He was brought to England for a short time, but returned to Ceylon, where he spent the later years of his childhood. He then finally returned to England, and went to Bath College, where he spent the following six years of his life, being for some time the head boy of the school. He had pleasant memories of his school time, and was known to cherish feelings of great respect for his master, **Mr. T. W. Dunn**. In 1882 he obtained the Senior Open Classical Scholarship at Caius College, Cambridge, and entered on his college life in the autumn of that year. At that time his future life was not determined, and he continued his classical studies, and in 1884 he took high honours in the classical tripos,

HOSPITAL AND DISPENSARY MANAGEMENT.

HOSPITALS AND THE WORKING CLASSES.

THE WAGE LIMIT AT ROTHERHAM.

FROM the report read at the annual meeting of the Rotherham Hospital on January 30th, it seems that action is to be taken as to the class of applicants receiving the benefits of the institution. The Weekly Board, in consequence of the receipt of an official circular from the Yorkshire Branch of the British Medical Association urging the importance of the question as to who were and who were not eligible for out-patient relief, took the matter up. The following resolution submitted on the subject was confirmed: "In consequence of the institution having been imposed upon by the recommendations of improper persons, it has been resolved, at a special meeting of the work representative members of the Committee, and of the Weekly Board, that no case shall be eligible where the earnings were more than 25s. per week. Special provision to be made for exceptional cases, which must be noted in the recommendations." Much may be said on one side or the other as to the wisdom of fixing a wage limit in any way approaching a hard-and-fast line, but the authorities may well be complimented on the decided stand they have taken against abuse of the charity. The workmen of the district appear to support the hospital peculiarly, and have their representatives on the management of the institution. It remains to be seen how they will now support the course their representatives took in this matter, but from what was said at the meeting the fault for recommending improper cases rested more with the shopkeepers and private individuals than with those coming from the various works.

SIR,—I consider the letter signed "Thomas Moreton" in behalf of the workpeople of Jones Brothers, an important expression of their views in reference to their treatment as recipients of charity. They, as subscribers to the hospitals, claim a just right to being treated as paying patients. I found this the feeling of rate-payers in agricultural districts. They thought themselves entitled to medical relief, including journeys, medicines, apparatus, etc., without further cost than the rates charged. I have often thought the idea could be carried out with advantage by a small additional sum entitling the contributor to the necessary benefits. Many persons employ medical men with profuse assertions that they will pay, who have not the slightest notion of doing so, and we have no redress. But, then, what of those persons who fail to contribute? Will Mr. Jones say whether he thinks all the patients should rank above paupers or recipients of voluntary relief—charity, in fact?

The difficulty is, how to distinguish between the two classes of patients. Obviously the paying patients who contribute reap advantages to themselves while the professional men's pockets are turned inside out and emptied. Is this fair after all their expenses in education?—I am, etc.,

February 2nd.

SAML. W. SMITH.

THE ABUSE OF MEDICAL CHARITIES.

AT a meeting of the Nottingham Medico-Chirurgical Society, held on January 22nd, in accordance with a motion, notice of which had been given at a previous meeting, and at the instance of the Nottingham Division of the Midland Branch of the British Medical Association, the question of the abuse of local medical charities was discussed.

Mr. White, the President, in opening the discussion, said that although such abuse undoubtedly existed in the out-patient departments of many of our charities, still he believed that it did so to a much less degree than most people imagined. As a result of systematic inquiry on the part of the Weekly Board of the General Hospital, extending over a long period, it had been discovered that only a very insignificant proportion of even the most suspicious cases were undeserving of the gratuitous relief they sought. A few years ago an attempt was made to fix a wage limit among applicants for hospital relief; but the question having been discussed again and again at successive meetings of the governors the project was finally voted impracticable and abandoned.

Mr. Snell, who spoke next, after quoting at some length Dr. Rentoul's views, declared that any such scheme as he proposed would have the effect of lowering, even more than at present, the tone of middle-class practice, by showing to the public that skilled

advice could be obtained at a low price, and by increasing the degrading competition at present existing among practitioners. He urged the medical men of Nottingham to shun any scheme which could possibly lead to the introduction of a provident dispensary on a large scale, and concluded by moving the following resolution, namely:—"That, in the opinion of the meeting, the abuse of local medical charities is not of sufficient magnitude or importance to justify the interference of the profession."

Drs. Cattle, Hatherly, and Pegg spoke in support of Mr. Snell's views and resolution, and the latter was carried unanimously.

ROYAL EYE HOSPITAL, MANCHESTER.

THE annual meeting of the trustees and supporters of the Manchester Royal Eye Hospital was held last week. According to the annual report, the total number of patients admitted was 18,657, against 17,308 in the previous year. Of these, 7,523 attended at Oxford Street, and 11,134 at St. John Street. The number of in-patients was 1,341, being an increase of forty, and the period of their stay in the hospital was slightly longer than before. Notwithstanding an increase in the expenditure, owing to a larger staff and higher cost of provisions, the board were glad to state that their financial position continued satisfactory and that there was an increase in the income of the hospital, due to a large extent to the substantial interest taken in its welfare by the co-operative and by the various trade and benefit societies in the district. On the staff Dr. A. Hill Griffith has succeeded to the post of surgeon, vacated by the resignation of Dr. P. H. Mules.

CHESTER GENERAL INFIRMARY AND THE WORKING CLASSES.

AT the annual meeting of the Chester General Infirmary it was decided that in consideration of nearly £1,000 having been collected for the infirmary by the District Working Men's Hospital Saturday Committee during the past four years, that Committee be granted a governor for every £100 subscribed.

INDIA AND THE COLONIES.

INDIA.

LEPER LEGISLATION.—The Bombay Government, according to a telegram in the *Times*, has taken prompt action in regard to the leprosy question. Instead of waiting for the legislation, which is understood to be occupying the attention of the supreme Government, it has issued a notification under a local Act, declaring the disease known as black leprosy to be an infectious disease, dangerous to life, and has named certain institutions to serve as sanatoria in cases of leprosy. At Calcutta, on the other hand, there is a talk of postponing leper legislation for the present, the Government wishing to wait till the Commission from England has issued its report.

LEPER HOME AT BOMBAY.—Sir Dinshaw Petit has offered a lakh of rupees for building a leper home for Bombay, and the Nawab Junaghad has promised to build a leper asylum for the province of Kattywar. Both buildings are intended to commemorate Prince Albert Victor's visit to India. At Calcutta, the Permanent Memorial Fund, also for a leper asylum, amounts to over 45,000 rupees.

CEYLON.

ST. JOHN AMBULANCE ASSOCIATION.—There has been established during the past year at Ceylon a branch of the St. John Ambulance Association, mainly through the exertions of Surgeon Lees Hall. Owing to the co-operation of numerous medical men classes for first-aid and nursing are fully established in the chief towns, and also in the railway, police, and other departments. A wheeled-ambulance stretcher and other appliances have been imported, and have already proved of considerable service.

THE CHAIR OF SURGERY AT HALLE.—It is now announced that the successor of Volkmann, at Halle, will be Professor Otto Madelung, of Rostock. Dr. Madelung, who is now in his 44th year, began his career as an alienist, but turned his attention to surgery during the Franco-German war. He was afterwards assistant to Professor W. Busch, at Bonn.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were, at a meeting of the College on January 30th, admitted Licentiates of the College:

*Albert, J. V., St. George's
 *Aspinwall, J. F., Manchester
 *Badcock, J. H., Charing Cross
 Bailey, R. C., St. Bartholomew's
 *Banbury, G. R. S., Bristol
 Bankes-Price, S. H., Middlesex
 Barber, G. T. C., Birmingham
 *Barlow, G., Manchester
 Barnard, R., London and Cambridge
 Batley, A. B., St. Mary's
 *Berry, G. A., Manchester
 Bickersteth, R. A., Cambridge and St. Bartholomew's
 Brooks, C., St. Thomas's
 Calger, H., University College
 *Callender, E. M., St. Mary's
 Coates, H. H., St. Bartholomew's
 Cobbett, L., Cambridge & St. Thomas's
 *Cochrane, J. M., Toronto
 Cooke, G. H., Manchester
 Cooper, H. J., St. Thomas's
 Cornilliac, J., King's College
 *Cox, A. B., Sydney and Middlesex
 Cribb, A. W. G., Middlesex
 Daggett, H. I., St. Mary's & Cambridge
 Davies, F. W. S., Guy's
 Debenham, R. B., London
 De Butts, S. B. C., St. Mary's
 Devereux, W. C., Cambridge and Middlesex
 Distin, H., King's College
 Diver, E. W., University College
 *Dixon, W. A., Toronto
 Dove, P. W., St. Bartholomew's
 *Dowling, G. W., Manchester
 Dukes, T. A., St. Thomas's
 Dunn, R. A., St. Bartholomew's
 Earle, E. R. C., University College
 Eccles, W. McA., St. Bartholomew's
 Elgee, W., St. Bartholomew's
 Faichnie, F., University College
 Ferguson, R. B., St. Mary's
 Fearnhead, T., Manchester
 Foster, W. J., St. Mary's
 *Fox, J. A., Guy's
 Francis, H. A., Cambridge and St. Bartholomew's
 Gill, J. McD., Guy's
 *Gillchrist, A. W., Paris
 Gimlette, J. D., St. Thomas's
 Gore, H. B., Manchester
 Gostling, P. R., St. Bartholomew's
 *Grant, J. W. G., St. Thomas's
 Gratie, C. B., Bristol
 *Harris, E., Guy's
 Harrison, T. H., Leeds
 Harvey, C. E., Edinburgh
 Heaton, C. J., St. George's
 *Heelas, W. W., Westminster
 Heywood, C. C., Cambridge and St. Thomas's
 *Hickman, H. V., Guy's
 Hicks, J. A., Westminster
 Higgins, W., St. George's
 Hobhouse, E., St. Thomas's

Howell, R. E., Edinburgh & Liverpool
 Hulbert, E. B., University College and Newcastle-on-Tyne
 Jackson, F. T., Liverpool and London
 James, G. T., Westminster
 Jones, D. T., Guy's
 Jones, M. L., St. Bartholomew's
 Jones, R. F. H., St. Bartholomew's
 Jones, W. E., Middlesex
 King, F. W. R. J., Middlesex
 Kingsland, A., Birmingham
 Kirton, M. A., London
 Lack, H. L., King's College
 Lankester, A. C., St. Thomas's
 Lansdown, R. G. P., Guy's
 Lawson, D., Middlesex
 *Lingwood, E. H., Charing Cross
 Low, H., Cambridge & St. Thomas's
 *Lunn, P. T., Middlesex
 Lyons, A. W., King's College
 *Macann, A. C. J., Middlesex
 Molyneux, J. P., Manchester
 Orr, F. L., University College
 *Palmer, R. H., Toronto
 Parry, H. J., Durham
 Paterson, G. W., St. Mary's
 Pawlett, T. L., St. Bartholomew's
 Peirce, H. I., Dublin & King's College
 Penberthy, W., London
 Perkins, H. B., Guy's
 Porter, F. J. W., London
 *Potts, F. R. H., Guy's
 *Prall, J. H., Guy's
 Pringle, A. Y., St. Thomas's
 Pritchard, E. J., Westminster
 Procter, W. J., London
 Reid, P. MacP., Edinburgh
 Robertson, C., St. Thomas's
 Robinson, W. H., St. Thomas's
 Rollason, A., Birmingham & London
 Ronald, A. E., Cambridge and St. Thomas's
 Saunders, G. R., St. Bartholomew's
 Scott, W. J., Guy's
 Sawaki, H., Osaka and St. Thomas's
 Sharpley, J. E., London
 Simmonds, D. C. S., St. Thomas's
 Spurrell, C., Guy's
 Squire, F. H., London
 Stabb, F. A., St. Thomas's
 Stephens, H. W., St. Bartholomew's
 Stevens, C. R., St. Bartholomew's
 Storrs, W. H. T., King's College
 Swan, C. H. A., St. George's
 Valentine, T. H. A., St. Bartholomew's
 Viret, B. F., St. Bartholomew's
 Wagstaff, F. A., Middlesex
 Westmacott, F. H., Manchester
 Wiggins, C., Charing Cross
 *Wilkins, W. F. W., Liverpool
 Wilkinson, R., Leeds
 Williams, J. R., St. Bartholomew's
 Wooding, W. B., Middlesex
 *Woodruff, T. A., Canada

* Candidates who have not presented themselves under the regulations of the Examining Board.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the recent quarterly examination for the membership of the College, the following candidate was successful:

H. C. Earl, M.B. Univ. Dubl., *Lic. Med.*, 1888.

The undermentioned gentlemen having been successful at the Final Professional Examination, under the Conjoint Scheme with the Royal College of Surgeons in Ireland, held during January, 1890, were duly admitted on Tuesday, February 4th, as Licentiates in Medicine and Midwifery of the College:

J. Byrnes.
 A. V. Shine.

The following is the result of the Final Professional Examination in question:

No. of Candidates Entered.	Retired.	No. Examined.	Passed.	Stopped.
19	1	18	*4=22.2 p.c.	14=77.8 p.c.

* Two of these entered for only a portion of the examination.

SURGEON PARKER is doing duty at the hospital at Cairo, where he will probably remain until March.

FROM a return made by the veterinary inspector of the county of Middlesex, under the Rabies Order for the quarter ending December 31st, 1889, it appears that there were thirteen cases of rabies as against three in the corresponding quarter of 1888.

THE report which has gained currency as to the prevalence of diphtheria in the West Kensington district is, writes Dr. Francis Egan, the medical officer of health for Fulham, unfounded. During last month only two cases occurred, and these were promptly dealt with.

A DINNER in aid of the funds of the French Hospital and Dispensary will take place at the Hôtel Métropole, on February 15th. M. Waddington, the French Ambassador, will preside, and will be supported by the Lord Mayor, Sheriffs, and Under Sheriffs of London and Middlesex.

THE medical school of Guy's Hospital was closed on Monday, February 3rd, the day of the funeral, as a mark of respect to the memory of the late Sir William Gull, who was for many years lecturer on medicine and at the time of his death one of the consulting physicians to the hospital.

M. DANIEL MOLLIÈRE, a leading surgeon of Lyons, died last week. He took a prominent part in the proceedings of the recent Surgical Congress at Paris, and was well known for his writings on diseases of the rectum, the surgery of bones, etc., and for his attempts to administer anesthetics by the rectum.

THE HEALTH OF EXETER.—Dr. John Woodman, the health officer of Exeter, reports that the total number of deaths during 1889 in that city and county was 778, or at the rate of 19.3 per 1,000. This rate is identical with that of the twenty-eight large towns, and only slightly higher than that for Exeter in 1888.

CHOLERA IN ASIA.—The Russian Government has sent Dr. Avedik Babajew, who is the head of the Sanitary Department at Tiflis, to Persia, to report on the cholera in that country. A case of cholera is said to have occurred at Bologna. On investigation it was found to be one of sporadic, and not Asiatic, cholera.

HOSPITAL Sunday collections in Sheffield were taken on January 26th. The day was wet and boisterous, and the interests of the hospitals have, in some measure, suffered thereby. The same remark applies to the neighbouring town of Rotherham, where it is feared a falling off from the amount collected last year has occurred.

INVENTION OF THE MICROSCOPE.—The third centenary of the invention of the microscope will be celebrated this year at Antwerp, where a historical exhibition of microscopes will be held, and public demonstrations will be given of the structure of the instrument and of its development from its first beginnings to its present form.

THE report of the Cotton Districts Convalescent Fund, presented at the recent meeting at the Manchester Town Hall, states that the total number of patients sent to the Convalescent Hospitals during the past year was 2,053, at a cost to the fund of £3,399 3s. 2d., as against 2,071 in the previous year, at an expense of £3,618 14s. 9d.

DEWSBURY INFIRMARY.—More than ordinary interest attaches to the proceedings of the recent annual general meeting of the Dewsbury and District Infirmary, the occasion being chosen for the presentation to the honorary medical staff of the institution of a number of articles, valued altogether at £200, as a recognition of services rendered.

DR. HEINRICH FREY, Professor of Anatomy in the University of Zürich, died on January 23rd, of an apoplectic seizure, which occurred in the course of an attack of influenza. He was well known in the scientific world by his works on the microscope and on histology, which have been translated into all the principal European languages. Professor Frey was in his 69th year.

VOLKMAN'S LITERARY TESTAMENT.—The late Professor Von Volkmann, of Halle, has left a monograph on cancer, on which he was engaged up to the time of his death, almost ready for publication. By his will his former assistant, Professor F. Krause, is appointed editor of this posthumous work. Volkmann has left several other scientific and literary writings in manuscript, but they are not intended for publication.

FIRTH COLLEGE, Sheffield, has now for some years been doing excellent work. The Government grant will be a material addition to its resources, but the authorities are desirous of still further extending the usefulness of the college. With this object in view an appeal is to be made for such a sum as will provide an increase in the teaching staff and enlarged accommodation. It is hoped the college may ultimately be affiliated with Victoria University.

CURE OF "ROARING" BY OPERATION.—The *Veterinary Journal* for February publishes a letter to Dr. Fleming from the Duke of Westminster testifying that a favourite hunter on which Dr. Fleming operated last spring for roaring has been restored to use, and that the operation must be considered to be decidedly successful. Mr. R. Pringle, M.R.C.V.S., of the Royal Scots Greys, also reports a short history of a troop horse successfully operated on some time ago for roaring by the same method.

UNIVERSITY OF ROSTOCK.—A new medical and surgical clinic was formally opened in the University of Rostock on January 18th. Addresses were delivered by Professors Th. Thierfelder and Madelung, the latter of whom congratulated his hearers on the fact that it would henceforward be possible to carry out the antiseptic treatment of wounds in an adequate manner at Rostock. A new feature in the arrangements is an installation for the manufacture of dressings in connection with the surgical clinic.

At the Belgrave Hospital for Children, a lady has been appointed house-surgeon. The medical staff were unanimous in recommending Miss Frances May Dickinson, M.B.Lond., as the most suitable candidate, and the Hospital Committee elected her as house-surgeon for a period of six months. As yet the occasions on which a lady has been chosen to fill the post of resident medical officer are very few, and we may congratulate the Committee on having elected the candidate it considered best fitted for the post.

A NEW INDEX MEDICUS.—A new medical periodical is announced to appear on April 1st. It will bear the title of *Revue Internationale de Bibliographie Médicale Pharmaceutique et Vétérinaire*, and will be issued under the direction of Dr. Jules Rouvier, Professor of Obstetrics and Gynaecology in the French Faculty of Medicine at Beyrout, in Syria. It will appear every three months, and the object of the editor is to supply a complete index to current medical literature. The annual subscription is 10 francs.

NEW MEDICAL JOURNALS.—A new monthly journal devoted to hygiene has appeared since the beginning of the year. It is entitled *Rivista Internazionale d'Igiene*, and is under the direction of the well-known Italian hygienist, Professor Fazio, with the collaboration of Professors Weichselbaum, Cohn, Baumgarten, Flügge, Buchner, Peiper, Pfeiffer, and Uffelmann. Another new periodical called *Il Segno*, dealing chiefly with symptomatology, has lately appeared at Florence. The editor is Dr. Cesare Federici.

HEALTH OF KENSINGTON.—The death-rate of Kensington during the past year was as low as 13.5 per 1,000, the most favourable hitherto recorded, and 2.9 below the decennial average. Dr. T. Orme Dudfield, in his statistical abstract, shows that the ratio of infantile mortality was lower than in immediately preceding years, and the deaths from zymotic diseases numbered only 268. The mortality from diphtheria alone was in excess, that from all the other diseases being under the average. There was no death from small-pox, typhus, or simple continued fever.

DRAINAGE OF WEST HAM.—The Local Government Board on January 23rd sanctioned a scheme for a large extension of the outfall works, pumping station, and main drainage of the borough of West Ham, as designed by the borough engineer, Mr. Lewis Angell, at a cost of nearly £100,000. The original system of drainage was laid out by Sir Robert Rawlinson in 1860, also at a cost of nearly £100,000, and much added to since; but so great has been the development of the district, which immediately adjoins the eastern boundary of the metropolis, that it has been found necessary to practically reconstruct the sewerage system.

THE QUESTION OF TITLES IN GERMANY.—Even Germany, where the different ranks of the professional hierarchy are defined with military precision, is not entirely free from the question of medical titles. The Prussian Minister of Worship has lately called the attention of the Rector of the University of Berlin to a growing habit on the part of gentlemen engaged in private teaching of describing themselves in their publications and

on their visiting cards as "Teacher in the University." His Excellency points out that "*Privat-docent*" is the only title which such persons can legitimately use.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.—The annual meeting of this Association was held at the Queen's Hotel, Manchester, on January 31st. The reports of the committee and treasurer showed that the Association is in a most flourishing condition, there being an increase in membership and funds. The following gentlemen were elected office-bearers for the year 1890: *President*: A. Wahlruch, M.D. *Vice-Presidents*: W. Walter, M.D.; A. M. Edge, M.D.; J. F. Tatham, M.D.; A. Hodgkinson, M.B. *Treasurer*: D. Lloyd Roberts, M.D., F.R.S.Edin. *Secretaries*: F. H. Collins, M.D.; F. M. Pierce, M.D. *Committee*: H. W. Boddy, M.D.; Mr. J. Broadbent; H. A. G. Brooke, M.B.; J. S. Bury, M.D.; J. T. Faulkner, M.D.; Mr. J. Ferguson; Mr. J. Foster; A. H. Griffith, M.D.; A. Godson, M.D.; Mr. G. W. Mould; Mr. J. A. Palanque; J. W. Watkin, M.D.

LENVAL PRIZE.—Baron L. Lenval, of Nice, offers a prize of 3,000 francs (£120) for the best easily portable apparatus to improve the hearing of persons suffering from partial deafness. The instruments must be sent before December 31st, 1891, to the President of the Jury, or to Professor Victor von Lang, of Vienna. Only completely finished instruments will be received. The prize will be awarded at the meeting of the fifth international Congress of Otolology to be held at Florence in September, 1892. The jury consists of the following distinguished aurists: Professor Adam Politzer, of Vienna, President; Professor Victor von Lang, of Vienna; Dr. Benni, of Warsaw; Dr. Gellé, of Paris; Dr. Urban Pritchard, of London; Dr. St. John Roosa, of New York; and Professor Vittorio Grazzi, of Florence, President of the Ordinary Committee of the Congress.

NEUROLOGICAL SOCIETY OF LONDON.—At the annual general meeting held on January 23rd at the National Hospital, Queen Square, the following officers were elected for 1890: *President*: *Thos. Buzzard, M.D., F.R.C.P. *Vice-Presidents*: J. S. Bristowe, M.D., F.R.S.; *James Sully, M.A. *Council*: A. Hughes Bennett, M.D., F.R.C.P.; David Ferrier, M.D., F.R.S.; *Jonathan Hutchinson, F.R.S.; J. Hughlings Jackson, M.D., F.R.S.; *James Ross, M.D., F.R.C.P.; G. H. Savage, M.D., F.R.C.P.; E. A. Schäfer, F.R.S.; Seymour J. Sharkey, M.D., F.R.C.P.; *A. de Watteville, M.D., B.Sc.; Samuel Wilks, M.D., F.R.S. *Treasurer*: D. Hack Tuke, M.D., LL.D. *Secretaries*: James Anderson, M.D., F.R.C.P.; *Robert Maguire, M.D., F.R.C.P. Those gentlemen marked * have either not held office or not the same office during the previous year. The President, Dr. Buzzard, read an introductory address on "The Simulations of Hysteria by Organic Disease of the Nervous System." The next meeting of the Society will be held at the National Hospital, Queen Square, on Thursday, February 20th, at 8.30 p.m., and the subject for discussion will be "Treatment by Suspension."

MEDICAL VACANCIES.

The following Vacancies are announced:

- CITY HOSPITAL FOR INFECTIOUS DISEASES, Newcastle-upon-Tyne.**—Resident Medical Assistant for one year, subject to re-election: £50 per annum first year, £70 second year, board, lodging, and washing. Applications to the Medical Officer of Health, Town Hall, Newcastle, not later than February 28th.
- 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 15th to the Secretary, 24, Finsbury Circus, E.C.
- 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.
- HIGHWORTH AND SWINDON UNION.**—District Medical Officer and Public Vaccinator to the 1st District. Salary, £70 per annum and fees. Applications by February 22nd.
- NORTH STAFFORDSHIRE INFIRMARY.**—House-Physician. Salary, £100 per annum. Applications to the Secretary not later than March 1st.
- NOTTINGHAM GENERAL HOSPITAL.**—Resident Medical Assistant. Qualified man or fourth year student. Appointment for six months. Board, lodging, and washing. No salary. Applications by February 17th, addressed to the 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.

WESTMINSTER GENERAL DISPENSARY. Honorary Physician. Applications by February 8th.

MEDICAL APPOINTMENTS.

ALDEN, Sidney J., M.B., B.S., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

BARTON, George H., M.R.C.S.Eng., L.R.C.P.Edin., appointed Medical Officer to the 7th District of Lincoln Union.

BOSTOCK, A.S., M.R.C.S.Eng., L.S.A., appointed Medical Officer to the West-hampnett Workhouse.

BROCK, W. J., M.B., C.M., appointed Medical Officer to the Parishes of Olig and Dunnet, *vice* J. L. Waters, M.B., resigned.

CAIGER, F. F., M.D.Lond., M.R.C.S., etc., Assistant Medical Officer North-Western Fever Hospital, appointed Acting Medical Superintendent of the South-Western Hospital of the Metropolitan Asylums Board, *vice* Dr. Birdwood.

CROOK, Arthur, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer at the Boys' Home, Norwich Union.

CROOKE, Geo. F., M.D.Edin., M.B., M.R.C.S., L.S.A., Lecturer on Practical Pathology, Queen's College, appointed Pathologist to the Queen's Hospital, Birmingham.

DAVIDSON, P., M.B., C.M., appointed Honorary Physician to the Liverpool Infirmary for Children.

DICKINSON, Frances May, M.B.Lond., appointed House-Surgeon to the Belgrave Hospital for Children, Pimlico, *vice* F. J. McCann, M.B., resigned.

GEMMELL, J. E., M.B., C.M.Edin., appointed Honorary Anaesthetist to the Liverpool Dental Hospital, *vice* H. Briggs, F.R.C.S., resigned.

GIBBES, Cuthbert Chapman, M.D.Aberd., C.M., L.R.C.P.Lond., of Surbiton, appointed Medical Officer of Health to the Kingston Rural Sanitary Authority, *vice* Dr. Price Jones, deceased.

GOODWIN, Wycliffe, M.B., C.M.Aberd., appointed Senior Resident Medical Officer to the Joint Counties Asylum, Carmarthen, *vice* John Powell, L.R.C.P. & S.Edin.

HINDER, S. L., appointed Resident Assistant House-Surgeon to the North Staffordshire Infirmary, Hartshill, on the retirement of Mr. T. S. Worboys.

JONES, John Owen, L.R.C.P., L.R.C.S.Edin., L.F.P.S., late House-Surgeon to the Flintshire Dispensary, Holywell, elected an Honorary Surgeon.

JULYAN, George R., M.B., C.M.Edin., appointed Medical Officer and Public Vaccinator for the No. 1 District of the Bodmin Union, *vice* Charles Williams, L.R.C.P. & S.Edin., L.S.A., resigned.

LOGAN, Thomas, M.D.Aberd., L.F.P.G.Glasg., appointed Medical Officer and Public Vaccinator for No. 2 District, North Brierley Union, *vice* Henry A. Warburton, M.R.C.S.Eng., L.S.A., resigned.

MACKAY, P. B., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the East District, Doncaster Union.

MCKNELL, Hardinge C. C., L.R.C.P.Ed., L.R.C.S.Edin., L.F.P.S.Glasg., appointed House-Surgeon to the Dover Hospital and Dispensary, *vice* Arthur C. Mackenzie, L.R.C.P.Edin., L.R.C.S.Edin., L.F.P.S.Glasg., resigned.

MANNING, Frank B., L.K.Q.C.P.Irel., L.R.C.S.I., appointed Medical Officer of Health and Public Vaccinator No. 9 District of the Barnstaple Union.

MELLER, C. Booth, L.R.C.P., M.R.C.S., L.S.A., of Cowbridge, appointed Medical Officer to the Bonvillestone District of the Cardiff Union.

MULL, William, M.D., M.B., C.M.Aber., appointed District Medical Officer and Medical Officer to the Workhouse, Kirkby Moorside Union, *vice* Arthur Wood, L.S.A.

OGILVIE, Alexander, B.A., M.B., B.Ch., B.A.O., appointed House-Surgeon to the Bristol Eye Hospital, *vice* Dr. Herman Snellen, appointed Assistant at Utrecht.

PEACOCK, A., M.D., appointed Parochial Medical Officer for the Gourrock District, *vice* G. Wyllie, L.F.P.S.Glasg.

PLATT, J. E., M.B.Lond., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Ashton-under-Lyne District Infirmary.

POLLOK, Robert, M.B., C.M., F.F.P.S.Glasg., appointed Medical Adviser to the Western Friendly Society, Glasgow.

PRATT, John Wyatt, L.R.C.P.Edin., L.M., M.R.C.S.Eng., etc., appointed Medical Officer of Health to the Wiveliscombe Urban Sanitary District.

ROBINSON, J. H., M.B., C.M.Edin., appointed Medical Officer to the Wendorn Sub-district, Helston Union.

SAVAGE, Thomas, M.D.St. And., M.R.C.P.Lond., F.R.C.S., appointed Honorary Consulting Physician to the Wolverhampton and District Hospital for Women, Chapel Ash.

THOMPSON, Wesley H., M.D., appointed Medical Officer of Health to the Quarry Bank Local Board, *vice* Dr. Ashmead, deceased.

TURNER, F. H., M.R.C.S., L.S.A., appointed Medical Officer for the Capel District of Samford Union.

WALKER, George E., F.R.C.S., L.S.A., appointed Consulting Ophthalmic Surgeon to the Liverpool Northern Hospital.

WELLBURN, Edgar, L.R.C.P.Edin., L.R.C.S.Edin., appointed Medical Officer of Health to the Sowerby Bridge Local Board of Health, *vice* Dr. J. S. Horsfall.

WYNTER, Andrew E., L.R.C.P., M.R.C.S., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, S.W.

DIARY FOR NEXT WEEK.

MONDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. J. B. Sutton (Erasmus Wilson Lecturer): On Morphology in Relation to Pathology. Lecture I.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Lauder Brunton: Experiments in Anæsthetics at Hyderabad. Mr. H. W. Allingham: The Question of Operation upon Fistula in Phthisis.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: On External Diseases of the Eye. Hospital for Sick Children, Great Ormond Street, W., 4 P.M.—Dr. Abercrombie: On Syphilis in Infancy and Childhood.

TUESDAY.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Dr. M. Charteris: Rheumatism: Its Treatment Past and Present, with special reference to recent Experimental Research on Salicylic Acids and their Salts.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. J. B. Sutton (Erasmus Wilson Lecturer): On Morphology in Relation to Pathology. Lecture II.

HUNTERIAN SOCIETY, 8 P.M.—Dr. Stephen Mackenzie: Annual Oration.

ROYAL MICROSCOPICAL SOCIETY, King's College, W.C., 8 P.M.—Annual Meeting and President's Address.

BRITISH GYNÆCOLOGICAL SOCIETY, Hanover Square, 8.30 P.M.—Council. 8 P.M. Specimens will be shown by Drs. Bantock and Fancourt Barnes, Uterine Repositor. Dr. Inglis Parsons: Report on Dr. Fenton's case of Fibrocystic Tumour of Uterus. Adjourned discussion on Mr. Jessett's paper: The Surgical Treatment of Uterine Cancer. Mr. E. Sinclair Stevenson, F.R.C.S.: On a case of Laparotomy followed by Fæcal Fistula and Tetanus.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. T. H. Green: On Hemoptysis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. W. Lang: On Ophthalmoscopic Cases.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, 2 P.M.—Mr. Victor Horsley: On the Surgery of the Brain and Spinal Cord. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Abercrombie: On Syphilis in Infancy and Childhood.

FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. J. B. Sutton (Erasmus Wilson Lecturer): On Morphology in Relation to Pathology. Lecture III.

CLINICAL SOCIETY, 20, Hanover Square.—Living Specimens, 8 P.M. Papers, 9 P.M. Dr. Ordr: Cases of Myxedema. Mr. Kenneth Campbell (introduced): A case of Acromegaly. Mr. Silcock: Two cases of Hyperostosis of the Frontal Bone and Orbital Walls, one being associated with Epilepsy, and both treated by Trephining. Sir Dyce Duckworth: Two cases of Thrombosis of the Cerebral Sinuses and Veins. Dr. Hale White and Mr. Arbuthnot Lane: Case of Trephining for Old Hemiplegia, accompanied by Intense Headache. Dr. Seymour Taylor: Case of Biliary Fistula with Escape of Biliary Calculi. (Patient will be shown.)

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 8 P.M.—Dr. E. F. Willoughby: The Italian Public Health Act.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. T. H. Green: On Bronchitis and Emphysema.

SATURDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. J. F. Payne: On Alopecia: Its Different Forms.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

GODFREY.—On January 21st, at 4, Pavilion Square, Scarborough, the wife of Frank W. A. Godfrey, M.B., of a daughter.

LAURIE.—On February 2nd, at Loughton, Essex, the wife of Caspar R. Laurie, M.R.C.S., L.R.C.P., of a son.

MARRIAGE.

RICHARDS—RENTON.—At St. John's, Shotley, Northumberland, on January 30th, by the Rev. R. W. Wilson, R. C. Richards, M.R.C.S., L.K.Q.C.P.I., to Emma Hay, youngest daughter of the late Dr. John Renton, Shotley Bridge.

DEATHS.

ADAMS.—On January 26th, at Grately, James Edward Adams, F.R.C.S., formerly Lecturer on Surgery at the London Hospital Medical College, and Surgeon to the London Hospital, aged 45.

CHEVALLIER.—At Melbourne, on the 19th December, Charles Henry Temple Chevallier, M.B., C.M., son of the late Rev. Canon Chevallier, of Aspal Hall, Debenham, Suffolk.

THE PRACTICE OF MEDICINE IN FRANCE.

DR. DE VALCOURT, M.D. Paris, M.R.C.P. Lond., Physician (Cannes), writes: A recent letter of the *Ministre de l'Instruction Publique* was not clearly understood by the English public. I think useful to explain here the fact.

France is the most liberal country in Europe, and I believe the only one where foreigners are allowed to enjoy the same privileges as its own citizens. To be an M.D. in France, and to have the right to practise as such, one must be a *Bachelier-ès-Lettres*, as well as a *Bachelier-ès-Sciences*, and go through a course of five years medical studies, also pass several examinations, making in reality six years of hard medical study. Furthermore, a Frenchman is obliged to deposit his diplomas at the *mairie* of the town where he intends to set up in practice, and has also to pay the fee, or "*taxe de patente*," as it is termed.

We consider it is just that foreigners who, in their own country, have followed an equally complete course of studies, and have passed their "exams," and obtained their diploma, should be allowed to practise in France after payment of the said "*taxe de patente*," but it is very natural that English doctors should not be exempt from the law any more than French ones are; consequently, it cannot suffice that a medical man who, having gone through an incomplete course of studies, and possessing a second rate diploma in his own country, should have the right granted to him by favour to practise in France. All this is the more important as in general English doctors establishing themselves in France do not hesitate to attend, not only their own country people, but French, Russians, Germans, and other nationalities who may happen to require their services. In our winter resorts more especially are to be found every season any number of medical men who come out with invalids as their private physician, and who do not scruple to offer their services to other families inhabiting the same hotel, or residing in the same town as the patient, from whom he is well remunerated. In fact, a considerable number of English doctors frequent the hotels along our coast in quest of clients. Now these doctors have no legal right whatever, and do not even pay the tax required of them; however, this does not prevent their obtaining patients, though in a most irregular manner. These remind one forcibly of Offenbach's "*Table d'Hôte Major*" in "*La Vie Parisienne*," and might be termed "*table d'hôte doctors*." I do not for one moment suppose that it enters into the mind of anyone to approve of these underhanded proceedings.

To resume my subject, allow me to state, first, it has never been a question of changing the present state of affairs with respect to the numerous English doctors who for years have settled at Cannes or elsewhere, and who have been authorised to practise, after passing certain "exams," and after paying the yearly tax to Government. It is therefore perfectly false to lead the minds of the British public to suppose they will in future be deprived of the medical advice to which they have hitherto been accustomed. Secondly, it is much to be desired that the French Government should only grant the right, after a short "exam," to practise to those English doctors who possess diplomas that come up to the same standard as those awarded by the French medical faculty, and who are willing to pay the same tax as French doctors are obliged. By these means some sort of arrangement could be made, but at the same time all abuses must be repressed.

TREATMENT OF CYSTITIS.

T. M. R. writes: Having not infrequently had experience of the obstinate nature of cystitis, I have recently been quite charmed by the marked good effected by balsam of copaiba. I had never tried it before, but, reasoning on its effects in gonorrhoea as well as in some cases of bronchitis, I resolved to give it a trial; this I did in doses *ter die* of *mij*, along with liq. potassæ *inix*, suspended in a little mucilage of gum tragacanth; the patient, a middle-aged lady, who had for some weeks taken *inf. buchu* in two-ounce doses three times a day, along with liq. potassæ and tinct. hyoseyami, felt relief with the very first dose, and in the course of a week was almost perfectly well; the case is, however, so recent that I am still keeping up the treatment.

Perhaps "J. R. B. K." may find my observation of service; if he does, I should be glad to hear from him. I presume "J. R. B. K." has made sure of the absence of calculus.

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