

TABLE.
Tubes $6\frac{1}{2}$ inches. Yeast fresh, in active growth.

Tube No.	Proportion of Na_2SiF_6 .	Day 1.	Day 2.	Day 3.	Day 4.	Day 5.	Day 6.	Day 7.	Day 8.	Day 9.	Day 10.	Day 11.	Day 12.
1	Control	3 in.	6 in.	*	—	—	—	—	—	—	—	—	—
2	Satd. 1: 150	0	0	†	—	—	—	—	—	—	—	—	—
3	½ satd. 1: 300	0	0	†	—	—	—	—	—	—	—	—	—
4	¼ satd. 1: 600	0	0	†	—	—	—	—	—	—	—	—	—
5	⅓ satd. 1: 750	0	0	†	—	—	—	—	—	—	—	—	—
6	½ satd. 1: 900	Small bubble	—	—	—	—	Large bubble	Not observed	6 in.	*	—	—	—
7	¾ satd. 1: 1050	Large bubble	—	—	—	—	—	1 in.	—	4 in.	6 in.	*	—
8	satd. 1: 1200	2 bubbles	2 bub.	4 bub.	4 bub.	—	—	—	—	4½ in.	—	Empty	—
9	¾ satd. 1: 1800	1 bubble	—	—	—	—	—	2 bubbles	—	1½ in.	3 in.	4½ in.	5 in.†
10	½ satd. 1: 7750	1 bubble	½ in.	3 in.	—	—	Empty	—	—	—	—	—	—

* Completely fermented. † No fermentation. ‡ Completely fermented; control empty on sixth day. § Separate control tube for these two experiments.

From these experiments it will be seen that a solution of Na_2SiF_6 (1 to 750) will entirely prevent alcoholic fermentation; that solutions (1 to 900 and 1 to 1,050) will delay fermentation for a time, but that these latter cannot be considered truly antiseptic, as the growth of the yeast was only delayed.

[Experiments just lately performed with nutrient gelatine containing Na_2SiF_6 (1 to 3,000 and 1 to 2,000) have shown that this proportion is quite without effect on the growth of the bacillus anthracis, and that there is no diminution in the virulence of bacilli cultivated through several generations on this pabulum.]

I next proceeded to try the effect of prolonged administration of the drug to guinea pigs.

EXPERIMENT I.—A saturated tepid solution of Na_2SiF_6 was made in saline solution, 75 per cent., and of this 4 cubic centimetres were injected into the peritoneal cavity of a guinea pig (weight 1 lb. 14 oz.). A short time after the injection it was found with abdomen rigid and legs thrown out; temperature 38°C . in rectum. In spite of all efforts to recover the animal, it became collapsed, with temperature 26.5°C ., and abdomen intensely tender. I then killed the animal, and found marked signs of peritonitis. No injury could be found attributable to the puncture of the syringe.

EXPERIMENT II.—Guinea pig (weight 10 oz.) 0.033 grammes, in warm saturated solution, were injected into the stomach with an œsophageal tube. Animal evinced uneasiness soon after injection; its abdomen became much distended, and it died after fifty-five minutes. *Post-mortem* appearances as follows: Stomach much dilated, with vessels injected; no signs of injury by the tube; full of pulpy food, with much thick mucus and gas. Intestines contained similar mucus. Heart arrested in diastole. Other organs normal.

EXPERIMENT III.—Guinea pig (female). On April 24th, injected 0.02 grammes in solution (1 to 300) into stomach. In three hours repeated the dose. April 25th. Animal quite well and lively. Injected during the day 0.1 gramme of the salt. April 26th. Again injected 0.1 gramme. April 27th. Animal quiet but feeds well. Injected 0.05 gramme in a single dose. Three hours afterwards it appeared uneasy, with some swelling of abdomen. Respiration became slow and laboured, and the animal seemed collapsed; temperature, 33°C . Shortly after this it died. *Post-mortem* appearances exactly as in Experiment II.

After this experience I had grave doubts as to the utility of trying further the internal administration of the drug. Still, I wished to control the statement as to its harmless nature when taken internally by man. My friend, Mr. Blackman, and I had noticed after drinking some of the saturated solution a feeling of distension of the stomach, with tendency to eructations, but had not thought of attributing these effects to the drug.

On April 28th, after a mixed meal, I took 0.05 gramme of the solid. I did not notice any effect for an hour, but, about that time after, a feeling of great nausea with eructations came on. This lasted several hours, and I felt utterly unable to do anything; the pulse was at the same time greatly slowed, tension being reduced. Next day all symptoms had passed off. Three of my friends, medical students, agreed to repeat my experiment on themselves. Each took a dose of 0.05 gramme, and the same feeling of nausea with eructations followed; the effects did not, however, last so long as in my case.

I think the above facts were sufficient to justify my abandoning the research. It is strange that my results did not tally with

those of other observers, as I used a salt of great purity, and apparently identical in all respects with the one previously used.

In conclusion, I have to offer my best thanks to Dr. Lauder Brunton for his valuable advice, as well as for the use of his laboratory; and to Messrs. Burroughs, Wellcome, and Co. for the pains they took in procuring me an absolutely pure salt.

I feel that no apology is due for the appearance of the foregoing notes, as sodium silicofluoride seems to have been somewhat widely advertised, and I have frequently been asked whether it is a safe internal remedy. My experience will, at any rate, make others hesitate before they advise its use internally.

MEMORANDA:

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

INFLUENCE OF THE INFLUENZA WAVE ON PUERPERAL AND MENSTRUATING WOMEN.

It is a matter of common observation that the influenza wave—whatever be the nature of the morbid influence borne upon it—acts in strikingly different ways upon different individuals, according to differences of age, constitution, or pre-existing disease or proclivities. Some cases I have seen in puerperal and menstruating women suggest to me the importance of observing closely the clinical history of similar cases, carefully noting the hygienic surroundings and the meteorological record. This is an opportunity that should not be lost of studying some of the relations of meteorology to health.

ROBERT BARNES.

THE ETIOLOGICAL RELATIONS OF INFLUENZA.

BEFORE a specific form for this epidemic infection can be determined, some thought is due to the class of infection to which it belongs. All infective particles fall into two classes; for the one the living animal body is the only medium where the germ can be reproduced in its full vigour, those of the other class can increase in external media.

Keeping to the infective fevers, we may note the help gained from artificial cultures of certain germs associated with them, even when their specific infective power is weakened or lost in the process. Thus the rapid growth of the anthrax bacillus and the conditions under which it will or will not produce spores is instructive; also Koch's demonstration of the slower development of his bacillus tuberculosis, the steady high temperature close to that of the blood needed, and the fact that it does not sporulate in the air show why it is not a widely diffused aerial infection, and hardly to be reproduced or multiplied outside the living body. On the other hand, the germs of ague and remittent fevers, capable of growth and increase in the living body, so far lose their infective power as only to be revealed by uncertain inoculation, flourish and maintain their fullest powers in favourable external conditions indefinitely.

Ague, then, is the type of the second class of infection, small-pox and measles are typical of the first. Diseases of this class are not only directly infectious, they are propagated only by direct infection; moreover, one attack is protective against a recurrence.

Diseases of the second class may be in varying degrees directly infectious, but one attack is not protective against a recurrence, and their power or possibility of increasing out of the body makes them often widely epidemic in a way independent of direct infection from person to person. Cholera stands in this class, though less restricted to special districts than are remittent fevers. Influenza and dengue are nearly allied; both are readily infectious, but the latter has a distinctive rash, and is hardly known in Europe.

Those three diseases might be placed in a subclass to the true malarial fevers. In another subsidiary group more allied to the first would come yellow fever, typhus, and enteric fever; in these one attack is protective against a second, but infection is not essential to their propagation, and it is not yet ascertained whether infecting particles from the sick are only diffused by the media which convey them, or may there increase or even be intensified. Water is mostly the carrier only of enteric germs, but it would seem that they gain intensity under some conditions external to the body, and this is probable for typhus in foul air, or for yellow fever on board ship in hot climates. To whichever of these intermediate classes the infection of influenza may eventually be assigned, it is clearly not propagated only by direct personal contagion, as is the case with measles, scarlet fever, whooping cough, mumps, and varicella. Very little need be done in the way of closing day schools, or the isolation of convalescents for its repression. The relapse, which forms so marked a feature in its course, also points to a near alliance with the miasmatic class. The germ once received into the body is in no haste to quit, and evidently thrives there well enough to be reproduced in the relapse.

One other difference of this kind of infection to the directly infectious germs may be hinted at. These only flourish in the sick body, and if they gain intensity or malignancy of type, this power is conferred on them in and by the individual state of the sufferer, and such quality is, to some extent, transmissible to subsequent sufferers, while in influenza external conditions modify the intensity of the germ which they have, in all probability, evoked from the most frequently occurring form that habitually associates with us.

WILLIAM SQUIRE, M.D.

Harley Street.

INFLUENZA: TWO ATTACKS.

A PATIENT of mine has had two attacks of influenza. The first was in Lyons in the middle of December; he then had marked catarrhal symptoms with great depression, but no headache or lumbar pain. The second attack was on January 11th, after he had returned here, and then the characteristic symptoms were headache and pain in the limbs, with no catarrh. The French attack produced much more depression.

It would be interesting to collect cases of double attack in different regions.

ARTHUR MAUDE.

Westerham, Kent.

RASH IN INFLUENZA.

NOTICING Dr. Cecil Osborne's remarks in the JOURNAL for January 25th upon the rash occasionally observed in cases of "Russian influenza," I beg to send the following, as I think they will be of interest.

R. R., when first seen, had a rash all over his body closely resembling that of scarlet fever. His illness had commenced two days before with violent shivering, vomiting, loss of appetite, headache, and backache, and he had felt feverish and weak. The rash was first noticed thirty-six hours after the onset of these symptoms, and rapidly developed. It was most marked over the anterior border of the armpits and the inner surface of the thighs. On the fourth day of the illness desquamation commenced in the first-named situation. It gradually extended until on the eighth day the entire surface was involved. On the seventeenth day the patient presented himself with the epidermis of the hands (which was very thick and horny, especially in the palms, the man working as a blacksmith) being shed *en masse*. That on the feet, which was also very thick over the soles and heels, was being shed in a similar manner. The patient's temperature, 101.4° when he was first seen, became normal on the fourth day, and beyond feeling extremely weak he was otherwise quite well during the whole period of desquamation, which is now complete, twenty-three days from the first appearance of the rash.

L. D., rash of a papular character, closely set and intensely itchy, appeared on the second day of illness on the chest, back,

arms, and legs, and was more or less present for three weeks, during which time the patient suffered from a good deal of catarrh—pharyngeal, laryngeal, and bronchial—and troublesome cough. There was slight desquamation of the apex of the papules, most marked on the legs, which received more scratching than the rest of the body.

Of the number of cases I have seen nearly 17 per cent. have been attended with rash.

T. L. K. DAVIES.

Glen Menai.

ANALOGY BETWEEN DENGUE AND INFLUENZA.

IN dengue and influenza the attack is often sudden, with redness and watering of the eyes; acute rheumatic pain in back and limbs; redness of the fauces, with pain in swallowing; general distress, prostration; sleeplessness, with pyrexia—lasting from three to eight days; followed by subnormal temperatures, varying from 96° to 97.8°. In both there is a remittent tendency, with a liability to relapse; anorexia and nausea in both at commencement, with some looseness of the bowels, or constipation.

There is often an initial rash, of a bright red colour, in dengue, commencing on the second or third day. In my opinion, this symptom in the present epidemic is modified by a colder climate, the hyperæmia of the skin not appearing, but showing itself by metastasis, as bronchial and intestinal hyperæmia.

The rash of dengue, moreover, only appears in about two-thirds of the cases (Charles). In many cases I have seen it has been absent. In the present epidemic I have seen, however, no rash, but the pyrexia and symptoms of the cases have presented the course of those of dengue fever.

It is known that dengue was present in an epidemic form in Turkey and Asia Minor before the epidemic wave passed over Russia, and thence through the rest of Europe. My hypothesis is, therefore, that the present epidemic is only dengue modified by climate, and exhibiting, instead of the rash of hot climates, the metastatic hyperæmia of the bronchi and bronchioles, and also of the intestinal canal. The treatment efficacious in both is practically the same: Quinine, diaphoretics, bromide of potassium, rest and warmth in bed, and tonics for the resulting anæmia and debility.

E. J. ERSKINE RISK, Surgeon A.M.S.

Milton Barracks, Gravesend.

ELONGATION OF THE UVULA AS A CAUSE OF LARYNGISMUS.

ELONGATION of the uvula in the case of young children, the faucial tonsils not being enlarged—though I cannot agree with Dr. Ringer that this last condition may not occur in earliest infancy, or indeed may not be congenital—is due of course to paresis of the soft palate, which in its turn is almost invariably caused by enlargement of the pharyngeal tonsil, otherwise known as adenoid growths. In fact, I have a tolerably sure conviction that, in almost every case of laryngismus, as well as in those of tetany and convulsions, the subject would be found to be a mouth breather, and that, if sought for, adenoid growths would always be discovered.

I have but rarely had occasion to reduce the elongated uvula of a child by abscission, for I have found that removal of enlarged tonsils, whether faucial or pharyngeal, or both, will in the majority of cases lead to restoration of the muscular contractility of the soft palate without further treatment.

The condition of epiglottitis which Dr. Mantle quotes as mentioned by Dr. Goodhart is allied to that described by Solis Cohen as "imprisonment of the epiglottis" by what were then considered enlarged circumvallate papillæ, but now recognised as representing hypertrophy of the adenoid tissue at the base of the tongue—the lingual tonsil, in fact. When such a condition exists in the young, there is also associated hypertrophy of either the faucial or pharyngeal glands of the same nature.

Weymouth Street, W.

LENNOX BROWNE.

CYANOSIS FROM MONOBROMACETANILIDE.

IN the JOURNAL of February 8th two cases of cyanosis following the administration of exalgine and monobromacetanilide are narrated; recently two cases with similar symptoms resulting from the latter drug have come under my notice, and, as they seem to show that monobromacetanilide is more active for evil than anti-febrin itself, and also to lend support to Mr. Bokenham's suggestion of a possible menstrual idiosyncrasy, they are worth noting. Both patients had passed through a mild attack of epidemic

catarrh, and had not at the time entirely recovered from the ensuing prostration.

In the first case, a girl, aged 19, woke early in the morning with a severe headache, and at 11 A.M. took 5 grains of monobromacetanilide. The headache was not relieved, so eight hours later she took 5 grains more, though her friends noticed she was rather pale and dusky at the time. At 10 P.M. lips, cheeks, and fingers were deeply cyanosed; pulse 120, small and soft; she was restless, complained of headache, and said she felt she was dying. At midnight, pulse 140, small; complains of a rushing noise in her ears, and throws herself about restlessly, like one who has lost much blood. At 6 A.M. she attempted to get out of bed, and fainted; after this the headache lessened and the cyanosis gradually diminished, though it was still appreciable at 6 P.M. During the night menstruation came on, she slept well, and was quite recovered in the morning.

The second case was that of a woman, aged 33, who had previously on several occasions taken 5-grain doses of antifebrin for headache, with uniform benefit. A severe headache came on at night, when she took 4 grains of monobromacetanilide, and an hour later repeated the dose, in spite of a caution to the contrary. The headache was somewhat relieved, but in the morning she was blue and faint, and she staggered on attempting to walk. The pulse was 80, regular and soft, but not small. She was treated with ether and ammonia, and by the evening the headache and cyanosis had passed off, and menstruation had commenced.

In the first case menstruation was not due for ten days, but there had been previous irregularity; in the second not for three days.

I have seen the drug tried with men in similar doses without any such symptoms; though the good results were in no case as marked as with antifebrin.

Great caution is required in accepting evidence that the usual reaction of drug and organism may be interfered with by menstruation, and the occurrence of these three cases may be nothing more than a curious coincidence; at any rate, the monobromacetanilide would appear, under some circumstances, to be an unstable body, and liable to molecular change to a toxic substance, possibly aniline; so that it may be followed by unpleasant symptoms even when given in small doses. L. WORTHINGTON, M.D. Lond.

Woolwich.

FIRST PREGNANCY LATE IN LIFE.

WHEN at Great Yarmouth I attended a primipara, whose age was given as 48. I had known the person for some years; she had never aborted, and was a woman in sound health; she had been married about twenty-five years. Pains of a spurious character set in for a few days, at 2 A.M. previous to delivery—which proved tedious—upon the sixth day after commencement of the false pains. Labour proved natural, and a girl was the result, who afterwards manifested signs of mental imbecility. In other respects mother and child did well. Forceps were not had recourse to, but magnes. sulph. with small doses of antimon. tart. were given to act upon the bowels and overcome any rigidity that might exist in the delivery of the patient.

SPENCER SMYTH, M.D., L.R.C.P. Lond., F.R.C.S. Eng., L.S.A.
Bournemouth.

REPORTS

ON

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

GENERAL HOSPITAL, BIRMINGHAM.

TWO CASES OF SEVERE HEAD INJURY: TREPHINING: RECOVERY.

(Under the care of W. F. HASLAM, F.R.C.S., Assistant-Surgeon to the Hospital.)

[Reported by E. N. NASON, M.B. Cantab., late Resident Surgical Officer.]

CASE I.—T. L., aged 12, was kicked on the head by a horse on the evening of August 5th. On admission about an hour later he was quite unconscious, and was said to have been so since the accident. A compound depressed fracture of the skull in the right parieto-temporal region was found, and evidently extended downwards

towards the base of the skull beyond the limits of the external wound. There was no definite paralysis, though the left side seemed to move less freely than the right. The pupils were equal, moderately contracted, and acted, though sluggishly, to light. There was effusion of blood into the right eyelid, but no subconjunctival hæmorrhage. Blood was flowing from the nose and mouth, but there was none from the ear. The pulse was small, between 70 and 80 per minute; respirations slow and snoring. He had vomited once or twice.

Mr. Haslam decided to trephine at once. The smallest size trephine was used, and the opening thus made was subsequently enlarged by a pair of Hoffmann's gouge bone forceps. Several small pieces of loose splintered bone were removed, and on exploring further a linear fracture could be seen running downwards from near the anterior inferior angle of the right parietal bone towards the base of the skull. There was considerable bulging of the dura mater, pointing to some pressure from within. The child's breathing, which had all along been feeble and irregular, now stopped entirely, possibly from cerebral compression, as the anæsthetic was not being pushed at all. The dura mater was at once punctured; a small quantity of blood escaped, and the breathing immediately recommenced and steadily improved. The wound was closed by catgut sutures, two deep ones being used to control some troublesome hæmorrhage from beneath the temporal muscle at the lower angle of the wound. The wound was dressed with iodoform and wood-wool wadding. On the following morning the boy was quite conscious and did not complain of any pain. The temperature was normal.

On August 11th the wound, which had been dressed each day, had nearly healed. The temperature was still normal. There was no pain or any cerebral disturbance, but slight right facial paralysis was noticed, which might have been overlooked before, on account of the great swelling of the face.

On August 26th the wound had quite healed, and the facial paralysis was disappearing.

The patient was discharged cured on September 12th.

CASE II.—A. G., aged 11, was admitted on the evening August 24th, having fallen from a wall about five feet high, striking his head against a piece of iron. He was conscious but drowsy, taking no notice of anything. He answered questions fairly rationally, but resented being disturbed. His face was pale and his extremities cold and clammy; pulse feeble, and respirations slow and shallow. Pupils were equal, slightly dilated and reacting but sluggishly to light. He vomited soon after admission. One inch above the left ear was a lacerated wound, running for two inches forwards and upwards, and exposing the bone. A sharp edge of bone could be felt beneath the wound, and extended beyond it in both directions. Below this there was a very marked depression. There was free hæmorrhage from the wound, but none from the ear or nose.

Elevation being thought advisable, the scalp was shaved and cleansed, and Mr. Haslam enlarged the wound in the direction of the line of fracture and made a second incision from the middle of the wound vertically downwards. It was then found that the lower inch and a half of the left parietal bone was separated from the rest by a fracture extending some two inches horizontally. This portion was itself split into three larger and several smaller fragments, and was driven beneath the squamous portion of the temporal, separation having occurred at the temporo-parietal suture.

A small piece was removed from the sound portion of the parietal bone by Hoffmann's gouge forceps, allowing the introduction of an elevator. The depressed portion was then elevated and the fragments, which were quite loose, were removed. A slight rent was found in the dura mater near the lowest point exposed, and from this a considerable quantity of cerebro-spinal fluid and some little brain substance escaped. A stream of warm mercurial lotion (1 to 3,000) was allowed to trickle over the exposed dura and the surrounding wound, the edges of which were then brought together by wire sutures, and two small drainage tubes inserted. The wound was dressed with iodoform and wood-wool wadding. After the operation the boy's pulse improved, and he soon fell into a quiet sleep, which lasted most of the night.

The dressings were changed on August 25th; the wound was looking quiet. There were no cerebral symptoms. On August 28th the drainage tubes were removed; the wound was nearly healed. On August 31st the wound was quite healed; a metal protecting plate was ordered. On September 10th the patient felt

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.

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.*

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.*

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this District will take place on Thursday, March 20th, at Gravesend, Dr. Firth in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the District not later than March 3rd. Further particulars will be duly announced.—A. W. NANKIVELL, *F.R.C.S.*, St. Bartholomew's Hospital, Chatham, *Honorary Secretary.*

SPECIAL CORRESPONDENCE.

PARIS.

Influenza.—*Pseudo-eczema from contact with Sulphate of Copper.*
—*Etiology and Treatment of Chlorosis.*—*Dental Origin of Rabies.*—*Etiology and Treatment of Acne.*—*Removal of the Facial Bones for Osteofibroma.*—*Operation for Encephalocele.*—*Blanc on Post-partum Hemorrhage.*

IN a clinical lecture at the Hôpital Broussais, Dr. Barth said that Montpellier was not attacked by influenza until the arrival of a

passenger from Paris, who had visited the Magasins du Louvre. The epidemic attacked all the crew on the training ship *Borda*, at Brest, when a box of clothes sent from Paris was opened. Two other ships at anchor near to, but not in communication with, the *Borda* escaped the affection. In a family in which the mother had caught the *grippe* by visiting a patient suffering from it, all the household, with one exception, were subsequently attacked. In isolated farms and country houses the epidemic appeared after a visit from some inhabitant from the neighbouring town where it was present; while convents and prisons in infected localities remained free from it. Thus the *grippe* may be regarded as a microbial affection, which is contagious and frequently transmitted from one human being to another. The influenza first appeared at Montbéliard on December 13th last. The patient was an inhabitant who had returned on the 6th from a visit to Paris, where he had remained nearly a whole day in contact with persons suffering from the affection. On December 17th his two daughters were attacked; by the 23rd the epidemic had spread to eleven persons. In a town on the frontier the *grippe* only made its appearance eighteen days after it appeared in Paris; the propagation of the affection from town to town could be exactly followed until it reached the frontier town. M. Bouchard considers that if the *grippe* is due to a microbe, the organism is habitually harmless, but acquires an abnormal virulence in particular conditions. He has found the staphylococcus pyogenes in febrile herpes in influenza, the pneumococcus in certain cases of pneumonia and otitis, the streptococcus in bronchial pus, in the sputa of patients suffering from suppurating pneumonia and pleurisy, in meningitis, and in certain cases of arteritis and inflammation of the tonsils. The streptococcus, when injected into the cellular tissue of the ear, determines erysipelas. M. Bouchard does not regard the secondary affections of the *grippe* as specific. The *grippe* has merely prepared the way for the microbes. He cannot affirm that influenza is contagious or infectious, but during the affection an infectious element appears. This results from the diminished resistance of the organism, which allows the entrance of agents which were not previously pathogenic, or from the increased virulence of micro-organisms which until then were harmless. M. Ollivier reports a case of the *grippe* transmitted to a cat which had eaten pieces of meat previously sucked by a patient suffering from influenza.

A case of pseudo-eczema has presented itself in a young woman, a nurse at a lying-in hospital. Her hands are swollen, chapped, and excoriated. She has the charge of the antiseptic remedies, and her hands are constantly in contact with solutions of sulphate of copper. She does not present any symptoms of copper poisoning. M. Fournier considers that, in face of these pseudo-eczema symptoms, sulphate of copper should not be employed in obstetrics. The existence of analgesia in a non-hysterical patient would appear to be due to the copper absorbed.

M. Duclos regards real chlorosis as fæcal auto-intoxication, which should be treated by purging, prolonged until the intestine is completely freed from all the hardened and decomposed fæcal matters. He recommends a vegetable rather than meat diet. When constipation is not very marked the affection results from the great activity of putrid decomposition, and should be treated with carbonate of soda combined with carbonate of lime, magnesia, and carbon. Iron is beneficial because it forms an iron sulphide with the hydrosulphuric acid in the intestine. Hypo-sulphite of sodium has been of use in checking fæcal fermentation; naphthol might serve the same purpose. M. Duclos considers chlorosis which is not accompanied by constipation as an anæmic state.

M. Malleville, of Marseilles, states that he has cured a dog of hydrophobia by extracting the decayed teeth. He believes that dental affection is the real cause of rabies, and has suggested to M. Pasteur that he should try the following experiments, that is, take a dog and perforate a molar tooth on either side of the jaw, leaving only a very thin layer of tooth substance between the perforation and the nerve of the tooth. According to M. Malleville, the dog will show the first symptoms of hydrophobia in two or three days. During the second period, when the animal keeps its mouth open, the salivary glands being compressed will produce abundant saliva, which will be transformed into foam. This matter he regards as the contagious agent of the rabic virus. Every decayed tooth contains several kinds of microbes, which vary with the different stages of the affection.

M. Barthélemy considers that the presence of acne on the face or chest indicates the existence of chronic dyspepsia, dilatation of

ruary 10th; W. W. JACOBS, Surgeon, to the *Excelsior*, February 5th; J. H. THOMAS, Surgeon, to the *Grasshopper*, February 27th; J. L. BARRINGTON and O. M. JONES, Surgeons, to the *Warspite*, February 14th; H. CANFON, Surgeon, to the Royal Marines, Portsmouth, February 14th.

THE MEDICAL STAFF.

UNDER instructions from the Horse Guards, Brigade-Surgeon R. WATERS, M.D., who is serving in the Bengal command, will proceed to England in H.M.S. *Serapis*, leaving Bombay on April 12th.

Surgeons A. E. J. CROFT and C. G. D. MOSSE, who are serving in the Bombay command, are ordered to do general duty, the former in the Poona District, and the latter in the Bombay District.

Deputy Surgeon-General C. E. SMITH died on January 9th. Entering the service as Assistant-Surgeon, April 20th, 1859, he became Surgeon, March 1st, 1873; Surgeon-Major, July 11th, 1874; Brigade-Surgeon, May 30th, 1885; and Honorary Deputy Surgeon-General on retirement, August 18th, 1886. He had no war record.

Deputy Inspector-General G. G. ROBERTSON, M.D., died at Edinburgh on December 20th, 1889. His commissions were dated:—Assistant-Surgeon, August 12th, 1834; Surgeon, June 25th, 1844; Surgeon-Major, March 18th, 1854; and Honorary Deputy Inspector-General, July 31st, 1860, on his retirement. He also had no war record in the *Army Lists*.

Surgeon C. O'DONEL, M.D., whose commission bore date May 30th, 1885, died at Castlebar on January 9th. He was placed on half-pay on account of ill-health, March 30th, 1889.

Surgeon A. J. STRUTHERS, M.B., who entered the service February 5th, 1881, died at Aldershot, December 27th, 1889.

Surgeon G. H. SYMES, M.B., died at Sierra Leone on January 2nd. He became Surgeon, August 1st, 1885, and after serving at the Curragh, in Ireland, a little more than a year, he proceeded to the West Coast of Africa, and remained there till his death.

ARMY MEDICAL RESERVE.

SURGEON-MAJOR ARTHUR HALLAM, who was appointed June 13th, 1888, has resigned his commission.

Surgeon F. K. PIGOTT, 1st Volunteer Battalion King's Shropshire Light Infantry (late the 1st Shropshire), is appointed to be Surgeon, ranking as Captain.

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR J. O'NEILL, M.D., Bengal Establishment, Civil Surgeon, is transferred from Kurnool to Umballa.

Surgeon G. F. NICHOLSON, M.D., Bengal Establishment, Civil Surgeon, is transferred from Umballa to Delhi.

The services of Surgeon E. M. DALLA, Madras Establishment, Medical Officer, 4th Infantry, Hyderabad Contingent, are replaced temporarily at the disposal of the Commander-in-Chief.

Surgeon-Major J. F. FITZ PATRICK, M.D., Madras Establishment, has leave of absence for one year on private affairs.

Surgeon G. W. JENNEY, Bombay Establishment, on general duty in the Bombay District, is directed to officiate in medical charge of staff and details at Asseerghur, during the absence of Surgeon J. Crimmin.

Surgeon J. CRIMMIN, V.C., Bombay Establishment, is appointed to be Civil Surgeon, Shikarpur, and on being relieved by Surgeon F. F. MacCartie of the duties of Health Officer of the Port of Bombay, to act as Presidency-Surgeon, 3rd District, pending further orders, from the date of Surgeon-Major P. Murphy's departure on leave.

MILITIA MEDICAL STAFF.

SURGEON-MAJOR R. P. WALSH, 3rd Battalion Royal Inniskilling Fusiliers, has resigned his commission, which was dated March 1st, 1873; he is permitted to retain his rank and uniform.

THE VOLUNTEERS.

SURGEON C. ARROL, M.D., 1st Kent Artillery (Easton Division Royal Artillery), is granted the rank of Surgeon-Major, ranking as Major.

Surgeon-Major (ranking as Lieutenant-Colonel) W. L. WINTERBOTHAM, M.B., 2nd Volunteer Battalion Somerset Light Infantry (late the 2nd Somerset), has resigned his commission, with permission to retain his rank and uniform. His commission as Surgeon was dated January 13th, 1866; that of Surgeon-Major, February 1st, 1889.

Acting-Surgeon H. BENNETT, 1st Volunteer Battalion, South Wales Borderers (late the 1st Brecknockshire), has also resigned his appointment, which was dated August 11th, 1875.

Mr. JOHN COWPER is appointed Acting-Surgeon to the 5th (Isle of Wight, "Princess Beatrice's") Volunteer Battalion, Hampshire Regiment (formerly the 1st Isle of Wight).

Mr. ARCHIBALD DONALD is appointed Acting-Surgeon to the 2nd Volunteer Battalion Argyll and Sutherland Highlanders (formerly the 2nd Renfrewshire).

Surgeon P. KYNOCH, of the 1st Roxburgh Mounted Rifle Volunteers, is appointed Brigade-Surgeon, ranking as Lieutenant-Colonel, to the South of Scotland Brigade, Infantry Volunteers.

Surgeon and Surgeon-Major J. L. W. WARD, 3rd Volunteer Battalion, Welsh Regiment (late the 2nd Glamorgan), is appointed Brigade-Surgeon, ranking as Lieutenant-Colonel, to the Severn Brigade, Infantry Volunteers.

CHANGES OF STATION.

THE following changes of station among the officers of the Medical Staff of the Army have been officially notified as having taken place during the past month:—

	From	To
Surgeon-General T. Tarrant, M.D.	York	Aldershot.
" G. M. Slaughter	London	Portsmouth.
Dep. Surg.-Gen. J. G. Faught	C. of Good Hope	Devonport.
" R. Lewer, M.D.	Dover	London.
Brig.-Surgeon C. A. Mausell, M.D.	Aldershot	Martinitus.
" W. H. B. Clapp, M.D.	Edinburgh	Chatham.

Surgeon-Major R. De B. Riordan	Portsmouth	Tipperary.
" J. Fraser, M.D.	Madras	Dublin.
" W. J. Campbell	York	York.
" R. Exham	Templemore	Bengal.
" R. H. Quill, M.B.	Woolwich	Bombay.
Surgeon E. R. Power, M.B.	Cork	Templemore.
" E. F. Smith	"	Madras.
" J. A. G. Sandiford, M.D.	Tipperary	Cork.
" D. Franklin	Dover	Brighton.
" R. W. Ford	Bombay	Dublin.
" W. Dick, M.B.	Salford	Chester.
" P. J. Nealon, M.D.	Madras	Chatham.
" T. R. Morse	"	Dublin.
" J. J. C. Donnet	"	"
" H. V. Dillon	Half Pay	Portsmouth.
" G. F. Alexander, M.B.	Fort George	Edinburgh.
" A. M. Kavanagh	Sierra Leone	Cape Coast C'tle
Quartermaster R. T. Osborne	Egypt	Southern Dist.
" J. Thomson	Chester	N. W. Dist.
" J. Beach	"	Natal.

INDIA AND THE COLONIES.

INDIA.

MEDICAL EDUCATION IN BOMBAY.—An introductory address delivered at Grant Medical College, by Brigade-Surgeon W. Gray, Principal and Professor of Surgery in that College, possesses much more than merely local interest, and may be read with profit by all, in any part of the world, who have anything to do with medical education, either as teachers or examiners. What has struck us most in the perusal of this outspoken lecture is its fearless honesty. His method of dealing with his subject would have commended itself to the heart of Carlyle; not that there is anything having the smallest resemblance to the style of that great writer, far less any attempt at imitation. Dr. Gray is, in one word, the sworn foe of humbug, and the great Thomas himself could not have more effectually applied the actual cautery to "shams" than the Bombay Professor does, and this without the use of language to which exception can be taken even by those who are, directly or indirectly, the subjects of his searching criticism. There is not an observation from beginning to end of the lecture that can be deemed personal. The lecturer passes in review the system of medical education, dwelling with much acuteness on most of its weak points, and suggesting improvements of a highly practical kind. He deplores the want of a sound preliminary education on the part of students, and the almost insuperable difficulties the deficiency in mental training places in the way of their professional teachers, and urges the Bombay University authorities, with whom the matter rests, to exact at least a reasonable minimum of general education before entering on the study of medicine and surgery. Every medical teacher in the British Isles has sad experience of the fact that this lamentable deficiency is not confined to Bombay. The Professor is very severe on the system of over-lecturing, and applies his pruning knife freely in this direction. Professor Huxley, who has placed on record his opinion as to the time wasted on lectures on *materia medica*, will rejoice to have this able teacher on his side. We can honestly recommend the Professor's remarks on examiners and examinations to all who take on themselves this difficult and delicate duty. We agree with him that the rule is that, with rare exceptions, to be a good examiner a man must be not only a teacher but a good teacher of the subject on which he examines. No one can read this lecture without congratulating the Grant Medical College on having for its principal so able and fearless a man as Professor Gray.

LADY DUFFERIN'S FUND.—The fifth annual general meeting of Lady Dufferin's Fund was held at Calcutta on February 7th, the Viceroy presiding. There was a large attendance, including many European ladies and gentlemen, and several members of the Hindoo and Mahomedan aristocracy. The report presented by the Central Committee recorded a steady expansion of the work during the first year of Lady Lansdowne's presidency. An important event was the establishment of a branch in the United Kingdom. The organisation of a provincial branch in Beloochistan was also mentioned. A number of small local branches have also been formed in various towns throughout the country. A list was given of 238 students who were studying at different medical schools and it was mentioned that several past students were doing well in private practice or in connection with institutions under the fund, and that many native States were sending students.

within twenty-four hours of admission, it was 8.3 per cent. Among the patients were 14 infants under 1 year, 1 being only 3 months old. At the dispensary 2,878 medical cases and 1,289 surgical were treated, a total of 4,167, with an aggregate of 16,206 attendances.

ULSTER HOSPITAL FOR CHILDREN AND WOMEN, BELFAST.—The annual meeting of this institution was held on January 31st, the Mayor of Belfast presiding. The report showed that 221 intern and 3,938 extern patients had been treated during the past twelve months, being a large increase upon the previous year. Four deaths had occurred during the year. Dr. Jonas Poole and Dr. St. Clair Boyd had been elected upon the staff during the year.

GLASGOW CONVALESCENT HOME.—The usefulness of this institution, both to the general public and to the hospitals, is being increased. In order to admit of patients recovering from surgical operations and diseases being received earlier than hitherto, a trained nurse has been added to the staff, and the new arrangement has given satisfaction. During the year 1,637 patients were received, 936 of whom came from the Royal and Western Infirmarys; of these 1,099 were dismissed fit for work, 492 much improved, 41 not improved, and 4 died. The total expenditure was £1,915 7s. 11d., being a cost per patient of £1 3s. 4½d., or 1s. 5d. per day.

ULSTER EYE, EAR, AND THROAT HOSPITAL.—The annual meeting of this institution was held on January 31st, the Right Hon. John Young, D.L., presiding. The report showed that during the past year 1,535 persons had been attended at the hospital, of whom 172 were intern patients. During the year the sanitary arrangements had been overhauled and put into good order. For the proposed extension scheme £400 were in hand, and about £600 additional were required. The report pointed out that the hospital was availed of not only by the inhabitants of Belfast, but by the people of Ulster generally. Dr. W. M. Killen had been appointed chloroformist to the hospital. Dr. McKeown, in his remarks, stated that he had been much occupied during the year in perfecting the operation for immature cataract, and that the results had been very satisfactory. He also gave a warning regarding the too general neglect of purulent ophthalmia in infants, and the evil results which followed the common practice of poulticing the eyes. During the year the clinical class for students had been unavoidably suspended, but would be resumed next session.

UNIVERSITY INTELLIGENCE.

CAMBRIDGE.

ELECTORS TO PROFESSORSHIPS.—The following have been appointed Electors to the Professorships indicated:—Chemistry: Dr. E. Frankland, F.R.S. Anatomy: Professor Huxley, F.R.S. Botany: Professor Daniel Oliver, F.R.S. Natural Philosophy: Dr. Hugo Müller, F.R.S. Zoology and Comparative Anatomy: Professor Huxley, F.R.S. Physics: Sir William Thomson, F.R.S. Downing of Medicine: Dr. Richard Quain, F.R.S. Physiology: Professor Burdon Sanderson, F.R.S. Pathology: Dr. J. F. Payne. Surgery: Sir James Paget, F.R.S.

LONDON.

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION.—January, 1890. Pass List. Entire Examination.

First Division.—S. S. F. Blackman, St. Bartholomew's Hospital; F. Chown, St. Mary's Hospital; G. A. Clarkson, St. Paul's School and St. George's Hospital; A. P. Cummings, King's College; A. H. Gerrard, University College and Islington High School; S. C. Hodgson, B.A., Yorkshire College and private study; S. P. James, Guy's Hospital and private tuition; F. W. Robertson, St. Bartholomew's Hospital.

Second Division.—J. Ashton, University College, Aberystwith, and St. Mary's Hospital; F. J. H. Cann, Guy's Hospital and private tuition; L. A. Dowson, Yorkshire College; J. Dumas, B.A., private study; D. E. Evans, University College, Aberystwith, and St. Mary's Hospital; P. H. Pearnside, Yorkshire College; Ella Catherine Flint, University College, Birkbeck Institute, and private tuition; M. L. G. Hallwright, Mason College and private study; A. Marriott, Firth College; A. Miller, Guy's Hospital and Birkbeck Institute; A. Young, Firth College.

*Two Subjects of the Examination.*¹—J. A. Alston (C. P.), University College; L. C. Bean (C. P.), University College and private study; J. A. Belcher (C. P.), private study; A. Brebner (C. P.), University College; W. Craven (P. B.), St. Mary's Hospital; H. S. Dobie (C. P.), private study; S. J. H. Eastwick-Field (C. P.), University College and private tuition; C. C. J. Erhardt (C. P.), King's College; A. R. St. L. Fagan (C. P.), London Hospital and private tuition; H. F. Forty (C. P.),

Middlesex Hospital; D. Hamilton (P., B.), Bedford College, London, and private tuition; J. C. Harcourt (C. P.), Merchant Taylors' School; A. C. Hovenden (C. P.), Guy's Hospital; G. S. Hovenden (C. P.), Guy's Hospital; E. L. Hunt (C. P.), private tuition; A. E. Hutton (C. P.), Yorkshire College and private tuition; E. J. Hynes (C. P.), Bedford Grammar School; R. W. Jameson (C. P.), Dulwich College and St. Bartholomew's Hospital; E. T. Jones (C. P.), Mason and University Colleges; L. M. J. LeMaire (C. P.), private tuition; L. J. Miskin (C. P.), private study; E. Morris (P., B.), St. Bartholomew's Hospital; R. E. Murray (C. P.), University College and private study and tuition; Helen F. Oliver (C. P.), private tuition; E. Shepherd (C. P.), University College and St. Mary's Hospital; J. M. Stewart (C. P.), University College.

*One Subject of the Examination.*¹—Lizzie Bennett (C.), private tuition; R. A. Bennett (P.), Mason College and private study; J. R. Bishop (B.), Owens College; G. J. Branson, B.A. (C.), Mason College; A. W. R. Cochrane (C.), St. Thomas's Hospital; F. J. Coutts (C.), University College; W. H. Gossage (B.), Westminster Hospital; W. H. Gray (C.), University College, Nottingham, and private tuition; J. W. Haines (B.), Mason College and St. Bartholomew's Hospital; R. Hopton (B.), Yorkshire College; A. Hunnard (B.), University College; P. S. Kesteven (B.), St. Bartholomew's Hospital; E. Playfair (P.), King's College; E. Pratt (B.), St. Bartholomew's Hospital and private study; J. Robertson (B.), Guy's Hospital; F. G. Smith (P.), private study; J. Snowman (B.), London Hospital; G. H. F. Stallard (B.), University College; J. E. Waite (P.), University College; W. D. Watson (B.), University College.

¹ The subjects taken up by the candidates are indicated by an initial after the name:—C.=Chemistry; P.=Physics; B.=Biology.

* These candidates have now completed the examination.

VICTORIA.

It is announced that gold medals have been awarded by the Council to Robert James McLean Buchanan, M.D., and Henry Waytes Pomfret, M.D., in consideration of the marked originality and special excellence of the dissertations sent in by them for the degree of M.D.

MESSRS. W. A. MANSELL and Co., 271 and 273, Oxford Street, have issued a very satisfactory and life-like mezzotint portrait of the late Sir William Gull, of which an artists' proof has been sent us. It is printed from a plate made by Mr. Robert S. Clouston, to whom special facilities were afforded for obtaining a good and characteristic portrait, and has the advantage of having been approved and signed by Sir William Gull.

PRACTICE OF MEDICINE IN FRANCE.—M. Fallières, the Minister of Public Instruction, attended on February 12th a meeting of the Committee appointed to investigate the practice of medicine in France. Referring to the question of foreign doctors, he said the present system could not be maintained, as it offered no guarantee of professional capacity. He shared the opinion that foreign doctors ought to submit their diplomas to the judgment of the French faculties, which would then decide whether they were on a par with those granted to French practitioners. Furthermore, foreign medical men should be required to undergo the final examinations to which French candidates for the qualification to practise have to submit themselves. M. Fallières admitted, however, that exceptions might be made for doctors practising in summer and winter resorts. With regard to dentists, he held that it would be well to insist upon residence for a term of three years at the house of a duly qualified French dentist, and registration at a faculty or school of medicine. The Committee will shortly hear the views of the Minister of the Interior and Justice on the matter.

OBSTETRICAL SOCIETY OF LONDON.—The following is a list of officers and Council elected at the annual meeting on Wednesday, February 5th: *President:* Alfred Lewis Galabin, M.A., M.D. *Vice-Presidents:* *Percy Boulton, M.D.; Francis Henry Champneys, M.A., M.D.; *Arthur Guy Elkington (Deputy Surgeon-General); *Thomas Crawford Hayes, M.D.; *Evan Jones (Aberdare); A. E. Aust Lawrence, M.D. (Clifton). *Treasurer:* G. Ernest Herman, M.B. *Chairman of the Board for the Examination of Midwives:* James Watt Black, M.D. *Honorary Secretaries:* Alban Doran; *Peter Horrocks, M.D. *Honorary Librarian:* *William Duncan, M.D. *Other Members of Council:* *Thomas Edward Bowkett; Robert Boxall, M.D.; Albert Charles Butler-Smythe; W. Radford Dakin, M.D.; S. Houston Davson, M.D.; Henry Gervis, M.D.; Robert Alexander Gibbons, M.D.; Frederick B. Hallows (Redhill); Edwin Hollings, M.D.; *Henry Ambrose Lediard, M.D. (Carlisle); *Henry Colley March, M.D. (Rochdale); *Richard Henry Milson, M.D.; Oliver Calley Maurice (Reading); Thomas Cargill Nesham, M.D. (Newcastle-on-Tyne); Edward James Nix, M.D.; *John Baptiste Potter, M.D.; *Herbert R. Spencer, M.D.; Harry Speakman Webb (Welwyn). Those gentlemen to whose names an asterisk is prefixed were not on the Council, or did not fill the same office last year.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the necessary examinations, were at an ordinary meeting of the Council on February 13th admitted Members of the College, namely:

Albert, James Valek, L.R.C.P.Lond., 49, Sloane Street, S.W.
 Aspinwall, John Fullerton, L.R.C.P.Lond., 48, St. George's Terrace, Bolton
 Badcock, John Henry, L.R.C.P.Lond., 4, Dane's Inn, Strand
 Bailey, Robert Cozens, L.R.C.P.Lond., 60, Millman Street, W.C.
 Banbury, George Richard Scott, L.R.C.P.Lond., 62, Pembroke Street
 Bankes-Price, Sydney Herbert, L.R.C.P.L., Llandwrog Rectory, Carnarvon
 Barber, George Thomas Congreve, L.R.C.P.Lond., Lebanon Cottage, Coventry
 Barlow, George, L.R.C.P.Lond., 23, Park Hill, Bolton
 Barnard, Richard, L.R.C.P.Lond., 49, Argyll Road, Kensington
 Batley, Albert Brook, L.R.C.P.Lond., 2, Queen's Road, Huddersfield
 Berry, George Arthur, L.R.C.P.Lond., 59, Albert Road, Southport
 Bickersteth, Robert Alexander, L.R.C.P.Lond., 7, Furnivals Inn, Holborn
 Bott, William, L.S.A., 43, Workhouse Lane, Tipton
 Branson, William, L.R.C.P.Lond., Carnarvon House, Rotherham
 Brooks, Charles, L.R.C.P.Lond., 3, Richmond Terrace, S.W.
 Caiger, Herbert, L.R.C.P.Lond., 20, Brownwood Park, N.
 Campbell, James Tweedie, M.D., Bellevue, 6, Hillmarton Road, N.
 Coates, Henry Honiton, L.R.C.P.Lond., St. Bartholomew's Hospital
 Cobbett, Louis, L.R.C.P.Lond., 85, Lambeth Palace Road, S.E.
 Collins, Edward Tenison, L.S.A., Campden House, Birmingham
 Cooke, George Henry, L.R.C.P.Lond., Stamford Road, Altrincham
 Cooper, Harry Joseph, L.R.C.P.Lond., 59, Lambeth Palace Road, S.E.
 Cornilliac, Joseph, L.R.C.P.Lond., 4, Endsleigh Street, W.C.
 Cox, Arthur Brooks, L.R.C.P.Lond., Middlesex Hospital
 Cribb, Arthur William Gordon, L.R.C.P.Lond., 8, Highbury Park, N.
 Daggett, Henry Inglewood, L.R.C.P.Lond., Vincent Sq., Newcastle-on-Tyne
 Davies, Frederick William Samuel, L.R.C.P.Lond., 44, High Street, Merthyr Tydfil
 Debenham, Robert Barham, L.R.C.P.Lond., Heath House, Stepney, E.
 De Butts, Stanley Brownlow Cromie, L.R.C.P.Lond., Rwell, Surrey
 Devereux, William Charles, L.R.C.P.Lond., Middlesex Hospital
 Distin, Howard, L.R.C.P.Lond., 153, Kennington Park Road
 Diver, Ebenezer William, L.R.C.P.Lond., Henley, Surrey
 Dove, Percy William, L.R.C.P.Lond., Brambledown, Crouch Hill, N.
 Dowling, George William, L.R.C.P.Lond., Bowdon, Cheshire
 Dukes, Thomas Archibald, L.R.C.P.Lond., 16, Wellesley Road, Croydon
 Dunn, Robert Aytton, L.R.C.P.Lond., Stevenage, Herts
 Earle, Edward Robert Charles, L.R.C.P.Lond., 12, Harrington Street, N.W.
 Eccles, William McAdam, L.R.C.P.Lond., Lyndhurst, Upper Norwood
 Elgee, William, L.R.C.P.Lond., 29, Rutland Road, Bedford
 Falchme, Frederick, L.R.C.P.Lond., University College Hospital
 Fearnhead, Thomas, L.R.C.P.Lond., Wentworth Street, Bolton
 Ferguson, Robert Bruce, L.R.C.P.Lond., St. Mary's, Willaden Park
 Foster, William James, L.R.C.P.Lond., 472, Oxford Street, W.
 Francis, Henry Alexander, L.R.C.P.Lond., 1, Barnard's Inn, Holborn
 Gill, James McDonald, L.R.C.P.Lond., Guy's Hospital
 Gimlette, James Desmond, L.R.C.P.Lond., St. Mary's Square, S.E.
 Gore, Henry Bushell, L.R.C.P.Lond., The Vicarage, Bowden
 Gostling, Percy Robert, L.R.C.P.Lond., Oakley, Bedford
 Grant, John William Geary, L.R.C.P.Lond., Soldier's Point, Holyhead
 Gratte, Charles Brooke, L.R.C.P.Lond., College Green, Bristol
 Griffiths, John, L.S.A., Beechfields, Oswestry
 Harrison, John Henry, L.R.C.P.Lond., 61, North Street, Leeds
 Harvey, Charles Edward, L.R.C.P.Lond., Sav-la-Mar, Kingswood, Jamaica
 Haswell, John Francis, M.B. Edinb., Monk Seaton, Northumberland
 Heaton, Charles James, L.R.C.P.Lond., Verulam, Watford
 Heywood, Charles Christopher, L.R.C.P.Lond., 24, Granville Place, W.
 Hickman, Herbert Vigers, L.R.C.P.L., St. Stephen's Avenue, Uxbridge Road
 Hicks, John Abernethy, L.R.C.P.Lond., 39, High Street, High Wycombe
 Higgins, William, L.R.C.P.Lond., 22, Hill Street, S.W.
 Howell, Robert Edward, L.R.C.P.Lond., Brancsoms, Boston
 Hulbert, Ernest Beddoe, L.R.C.P.Lond., 19, Thames Street, Windsor
 Jackson, Fox Turner, L.R.C.P.Lond., 147, Kensington, Liverpool
 James, George Thomas, L.R.C.P.Lond., 37, Gloucester Place, Hyde Park
 Jones, David Thomas, L.R.C.P.Lond., 24, De Laune Street, Kennington
 Jones, Martin Llewellyn, L.R.C.P.Lond., 23, Percy Street, W.C.
 Jones, Howland Francis Hugh, L.R.C.P.Lond., St. Bartholomew's Hospital
 Jones, William Ernest, L.R.C.P.Lond., 37, Great Coram Street, W.C.
 King, Frederick William Robert John, L.R.C.P.L., 12, Witherington Rd., N.
 Kingdom, Ernest Cory, M.D. Edin., 6, Upper College Street, Nottingham
 Kingsland, Alfred, L.R.C.P.Lond., Green Lane, Small Heath, Birmingham
 Kirton, Martin Ainger, L.R.C.P.Lond., 13, Amersham Road, New Cross
 Lack, Harry Lambert, L.R.C.P.Lond., King's College Chambers, W.C.
 Lankester, Arthur Colborne, L.R.C.P.Lond., 1, Elm Park Gardens, S.W.
 Lansdown, Robert Guthrie Poole, L.R.C.P.Lond., Samber House, Clifton
 Lawson, Douglas, L.R.C.P.Lond., 12, Harley Street, W.
 Low, Harold, L.R.C.P.Lond., Round Hill Villas, Sydenham
 Lunn, Percy Trenavin, L.R.C.P.Lond., 1, Brompton Square, S.W.
 Lyons, Algernon Wilson, L.R.C.P.Lond., 25, Beasborough Gardens, W.
 Macann, Arthur Charles Joseph, L.R.C.P.Lond., 23, King Street, W.
 MacKnight, Conway Montgomery, M.B. Melb., 31, Mornington Road, N.W.
 Molyneux, John Pendlebury, L.R.C.P.Lond., 42, Market Street, Wigan
 Moore, George Ogle, L.R.C.P. Edin., 4, Bramham Gardens, S.W.
 Morton, James Douglas, L.S.A., 34, St. George's Square, N.W.
 Orr, Frederick Layton, L.R.C.P.Lond., 17, Alexander Road, N.
 Parry, Henry Jules, L.R.C.P.Lond., Middlesex Hospital
 Paterson, George William, L.R.C.P.Lond., 65, Hereford Road, W.
 Pawlett, Thomas Lawrence, L.R.C.P.L., 2, Selwyn Terrace, Upper Norwood
 Peirce, Henry Ireson, L.R.C.P.Lond., 23, Endsleigh Gardens
 Penberthy, William, L.R.C.P.Lond., Royal Veterinary College, N.W.
 Perkins, Henry Bowen, L.R.C.P.Lond., 60, Doddington Grove, S.W.

Porter, Frederick Joseph William, L.R.C.P.Lond., Devereux Tower, Tower of London
 Prall, John Heniker, L.R.C.P.Lond., Rochester, Kent
 Pringle, Arthur Young, L.R.C.P.Lond., 36, Cambridge Gardens, W.
 Pritchard, Edward Josiah, L.R.C.P.Lond., 28, Kingdon Road, N.
 Proctor, William James, L.R.C.P.Lond., 2, Park Road, New Cross
 Reid, Peter Macpherson, L.R.C.P.Lond., Middlesex Hospital
 Robertson, Christopher, L.R.C.P.Lond., 9, Lambeth Palace Road
 Robinson, William Henry, L.R.C.P.Lond., Clitheroe Castle, Clitheroe
 Rollason, Abel, L.R.C.P.Lond., Holyhead Road, Handsworth
 Ronald, Arthur Edwin, L.R.C.P.Lond., 83, Lambeth Palace Road
 Scott, William Jermyn, L.R.C.P.Lond., 18, Castellain Road, W.
 Searwki, Hsiao, L.R.C.P.Lond., 14, Richmond Terrace, S.W.
 Sharpley, John Ernest, L.R.C.P.Lond., The Abbey House, Louth
 Simmonds, Durham Claude Somerville, L.R.C.P.Lond., East Woodhay, near Newbury
 Spurrell, Charles, L.R.C.P.Lond., Carmarthen, South Wales
 Sloggett, Harry Paynter, L.R.C.P.L., 35, Stacey Road, Cardiff
 Squire, Frank Henry, L.R.C.P.Lond., Colne House, Colchester
 Stabb, Frederic Albert, L.R.C.P.Lond., 23, Vincent Square, S.W.
 Stephens, Henry Woolcott, L.R.C.P.Lond., Langbargh, Woodford Green
 Stevens, Cecil Robert, L.R.C.P.Lond., Mowood House, Honiton
 Stora, William Henry Townsend, L.R.C.P.L., Cambridge Lodge, Worthing
 Swan, Charles Robert John Atkin, L.R.C.P.Lond., 10, Delamere Street, W.
 Valentine, Thomas Harcourt Ambrose, L.R.C.P.L., Chichester Infirmary
 Viret, Benjamin Pope, L.R.C.P.Lond., 115, Alexandra Road, N.W.
 Wagstaff, Frank Alexander, L.R.C.P.Lond., Middlesex Hospital
 Westmacott, Frederic Hibbert, L.R.C.P.Lond., Crompsall Grove, near Manchester
 Wiggins, Charles, L.R.C.P.Lond., Meadowville, Sydenham Park
 Wilding, Walter Frederick William, L.R.C.P.L., 7, St. Edmund's Rd., Bootle
 Wilkinson, Robert, L.R.C.P.Lond., Newlay Grove, Horsforth, Leeds
 Williams, John Robert, L.R.C.P.L., Porthvvaen, Oswestry
 Wooding, William Benjamin, L.R.C.P.L., 91, Albert Street, Regent's Park

MR. ADAIR has given a donation of £500 for the purpose of improving the sanitary condition of the Wexford County Infirmary.

DURING the year 1889 the University of Kiev, in Russia, conferred the degree of "medical practitioner" (*Arzt*) on 102, and that of Doctor of Medicine on 3, persons.

IN January of the present year 103 students matriculated in the University of Dorpat; of these, 31 belonged to the medical faculty. The total number of students at Dorpat is 1,732, of whom 812 are medical.

IT has been decided to found a Dermatological Society at Vienna. A meeting with that object was held on February 6th, under the presidency of Professor Kaposi, and the rules of the new society were approved. The meetings will be held once a fortnight.

UNIVERSITY OF HELSINGFORS.—The Russian University of Helsingfors will celebrate the 250th anniversary of its foundation this year. It was founded at Abo in 1640, and was burnt down in 1820; the seat of the university was then transferred to the new capital of Finland.

NEW MEDICAL JOURNALS.—A new periodical entitled *Revue d'Orthopédie* will shortly appear in Paris, under the editorship of Drs. H. Petit and Kirmisson. It is also announced that a journal dealing with massage and electrotherapeutics is about to be published in Paris, under the direction of Dr. A. S. Weber.

GREAT sympathy is felt for Mr. John Parsons, F.R.C.S., senior medical practitioner of the borough of Bridgwater, whose wife was burnt to death in her bedroom on the evening of February 8th. The unfortunate lady, who was about 70 years of age, had taken a seat near the fire and had apparently fallen asleep; her clothes caught fire, and she died from the injuries received.

THE PASTEUR INSTITUTE.—During December, 1889, 120 persons were treated at the Pasteur Institute of Paris. Of these, 25 were bitten by animals who were proved by experiment to be rabid, 81 by animals certified to be so by a veterinary surgeon, and 14 by "suspected" animals. In 4 cases the bites were inflicted by cats, in all the others by dogs.

A GASTRONOMIC CONGRESS.—A "Universal Gastronomic Congress" will be held at Versailles this year. It will open on March 23rd, and will last for a fortnight. It will include an exhibition of all kinds of food and drink, and the mode of preparing them. A special section will be set apart for the mineral waters of all countries.

PROFESSOR LUDWIG.—On January 31st Dr. C. Ludwig, the distinguished physiologist of Leipzig, celebrated the twenty-fifth anniversary of his installation as professor in that university. He received congratulatory messages from every part of Germany; the city of Leipzig made him an Honorary Burgher, and the King of Saxony conferred on him the Comthur Cross of the First Class and Star of the Albrecht Order.

INFLUENZA IN MADRID.—The epidemic of influenza, which was very severe in the Spanish capital up to the beginning of February, has gradually abated since then, and may now, according to the *Revista Clínica de los Hospitales*, be considered extinct. There are still, however, numerous cases of disease of the respiratory organs, and diphtheria, which has lately been comparatively in abeyance, is again on the increase.

CITY OF LONDON TRUSS SOCIETY.—The usefulness of this society has been more than fully maintained during the past year, as is shown by the annual report, which states that no fewer than 10,065 patients were relieved during 1889, being an increase of 543 over the number of the previous year, and the largest number ever recorded in the history of the Society. The ages ranged from an infant of weeks to an adult, aged 107. The instruments supplied were 10,113 in number.

BROCKWELL PARK, Herne Hill, has been virtually secured for the people of London. The area of seventy-eight acres has cost, with expenses, £122,050, towards which amount the County Council agrees to contribute £61,000, the Charity Commissioners £25,000, the Lambeth Vestry £20,000, the Camberwell Vestry £6,000, the Newington Vestry £5,000. As soon as the scheme receives the sanction of Parliament, this open space and playground will be thrown open to the public.

FOOTBALL CASUALTIES.—Two accidents occurred in a recent football match played between the Fulham and Stanley Clubs at East Acton—one described as a serious accident, necessitating the player's withdrawal from the contest; the other, that in which the leg of a player was broken. A like accident befell a player on Saturday, February 8th, in a match between the Torquay Athletic Club and Paignton Scarlet Runners. The match in this instance had been arranged for the benefit of a Paignton player who is suffering from a similar mishap.

The Royal College of Physicians has an excellent system of fire-extinguishing apparatus connected to the constant pressure water mains in Pall Mall, enabling several jets to be thrown into any part of the building in case of an outbreak of fire, or, indeed, to attack any fire occurring in their neighbours' premises. The porters of the College are periodically drilled by one of Messrs. Merryweather's fire inspectors, and after each drill the secretary receives a printed report as to the condition of the fire appliances and the efficiency, or otherwise, of those taking part in the drill.

FIRST AID IN INDIA.—We have received from Sir William Moore a letter with reference to the review of his book on *The Immediate and General Treatment of Accidents and Injuries*, which was published in the JOURNAL on January 25th. He states that the pamphlet had its origin in representations made by the Public Prosecutor and the Department of Police to the Bombay Government, and was written with the view of its being translated into vernaculars for distribution to the minor native officials and police. "Had the pamphlet," he adds, "been written for home consumption it would not have appeared precisely as it stands."

MEDICAL VACANCIES.

The following Vacancies are announced:

- BOYLE UNION.**—Medical Officer for Workhouse. Salary, £100 per annum. Applications to Mr. Odbert, Clerk of Union. Election on February 22nd.
- BOYLE UNION.**—Medical Officer, Boyle No. 2 Dispensary. Salary, £95 per annum, and fees. Applications to Mr. H. Lawrence, Honorary Secretary. Election on February 22nd.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Assistant Physician, must be a Fellow or Member of the Royal College of Physicians, London. Applications to the Secretary, T. Storrar Smith, 24, Finsbury Circus, E.C., not later than March 4th.
- 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.
- ECCLES AND DISTRICT MEDICAL ASSOCIATION.**—Assistant Medical Officer. Applications to the Secretary, Byron Street, Patricroft.
- FARRINGTON GENERAL DISPENSARY,** etc., 17, Bartlett's Buildings, Holborn.—Honorary Surgeon, Members or Fellows of Royal College of Surgeons. Applications by March 8th to J. Lewis, Secretary.
- FINSBURY DISPENSARY,** Brewer Street, Goswell Road.—Surgeon; Fellow or Member of the Royal College of Surgeons. Salary, £40 per annum. Applications not later than March 3rd to H. Moreland, Honorary Secretary. Further information on personal application.

GAINSBOROUGH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Resident Medical Officer. Salary, £180 per annum, with midwifery fees, house rent, rates, coals, gas, etc. Age not under 28 years. Applications to Henry Cuckton, 31, Cross Street, Gainsborough.

HAMPSTEAD PROVIDENT DISPENSARY. New End.—Medical Officer. Applications on or before March 1st to the Secretary, 23, High Street, Hampstead. The elected candidate to reside in Hampstead.

HIGHWORTH AND SWINDON UNION.—District Medical Officer and Public Vaccinator to the 1st District. Salary, £70 per annum and fees. Applications by February 22nd.

LIVERPOOL NORTHERN HOSPITAL.—House-Physician. Salary, £80 per annum, with residence and board. Applications to be addressed to the Chairman of the Committee not later than February 27th.

LUTON FRIENDLY SOCIETIES' MEDICAL INSTITUTE.—Assistant Medical Officer. Salary, £120 per annum, rising £10 per annum to £150. All particulars of the Secretary, Mr. Thomas Keen, 12, Grove Road, Luton, Beds.

MANCHESTER SOUTHERN HOSPITAL FOR DISEASES OF WOMEN AND CHILDREN, Clifford Street.—Resident House-Surgeon; term not less than six and not exceeding twelve months; must reside near the hospital. Applications to George William Fox, 53, Princess Street, Manchester.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—Assistant Dental Surgeon, holding L.D.S. diploma. Applications by February 25th to Arthur G. Klugh, Secretary.

NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.—House-Surgeon, holding L.D.S. diploma. Applications by February 25th to Arthur G. Klugh, Secretary.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury.—House-Physicians, Senior and Junior. Salary of the former, £100 per annum; of the latter, £50 per annum, with board and apartments in the hospital in each case. Applications to be sent to B. Burford Rawlings, Secretary and General Director (of whom all particulars can be obtained) not later than February 28th.

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.

OWENS COLLEGE, Manchester.—Lecturer on Diseases of the Larynx. Applications under cover to the Registrar, of whom all particulars may be obtained, should be received not later than March 10th.

PARISH OF BIRMINGHAM.—Resident Medical Officer. Salary, £150 first year, rising £10 yearly to £200 per annum, rations, apartments, washing, and attendance. Applications not later than February 15th to Walter Bowen, Clerk.

PLYMOUTH PUBLIC DISPENSARY.—Second Honorary Physician. Applications by February 17th.

POCKLINGTON UNION.—Medical Officer of Health to the Market Weighton District of the Pocklington Union Rural Sanitary Authority. Salary, £22 per annum. Applications not later than February 27th.

POCKLINGTON UNION.—Medical Officer for the No. 2 (Market Weighton) District of the Pocklington Union. Salary, £19 per annum. Applications by February 27th.

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Two Resident Physicians for indoor duty. Duties commence May 1st next. Applications to be lodged not later than February 22nd with Messrs. Henry and Scott, 20, St. Andrews Square, Edinburgh.

ROYAL SURREY COUNTY HOSPITAL, Guildford.—House-Surgeon, unmarried. Salary, £80 per annum, with board, lodging, and washing. Applications to Thomas Taunton, Secretary, not later than March 1st.

WOLVERHAMPTON EYE INFIRMARY.—Resident Assistant, wishing to improve his knowledge; must be competent to administer anaesthetics. Applications addressed to the Chairman, Eye Infirmary, Wolverhampton, not later than March 3rd.

MEDICAL APPOINTMENTS.

- ANGUS,** Charles, M.B.Aberd., C.M., appointed Assistant Professor of Anatomy at the University of Aberdeen.
- AUCHINCLOSS,** Hugh A., L.R.C.P., L.R.C.S. Edin., elected a Physician to Mercer's Hospital, Dublin, vice C. F. Knight, M.D.
- BAILEY,** H. Bennett, M.D. Brux., M.R.C.S., L.S.A., reappointed Medical Officer for the Spillgate District of the Grantham Union.
- BARFORD,** Arthur Morton, L.R.C.P., M.R.C.S., appointed Medical Officer for the Bracknell District and Workhouse of the East Hampstead Union.
- BERRY,** H. Poole, M.B.Lond., M.R.C.S., reappointed Medical Officer of Health to the Grantham Urban District.
- BLAXALL,** Frank Richardson, M.R.C.S. Eng., L.R.C.P., M.B.Lond., appointed Junior Assistant Medical Officer to the St. Pancras Infirmary.
- BROCKLESBY,** R., L.R.C.P. Edin., M.R.C.S., appointed Police Surgeon to the Borough of Great Grimsby.
- BROWNE,** David, M.R.C.S. Eng., L.K.Q.C.P.I., appointed Medical Officer to the Workhouse, New Winchester Union.
- CHURCHILL,** John Foot, L.R.C.P., M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Chesham Local Board.
- DAKEYNE,** Thomas E., L.R.C.P. Edin., L.M., M.R.C.S. Eng., reappointed Medical Officer of Health to the Leek Rural Sanitary District.
- DAVIS,** Gateward C., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Royal London Ophthalmic Hospital.
- DAY,** Edward J., M.R.C.S., L.S.A., reappointed Medical Officer of Health for the Borough of Dorchester.

EASTON, George F., M.D., L.R.C.S. Edin., reappointed Medical Officer of Health to the Alnwick Urban Sanitary Authority.

ELLIOTT, R. H., M.R.C.S. Eng., L.R.C.P. Lond., appointed Resident Surgeon to the Bedford General Infirmary, *vice* Henry Skelding, B.A. Camb., M.B., B.C., M.R.C.S.

FARDON, J. H., M.R.C.S., L.R.C.P. Lond., appointed Junior House-Surgeon to the Liverpool Stanley Hospital.

FARMER, Frederick Reginald, M.R.C.S. Eng., L.R.C.P. Lond., elected Assistant Medical Officer to the Fisherton House Asylum, Salisbury, *vice* J. D. Price, L.R.C.P., M.R.C.S.

FLOOD, E. F., L.R.C.S.I., appointed Apothecary and Registrar to Louth Infirmary, *vice* Dr. Scott, resigned.

GEORGE, R. Julian, 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.

GIBSON, James, M.B. Glasg., C.M., L.F.P.S., appointed Medical Officer of Health to the Greetland Urban Sanitary Authority, *vice* J. Vere C. Denning, L.K.Q.C.P.I., resigned.

GORDON, John, M.D. Aber., C.M., appointed Assistant Professor of Materia Medica at the University of Aberdeen.

GRIFFITH, A. Hill, M.D. Aberd., C.M., appointed Surgeon to the Royal Eye Hospital, Manchester, *vice* Dr. P. H. Mules, resigned.

GRIFFITH, Alfred Leete, M.D., etc., appointed Medical Officer and Public Vaccinator to the Kensal Town District, Chelsea Parish.

GROTH, Ernst, M.D. Berlin., L.R.C.P. Lond., elected Honorary Physician to the Western Dispensary of the German Hospital, *vice* M. Castaneda, M.B., M.R.C.P. Lond., resigned.

HIGGINSON, J. W., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the General Hospital, Birmingham.

HILLIS, John D., F.R.C.S., appointed Surgeon to the Throat Hospital, Dublin.

HUSBAND, Charles, M.R.C.S., L.S.A., reappointed Medical Officer of Health to Bpton City.

JACKSON, J. B., M.D., appointed Deputy Medical Officer for No. 2 District Coventry Union until election, *vice* F. J. Malden, M.D., M.R.C.S., resigned.

KINGSTON, P. J., M.R.C.S., L.R.C.P. Lond., appointed House-Physician to the Royal Chest Hospital, *vice* C. E. Russel Rendle, resigned.

LUCAS, Herbert, M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Huntingdon Urban Sanitary District.

LOUGH, J. J., M.B., appointed Consulting Physician to the Royal Masonic Institution for Boys at Wood Green, N.

MANLEY, J. Herbert H., M.B., B.C. Cantab., D.P.H., appointed Medical Officer of Health to the West Bromwich Urban District, *vice* J. Manley, M.R.C.S., L.S.A., resigned.

MORRISON, Alexander T., appointed Resident Surgeon and Apothecary to the Buckinghamshire General Infirmary, Aylesbury, *vice* Henry Caudwell, resigned.

NEWBY, Thomas, M.D. St. And., M.R.C.S., L.S.A., appointed Medical Officer of Health to the enlarged Borough of Great Grimsby and the Port Sanitary Authority.

NEWCOMBE, Frank, M.R.C.S., L.S.A., reappointed Medical Officer for the Ancaster District of the Grantham Union.

NEWMAN, H. T., M.D., L.R.C.S.I., appointed Medical Officer for the Audlem District of Nantwich.

OSBORN, Frank Charles, L.R.C.S. Edin., L.S.A., reappointed Medical Officer of Health to the Urban Sanitary District of Bognor.

PALEY, F. J., M.D. Lond., M.R.C.S. Eng., L.R.C.P. Lond., appointed Honorary Surgeon in Ordinary to the Brighton and Hove Lying-in Institution.

PRATT, John Wyatt, L.R.C.P. Edin., L.M., M.R.C.S., L.S.A., appointed Medical Officer of Health to the Wiveliscombe Urban Sanitary District, *vice* Charles Randolph, L.R.C.P. Edin., resigned.

SMITH, James Johnson, A.S.A., appointed Dispenser at the North Dispensary of the Marylebone Guardians.

SMITH, K. R., M.D., appointed Medical Officer to the Halwell District of the Totnes Union.

TAYLOR, Lot Albert, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Kingswinford District of Stourbridge Union.

TIBBITS, John, M.D. St. And., M.R.C.S., L.S.A., elected a Medical Attendant of the Warwick Provident Dispensary and Cottage Hospital, *vice* Dr. Guthrie Rankin, resigned.

TURNER, Arthur, L.D.S. Ed., appointed Honorary Dental Surgeon to the Buckinghamshire General Infirmary.

WATSON, Joseph Riley, B.A. Camb., M.B. Edin., C.M., appointed Medical Officer for the Harrogate District of Knaresborough.

WATSON, W. R. K., M.B. & B.S., appointed Assistant House-Surgeon to the General Hospital, Birmingham.

WILLAN, George T., M.R.C.S., L.S.A., reappointed Medical Officer and Public Vaccinator to the No. 2 District of the Melton Mowbray Union.

WILSON, Albert, L.R.C.P., M.R.C.S., appointed Medical Officer for the East District of Kingston-on-Hull.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Gilbert Smith will open a discussion on Influenza.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor B. T. Lowne: On the Embryology and After-development of Insects. Lecture I.

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.—Mr. Bernard Pitts: On the Modern Treatment of Certain Surgical Deformities in Children.

TUESDAY.

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

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Dr. Colman: Compression Myelitis with Ascending and Descending Degenerations. A second case without Secondary Degenerations. Dr. West: Large Cancerous Tumours of the Omentum with Miliary Cancer of the Peritoneum and Mesentery. Mr. Croft: Aneurysm of Popliteal Artery associated with Sarcoma. Mr. Willett: Embolic Aneurysm of Gluteal Artery. Mr. Eve: Ancient Egyptian Bones with Rheumatic Periostitis, and Senile Symmetrical Atrophy of Skulls. Mr. Johnson: Two cases of Persistent Thyroid Duct. Dr. Dalton: Chronic Lateral Inversion of the Colon following a Small Cancerous Tumour. Card Specimens.—Dr. Mackenzie: Meckel's Diverticulum producing Strangulation. Dr. Dalton: Oesophagus and Stomach from a case of Carbolic Acid Poisoning.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor B. T. Lowne: On the Embryology and After-development of Insects. Lecture II.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. F. T. Roberts: On Morbid Conditions of the Pleura. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Q. Silcock: On Ophthalmoscopic Cases.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7 P.M.—Hon. Ralph Abercromby: Dust and Cloud. Captain D. Wilson-Barker: Cloud Nomenclature. Mr. Eric S. Bruce: An Optical Feature of the Lightning Flash.

THURSDAY.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Mr. W. H. A. Jacobson: On the Surgical Sequelæ of Fevers.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, 2 P.M.—Dr. Bastian: Some points in Prognosis and Treatment of Cases of Hemiplegia. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. Bernard Pitts: On the Modern Treatment of Certain Surgical Deformities in Children.

NEUROLOGICAL SOCIETY OF LONDON, The National Hospital, Queen Square, 8.30 P.M.—Discussion: Therapeutic Value and Method of Treatment by Suspension. Papers by Drs. Russell and Taylor, Dr. Sherrington, and Dr. de Wetteville.

FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor B. T. Lowne: On the Embryology and After-development of Insects. Lecture III.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. F. T. Roberts: On Morbid Conditions of the Pleura.

SATURDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. J. F. Payne: On Ringworm: Its Recognition and Treatment.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

BIRTH.

SHEE.—On February 9th, at Shelburne Lodge, Fethard, Co. Wexford, the wife of William Joseph Shee, L.K.Q.C.P.I., L.R.C.S.I., of a son.

MARRIAGES.

MILLS—WHITTINGDALE.—At St. Peter's Church, Saugor, Central Provinces, India, on January 18th, by the Rev. G. M. Davies, M.A., Bernard Langley Mills, F.R.C.S., M.S., only son of the late Rev. R. Twyford Mills, Rector of Halse, Somerset, to Florence Addis Louisa, second daughter of the late Lieutenant-General W. H. Freese, and widow of the late Captain T. Y. Whittingdale, 5th Fusiliers.

SHEARER—KINGHORN.—At 4, Queen's Road, Aberdeen (the residence of the bride's grandmother), on February 5th, by the Rev. G. A. Smith, M.A., Queen's Cross Free Church, assisted by the Rev. H. FitzPatrick, B.D., Free Church, Keith (uncle of the bride), Johnston Shearer, M.A., M.B., C.M., Surgeon 27th Punjab Infantry, to Elizabeth Smith, eldest daughter of ex-Bailie Kinghorn, Mount Cottage, Aberdeen.

DEATHS.

CASKEY.—On February 5th, at Eastbourne, John Shaw Caskey, L.S.A. Lond., in his 50th year.

DAY.—On February 4th, at Davos-Platz, Switzerland, in his 30th year, Stewart Butler Day, sixth son of William and Elizabeth Day, late Resident Medical Officer to the Quebrada Railway and Copper Company, Venezuela.

STAPLE.—On January 30th, at 71, Old Market Street, Bristol, Mary Hermina Harriette ("Mina"), the beloved wife of James D. Staple, M.R.C.S., L.S.A., and eldest daughter of Fred Blair Staples, Lieutenant-Colonel (late 93rd Highlanders), of Stockport, aged 24. R.I.P.

ARMY SURGEONS AND CIVIL PRACTITIONERS.

MICROBE asks why an "Army Doctor" should be so persistent in trying to act as a civil practitioner, and why some of them (as in his case) have tried to oppose him on every ground, and even contract for clubs, etc.?

TREATMENT OF CYSTITIS.

DR. G. R. GILRUTH (Edinburgh) writes: In the JOURNAL of February 8th "T.M.R." extols the effects of copaiba in this somewhat intractable disease. One thing is certain, however, and that is, it cannot be looked on as a specific in cystitis. A few weeks ago an opportunity was afforded of watching the effects of this drug. No doubt the patient expressed the opinion that he felt better whilst taking it; but it neither improved the condition of the urine nor enabled the patient to retain his water longer than about half an hour at a time, and it brought out a very copious eruption. The liq. potass. and tinct. hyos. enabled him to retain his urine for about two hours. Washing out the bladder with a largely diluted solution of carbolic acid has a good effect in these cases.

CLINICAL TEACHING IN DUBLIN.

MR. W. GEM, L.K.Q.C.P. (City of London Infirmary) writes: I know from experience that notes are taken in the Dublin hospitals, and if a man wants them he can get them; but it is too much trouble for some students to avail themselves of such notes on account of the time it entails, which is nevertheless time well spent. Such an unwarrantable statement without proof only shows you the hardships Irish graduates and diplomates have to contend with simply through unfounded statements made by their own members. I have had experience of both countries, and as an Englishman I consider the clinical teaching given in Dublin is quite equal to London. I believe in reformation but not destruction, and not do, as "Irish Surgeon" would, condemn the Dublin Hospitals *in toto*.

TOOGOOD V. WILKES.

THE following subscriptions have been received:—

	£	s.	d.
Dr. F. W. Coates	...	2	2
Dr. Lardner Green	...	0	5
Dr. J. Kelland	...	1	1
Dr. E. Kingscote	...	1	1
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