

MEMORANDA:

MEDICAL, SURGICAL, OESTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.,

THE RESPIRATORY COMPLICATIONS OF INFLUENZA.

THE prevalent opinion seems to be that influenza is the cause of the diseases of the respiratory organs which accompany an epidemic of it. Dr. Squire, in his note published in the JOURNAL of February 15th, seems to look upon the relapse in influenza as allied in some degree to that occurring in miasmatic fevers from a continuance of existence of the germ in the system, and a revival of its reproduction when a relapse occurs; but in miasmatic fevers, such as ague, relapses are in every respect like the original attack, except possibly in intensity or duration, and often occur several times after the primary attack, whereas, in influenza, the relapse (by which I understand Dr. Squire to mean the affections of the respiratory organs which frequently follow an attack of influenza) shows itself, as regards the symptoms, as a totally different malady.

Professor Rosenbach, as stated in the same number of the JOURNAL, page 373, observes that the increase in numbers of respiratory catarrhs, croupous pneumonias, etc., during an epidemic of influenza, does not prove that the latter is the cause.

The table of mortality in London during the six weeks ending February 8th last would seem to throw some light on that point. The reported deaths from influenza during that period are weekly as follows: 4, 67, 127, 105, 75, and 38 successively; while the mortality from diseases of the respiratory organs during the second of these six weeks was more than double the average. There was a slight decline in the succeeding week, although the number of deaths directly referred to influenza was 127, or nearly double that of the preceding week. During the week ending January 25th there was a considerable decline in the number of deaths due to respiratory diseases, although the number of those due to influenza stood up as high as 105. During the last two weeks of the period referred to, the number of deaths from diseases of the respiratory organs was actually below the average number in the corresponding periods of recent years; although the number of deaths directly referred to influenza during the first of these two weeks was 75, or above that of the week ending January 11th, when the number of deaths from diseases of the respiratory organs exceeded double the average number. Mortality tables showing the number of deaths from diseases of the respiratory organs during the weeks immediately preceding those reported here, and before a single death from influenza had occurred, and even before a single case of influenza had been observed in London, would no doubt throw additional light on this point, but I have not these at hand. However, from the foregoing observations, it would appear that the developmental cause producing the diseases of the respiratory organs during the late epidemic acted previously to the cause which produced influenza, and that, in the majority of the cases at least, the latter could not be the cause of the former.

During the epidemic of influenza which prevailed in the winter 1847-48, not only was the number of deaths increased in the case of diseases of the lungs, etc., but also in that of the zymotic diseases, the increase in the latter being prolonged much longer both before the inception of influenza and after it had subsided.

As to the mode of propagation of influenza, opinions seem to be considerably divided on that point. My experience of the last epidemic would lead me to think that the atmosphere is the most effective vehicle for conveying that disease, but that it can also, although not in a high degree, be transmitted by infection, as in the clothing, etc., and also by contagion from person to person.

Berners Street, W.

P. Z. HEBERT, M.D.

"PERIPATETIC ALBUMINURIA."

IN the JOURNAL for February 15th, in the discussion that followed on Dr. Goodhart's paper on "Peripatetic Albuminuria," I am reported to have stated that I "had recently seen four young men who had little or no albuminuria on starting from Exeter, but who, after a long railway journey in the cold, were found to have one-third of albumen in their urine."

The facts of the case are that on the morning of November 26th, 1889, I had to examine and report on the health of four railway

men; of these, one passed satisfactorily; of the other three: T. B., aged 20, urine contained nearly one-third albumen; J. S., aged 19, urine gave distinct evidence of the presence of albumen; G. M., aged 20, urine turbid on being stirred, and did not entirely clear on addition of nitric acid; faint trace of albumen. All four had travelled up from the West of England, three from Exeter, one from Cornwall; they had travelled by night, and it had been very cold, and had become so suddenly. I suspected that they were all cases of temporary albuminuria, but I did not feel justified in passing two of them.

T. B. I saw again on February 3rd, 1890. He then had albumen to about one-eighth. He brought a certificate from his doctor in Exeter, dated February 2nd, stating that he had examined the urine and found only a "very slight trace." All the men appeared healthy in every other respect.

Finsbury Circus, E.C.

RAYNER D. BATTEN, M.D. Lond.

"EUCALYPTUS ROSTRATA" IN THE TREATMENT OF SEA-SICKNESS.

IT may be of interest to some of your readers, especially that portion who, like myself, have been employed as ship surgeons, to have my experience of the above.

From time to time, at sea, I have been driven nearly to my wit's end endeavouring to relieve that most distressing vomiting which takes place in some cases of sea-sickness, especially in the case of delicate or strumous females. I have tried amyl nit., camphor, cocaine, bismuth, chloroform, morphine, caffeine, bromides, and most of the other treatments usually employed, but, I must confess, with very little success. At length I was induced to try the effects of the "red gum." I got the idea from an old "gold digger," who was a passenger under my care, saying that it always cured him. I have made several experiments with it, and am very pleased with the result, as it almost invariably gave relief where the more orthodox modes of treatment failed. I think the most convenient mode of administration is in the form of lozenges (trochisci eucalypti gummi, gr. i, in each). The patient can thus easily carry about a few in the pocket, and take one when he feels the sickness coming on. By using them in this manner I have found three or four during the day sufficient; and, I may remark, I have never heard any of my patients complaining of the treatment producing constipation. I am convinced that if any of my "brother chips" at sea give this a fair trial they will not be disappointed.—I am, etc.

W. M. RUSSELL, A.B., M.B., B.Ch., B.A.O. Dub. Univ.

Union Line, Royal Mail Service, Southampton.

ON AN UNUSUAL VARIETY OF BLOOD POISONING.

I HAVE, within the last year, performed a *post-mortem* examination on two cases, in which the morbid appearances were practically identical and were associated in an unusual way. There was an interval of several months between the *post-mortem* examinations, and although both the cases were middle-aged women, they lived far apart and occupied very different social positions, so that they could hardly have been infected from the same source.

In both there was very acute pericarditis and double pleurisy, with only a few small patches of pneumonia. The serous membranes presented the appearances usually seen in virulent septic poisoning, the effusion being almost purulent. In both cases there was also acute lymphadenitis of the mediastinal glands.

In the first case I examined the pharynx and larynx particularly, on account of a deep-seated pain which had been complained of in that position during life. The fauces, soft palate, posterior nares, and pharynx were perfectly normal but, on each ary-epiglottidean fold there was a small patch of firmly adherent and in every way typical diphtheritic membrane. The patches were scarcely as large as a threepenny bit and were quite symmetrical, each lying on the upper edge of the fold just in front of the arytenoid cartilage. The rest of the larynx and the trachea were quite free from false membrane.

In the second case there was an equally typical patch of false membrane, occupying the middle of the upper edge of the right ary-epiglottidean fold. It was as small as the patches in the first case, but posteriorly it had begun to be detached. Exactly opposite to it, on the left fold, there was a raw surface of the same size, from which it is possible that membrane had recently been detached. There was not a trace of false membrane or of ulceration in any other part of the throat or air passages.

In the clinical history of the first case there was nothing to suggest diphtheria. The second case was admitted into the hospital moribund and died in an hour or two. If we regard these as cases of ordinary diphtheria, it is remarkable that the typical lesion in the larynx should be so small and so localised, while the lesions in the pericardium and pleurae were so extensive. Besides, purulent pericarditis is not a very common complication of diphtheria. I am, therefore, inclined to think that they are really instances of ordinary septicæmia, in which the micrococci entered the body at an unusual spot, the ary-epiglottidean fold, and produced there a somewhat unusual lesion, that is, a coagulation necrosis of the mucous membrane, leading to the formation of a false membrane. Once the organisms were admitted, the lesions of the lymph glands and serous membranes would follow in an ordinary way, and might proceed to any extent.

On any hypothesis these cases appear to be members of a distinct group, in which infection occurs at a particular spot, produces there a definite lesion, and leads to definite sequelæ.

NORMAN DALTON, M.D., M.R.C.P.,
Assistant Physician and Pathologist to King's
College Hospital.

PILOCARPINE IN POISONING BY BELLADONNA.

On December 25th, 1889, about 11.30 A.M., a messenger came for me to visit immediately Mrs. McK., aged 37, who was said to be dying from having taken a quantity of a liniment by mistake for a dose of a mixture she had been ordered. I arrived at her residence, three miles distant, shortly after 12 o'clock. I found, on examining the bottle, that the liniment was the linimentum belladonnae, B.P., and that she had taken, about 8 o'clock, a large tablespoonful. Her condition was very serious. She was totally unconscious, was breathing stertorously; there were frequently recurring convulsions; pupils widely dilated, so that there was only a ring of iris, and not influenced by light; extremities cold, heart greatly excited and weak, and pulse scarcely perceptible at the wrist. She presented all the appearances of approaching death. Some attempt was made before my arrival to produce vomiting, but without success. As she could not swallow, I injected one-tenth of a grain of apomorphine; this failed to produce vomiting, and, fearing the depressing effects sometimes produced by this drug, I did not repeat it, but at once introduced the tube of the stomach pump, and thoroughly washed out the stomach. The stomach was almost empty, and I could not detect any odour of belladonna in the water returning from it. I then injected hypodermically one-third of a grain of pilocarpine (Burroughs, Wellcome, and Co.'s tabloid), passed the catheter, and withdrew nearly a pint of urine, threw up the rectum a pint of strong hot coffee, and used flagellation with a wet towel over the chest and cheeks, which at first was scarcely felt. I also applied mustard to the calves of the legs. In about half an hour improvement was observed; her countenance became more natural. A little later she looked about her, and was soon able to swallow small quantities of sal volatile and strong coffee. At 2 o'clock I left her, ordering the sal volatile and coffee to be continued alternately, and warning the attendants against allowing her to sleep. At 5 o'clock I returned, and found her sitting up in bed in a rather excited condition, and talking deliriously. She knew me, but did not realise her position, or know anything of what she had passed through. I injected another tabloid (one-third of a grain) of pilocarpine. It did not at any time produce perspiration, but only a little softness of the skin. From this time recovery was uninterrupted. She, however, remained very weak, and unable to get up for nearly a week, and complained for some days of thirst and dryness of throat.

REMARKS.—I consider the case worth recording on account of the undoubted action of the pilocarpine in antagonising the belladonna. Owing to the length of time from taking the dose and my seeing her (over four hours), the poison must have been entirely absorbed, as, indeed, was clear from the very marked toxic effects, and from the absence of odour of belladonna in the washings of the stomach. Although I used the stomach pump, I cannot attach much importance to this part of the means adopted. There can, therefore, be little doubt as to the effective part played by the pilocarpine in the cure, and in preserving a valuable life to a large family of helpless children.

WILLIAM MCGOWAN, B.A., M.D., Medical Officer
Maghera Dispensary
Maghera, Co. Londonderry.

CASE OF HYMENEA OBSTRUCTION: RETENTION OF MENSES.

FOURTEEN months ago I was called to see a pale sickly girl, aged 16, complaining of pains in the abdomen. Inquiry into the history of the illness elicited the fact that she had never menstruated. She had had slight abdominal pains, but only within the past few days had they attained such severity as to urge her mother to seek advice on her account. Defecation and micturition had always been normal; there had been no sickness. On examination, the breasts were small; there was no areola. The abdomen presented a prominent tumour, filling the hypogastrium and reaching to within an inch of the umbilicus. It was tense, elastic, and globular; dull on percussion, and somewhat painful on pressure. Separation of the labia disclosed an unruptured hymen, dark blue in colour, tense, bulging, and elastic, and closely incorporated with the vaginal walls. Pressure on the abdomen increased the bulging below. The condition was manifest.

An anæsthetic having been administered and the parts washed with sublimate solution, a medium-sized trocar was pushed through the hymen and a few ounces of snuff-coloured odourless fluid withdrawn. As the fluid then ceased to come the hymen was incised, and moderate pressure applied to the uterus. These measures were followed by a copious evacuation—roughly estimated at 40 ounces—of thick viscid odourless stuff, resembling black currant jelly. An elliptical piece of the hymen was clipped away, the vagina was washed out with carbolised solution, and a strip of carbolised lint inserted in the orifice. Little or no discharge came away subsequently; the vagina was irrigated daily for a week with dilute Condy's fluid, there was never any rise of temperature, and the patient did uninterruptedly well. She menstruates every six or eight weeks. The points of interest in the case are (1) the entire immunity from discomfort, local or constitutional, which the patient enjoyed till tension symptoms from accumulation supervened, (2) the almost solid character of the retained material, and (3) the comparative rarity of the condition.

JAMES MACDONALD, M.A., M.B., C.M.

Carlisle.

THE ACTION OF POTABLE WATERS ON LEAD.

In my pamphlet on "Plumbism," published by Tyne and Shepherd, Bacup, I have treated at considerable length on the above subject. There is one point that I have not referred to in my pamphlet, nor in the articles on Plumbism which appeared in the *Sanitary Record* of April 15th, 1889, and in the *JOURNAL*, vol. ii, 1889, page 461, which is of considerable importance. It is mentioned in Dr. Kirker's paper in the *JOURNAL* of January 18th, namely, "The Seasonal Variations in the Action of Water on Lead." Dr. White, of Sheffield, states that the Sheffield water is most active in the summer, and may be due to higher temperature of the water. Dr. Kirker supports Mr. Power's suggestion that the water acts most when micro-organisms are present; that would be in the summer months. Mr. Eaton, C.E., engineer to the Sheffield Waterworks Company, says that the water, "contrary to common report, acts with less energy in the summer time and most destructive in the winter time," etc. From my clinical observations, I found the most severe forms of plumbism occurred in the winter and early spring. My opinion is that the water contains more lead in the winter; that the water acts more on lead at low temperature; that the water is more acid in its reaction. The free acid in Bacup water is H_2SO_4 , and is derived chiefly from the iron pyrites; another source and cause for its increased acidity in water may be the vast quantities of free sulphuric acid in the air due to the increased combustion of coals. The H_2SO_4 is washed down by the rain which is collected from the moors. The Bacup coals contain more sulphur than any coal that I am acquainted with.

Bacup.

JOHN BROWN, M.D., D.Sci., M.O.H.

FIBROID THICKENING OF THE SPLENIC CAPSULE.

DR. JULIUS MICKLE, in the course of his observations on thickening of the splenic capsule in the *JOURNAL* of October 19th, 1889, remarks that "whether the foundations of it have always been laid during the turgescence of the organ is an unproved point." As I happen to have at the present time under my care a patient whose condition appears to correspond with the above description, I venture to send a few notes of his case.

Sergeant M., aged 29, married, with $9\frac{1}{2}$ years' service, was admitted September 26th, complaining of severe pain in the left

side, apparently pleuritic in character. He stated that he had been in good health till a week previously, when he had been excused from active exertion. He attributed the attack to a severe wetting about a month previously whilst on the rifle range. There is no history of syphilis. He has not had ague, but served for a short time in Egypt and Cyprus in the 1885 campaign. At the latter station, where intermittent fever prevails, he was under treatment for twelve days for debility, quinine being given.

Physical examination on admission revealed extensive enlargement of the spleen almost to the umbilicus; and—which is the point of interest in the present discussion—friction sounds were audible over the whole of the area of dulness, but most distinctly at the circumference.

Since admission the enlargement has increased considerably, and appears to be painless except for the accompanying peritonitis. This has also extended, and is now palpable as well as audible.

The general symptoms are almost *nil*, as the temperature has not reached 100°, pulse is quiet, tongue clean, bowels slightly constipated. He can lie on either side, though when admitted he could lie only on his back.

The case would seem to be one of simple hypertrophy of the spleen, not malarial in origin, but such as is described by Bristowe as "furnished by persons who have never suffered from any of the above disorders" (that is, malaria, cirrhosis, or rickets), "and in whom there is no history pointing to the operation of any specific cause." The localised peritonitis which is so marked a feature is doubtless due to thickening of the capsule in an otherwise painless enlargement, which, but for it, might have remained a considerable time unnoticed. It does not appear to have received the attention it deserves as a symptom in such cases, though I see that Sir W. Aitken mentions it (under the head, however, of peritonitis) as being not uncommon in splenic enlargements. It is extremely probable that pressure from the soldier's belt may intensify it, as suggested by Dr. Mickle, if it do not actually produce it. In the present case the patient expressly states that he felt no inconvenience from the pressure whilst at duty. The condition amounts to more than the "splenic corn" noticed by Dr. Mickle, and answers more nearly to that described by Billroth (and referred to in your editorial note) when he says that "occasionally the entire capsule is transformed into a coarse, scarlike, fibrous mass."

G. S. ROBINSON, Surgeon-Major Scots Guards.
Marlborough Mansions, S.W.

REPORTS

ON

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

COUNTY AND CITY INFIRMARY, PERTH.

CASE OF TRAUMATIC CHYLURIA.

(Under the care of LEIGH HUNT, M.B., C.M.)

[Reported by J. C. G. DUFFUS, M.A., M.B.]

A. K., aged 22, was admitted on the evening of July 5th, with the history of having fallen through a scaffolding and alighted amongst stones, from a height of some ten feet. Patient was unconscious when picked up, and subsequently vomited during the journey to the infirmary. When admitted, he was suffering from considerable shock, and could with difficulty be aroused to answer questions put to him. He complained of great pain over the region of the left lower ribs; no fracture could be made out. Evening temperature 100.2° F. He slept very heavily all night, and was still in a state of semi-stupor in the morning, when the temperature was again 100.2°. The point of interest in the case was the character of the urine passed during the night. There was about six ounces of it, only a test specimen of which had been kept. On the surface was a stratum of milky-white coagulum about half an inch thick. The rest of the specimens consisted of urine, turbid, like soapy water. The smell was that of new milk. The clear liquor, on being drawn off by a *pipette*, from under the semi-solid coagulum, showed a specific gravity of 1020; reaction acid; on boiling became more turbid, and on addition of nitric acid gave a heavy precipitate. The coagulum, when shaken

up with ether, dissolved entirely, with the exception of a slight film of mucus which seemed to have become entangled in the coagulum. On evaporating this ethereal solution, a yellowish, buttery-looking residue remained. Microscopically, the coagulum was seen to consist of innumerable excessively minute oil globules, and here and there a few large granular cells; no casts; no blood-cells. After a few hours the stratum on the surface became more firm, and the underlying liquor more clear; the smell now became that of sour milk, and microscopically multitudes of bacterium termo were to be seen. The evening temperature was 101.6°; next morning 100.2°, and up till the 16th it varied between 99° and this; on the 16th it became normal, and continued so till he was discharged on the 30th. There was never again the slightest trace of chyle in the urine; on the same day, the 6th, the urine next passed was quite clear, with specific gravity 1040, a layer of about one inch of mucus and urates; a cloud on boiling, which the addition of nitric acid showed to be phosphates, and, as long as he was under observation, no further trace of chyle. The urine gradually returned to its normal specific gravity and appearance, and the patient gradually lost that heavy look of semi-stupor, and made a good recovery, and was discharged cured on July 30th. Up to the time that he was, to all appearances, perfectly well, about the 20th, he complained of more or less tenderness over the left hypochondriac and lumbar regions, which seemed to be of a peritonitic character.

REMARKS.—This was an undoubted case of chyluria, the immediate result of an external violence, and occurring only in one micturition. The probable explanation seems to be the rupture of a lymphatic somewhere in the left kidney, emptying itself into the urine stream.

MANCHESTER ROYAL INFIRMARY.

ATROPINE POISONING BY ABSORPTION FROM THE CONJUNCTIVA.

[Reported by T. N. KELYNACK, M.B., House-Physician.]

S. L., aged 10, was brought to the accident room about 5 P.M. on January 27th. Her mother stated that during the afternoon she had "gone queer in her head." She was suffering from keratitis of the left eye, and since January 13th a drop of liquor atropinæ sulphatis had been applied thrice daily. A few days previously she had slight difficulty in swallowing, but about 1 P.M. on January 27th she became very thirsty. A little later she complained of giddiness, and cried out that her right eye was also becoming affected, and that she could not see to read. She also felt sick. About 2 P.M. she lay down, being flushed on each cheek. Her mother noticed that she was muttering to herself, staring wildly, and toying in an objectless way with anything she could lay her hands on.

On admission both pupils were widely dilated. Her gait was somewhat staggering, and she was very restless, constantly moving from place to place. There was very marked, active, busy delirium, with transitory spectral illusions. The pulse was exceedingly rapid, but respirations were not much accelerated. The skin was rather dry, but there was no distinct rash. The lips and mouth were not dry, and no complaint was made as to any difficulty in swallowing. On being put to bed she became very excited, talking incessantly, but incoherently. Optic hallucinations continued to be very marked, and she spoke of seeing cats and dogs. At times she was very rough, tearing her gown, and having to be forcibly kept in bed. There was no dysuria nor suppression of urine, but a trace of albumen was detected. No rash developed. There was no great thirst. Gradually she became quieter, and by about midnight talked and acted quite rationally. After passing a good night, she awoke apparently quite well.

Her mother is absolutely certain that none of the atropine solution ever got into the child's mouth or into the sound eye. She also says she only put one drop at a time into the affected eye, by means of a dropper. The bottle containing the atropine solution had recently been refilled, but when brought by the mother was still almost full, only a few drops evidently having been used.

RUSSIAN UNIVERSITIES.—The total number of students in the University of Moscow at the commencement of the present year was 3,471, of whom 1,265 belonged to the medical faculty. During 1889 the degree of Doctor was conferred on 8, and that of "medical practitioner" on 222 candidates. At Charkow there were, on January 1st, 1,000 students, of whom 553 belonged to the medical faculty. This number is less by 142 than that on the books at the corresponding date last year.

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 28th, at 3 P.M. Members intending to read papers are requested to communicate with the Secretary before February 14th.—ARTHUR JACKSON, *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*.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will take place on Thursday, March 13th, at Dover, Mr. A. Long in the chair. All communications to be sent to the Honorary Secretary, W. J. TYSON, 10, Langhorne Gardens, Folkestone.

BATH AND BRISTOL BRANCH.—The fourth ordinary meeting of the session will be held at the Museum and Library, Bristol, on Wednesday evening, February 28th, at half-past seven o'clock. W. Johnstone Fyfe, M.D., *President*. The following communications are expected: L. A. Weatherly, M.D.: A Short Explanation of the Lunacy Acts Amendment Bill as it affects General Practitioners. D. S. Davies, M.B.: The Infectious Disease (Notification) Act, 1889. J. M. Clarke, M.B.: Two Cases of Hepatic Disease. J. Greig Smith, C.M.: The Radical Cure of Hernia—Umbilical, Femoral, and Inguinal. A. E. Aust Lawrence, M.D.: Painful Micturition in Women. H. Waldo, M.D.: Ulcerative Endocarditis.—E. MARKHAM SKERRITT, R. J. H. SCOTT, *Honorary Secretaries*, Clifton.

STIRLING, KINROSS, AND CLACKMANNAN BRANCH.—The next meeting of this Branch will be held in the Crown Hotel, Alloa, on the afternoon of Thursday, March 6th, at 3.15 P.M. Members desirous of bringing any subject before the meeting will kindly give notice as early as possible to the Honorary Secretary.—C. J. LEWIS, M.D., *Honorary Secretary*.

PERTHSHIRE BRANCH.

AN ordinary meeting was held on Friday, February 7th, in the rooms of the Perthshire Society of Natural Science.

Distribution of Cancer.—Dr. F. R. WILSON (the President) read a paper on the local distribution of cancer, designed to show that the disease was most common in sheltered and low lying localities, traversed by fully formed rivers and having soil composed of the more recent geological formations. He also made it clear that can-

cer bore no relation to density of population. The paper was accompanied by illustrative diagrams embodying the result of Dr. Wilson's experience.

Separation of Funis.—Dr. FERGUSON related a case of separation of the funis from a child during parturition. The cord was found on delivery to be broken off short at the umbilicus, having been of normal length, but cartilaginous and brittle for a short distance from the navel. Immediate and profuse hæmorrhage resulted on the slightest attempt to set up artificial respiration.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.

A MEETING was held at St. Thomas's Hospital on February 12th, at 8.30 P.M. The chair was taken by Dr. ORD, *President* of the Branch.

Cases.—The following cases were shown:—Mr. ROBINSON: Cyst of Breast.—Dr. HAWKINS: Epithelioma of Neck following Lupus.—Mr. SPENCER: Partial Left Hemianæsthesia of Doubtful Origin in an Old Man.

Pseudo-Peritonitis and Epilepsy in Hysteria.—Dr. BRISTOWE read a paper on pseudo-peritonitis and epilepsy in hysteria, which is published on p. 401.—Dr. ORD, Dr. CULLINGWORTH, Dr. PERCY SMITH and Dr. HAWKINS took part in the subsequent discussion, and Dr. BRISTOWE briefly replied.

Vote of Thanks.—A vote of thanks to the Treasurer of the Hospital, for the use of the room, was carried unanimously.

BRITISH MEDICAL ASSOCIATION.

FIFTY-EIGHTH ANNUAL MEETING.

THE fifty-eighth Annual Meeting of the British Medical Association will be held at Birmingham on Tuesday, Wednesday, Thursday, and Friday, July 29th, 30th, 31st, and August 1st, 1890.

President: C. G. WHEELHOUSE, F.R.C.S., J.P., Consulting Surgeon, Leeds General Infirmary, Cliff Point, Filey.

President-elect: WILLOUGHBY FRANCIS WADE, B.A., M.B., F.R.C.P., J.P., Senior Physician, Birmingham General Hospital, 27, Temple Row, Birmingham.

President of the Council: THOMAS BRIDGWATER, M.B., LL.D., J.P., Harrow-on-the-Hill.

Treasurer: CONSTANTINE HOLMAN, M.D., J.P., Reigate.

An Address in Medicine will be delivered by Sir B. WALTER FOSTER, M.D., M.P., Physician, General Hospital, Birmingham.

An Address in Surgery will be delivered by LAWSON TAIT, F.R.C.S., Surgeon, Birmingham and Midland Hospital for Women, Birmingham.

An Address in Therapeutics will be delivered by WILLIAM HENRY BROADBENT, M.D., Physician, St. Mary's Hospital, London.

The scientific business of the meeting will be conducted in twelve Sections, as follows, namely:

A.—MEDICINE AND THERAPEUTICS.

President: Sir DYCE DUCKWORTH, M.D.

Vice-Presidents: E. RICKARDS, M.B.; D. DRUMMOND, M.D.

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PROGRAMME OF PROCEEDINGS.

TUESDAY, JULY 29TH, 1890.

9.30 A.M.—Meeting of 1889-90 Council.

11.30 A.M.—First General Meeting. Report of Council, Reports of Committees; and other business.

8.30 P.M.—Adjourned General Meeting from 11.30 A.M. President's Address.

WEDNESDAY, JULY 30TH, 1890.

9.30 A.M.—Meeting of 1890-91 Council.

10 A.M. to 2 P.M.—Sectional Meetings.

3 P.M.—Second General Meeting. Address in Medicine by Sir B. WALTER POSTER, M.D., M.F.

THURSDAY, JULY 31ST, 1890.

9.30 A.M.—Meeting of the Council.

10 A.M. to 2 P.M.—Sectional Meetings.

3 P.M.—Third General Meeting. Address in Surgery by LAWSON TAIT, F.R.C.S.

7 P.M.—Public Dinner of the Association.

FRIDAY, AUGUST 1ST, 1890.

10.30 A.M. to 1.30 P.M.—Sectional Meetings.

3 P.M.—Concluding General Meeting. Address in Therapeutics by W. H. BROADBENT, M.D.

SATURDAY, AUGUST 2ND, 1890.

Excursions.

IN response to an urgent request from the Hampshire County Council, the Board of Agriculture have extended the muzzling order to the county of Hampshire (except the Isle of Wight), and to the boroughs of Winchester, Portsmouth, and Southampton.

SPECIAL CORRESPONDENCE.

PARIS.

Tuberculous Laryngitis Transmitted.—Gold and Camphor Bromides in Epilepsy.—The Microbe of Influenza.—The Cholera Cry.—Medical Legislation.—General News.

PROFESSOR CADIER has observed advanced laryngeal lesions in cases in which auscultation revealed but very slight lesions in the lung. He remarked that in most instances this serious tuberculous laryngitis, of precocious form, was communicated by a tuberculous husband or wife. It first appears in the upper parts of the larynx, and remains long enough limited to this organ to allow of being checked by cauterisations and sprays. Immediately the affection is observed, the patient should occupy a separate bed. Cauterisation of the larynx with creasote vaseline ($\frac{2}{3}$ and $\frac{1}{3}$), and sprays with chloride of zinc, cocaine, morphine, or potassium bromide constitute the best method of treatment.

From his recent researches on bromide of gold, camphor bromide, and picrotoxin, and their effects in the treatment of epilepsy, M. Cornet concludes that the first substance, in doses of 3 centigrammes daily, has a beneficial action on certain patients, but is inferior to potassium bromide. It is eliminated by the urine. The bromide disappears rapidly from the organism. The gold remains a long time, and is found in the liver, and long after in the urine. Bromide of camphor modifies vertigo, and is eliminated in the urine. Picrotoxin in doses of $1\frac{1}{2}$ to 2 milligrammes modifies the epileptic attacks. Experimentally it provokes convulsive attacks of epileptic character. Its toxic properties are indicated by marked hyperæmia of the organs. It is found in the liver.

At a recent meeting of the Academy of Medicine, M. Laborde described a case of influenza which was followed by coryza and erysipelas; finally the patient had pneumonia, which proved fatal. In the lung which exhibited lesions the streptococcus of erysipelas was found. At the same meeting M. Proust stated that the vessel *Saint Germain* started from St. Nazaire, bound for Vera Cruz, stopping at Pauillac, then at Santander, where they took up a passenger from Madrid, where there was an epidemic of influenza; up to this moment every one on board was in perfect health. Four days after the Spaniard was taken on board influenza broke out, and among 436 passengers, 154 were attacked with influenza, but there were no fatal cases.

The epidemic of influenza has scarcely died out, and Dr. Jules Rochard, in an article in the *Temps*, on the water supply of Paris, sounds the note of alarm concerning cholera. He urges Parliament to pass as quickly as possible the Bill under discussion for bringing into Paris the Vigne and Verneuil spring water; whilst waiting for this supply, Dr. Rochard insists that Paris be temporarily supplied with pure water from another source, and thus prevent the annual visit of typhoid fever, which is a regular result of the use of Seine water, costing two hundred lives and a million of francs from loss of labour. At the present moment there is another enemy to be kept at bay, cholera. If it attacked Paris in the spring, the results would be less disastrous than if it appeared during the summer months, for the simple reason that the water supply is then pure, but later on in the summer, during the intensely hot weather the supply is insufficient, and Seine water is poured into Paris, carrying along its track death and disease. Dr. Rochard affirms that if cholera appeared simultaneously with Seine water supply, the death-rate would not increase by hundreds, as in the case of a typhoid fever epidemic, but by thousands; the supply of Seine water never exceeds twenty or thirty days, Dr. Rochard very sensibly suggests that spring water should by economy remain sufficient for the Paris population, and trusts that during the five months that will elapse before the summer heats set in, the problem how to economise the spring water supply will be solved; it is a question of life and death.

M. Thévenet, Minister of Justice, has issued a circular addressed to the *procureurs généraux* (public prosecutors), in which he refers to the Rodez incident, when two doctors refused to make the necropsy of a body found dead, knowing a fee of 6 francs would be tendered to them. M. Thévenet expresses his regret that certain doctors distinctly refused to obey a judicial authority, and requests the *procureurs généraux* to consult the medical societies and syndics of their districts concerning the tariff of fees to be adopted. The medical papers comment on this circular in somewhat angry terms, reminding the minister that the medical profession is independent of Government, and rather scold him for

the average, and was, as the Registrar-General remarks, the lowest ever chronicled for the same month, or any other month of all recorded years. In January, 1890, the weather was mild and equable, and the mean temperature was nearly equal to the highest during the decennium.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons, 6,103 births and 4,723 deaths were registered during the week ending Saturday, February 15th. The annual rate of mortality in these towns, which had been 22.8 and 23.0 per 1,000 in the two preceding weeks, further rose to 25.3 during the week under notice. The rates in the several towns ranged from 21.3 in London, 21.7 in Derby, 22.3 in Bradford, and 22.8 in Brighton to 33.1 in Wolverhampton, 33.8 in Bolton, 34.4 in Plymouth, and 38.6 in Manchester. In the twenty-seven provincial towns the mean death-rate was as high as 28.7 per 1,000, and exceeded by 7.4 the rate recorded in London, which was only 21.3 per 1,000. The 4,723 deaths registered during the week under notice included 189 which resulted from whooping-cough, 67 from diphtheria, 53 from scarlet fever, 49 from measles, 31 from "fever" (principally enteric), 30 from diarrhoea, and not one from small-pox; in all, 419 deaths resulted from these principal zymotic diseases, against 328 and 345 in the two preceding weeks. These 419 deaths were equal to an annual rate of 2.2 per 1,000; in London the zymotic death-rate was 2.5, while it averaged 2.1 per 1,000 in the twenty-seven provincial towns, and ranged from 0.0 in Norwich, 0.6 in Huddersfield, and 0.7 in Portsmouth, Oldham, and Bradford to 3.7 in Liverpool, 4.3 in Salford, and 6.3 in Bolton. Whooping-cough showed the highest proportional fatality in Brighton, Wolverhampton, Salford, London, Cardiff, Hull, Preston, Bristol, and Bolton; and measles in Liverpool. In none of the twenty-eight towns was scarlet fever or "fever" fatally prevalent. The 67 deaths from diphtheria recorded during the week under notice in the twenty-eight towns included 39 in London, 4 in Liverpool, 4 in Manchester, 4 in Salford, 3 in Preston, 2 in Bolton, 2 in Sheffield, and 2 in Hull. No fatal case of small-pox was registered during the week in any of the large towns; and 5 small-pox patients were under treatment in the Metropolitan Asylums Hospitals on Saturday, February 15th. These hospitals contained 1,222 scarlet fever patients on the same date, against numbers declining from 1,541 to 1,246 in the seven preceding weeks; 62 cases were admitted during the week, against 95 and 67 in the two previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 5.2 per 1,000, and was considerably below the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, February 15th, 772 births and 742 deaths were registered in the eight principal Scotch towns. The annual rate of mortality in these towns, which had declined from 29.0 to 25.0 per 1,000 in the five preceding weeks, rose again to 28.7 during the week under notice, and exceeded by 3.4 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Perth and Leith, and the highest in Glasgow and Paisley. The 742 deaths in these towns during the week under notice included 95 which were referred to the principal zymotic diseases, equal to an annual rate of 3.7 per 1,000, which exceeded by 1.5 the mean zymotic death-rate during the same period in the twenty-eight large English towns. Among these Scotch towns the highest zymotic death-rates were recorded in Leith and Edinburgh. The 331 deaths registered during the week under notice in Glasgow included 13 from whooping-cough, 12 from measles, 4 from "fever," and 2 from diphtheria. In Edinburgh, 18 fatal cases of measles, 9 of whooping-cough, and 4 of diphtheria were recorded, and 5 deaths from whooping-cough occurred in Dundee. The death-rate from diseases of the respiratory organs in these Scotch towns during the week under notice was equal to 7.6 per 1,000, against 5.2 in London.

HEALTH OF IRISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, February 15th, were equal to an annual rate of 41.2 per 1,000. The lowest rates were recorded in Lurgan and Waterford, and the highest in Galway and Kilkenny. The death-rate from the principal zymotic diseases averaged 4.4 per 1,000. The 256 deaths registered in Dublin during the week under notice were equal to an annual rate of 37.8 per 1,000 (against 43.5 and 33.4 in the two preceding weeks), the rate for the same period being only 21.3 in London and 23.3 in Edinburgh. These 256 deaths included 12 which resulted from the principal zymotic diseases (equal to an annual rate of 1.8 per 1,000), of which 5 were referred to measles, and 5 to different forms of "fever."

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, February 13th.

The Burgh Police and Public Health Bill.—The LORD ADVOCATE, in reply to Dr. CLARK, said the Bill consisted of 571 clauses, and involved a great amount of detail. If the Scotch members were practically unanimous in desiring that the Bill, which had already been very fully discussed, should pass through this House in the form in which it left the Select Committee of 1888, the Government would be most willing to effectuate this desire. But, unless upon a definite understanding to this effect, the Government could not undertake to find time for the Bill during this session, and it would not serve any good purpose to introduce it.

The Influenza Epidemic.—In reply to Mr. COBB, Mr. RITCHIE said an inquiry was now being conducted and evidence collected by officers of the Board's medical department as to the causes of the recent epidemic of influenza. The Board were not at present in a position to draw up an official statement, and they had no intention to give instructions for medical treatment.

Friday, February 14th.

Rabies in East Kent.—Mr. CHAPLIN, in reply to Mr. H. KNATCHBULL-HUGHESSEN, stated that there had been no case of rabies in East Kent, but there

had been thirty-nine outbreaks in Kent as a whole, and there had been cases so near the border of Kent that it seemed extremely inadvisable to withdraw the restriction at present.

The following Bills have been introduced and read a first time: Mr. W. Isaacson, Bill to Amend the Law relating to the Sanitation of Houses; Mr. Noble, Bill for the Registration of Architects; Mr. Macartney, Bill to give Further Facilities for providing Dispensary Houses, etc., in Ireland; Sir J. Lubbock, Bill to enable Local Authorities to establish a weekly Half-holiday for Shops, and Bill to make Better Provision for the Regulation of Theatres in London; Mr. Matthews, Infant Life Protection Bill; Mr. H. H. Fowler, A Bill to confer further powers on Urban Sanitary Authorities.

Monday, February 17th.

Vaccination Prosecutions.—Mr. MATTHEWS, in reply to Mr. BRADLAUGH, stated that as soon as the return of vaccination prosecution ordered last session was complete, it would be presented.

The Lunacy Laws.—In reply to Mr. SALT, Mr. W. H. SMITH stated that a Bill would shortly be introduced relating to the lunacy laws, and it would be one of simple consolidation only. No fresh legislation would be introduced. The Lunacy Acts Amendment Act of last session would come into force on April 1st, and it was hoped that the Consolidation Act, as a code for the guidance of those concerned in the administration of the law, might be passed before that date.

Tuesday, February 18th.

Sewerage Works for Harrow Weald.—Mr. RITCHIE, in reply to Mr. COBB, said he trusted that the scheme for the sewerage works at Harrow Weald would be settled at an early date. He had no information as to an outbreak of typhoid fever in the district.

Army and Navy Administration.—Admiral FIELD asked the First Lord of the Treasury whether the Royal Commission, presided over by the noble lord the member for the Rossendale Division, on Naval and Military Administration, had agreed upon and presented their report to Her Majesty; and whether Her Majesty's Government would advise that the same be laid upon the table, or such portions thereof as were not of a confidential character.—Mr. W. H. SMITH said preliminary reports from the Royal Commission in question had been submitted to Her Majesty. They had yet, however, to be considered by Her Majesty's Government, but he did not doubt that they would be presented to Parliament subject to the reservation made.

UNIVERSITY INTELLIGENCE.

CAMBRIDGE.

CAVENDISH COLLEGE.—An examination will be held on July 8th and following days, at which one scholarship of £50 and six of £30 will be offered for competition to candidates who have not commenced residence, and who will be under 18 years of age on October 1st. One or more of the following subjects may be offered for examination: classics, mathematics, natural science, modern languages. Particulars may be obtained from the Master.

DEGREES.—At the Congregation on Thursday, February 13th, the following degrees were conferred: M.B.—E. A. Wadson, B.C., St. John's; W. G. Gabriel Stokes, B.A., Pembroke; Leonard Remfry, M.A., Christ's. B.C.—W. G. Stokes and L. Remfry.

LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.—January, 1890. Pass list. Entire examination.

First Division.—Annie Mary S. Anderson, London School of Medicine for Women; J. Evans, University College, Liverpool; C. B. T. Musgrave, University College; C. E. Salter, Guy's Hospital; A. C. Stevenson, University College; T. M. Tibbetts, Queen's College, Birmingham; T. Warner, King's College; S. L. B. Wilks, Yorkshire College; J. Williamson, St. Bartholomew's Hospital; J. Green, Owens College.

Second Division.—W. Bligh, Guy's Hospital; G. G. Clarke, St. Mary's Hospital; S. G. Floyd, Guy's Hospital; G. P. Jerome, Queen's College, Birmingham; W. B. Jones, St. Bartholomew's Hospital; B. H. F. Leumann, St. Bartholomew's Hospital; H. D. Levick, St. Thomas's Hospital; J. Morrison, St. Bartholomew's Hospital; T. Oliver, King's College; J. H. Parsons, Bristol Medical School; A. W. Peake, Bristol Medical School; E. A. Perram, St. Bartholomew's Hospital; W. L. Pethybridge, B.Sc., St. Bartholomew's Hospital; T. M. J. Powell, St. Bartholomew's Hospital; H. B. Wilson, Bristol Medical School.

Excluding Physiology.

First Division.—H. T. Parker, St. Bartholomew's Hospital; J. P. Tildesley, Queen's College, Birmingham.

Second Division.—H. O'N. Fraser-Luckie, St. Bartholomew's Hospital; A. Paling, Middlesex Hospital; S. H. Rentzsch, King's College; C. M. Rogerson, Yorkshire College; A. E. Tebb, Guy's Hospital; A. Thorne, St. Mary's Hospital.

Physiology only.

First Division.—R. M. Smyth, St. Mary's Hospital; A. L. Whitehead, Yorkshire College.

Second Division.—E. B. Allan, University College; J. B. Byles, University College; H. Finley, University College; G. D. Parker, St. Bartholomew's Hospital; E. L. N. Pridmore, University College; J. H. Sproat, Queen's College, Birmingham; S. G. Toller, St. Thomas's Hospital; E. E. Ware, St. Thomas's Hospital.

EDINBURGH.

THE Edinburgh University Court, at its meeting on Monday, February 17th, resumed consideration of proposed amended regulations as to the recognition of teachers of medicine under Ordinance No. 8, Section vi (4), and in connection therewith and before it a relative minute of Senatus. The regulations on which the

Senatus did not suggest any further amendments were approved and adopted.

DUBLIN.

At the Spring commencements in Hilary Term, held, according to custom, on Shrove Tuesday, February 18th, 1890, in the Examination Hall of Trinity College, the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput in the presence of the Senate:

Baccalaureus in Medicinâ.—G. Hollies.

Baccalaurei in Medicinâ, in Chirurgiâ, et in Arte Obstetricâ.—D. N. B. Emerson, J. N. Eustace, F. T. Gage, T. P. Jones, A. Vigne, J. C. Worthington.

Doctores in Medicinâ.—A. Bell, G. Hollies, R. H. Johnston, J. C. Worthington.

INDIA AND THE COLONIES.

INDIA.

THE GANGES, A COMMON SEWER.—It is understood, says a *Times* correspondent that the Sanitary Commissioners of Bengal have made a representation to the Government on the dangerous consequences likely to follow the proposed action of the Benares Municipality in discharging the city sewage into the Ganges. It is to be hoped that the Government will interfere promptly in this matter, which is of more than local interest, as anything which tends to affect the sanitary conditions of Lower Bengal—the birthplace and home of cholera—increases the already existing danger to the health of Europe.

CIVIL AND MILITARY MEDICAL EMPLOY IN INDIA.—Further communications from India confirm our opinion, lately expressed, that the dual system of civil and military employ in the Indian Medical Service, promulgated in 1880-81, will require speedy reconsideration and revision. By creating divided interests the system has, unfortunately, produced not merely discord but disunion, as well in the executive as administrative grades, and a state of things which calls for a remedy. The question has been prominently brought forward through the late promotion to the surgeon-generalship in Bengal. When three distinguished officers in military employ are superseded by the fourth, who had the fortune to be in civil employ, what other inference can be drawn than that the latter training is in future to be considered essential for the highest medical appointment in India? This is the only explanation, as far as can be seen, for the selection in question. If such be the case, as we said before, we offer no objection, only let the ruling be officially and clearly announced. It may be that the post of surgeon-general to the Government of India can be best filled by an officer having experience of civil administration; but, if so, then he ought to be relieved from certain specific military duties for which the said civil training can be no preparation in any proper sense. Not only is he the head of the civil medical department, but he is the confidential adviser of the Government on the capacity and fitness for promotion of the medical officers who have spent all their service in military employ. The Indian medical officers in military employ are, indeed, placed in a very unpleasant if not unfair position, while in matters pertaining to military duty they are under the orders of the Surgeons-General and Deputy Surgeons-General (Medical Staff) of Her Majesty's forces, in all that relates to patronage and promotion they must look to the quasi-civil Surgeon-General to the Government of India. They are, as it were, between an upper and nether millstone, and experience the proverbial difficulty and impossibility of serving two masters. This ridiculous system of administration, already causing friction in peace, is a premium on failure in war; every medical officer in military employ feels he is handicapped. We see no other remedy than clear separation between civil and military employ; let each executive medical officer select one or the other, according to his tastes and talents; let the administration of the two branches be apart and distinct.

BURMAH.

HOSPITALS AND DISPENSARIES.—According to a resolution of the Chief Commissioner of Burmah on the last sanitary report of that province it appears that the Burmese exhibit much reluctance in availing themselves of the European medical remedies offered by the various Government dispensaries and hospitals.

They seldom enter a hospital, it is said, except as out-patients for some trifling ailment, or when brought there by the police for the treatment of wounds received in fights or at the hands of robbers and dacoits. It seems that they look on confinement in a hospital in the same way as imprisonment in a gaol; but the main cause, the Chief Commissioner thinks, is that all the medical officers in the country, until recently, were Europeans or natives of India, few of whom had even a superficial knowledge of Burmese. Lately, however, an endeavour has been made to train Burmese doctors by granting scholarships to natives of Burmah in the medical colleges of Madras and Calcutta. In consequence four Burmese hospital assistants and six assistant-surgeons are now employed, and it is hoped the number will increase yearly and gradually overcome the prejudices of their fellow countrymen. He thinks the task should not be difficult, as these spring from no caste rules or restrictions, but are mainly due to the conservatism of a semi-civilised race which is slow to abandon old habits and beliefs. The total number of in-patients during the year was 15,600, and of out-patients 213,057. In several places the number has largely declined, and the Chief Commissioner calls on the municipal committees to pay particular attention to this, and to the management of the local hospitals and dispensaries.

MEDICAL NEWS.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At the February stated examination for the Licences of the College, the following registered medical practitioners were successful:

For the Licence to Practise Medicine:—J. W. Gallagher, L.R.C.S.I.; W. P. Lee, L.R.C.S.I. & L.A.H.; W. G. Ternan, L.R.C.S.I.

For the Licence to Practise Midwifery:—W. G. Ternan, L.R.C.S.I.

The undermentioned candidate has been granted the diploma in State Medicine:

M. Cheale, L.R.C.P.Lond.

SIR SPENCER WELLS has been unanimously elected an honorary member of the Trinity Historical Society of Dallas, Texas.

THE Congress of Scientific Societies will meet at Paris on Tuesday, May 27th, under the presidency of M. Berthelot.

THE Pope has granted a dispensation this year from fasting and abstinence during Lent in the countries where influenza has prevailed.

ACCORDING to a statement recently made by the Minister of Education, Count Csáky, the Hungarian Government proposes to establish a Pasteur Institute at Buda-Pesth.

ACTING upon the report of its Public Health Committee, published last week, the Lancashire County Council, after some debate, have decided to appoint a medical officer of health for the administrative county at a salary commencing at £800 per annum.

THE scheme for incorporating a joint sewage board for the drainage of Staines, Chertsey, and the Thames Valley, for which Parliamentary sanction was to have been sought this session, has been abandoned, and the Bill authorising the scheme withdrawn for the present.

AFTER the retirement of Professor Ernst von Brücke from the chair of physiology in the University of Vienna, which will take place at the end of the present academic year, it is settled that two professors will in future be appointed, as the classes are too large to be adequately managed by one.

PHTHISIS IN BERLIN.—In view of the very large number of phthical cases admitted into the general hospitals every year, Professor Leyden has induced the medical societies of Berlin to combine together for the purpose of procuring the establishment of special hospitals for the reception of consumptive patients.

THE EPIDEMIC OF INFLUENZA.—There are rumours of an increase and spread of the epidemic of influenza in the Manchester district, which hitherto has been remarkably free from it. It seems to be very prevalent in the manufacturing villages and townships of North-east Lancashire. Influenza is said to be extremely prevalent in Berkshire, the cases both in town and coun-

try districts being numerous. As many as seventy of the inmates of the County Lunatic Asylum at Moulsoford are said to be attacked, as also some of the prisoners in Reading gaol.

The medical staff of the "Policlinico Generale," of Turin, has lately instituted the laudable custom of holding informal meetings once a month, to which practitioners and students are invited. At these meetings subjects of practical interest in the various branches of the healing art are discussed.

THE nineteenth Congress of the German Surgical Society will be held at Berlin on April 9th to 12th. Among the subjects down for discussion are "Ether and Chloroform Narcosis," which will be introduced by Dr. Kappeler, of Münsterlingen, and "The Treatment of Joint and Burrowing Abscesses with Injections of Iodoform," by Dr. Bruns, of Tübingen.

SALE OF A MEDICAL LIBRARY.—The library of the late Dr. Decaisne, for many years editor of the *Gazette Médicale de Paris*, will be sold on March 3rd and two following days by MM. Bailière et Fils, 19, Rue Hautefeuille, Paris. The collection is said to be particularly rich in books and pamphlets relating to the history of medicine, medical curiosities, and hygiene.

CREMATION IN GERMANY.—The Senate of the City of Hamburg has given permission for the erection of a crematory with a columbarium for the reception of the urns containing the ashes. The money required for the purpose, which amounts to 75,000 marks (£3,750) has been collected by the local cremation society, which has been in existence for several years.

THE CONGRESS OF INTERNAL MEDICINE.—The ninth Congress of Internal Medicine will be held at Vienna on April 15th to 18th. Professor Stricker will demonstrate his electric microscope; "The Treatment of Empyema" will be discussed by Drs. Schede, of Hamburg, and Immermann, of Bâle; and "The Treatment of Chronic Nephritis" by Professors von Ziemssen, of Munich, and Senator, of Berlin. Many other communications are promised.

THE Council of the British Medical Temperance Association has recently admitted 12 new members (abstaining medical men) and 14 new associates (abstaining students). A meeting to which visitors are invited is to be held on Tuesday, February 25th, at 4 P.M., at the Medical Society's rooms, Chandos Street, W., at which the report of a committee, consisting of Drs. Moir, Morton, and Pearce, will be presented, entitled "An Analysis and Comparison of the Consumption of Alcohol in Hospitals in 1863 and 1888."

NEW MEDICAL JOURNALS.—A new monthly periodical, entitled *Der Kinderarzt*, dealing with diseases of children, has recently appeared. It is published by Heuser, of Leipzig and Berlin, and is edited by Dr. Sonnenberger, "with the collaboration of eminent specialists." As the Russian journal, *Jeshenedelnaita Klinitscheskaja Gazeta*, founded and conducted by the late Professor Botkin, has ceased to appear since his death, his son, Dr. S. S. Botkin, and some of his pupils, have started a weekly journal, entitled *Boititschnaja Gazeta Botkina*. The new periodical, which will deal with all branches of practical medicine, will be under the editorship of Dr. N. P. Wassiljew.

FEES TO MEDICAL WITNESSES IN FRANCE.—A meeting of the General Association of Medical Practitioners in France was held on February 7th, under the presidency of M. Henri Roger, to consider the question of the reform of the present scale of fees to medical witnesses in France. It was decided that the Council of the Association should place itself in communication with local societies throughout France with the view of bringing collective pressure to bear on the Legislature so as to secure more liberal payment for medical witnesses, especially in the case of necropsies and other medico-legal examinations ordered by the judicial authorities.

DISINFECTION OF RAILWAY CARRIAGES IN ITALY.—The Italian Minister of the Interior has called the attention of the railway companies to the clauses in the new Sanitary Law relative to the disinfection of railway carriages which have been used by persons suffering from contagious diseases. The whole inside of the carriage is to be repeatedly brushed over with a 2 per mille solution of sublimate. Cattle trucks must in all cases be thoroughly washed with a solution of carbolic acid, or some equivalent disinfectant, and when animals suffering from contagious diseases have been conveyed in them corrosive sublimate must be employed.

Much resistance has been offered to the adoption of these measures by the railway companies, but they have now, more or less gracefully, given way.

THE Watch Committee of the Manchester Corporation have adopted a scheme which has been more than once suggested for the registration of dogs. It is proposed that the owners of dogs who wish to register them should supply the police with their address, a description of the dog, its name, etc. A number would then be given to each animal in the register, and a metal plate, bearing a similar number, would be given to the owner, to be affixed to the collar of the dog, so that, in the event of the animal being found at large, the police would at once be able to trace its ownership. The register, it is believed, would also have certain advantages in the recovery of lost dogs and the prevention of dog stealing. It is proposed to charge a fee of 2s. 6d. for animals registered.

HUNTERIAN SOCIETY.—The following officers were elected at the annual meeting: *President*: Stephen Mackenzie, M.D. *Vice-Presidents*: Mr. G. B. Hicks; Mr. Alfred H. Smee; Edward G. Gilbert, M.D.; F. Charlewood Turner, M.D. *Treasurer*: W. Rivington, M.S. *Trustees*: H. I. Fotherby, M.D.; Mr. F. M. Corner. *Librarian*: Arthur T. Davies, M.B. *Orator*: Fletcher Beach, M.B. *Secretaries*: Mr. John Poland; R. Hingston Fox, M.D. *Council*: Mr. S. H. Appleford; Mr. T. Lloyd Brown; Sir A. Clark, M.D., F.R.S.; Mr. J. S. E. Cotman; Mr. T. Rowing Fendick; W. Fowler, M.B.; Mr. G. H. Jackson; Mr. T. Mark Hovell; F. J. Smith, M.D.; Mr. G. J. B. Stevens; Mr. R. G. Tatham; Mr. Percy Warner. *Auditors*: J. H. Stowers, M.D.; Mr. Waren Tay; Mr. T. Rowing Fendick; Mr. J. S. E. Cotman.

SANITARY EXPERTS AND THE CHARGE OF OBSTRUCTING JUSTICE.—We have received from Messrs. Wade, Bilbrough, Booth and Co., solicitors for the appellant in the recent case heard at Bradford, a letter to the effect "that the best commentary on Dr. McLintock's description in the *JOURNAL* of February 1st was that the premises were not only specially built and approved by the Corporation for a private slaughter house—their surroundings being exactly the same then as now; that they had for thirty years been used as such, without during all that time provoking one single word of complaint, or even suggestion of alteration from the Corporation, the medical officer, the nuisance inspector, the meat inspector, or anyone else; that this was proved in court, and admitted by the Corporation, and that it was shown that in no respect were they inferior to, but in some respects better than, the public abattoirs."

CRUSADE AGAINST QUACKERY IN ITALY.—The Italian Government is taking vigorous steps for the suppression of illegal medical practice throughout the kingdom. The Minister of the Interior has sent a circular, dated January 14th, to all prefects, calling attention to a previous letter dated October 5th, 1887, instructing them to furnish at the beginning of every month a list of all the cases in their respective districts in which "the professions of medical and surgical practitioner, midwife, veterinary surgeon, pharmacist, and druggist's assistant, phlebotomist, and dentist," have been practised by persons not holding a regular diploma. The Minister insists on this regulation being strictly carried out, and further instructs the prefects to send information of all cases in which persons prosecuted for illegal practice have been acquitted, or have been let off with a lighter sentence than that prescribed by the law of December 22nd, 1883, in order that steps may be taken to have such faulty decisions quashed.

MEDICAL VACANCIES.

The following Vacancies are announced:

BALROTHERY UNION, MALAHIDE DISPENSARY.—Medical Officer. Salary, £145 16s. 8d. per annum, and fees. Applications to Mr. O'Neill, Honorary Secretary, Kinsealy House, St. Dolough's. Election on February 28th.

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.

BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN.—A Third Physician. Applications to be addressed to the President and the Committee not later than February 26th.

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.

CORK PROTESTANT FELLOWSHIP SOCIETY.—Physician. Applications to the Secretary, 104, Patrick Street, Cork, not later than February 24th.

COUNTY COUNCIL OF WORCESTERSHIRE.—Medical Officer of Health for the County of Worcester. Commencing salary, £600 per annum, with travelling expenses, with an increase of salary if district duties be added. Applications must be made not later than March 15th on forms to be obtained of W. Nicholas Marcy, Clerk of the County Council, County Hall, Worcester.

DURHAM UNION.—Medical Officer of Health to the Rural Sanitary Authority, Eastern District of the Union. Salary, £75 per annum. Applications to William Lisle, Clerk, not later than February 28th.

DURHAM UNION.—Medical Officer of Health to the Rural Sanitary Authority, Western District of the Union. Salary, £75 per annum. Applications to William Lisle, Clerk, not later than February 28th.

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.

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.

LEEDS GENERAL INFIRMARY.—House-Physician. From March 1st to October 31st. Board, lodging, and washing in the infirmary. Further information from, and applications to, Mr. W. H. Brown, Secretary to the Faculty, 19, Queen Street, Leeds, not later than February 22nd.

LIVERPOOL DISPENSARIES.—Assistant-Surgeon. Salary, £80 per annum, with board and apartments. Applications to R. R. Greene, Secretary, Leith Offices, Liverpool, by February 25th.

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.

LONDON COUNTY ASYLUM, Banstead Downs, near Sutton.—Dispenser. Non-resident; duly qualified. Salary, £100 per annum, with dinner daily at the Asylum. Preference given to candidates who can play the organ. Application to London Asylums Office, 17, Spring Gardens, S.W. (where the necessary forms of application can be obtained) not later than 9 A.M. on February 27th.

LONDON COUNTY ASYLUM, Banstead Downs, near Sutton.—Fourth Assistant Medical Officer and Pathologist. Salary, £100 per annum, rising £10 annually to £120, with board, furnished apartments, and washing. Must be single, doubly qualified, and not more than 30 years of age. Applications to London Asylums Office, 17, Spring Gardens, S.W. (where the necessary forms of application can be obtained) not later than 9 A.M. on February 27th.

LONDON COUNTY ASYLUM, Banstead Downs, near Sutton.—Senior Assistant Medical Officer. Salary, £250 per annum, rising £10 annually to £300, with board, furnished apartments, and washing. Must be single, and between 30 and 40 years of age; double qualification; must have had experience at similar institutions. Applications to be delivered at the London Asylums Office, 17, Spring Gardens, S.W. (where the necessary forms of application may be obtained) not later than 9 A.M. on February 27th.

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.

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.

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 HOSPITAL FOR DISEASES OF THE CHEST, City Road.—Resident Medical Officer. Re-election required at the end of six months. Salary, £100 per annum, furnished apartments, and board. Applications to the Secretary not later than February 24th.

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.

BARRET, Edward B., M.D., M.R.C.S., L.R.C.P., appointed Assistant-Physician to the Italian Hospital.

BROWNING, Frederick William, L.R.C.P., L.R.C.S. Edin., etc., appointed Assistant Physician to London Medical Mission, St. Giles, W.C., *vice* H. J. Bailey, M.B., C.M., resigned.

BRUCE, Robert Marston, M.R.C.S. Eng., L.S.A., appointed Medical Superintendent of the Western Fever Hospital of the Metropolitan Asylums Board, in succession to R. D. R. Sweeting, M.R.C.S., L.S.A.

CAMPBELL, A. W., appointed Junior Assistant Medical Officer to the Salop and Montgomeryshire Asylum, *vice* M. P. Ledward, M.R.C.S., L.S.A., resigned.

CLEARY, P. J., M.B., B.Ch., appointed Medical Officer of Health for the Kilmallock Dispensary District.

COLGATE, Henry, M.D. Lond., B.S., L.R.C.P., F.R.C.S., reappointed Medical Officer to the Eastbourne Memorial Hospital.

COLGATE, Robert, F.R.C.S., L.S.A., reappointed Consulting Medical Officer to the Eastbourne Memorial Hospital.

COPE, Dr., elected Medical Officer and Medical Officer of Health to the No. 3 South City Dispensary District of the South Dublin Union, *vice* C. F. Moore, M.D. Glas., F.R.C.S.I., resigned.

DEAKIN, James, F.R.C.S. Eng., elected Honorary Surgeon to the Hulme Dispensary, Manchester, *vice* J. J. K. Fairclough, M.D., resigned.

DRYLAND, John Winter, M.R.C.S. Eng., L.M., L.S.A., reappointed Medical Officer of Health to the Kettering Urban Sanitary Authority.

FALKNER, Edgar A., M.B. Dur., M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Great Northern Central Hospital.

FARNELL, Henry Dawson, F.R.C.S., L.S.A., reappointed Medical Officer to the Eastbourne Memorial Hospital.

GALLAGHER, Dr., appointed Coroner for North Mayo.

HOLLINGS, Charles Edward, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., reappointed Medical Officer of Health to the Calverley Local Board.

JOHNSON, Henry Sandford, L.K.Q.C.P., L.M. Ire., L.F.P.S. Glas., reappointed Medical Officer and Public Vaccinator to the Buckfastleigh and South Brent Districts of the Totnes Union.

JOY, Frederick William, L.R.C.P. Edin., L.M., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Borough of Thetford.

LARMUTH, Leopold, M.B., appointed Honorary Aural Surgeon to the Manchester Clinical Hospital for Women and Children.

LEACH, Alfred, M.B. Aberd., M.R.C.P. Edin., elected Assistant-Physician to the Italian Hospital, London, W.C.

LIGHT, E. Mellor, M.A., M.B. Cantab., etc., appointed Medical Officer and Pathologist to the General Infirmary, Leeds.

MCCAUSLAND, A., M.D., M.R.C.P., L.R.C.P., appointed Medical Officer of Health for the Swanage Urban Sanitary Authority, *vice* J. F. Somerville, L.F.P.S. Glas., etc., resigned.

MACGREGOR, D. A., M.B. Edin., C.M., reappointed Medical Officer of Health to the Skelmanthorpe Local Board.

MACLEAN, Ewen J., M.B., C.M. Edin., appointed House-Surgeon to the Bristol Hospital for Sick Children and Women, in succession to J. Lockhart Livingston, M.D.

ORR, Andrew Aylmer, B.A. Oxon, M.A., M.B. Oxon., M.R.C.S., appointed Anaesthetist to Chelsea Hospital for Women.

PRICE, Frederick Sterne, M.R.C.S., L.S.A., reappointed Medical Officer to No. 2 District of the Holborn Union.

SOUTHEY, Albert James, M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Slough Urban Sanitary District.

STAFFORD, Thomas Joseph, L.K.Q.C.P.I., L.R.C.S.I., appointed a Local Government Board Inspector, Ireland.

STOCKMAN, Dr., appointed to a vacancy on the medical staff of the Edinburgh New Town Dispensary.

SWEETING, Richard Deane Roker, M.R.C.S. Eng., L.S.A., late Medical Superintendent of the Western Fever Hospital of the Metropolitan Asylums Board, appointed an Inspector of the Local Government Board, *vice* Dr. Stevens, resigned.

TURNER, Philip Dymock, M.D. Lond., M.R.C.S. Eng., appointed Honorary Physician to the Westminster General Dispensary.

UNSELL, Henry, M.R.C.S., L.S.A., reappointed Medical Officer for the Staverton and Rattery District of the Totnes Union.

WALKER, James Shirran Abernethy, M.B., C.M. Aberd., appointed Assistant Medical Officer to the Salford Union Infirmary.

WOOD, Frederic C., L.S.A., appointed Resident Medical Officer to Nottingham Friendly Societies' Medical Institution, *vice* T. E. Rogers, resigned.

WRIGHT, Thomas Poynts, M.R.C.S., L.S.A., reappointed Medical Officer of Health to the St. Neots Urban Sanitary Authority.

DIARY FOR NEXT WEEK.

MONDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor W. Watson Cheyne: On the Etiology and Morbid Anatomy of Tubercular Diseases of Bones and Joints. Lecture I.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: On External Diseases of the Eye. Hospital for Sick Children, Great Ormond Street, W., 4 P.M.—Dr. Angel Money: On Rickets.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Evening. Mr. Davy: A Case of Double Talipes Equino-varus after Operation. Dr. Beever: A Case of Ossified Scalenus Medius. Mr. Allingham: A Case of Elephantiasis. Dr. Sidney Phillips: A Case of Erb's Paralysis. Dr. Beever: A Case of Erb's Paralysis. Dr. Seymour Taylor: A Case of Severe Valvular Disease of Heart. Dr. Stephen Mackenzie: Case of Lead Paralysis.

TUESDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. Arthur Ransome: The Milroy Lectures on the Etiology and Prevention of Phthisis. Lecture I.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Dr. Henry Charlton Bastian, M.A., F.R.S.: On the Symptomatology of Total Transverse Lesions of the Spinal Cord, with special reference to the Condition of the Various Reflexes.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor W. Watson Cheyne: On the Etiology and Morbid Anatomy of Tubercular Diseases of Bones and Joints. Lecture II.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. P. Kidd: On Tubercular Affections of the Throat. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Q. Silcock: On Ophthalmoscopic Cases.

HUNTERIAN SOCIETY, 8 P.M.—The President's Address. Dr. Hingston Fox: Notes and Cases Illustrative of Glycosuria.

HOSPITALS ASSOCIATION, Charing Cross Hospital, 8 P.M.—Mr. H. C. Burdett: The Financial Aspects of the Hospital Problem and how to Remedy some of the Existing Defects.

THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. Arthur Ransome: The Milroy Lectures on the Etiology and Prevention of Phthisis. Lecture II.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, 2 P.M.—Mr. R. Brudenell Carter: On Ocular Symptoms in Nervous Diseases. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Angel Money: On Rickets.

FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor W. Watson Cheyne: On the Etiology and Morbid Anatomy of Tubercular Diseases of Bones and Joints. Lecture III.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. P. Kidd: On Tubercular Affections of the Throat.

CLINICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Mr. Butlin: Two Cases of Glandular Tumour of the Tongue. Dr. Dickinson: Injection of Saline Fluid into the Veins in Diabetic Coma. Dr. Samuel West: Case of Cheyne-Stokes Breathing in the Course of Granular Kidney of Three Months' Duration. Dr. Pye-Smith: A Case of Acute Universal Dermatitis apparently due to the Administration of Chloralamide.

SATURDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. J. F. Payne: On Parasitic Diseases of the Skin other than Ringworm.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Annual Meeting. Council's Report; and the President, Sir Edward Sieveking, M.D., LL.D., will deliver his Address.

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.

MARRIAGES.

DICKINSON—OXLEY.—On February 13th, at Christ Church, Linnet Lane, Liverpool, by the Rev. T. W. M. Lund, M.A., assisted by the Rev. Robert Irving, M.A., Edward H. Dickinson, M.A. M.D., to Emma, widow of the late Martin G. B. Oxley, M.D., of Liverpool.

SHEARS—JEVONS.—On February 18th, at the ancient chapel of Toxteth Park, Liverpool, by the Rev. L. P. Jacks, M.A., Charles H. Shears, M.R.C.S., and L.R.C.P.Lond., of Liverpool and Birkenhead, to Susan, fifth daughter of Henry Jevons, J.P. of Liverpool.

WOOD—ROBERTS.—On January 28th, 1890, at St. Luke's, Redcliffe Square, South Kensington, by the Rev. Herbert Maitland, cousin of the bridegroom, assisted by the Rev. W. Fraser Handcock, Vicar, and the Rev. H. H. Bartrum, Percy Moore Wood, M.R.C.S., L.R.C.P.Lond., late Government Medical Officer at Port Darwin, South Australia, son of the late Charles William Wood, Q.C., to Janet Sophie, younger daughter of Richard Willett Roberts, of 34, Redcliffe Square, and Gray's Inn.

DEATHS.

BUSH.—On February 14th, at 6, Gloucester-terrace, Hyde Park, suddenly, Richard Hake Bush, M.D., last surviving son of Colonel Richard Yeats Brown Bush, Bengal Army, deeply lamented. No flowers.

STANISTREET.—On February 3rd, at his residence, 3, St. James's Terrace, Malahide, very suddenly, Richard Stanistreet, Esq., M.D., aged 60 years.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

