

turn cause irritation of the tissues, engorgement of the vessels, and the transudation of serum and leucocytes into the retina and optic papilla. This effusion probably increases the already impeded circulation through the retinal veins by pressure exercised upon them as they pass outwards through the discs. I may repeat that, whatever the direct cause of the changes observed in the optic papilla and retina, it had an intimate connection with the cause inducing the fever from which these patients suffered, for unless the fever could have been checked, the neuritis would have gone on to produce atrophy of the disc. In one of the cases above referred to, other nerves besides the optic and retina were implicated, probably through analogous changes to those which had been observed in the distribution of the second nerve.

The idea I have referred to regarding the pathology of malarial neuritis as it affects the optic nerve is strengthened by the observations of Dr. Kipp on "Malarial Keratitis," published in the *American Ophthalmological Society's Report for 1889*. Dr. Kipp has had 120 cases of this kind under his care, and he states that when the affected eye is carefully examined within a few hours of the commencement of the pain, photophobia, and circumcorneal congestion, that "not far from the margin of the cornea, a number of small greyish opaque elevations may be seen extending in a line towards the centre of the cornea. The following day the elevations give place to a narrow seriginous ulcer, which extends superficially from without inwards," thrusting out branches in its progress, and reminding one of the fungoid growth which erodes the surface of our microscope lenses in India.

Dr. Kipp states that the duration of these ulcers of the cornea depend on that of the malarial fever which is always present in cases of this kind. He remarks that "until the fever is cured, the affection of the cornea continues in spite of treatment." In fact, as in certain questionable syphilitic cases, we may be able to clear up the diagnosis by watching the effects of anti-syphilitic remedies on the disease, so in these malarial cases the beneficial action of quinine, arsenic, and strychnine are indicative of the nature of the affection from which the patient is suffering. In the optic nerve, and also in the distribution of the nerves of the cornea, it would appear that whatever the nature of malaria may be, it is something capable of fixing itself on these structures, and, by producing irritation in the part may lead to destructive inflammation of these delicate tissues.

## MEMORANDA:

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

#### ON RIGIDITY WITH EXAGGERATED TENDON REACTIONS, AND CEREBELLAR INFLUX.

In the report of remarks I made in the discussion following the reading of Dr. Charlton Bastian's paper at the Royal Medical and Chirurgical Society<sup>1</sup> occurs: "In cases of exaggeration of the knee-jerks and rigidity of the limbs it was not essential that there should remain a connection of the cerebellum with the cord below the lesion." This gives what I was obliged to admit<sup>2</sup> before the important researches of Dr. Bastian. Now I can, as I said in the discussion, withdraw that admission, and adhere to the hypothesis of "cerebellar influx" as I stated it.<sup>3</sup> Dr. Bastian's conclusions and mine as to the concern of the cerebellum with exaggeration of the knee-jerks and rigidity in cases of hemiplegia are, as he mentioned in his paper, fundamentally the same. He has advanced proofs where I only speculated. Mr. Bowlby's cases give strong support to Dr. Bastian's position. The counter-evidence adduced by Dr. Buzzard will receive respectful consideration. As the subject is one both of practical and scientific importance, and as Dr. Bastian's paper will not appear in the *Transactions of the Medical and Chirurgical Society* for many months, I refer those interested to his book, *Paralyses: Cerebral, Bulbar, and Spinal*, 2nd edition, pp. 216 *et seq.*

J. HUGHLINGS JACKSON, M.D.,  
Manchester Square. F.R.C.P., LL.D., F.R.S.

#### THE DYNAMOMETER AS AN INSTRUMENT OF DIAGNOSIS.

THE dynamometer is gradually making its way for its obvious purpose—namely, to measure accurately the strength of paralysed muscles of the upper extremities, and to determine the slightest difference in the muscular power of the two hands. Only flexile power is measured; the capacities and ranges of other movements are not even guessed at.

My object in this brief note is to remind those who use the dynamometer of its latent potentiality in making a diagnosis. At Bath, as at other spas where a number of rheumatic and gouty people crowd for relief, we have continually to bear in mind the discrimination of gout and rheumatism from their frequent counterfeit, osteoarthritis. Three specific types of hand are ever before us: 1, The gouty hand; 2, the rheumatic hand; 3, the osteoarthritic hand. The outward pathological anatomy of the three hands is often singularly alike. To state positively what that morbid anatomy is, merely from inspection and comparison, sometimes eludes the ripest judgment; and the collateral evidence of medical history is not always an infallible guide. For a hand, crippled by an original rheumatism or gout, may be gliding into another arthritic condition, more destructive and therefore more incurable.

Here the dynamometer steps in, and tells us with scientific promptness and decision that osteoarthritis is not merely the disablement of a mechanical apparatus, but a vital atrophy and paralysis as well. The struggling hand scarcely moves the pin on the dial; and I have seen a large masculine hand, not impotent to outward vision, unable to make the pin do more than a shuddering quiver. It is not pretended that this weakness proves the existence of osteoarthritis. Arthritis is assumed to be the postulate of the case; the question for our diagnosis being, What is the nature of that arthritis? Pure gout and rheumatism never produce this wasting and inertia in an early stage; but osteoarthritis often strikes its blow and works its havoc in a period which may be measured by weeks rather than by months.

The dynamometer is useful in showing improvement or further deterioration, and should be frequently employed during our treatment with the Bath thermal waters and their medicinal allies.

The instrument I use is made by Messrs. Krohne and Sesemann. Some explanation of the figures might be engraved on the dial.

Bath.

JOHN KENT SPENDER, M.D. Lond.

#### HEREDITY AS TO TRIPLETS.

THE following case is not without interest, showing how very hereditary triplets are in some families.

I was consulted by a Mrs. M. B., a Wiltshire woman, aged 44, who gave me this history of her family: Great-grandmother, maternal side, had nine children at three births, triplets each time. Grandmother had seven children, triplets once, twins twice. Her mother had twelve children, once triplets, twice twins, five single births. Her mother's sister had seven children, triplets once, four single births. Her mother and her aunt married two brothers. Her mother had two brothers who married; neither had children. Mrs. M. B. has had sixteen children, triplets twice, ten single births. She has seven girls living. Eldest daughter, aged 25, married, has four children, one triplet and one single birth. Second daughter married September, 1889; pregnant. She states she herself was one of a twin, and her mother also. Her family seems to be well known in the village whence she comes as the "triplet and twin family." Her maternal great-aunt, aged 90, single, is still living, who declares that her grandmother told her that her grandmother informed her triplets were in the family as far back as any record could be obtained.

I do not suppose this case possesses any exceptional interest, and doubtless there are many families where this heredity is still more marked.

W. C. GRIGG, M.D.

Curzon Street, Mayfair, W.

#### CEDEMA OF THE LARYNX A SEQUEL OF INFLUENZA.

H. W., a girl, aged 23, by occupation a barmaid, came to me on January 14th complaining of great hoarseness. A pale bladder-like projection of the right ary-epiglottic fold was seen with the laryngoscope, hiding the posterior third of that vocal cord, and occupying the interarytenoid region, so as to hide from view quite a third of the glottic aperture. The vocal cords underneath were

<sup>1</sup> JOURNAL, March 1st, 1890.

<sup>2</sup> Med. Times and Gazette, February 12th, 1881.

<sup>3</sup> Med. Examiner, April 5th, 1877, and March 29th, 1878.

quite normal in appearance and movement. The patient had during the previous week been laid up with "influenza," inquiry into the patient's story corroborating this statement. There was no sign of renal or chest trouble. The patient's attention had been first drawn to the throat the day previously by the onset of hoarseness. The oedematous swelling was freely scarified, and pinol inhalations ordered. Three days after the oedema of that side was less, but there was a blueish-red oedematous swelling of the left ary-epiglottic fold, corresponding in situation to the first swelling. This was much reduced by scarification; the inhalations were continued, and in a few days all signs of oedema in the larynx had disappeared and the voice was normal again, and the patient quite well.

I do not know whether laryngeal oedema has been noticed by anyone else as a sequel of "influenza," but it seemed to me worth while to record the circumstance.

R. NORRIS WOLFENDEN, M.D. Cantab.,  
Physician to the Throat Hospital, Golden Square.  
Upper Wimpole Street.

#### INCUBATION OF RÜTHELEN.

SEEMING that the incubation period of German measles is very uncertain, according to most authorities ranging from ten to twenty-one days, I venture to give my experience, having attended a number of cases of German measles during the last few months. In three of these cases I can state positively that the rash appeared on the fifteenth day after exposure to infection, there being only a single exposure in each of the three cases. The invasion stage in all the cases I have seen was very short—only a few hours—the patient going to bed apparently all right, to find next morning his face and neck covered with distinctive rash. The only visible symptom before appearance of rash was enlargement of lymphatic glands of neck, which appeared a couple of days previous to it. In only one of the cases did the temperature rise to 102°; in all the others it remained under 100°. The rash could be distinctly seen on mucous membrane of palate and fauces, causing a sensation of roughness and soreness in mouth and throat. The fever and rash had disappeared by the third day, leaving patient a good deal pulled down. A week in house completed the cure.

A. W. FLOOD, R.N., F.R.C.S.E.  
Budoran, co. Donegal.

#### THE ECBOLIC ACTION OF PENNYROYAL.

I HAVE long been under the impression that the action of mentha pulegium (pennyroyal) on the uterus is more powerful than is generally supposed. I believe that in certain parts of England preparations of pennyroyal are in considerable demand, and that a great number of women ascribe emmenagogue properties to it. I have been told by married women of considerable intelligence and powers of observation that they are absolutely certain that pennyroyal will bring on the catamenia when they have been suppressed. In the tenth edition of Taylor's *Manual of Medical Jurisprudence*, that eminent authority is very explicit in declaring that pennyroyal has no ecboic or emmenagogue properties. He states that it has no more effect on the uterus than peppermint or camphor water. Of course it is difficult for the ordinary practitioner to speak with authority on such points. In the same page as the passage quoted (page 508), Taylor cautions the average medical witness against dogmatizing with respect to the properties of drugs. That is exactly the difficulty.

I once attended a case of abortion where I am absolutely certain the symptoms of severe flooding and expulsion of the ovum were produced by the taking of pennyroyal. There could be no doubt about the "ecboic" properties of the drug in this case, the patient becoming collapsed. This result followed the taking of three drachms of the essence of pennyroyal.

"Pennyroyal," says Taylor, "is not described by any authority as an emmenagogue or ecboic, or as a substance having any abortive or noxious properties." There is, obviously, great difficulty in collecting evidence as regards the real action of such a drug. The chemists who sell it do so in the full belief of the eminent opinion quoted above; at the same time they know that the catarrh for which it is asked is not one of the respiratory system. The purchaser naturally keeps her secret to herself, and will not relate her experience to anyone. We have no official preparation of mentha pulegium. I am certain that the eminent opinion quoted above requires considerable qualification, and I think that the sale of pennyroyal indiscriminately by druggists should be forbidden.

J. G. MARSHALL, M.B. Cantab., etc.  
Dover.

## REPORTS

ON

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

#### LONDON HOSPITAL.

##### FOREIGN BODY IN THE BRAIN.

(Reported by Mr. JOHN WILKINS, House-Physician.)

THE following case was recently the subject of a coroner's inquest:—

W. R., aged 33, came to the hospital complaining of weakness and shortness of breath. It was found that there was oedema of the legs and albuminuria, and patient was admitted. On further examination he was discovered to have extensive phthisis of both apices. He gave a history of an old injury to the head, for which he was treated as an in-patient at St. Bartholomew's Hospital. He had not suffered from headache, vomiting, fits, or any other cerebral symptoms. Ophthalmoscopic examination showed that the fundus was normal in both eyes. There was slight alcoholic tremor of the hands.

At the *post-mortem* examination, on opening the skull, a portion of the blade of a penknife, about three-quarters of an inch in length, was found impacted in the left temporal bone, passing down into the fissure between the middle and inferior frontal convolutions, to which its plane was parallel. The dura mater was thickened around the site of puncture. There was no injury to cerebral tissue.

On examining the outer table the point of entry was found to be covered with scar tissue. There was an old, pale cicatrix on the scalp.

#### MACCLESFIELD INFIRMARY.

##### A CASE OF ABDOMINAL ANEURYSM.

(From notes by H. JOSLEN, M.R.C.S., L.R.C.P. Lond., Junior House-Surgeon.)

THE following notes of a case of abdominal aneurysm are of interest from the long period which elapsed between the bursting of the aneurysm and the death of the patient and the extreme condition of atheroma of the aorta found at the *post-mortem* examination.

J. H., aged 34, silk weaver, was admitted on November 9th, 1889, for heart disease and general debility. He gave no history of rheumatic fever, scarlet fever, nor syphilis. The symptoms of aneurysm had begun six years earlier, by pain in the back, but he did not give up his work until two years before admission, when he developed symptoms of heart disease. On admission he complained of shortness of breathing and pain in the left side of his chest and back about the tip of the last rib. On examining the heart a soft blowing murmur could be heard in the aortic area, and traced down the sternum. On examining the abdomen there was nothing abnormal beyond slight tenderness in the left iliac region, no marked pulsation, and no *bruit*. Femoral pulsation equal on the two sides, and synchronous. Pain in the left groin and knee. By rest in bed patient was relieved of his heart symptoms, and gradually gained strength, although the pain in the back remained the same until December 13th, when he had an attack of very acute pain in the abdomen, with symptoms of internal hæmorrhage, and a tender, pulsating, ill-defined swelling formed in the left lumbar region; no *bruit*. After this he had similar attacks about every six hours, the swelling increased, and the pulsation became more diffused. The symptoms of hæmorrhage became more marked, and on December 15th he was partially unconscious for four hours. On the 16th he had rallied considerably, and he now had partial loss of sensation over the area supplied by the internal saphenous nerve and some loss of power in the left lower extremity. From now until the time of his death, at 1 P.M. on January 8th, 1890, he gradually got weaker, the swelling gradually increased, and the pulsation became more diffused. Two days before his death the abdomen was much distended with flatus; he had hiccough, and vomited twice. The temperature throughout fluctuated between 99° and 101°.

*Post Mortem*.—On opening the abdomen the small intestines were found distended with gas, and matted together by recent

of his appointment as director of the new laboratories, and from Sir W. C. Gull, Bart., on behalf of his family, expressing their thanks to the College for the resolution referring to his late father.

Two communications from the Foreign Office were read, one relating to the resolution of the College respecting English practitioners in France, the second enclosing an extract from the *Journal des Débats*, repeating a speech of M. Fallières, Minister of Public Instruction and Fine Arts. Though not taken from the same source, this was in substance identical with the paragraph which appeared on p. 495 of the JOURNAL of March 1st.

A letter was received from the Secretary of the Royal College of Surgeons, and a report from the delegates of the two Colleges on the legal opinion relating to the action of the General Medical Council in the matter of diplomas in State medicine. The College adopted this after some discussion, and, whilst expressing their disapproval of the course taken by the General Medical Council, they accepted their regulations, considering that in themselves they were unobjectionable.

A report was received from the Committee on the Extension of the Examination Hall buildings, recommending the expenditure of a sum not exceeding £2,000 on electric lighting. This was adopted.

A report from the Laboratories Committee recommending a small outlay for fittings was also adopted.

The rest of the meeting was occupied with the consideration of a report from the University for London Committee, which in the end was accepted generally as the basis for a conference with the Royal College of Surgeons.

### INFANT LIFE PROTECTION.

THE following is the text of the Bill to Amend the Infant Life Protection Act, 1872; prepared and brought in by the Home Secretary and Mr. Stuart Wortley.

Whereas it is expedient to amend the Infant Life Protection Act, 1872 (hereinafter referred to as the principal Act).

Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

1. *Persons Receiving Infants for Hire to be Registered.*—1. It shall not be lawful for any person to retain or receive for hire or reward in that behalf any infant under the age of 5 years, for the purpose of nursing or maintaining the infant apart from its parent for a longer period than twenty-four hours, except in a house which has been registered as provided by the principal Act.

2. Section two of the principal Act is hereby repealed.

2. *Statements with Respect to Infants.*—1. Where an infant is received by a person registered under the principal Act, the person from whom the infant is received shall state truly the name, sex and age of the infant, and the place and time of its birth, and his own name and the place or places at which he has resided during the period of six months immediately preceding the statement.

2. Where an infant is removed from the care of a person registered under the principal Act, the person removing the infant shall state truly his own name and the place or places at which he has resided during the period of six months immediately preceding the statement.

3. If any person knowingly and wilfully makes, or causes or procures any other person to make, any false statement as to any matter with respect to which a statement is required by this section, he shall be guilty of an offence against the principal Act.

4. If a person registered under the principal Act receives an infant or allows an infant to be removed without obtaining the statement required by this section, he shall be liable to a penalty not exceeding £5.

3. *Period for which Registration is to be in Force.*—1. The registration of a house under the principal Act shall remain in force until December 31st, or such other day as the local authority may from time to time fix in that behalf, next after the registration is effected.

2. In section three of the principal Act the words "the registration shall remain in force for one year," shall be repealed.

4. *Delivery up of Register.*—If a person registered under the principal Act does not renew his registration, he shall within seven days after the registration has ceased to be in force, deliver up to the local authority the register which he is required to keep under the principal Act, and if he makes default in complying with the requirements of this section he shall be liable to a penalty not exceeding £5.

5. *Appointment and Powers of Local Officers.*—1. The local authority may appoint and remove officers for the enforcement of the principal Act and this Act.

2. Any officer so appointed may visit any house registered under the principal Act, or any house in which he has reason to believe that any infant under the age of 5 years is being kept for hire or reward, and may inspect the condition of the house and of any infant kept therein.

3. If any occupier of a house in which an infant under the age of 5 years is being kept for hire or reward, refuses to admit to the house any officer appointed in pursuance of this Act, or obstructs any such officer in the exercise of his powers under this Act, or refuses to give information, or wilfully gives false information to any such officer with respect to any infant detained in the house, he shall be guilty of an offence against the principal Act.

6. *Short Title and Construction.*—1. This Act may be cited as the Infant Life Protection Act, 1890, and the principal Act and this Act may be cited collectively as the Infant Life Protection Acts, 1872 and 1890.

2. This Act shall be construed as one with the principal Act.

7. *Commencement.*—This Act shall come into operation on October 1st, 1890.

## ASSOCIATION INTELLIGENCE.

### 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.*

NOTICES OF BRANCH MEETINGS intended for insertion in the JOURNAL of the current week should be forwarded, addressed to the Editor, so as to reach the office not later than mid-day Wednesday of that week.

### BRANCH MEETINGS TO BE HELD.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held at the Town Hall, Hackney, on Thursday, March 20th, at 8.30 P.M. Dr. F. de Havilland Hall will read a paper on the Causes and Treatment of Asthma. Visitors will be welcomed.—J. W. HUNT, Honorary Secretary.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting of this District will be held at the Queen's Hotel, Upper Norwood, on Thursday, March 13th, at 4 P.M. W. Soltan Eccles, Esq., of Upper Norwood, in the chair. Dinner 6 P.M.; charge 7s., exclusive of wine. The following papers have been promised:—Dr. Buzzard: On some Forms of Peripheral Neuritis. Mr. Lockwood: On the Treatment of Hernia. Dr. Duncan will open a discussion on Influenza. Members desirous of communicating papers or notes of cases please address, P. T. DUNCAN, M.D., Croydon, Honorary Secretary.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will be held at the Esplanade Hotel, Dover, on Thursday, March 13th, at 3 P.M. Mr. A. Long in the chair. A tea will take place at 5.15 P.M., at the above hotel. Agenda:—Mr. Ashby Osborn: A Case of Double Vagina and Uterus. Dr. Gogarty: Ascites in Childhood. Mr. R. Lyddon: A Successful Case of Laparotomy for Intestinal Obstruction. Dr. T. Eastes: A Case of Ovarian Cyst with Twisted Pedicle; Operation.—W. J. TYSON, 10, Langhorne Gardens, Folkestone, Honorary Secretary.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICT.—A conjoint meeting of the above Districts will be held at the Grand Hotel, Brighton, on Wednesday, March 26th. Mr. Cresswell Baber will preside. Members or others desirous of contributing papers or cases are requested to communicate with T. JENNER VERRALL, Honorary Secretary, 97, Montpellier Road, Brighton.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of the above District will be held at "The Hospital," Gravesend, on Thursday, March 20th, at 4 P.M. Dr. C. Firth in the chair. The dinner will take place at The Old Falcon Hotel, at 6.15 P.M. Charge, 6s. 6d. exclusive of wine. Gentlemen who intend to dine are particularly requested to signify their intention to the Chairman, Dr. C. Firth, 196, Parrock Street, Gravesend, not later than March 18th. All members of the South Eastern Branch are entitled to attend this meeting and to introduce professional friends. Communications.—Dr. V. D. Harris: The Treatment of Pleural Effusion. Mr. C. B. Keetley: The Treatment of Caries of the Spine and its Complications. Dr. C. Firth: A Case of Strangulated Obturator Hernia.—A. W. NANKIVELL, Honorary Secretary of the District, St. Bartholomew's Hospital, Chatham.

MIDLAND BRANCH: LEICESTERSHIRE DISTRICT.—A meeting of this district will be held at Loughborough, on Wednesday, April 16th. Members desirous of reading papers or showing cases or specimens, will please communicate with the Honorary Secretary, FRANK M. POPE, M.B., Leicester.

## YORKSHIRE BRANCH.

THE usual meeting of this Branch was held on Wednesday, February 26th, at the Hospital, Rotherham, the President, Mr. SNELL, in the chair.

*Communications.*—The following communications were made: Dr. DYSON: A Case of Myxœdema.—Dr. BURGESS: On a Fatal Case of Lead Poisoning from Drinking Water (microscopic specimens were shown).—Mr. ARTHUR JACKSON: Tuberculosis in Meat.

*Cases.*—The PRESIDENT exhibited and made brief remarks on the following cases: 1. Cases of Ectropion treated by Transplanting Non-pedicated Flaps; 2. A Case of Symblepharon, after Operation; 3. Congenital Orbital Cyst; Absence of Eyeball.

*Dinner.*—After the meeting the members dined together at the Ship Hotel, Rotherham.

## ABERDEEN, BANFF, AND KINCARDINE BRANCH.

AN ordinary meeting of this Branch was held at 198, Union Street, Aberdeen, on Wednesday, February 19th, at 8 o'clock p.m. Dr. JOHN URQUHART, Vice-President, in the chair.

*Minutes and Nomination.*—The minutes of last meeting having been read and approved, Dr. A. Rudolf Galloway, Aberdeen, was nominated for ballot at next meeting.

*New Members.*—Dr. James Reid, Buxburn, and Dr. A. W. Dalgarno, Stranraer, were balloted for and admitted ordinary members of the Branch.

## BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the session was held at the Museum and Library, Bristol, on Wednesday evening, February 26th; W. JOHNSTONE FYFFE, M.D., President, in the chair. There were also present 61 members and two visitors.

*New Members.*—The following gentlemen were elected: Surgeon-General R. Bowen, F.R.C.S., Banwell; O. J. Maclean, M.B., C.M. Edin., Bristol.

*Communications.*—1. Dr. L. A. WEATHERBY read a short explanation of the Lunacy Acts Amendment Act, as it affects general practitioners. Drs. MARSHALL, BONVILLE FOX, and SHAW made remarks on this subject. 2. Dr. D. S. DAVIES read a paper on the Infectious Diseases (Notification) Act, 1889. The following gentlemen joined in the discussion which followed: Mr. EWENS, Dr. SWAIN, Dr. ELLIOTT, Dr. BONVILLE FOX, the PRESIDENT, Dr. MARKHAM SKERBRITT, Dr. HARRISON, Dr. LOGAN, Mr. CARR, and Mr. BUSH. 3. Dr. J. M. CLARKE read a paper on Two Cases of Hepatic Disease, which was discussed by Drs. R. S. SMITH, GOODRIDGE, and HARRISON, and the PRESIDENT.

## SPECIAL CORRESPONDENCE.

## PARIS.

*Electricity in the Treatment of Tumours of the Uterus.*—A New Cardiac Disease.—A New Dressing.—Eberth's Typhoid Bacillus.—Sulphonol.—Panbotano.—General News.

M. LUCAS-CHAMPIONNIÈRE employs a particular method for the electric treatment of fibrous tumours of the uterus. He condemns Apostoli's method. His own method consists of inverting the currents, and placing the platina electrode, covered with india-rubber, in contact with the cervix of the uterus. This operation is simple, painless, and efficacious. Hæmorrhage and pain are diminished or disappear. The tumour is reduced in volume. M. Lucas-Championnière employs 80 to 120 milliampères. The inversion of the currents is much more essential than their intensity. Certain cases present a curious resistance to the electric treatment. The first few operations show whether it will be successful or not. M. Lucas-Championnière considers his method is most useful in the case of women who approach the menopause, when surgical operations offer certain dangers.

M. Renault, in a paper sent to the Academy of Medicine, describes a new form of cardiac lesion which he terms "myocardite segmentaire essentielle." It is a special form of lesion of the muscular cardiac tissue most frequently met with among old people, especially those who are prematurely senile, likewise among drunkards. The fibres become separated owing to degeneration of the connective tissue which unites the bundles; the

substance of the muscular fibre is also attacked. The heart is not hypertrophied, nor is there fatty degeneration or arterial sclerosis, the myocardium is of grey colour. The necropsy shows that the left ventricle is flattened. The sphygmographic tracings are not those of other known cardiac affections; the symptoms are oedema of the ankles, stasis, and pulmonary congestions, which should be treated by digitalis and ergot of rye.

M. Roux proposes to abolish the ordinary method of dressings, which he regards as useless and troublesome, and to substitute a modified form of dressings. He has employed two methods with very good results, the *pansement suturé* and the *suture pansement*, both dressings being made with gauze saturated with sublimate, and again steeped in sublimate at 1 per 1,000. The *pansement suturé*, which is applied exclusively to wounds which are not drained, consists of a band of iodoform gauze covering the suture line, and one or more bands saturated with corrosive sublimate or compresses. The last of these is fixed to the skin by a stitch at each corner. These dressings, which are easily applied, allow the regions surrounding the wound to be watched. If necessary they are wetted again with the solution at 1 per 1,000 after a day or two. The *pansement suturé*, employed for wounds which close by the first intention only, consists of a double band of iodoform gauze, from 2 to 2½ centimètres wide, which is placed on the exterior edge of each lip of the wound, and enclosed in the cutaneous suture. The operator begins with a knotted stitch, and unites the basis of the adjusted fragments by passing the needle through a small india-rubber tube between each stitch. When he has reached the end of the wound he returns backwards, adjusting the edges of skin in making them overlap. The thread is tied with the tail which remained free at the starting point. In order to remove this dressing the band is raised by one of the corners, and all the threads which are discovered on one side of the cicatrix are easily cut. In removing the other half the portions of threads which are inserted in the flesh are carried away. M. Roux considers that these dressings may be substituted with advantage for the ordinary method employed. But, as he allows that they can only be efficient when applied in localities and by persons absolutely free from microbes, it cannot be expected that they will entirely replace Lister's dressings in the present day.

At the Biological Society M. Chauveau presented a note by MM. Rodet and Gabriel Roux on the identification of Eberth's typhoid bacillus with the bacillus coli communis. Their examination of different specimens of water which had caused epidemics always resulted in the discovery of quantities of the bacillus coli. They cultivated Eberth's bacillus in the blood and spleen only of a typhoid patient. The faecal matters only presented the bacillus coli communis. The authors are inclined to believe that this microbe may be modified in the blood and become Eberth's bacillus. The former may be made to present the characteristics of Eberth's bacillus by cultivations in broth or on plates.

Dr. Marandon, of Montyel, has observed the following morbid symptoms consecutive to a treatment with sulphonol; paresis, ataxia, dulled intelligence, loss of appetite, nausea, frequent vomiting. He employed this substance in eighty cases of mental alienation; the above symptoms occurred in fourteen instances.

At the Académie de Médecine M. Dujardin-Beaumetz made a report on M. Valude's paper on panbotano, a new specific remedy for intermittent fever. The tree which produces this substance belongs to the vegetable kingdom, and might be cultivated in certain European countries. Dr. Villejean, who analysed panbotano, found in it a particular kind of tannic substance, but was unable to extract any alkaloid. M. Valude has employed decoctions of the bark of panbotano in fifteen cases, in doses of 35 gr. per quart for children, and 70 gr. for adults. In many cases the treatment was successful, but M. Valude has omitted to describe the physiological action of panbotano.

M. Galippe has isolated a microbe from the stalk of the cauliflower, which he terms the micrococcus rosaceus Duclauxi. This organism is pink, white, or dichroic, according to the mediums in which it grows.

A curious specimen of deformed humanity has been brought to the notice of the Bordeaux Faculty. The subject is a young woman, aged 21. A parasitical being, weighing about 20 lbs., is closely attached to the lower region of her abdomen. The creature's right leg is parallel to the direction of the woman's body; the left leg is directed forwards and bent upwards, so that the foot reaches to her waist. The parasite, whose temperature is lower than that of the woman, is incapable of voluntary action. The young woman

During the week ending Saturday, March 1st, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 35.0 per 1,000. The lowest rates were recorded in Kilkenny and Sligo, and the highest in Waterford and Dundalk. The death-rate from the principal zymotic diseases averaged 4.6 per 1,000. The 208 deaths in Dublin during the week under notice were equal to an annual rate of 30.7 per 1,000 (against 37.8 and 35.3 in the two preceding weeks), the rate for the same period being 21.3 in London and 26.9 in Edinburgh. These 208 deaths included 21 which resulted from the principal zymotic diseases (equal to an annual rate of 3.1 per 1,000), of which 9 were referred to different forms of "fever," 8 to whooping-cough, and 3 to measles.

Dr. BROWN (Bacup).—The following are the statistics required for England and Wales for 1889, per 1,000: Birth-rate, 30.5; death-rate, 17.9; zymotic death-rate, 2.10; small-pox death-rate, 0.001; scarlet fever death-rate, 0.23; measles death-rate, 0.49; whooping-cough death-rate, 0.40; diphtheria death-rate, 0.19; typhoid, typhus, and simple fever death-rate, 0.18; diarrhoea death-rate, 0.61. Bronchitis, pneumonia, pleurisy, and rheumatic fever death-rate not known until publication of Registrar-General's 52nd annual report, about December next. Infantile mortality death-rate per cent. of births, 14.4.

## UNIVERSITY INTELLIGENCE.

### CAMBRIDGE.

DEGREES.—At the Congregation on Thursday, February 27th, the following degrees were conferred:

M.B. and B.C.—J. H. Dewhurst, B.A., Trinity (thesis, Pernicious Anæmia); A. E. Ronald, B.A., Trinity (thesis, Influenza); H. A. Francis, B.A., St. John's (thesis, Exophthalmic Goitre); G. H. S. Daniell, B.A., Caius (thesis, Recovery from Meningitis); W. W. Stabb, B.A., Caius (thesis, Association of Cardiac Affections with Gastric Ulcer); J. A. Wait, B.A., St. John's (thesis, Treatment of Diphtheria). J. B. Hurry, M.A., M.D., St. John's, was admitted to the degree of B.C.

UNIVERSITY OF TORONTO.—The Syndics of the University Press have made a grant of books to the library of the University of Toronto, lately destroyed by fire.

PHILOSOPHICAL SOCIETY.—At the meeting of the Cambridge Philosophical Society on March 10th papers will be read by Dr. Lea and Mr. Dickinson on the Action of Rennin and Fibrin Ferment, and by Mr. Bateson on Skulls of Egyptian Mummified Cats.

## INDIA AND THE COLONIES.

### HONG KONG.

At a meeting of the Medical Society of Hong Kong on November 9th, a memorandum for the information of the Colonial Secretary was adopted, on the motion of Mr. Cantlie, with reference to the suspension of the Contagious Diseases Act. The memorandum stated that "the increase of venereal disease since the abolition of the Contagious Diseases Act can only be expressed as enormous;" and added that the medical practitioners in Hong Kong would "welcome the renewal of the Contagious Diseases Act in the most rigorous form." The memorandum also discussed the special circumstances of the mixed population of Hong Kong, which specially favoured the spread of venereal diseases.

## MEDICAL NEWS.

THE German Government has under consideration a proposed new law regulating the sale of poisons in the Empire.

THE epidemic of influenza has been severely felt in Caithness. As many as thirty deaths from the disease are reported to have occurred in Wick alone.

THE Lord Mayor will preside at a dinner in aid of the funds of the Association for the Oral Instruction of the Deaf and Dumb on Monday, May 12th, at the Hôtel Métropole.

At the anniversary meeting of the Institute of Chemistry of Great Britain and Ireland, held at Burlington House, on March 1st, Dr. James Bell, C.B., F.R.S., was re-elected President.

THE Council of the Sanitary Institute have accepted the invitation from the Town Council of Brighton to hold its autumn Congress and Health Exhibition in that town in September next.

It is stated that Mr. Byron Reed intends to introduce a Bill into the House of Commons for the purpose of placing the administration of the Factory Department on a different basis.

BARON FERDINAND DE ROTHSCHILD, M.P., is announced to preside at the anniversary festival of the City Orthopædic Hospitals on June 11th, in aid of the building fund of the hospital.

A NEW neurological journal, entitled *Revista de Neurologia e Psychiatria*, has appeared at Lisbon, under the editorship of Dr. Belencourt Rodriguez, a well known Portuguese alienist.

PROFESSOR W. KIRCHNER has succeeded the late Professor von Tröltzsch as head of the clinic of diseases of the ear in the University of Würzburg.

A FEMALE Medical Society has recently been established at New York, under the title of "Alumnæ Association of the Women's Medical College of New York."

A LADY PRESIDENT OF A MEDICAL SOCIETY.—At a recent annual meeting of the Montgomery County (Pa.) Medical Society Dr. Alice Bennett was unanimously elected President.

THE prize of 2,000 francs (£80), offered to international competition by the Milan Institute of Sciences, for the best original work on hypnotism, has been awarded to Drs. de Granchamps and Regnier, of Paris, for an essay written in French.

THE Emperor of Austria has conferred the Order of the Iron Crown on Dr. L. Rydygier, Professor of Surgery at Cracow, on the occasion of the completion of a new surgical clinic in that University.

THE annual dinner of the Earlswood Asylum for Idiots and Imbeciles, Redhill, will be held on Wednesday, March 12th, at the Hôtel Métropole, presided over by Mr. Alfred L. Cohen, supported by the Lord Mayor and Sheriffs.

A COMPLIMENTARY dinner to Surgeon-Major J. W. Taylor, on his promotion to the position of Brigade-Surgeon of the East York Brigade, was given on February 17th by his brother officers at the Royal Hotel, Scarborough. Colonel Sir W. C. Worsley presided.

MISSIONARY STUDENTS.—At the annual meeting of the Great Northern Central Hospital it was stated that the application from the Church Missionary Society that certain missionary students might attend the practice of the hospital to gain some knowledge of medicine and surgery had been acceded to.

AN epidemic, which appears to be similar to or identical with influenza, is said to have appeared in Bombay, and is spreading rapidly. Large numbers of children are unable to attend school, and work at some of the mills is almost stopped from the illness of the *employés*.

DR. ARNOLD CLOETTA, Emeritus Professor of Materia Medica in the University of Zurich, died on February 11th at the age of 61. He held the chair from 1870 to 1880. In 1881 he published a textbook of Materia Medica and the Art of Prescribing, which is very highly thought of in Germany.

It is stated that the German Reichstag will before long have before it what may be called a coercion bill dealing with the drink question. Habitual drunkards will be subjected to pains and penalties ranging from simple fine to suspension of civil and political rights.

THE Brussels Academy of Medicine has passed a resolution in favour of establishing a special institution in Belgium for the treatment of epileptics. They recommend that the institution should take the form of an "open colony," on the lines of the establishment at Tain, in France, where 237 patients, divided into four classes, live in families under medical supervision.

THE French Minister of Public Instruction has, at the request of the Society for Preventing the Abuse of Tobacco, added the following subject of discussion to the programme of the Congress of Scientific Societies which is to meet at Paris on May 27th:—"The Influence on Hygiene and Morality of the Narcotics which are in common use throughout the populations of the globe."

DANGERS OF BORAX AS A PRESERVATIVE.—The German Government has forbidden contractors to supply the navy with preserved articles of food containing boric acid. This order is the result of the trial of a new preservative composed of equal parts of borax and salt, which has been sold as harmless. It was found that persons partaking of meat preserved with this agent experienced gastric derangements.



**AN INTERNATIONAL TEMPERANCE CONGRESS.**—The third International Congress on the Abuse of Spirituous Liquors and its Prevention is fixed to take place at Christiania from September 3rd to 5th, under the presidency of Professor Forel, of Zürich. Full particulars can be obtained from Dr. G. E. Benzen, of Christiania, the general secretary of the Congress.

**THE following gentlemen have been appointed by the Post Office to the five new medical districts of Birmingham:** Head Office District (Five Ways), Thomas Nelson, M.D.; Aston Manor District, Hugh William Thomas; S.E. District (Camp Hill), George Hyde Melson, M.B.; N.W. District (Great Hampton Street), Henry Samuel Cook; Smethwick District, Messrs. Jackson and Jackson.

**WE are requested to state that the College of Physicians, Philadelphia, will award the Alvarenga prize, consisting of one year's income of the bequest, to the author of the best memorial or unpublished work on any branch of medicine, the College reserving to itself the right to reject all essays not considered worthy of the prize, and that they will be received by the Secretary until June 1st 1890.**

**REQUESTS AND DONATION.**—The sum of £200 has been bequeathed by the late Mr. H. Highway, J.P., to the Walsall Cottage Hospital.—The late Mr. John Fleming, solicitor, of Newcastle-on-Tyne, has bequeathed the following, among other large sums, to various local charities: £25,000 to the Fleming Memorial Hospital (which he founded); £10,000 to the Newcastle Infirmary; £1,500 each to the Newcastle Dispensary, Deaf and Dumb Institution, and the Victoria Asylum for the Blind; and £2,500 to the Prudhoe Convalescent Home at Whitley.—The Hon. A. E. Tollemache has sent a donation of £50 to the St. John's Hospital for Diseases of the Skin, Leicester Square.

**THE LATE PROFESSOR LITZMANN.**—Dr. Karl Theodor Litzmann, some time Professor of Midwifery and Gynecology in the University of Kiel, died at Berlin on February 24th. He was born in 1815, qualified as a teacher at Halle in 1840, and was appointed Professor at Greifswald in 1845. He was called to Kiel in 1849, and resigned his chair in 1885. He wrote a good deal on purely obstetrical subjects, especially on malformations of the pelvis. He took a great interest in the education of midwives, and at the request of the Minister of Public Instruction drew up a textbook for their use, which is known as the Prussian *Lehrbuch für Hebammen*.

**UNIVERSITY COLLEGE, LONDON.**—At the annual general meeting of University College, Mr. Erichsen, LL.D., F.R.S., was re-elected President, Sir U. J. Kay-Shuttleworth M.P., Vice-President, and Sir R. N. Fowler, M.P., Treasurer; and Dr. C. Graham and Professor C. Heath were added to the Council. The following were elected Fellows of the College: J. R. Bradford, D.Sc., MD.; H. P. Dean, M.B., B.S.; H. M. Fernando, B.Sc., M.D.; J. Rose Innes, B.A., B.Sc.; R. F. Scott, M.A.; and W. E. Sumpner, D.Sc. The following were admitted life governors of the College: Sir F. A. Abel, C.B., D.Sc., D.C.L., F.R.S.; Mr. A. H. Acland, M.A., M.P.; Mr. Henry Craik, C.B., M.A., LL.D.; Professor T. W. Rhys Davids, LL.D., Ph.D.; Mr. R. B. Haldane, M.A., Q.C., M.P.; Mr. Ludwig Mond, Professor Karl Pearson, M.A., LL.B.; Sir Lyon Playfair, K.C.B., LL.D., F.R.S.; Rev. W. Gunion Rutherford, M.A., LL.D.; and Professor J. Stewart, M.A., LL.D., M.P. The following were elected auditors: Mr. E. Waterhouse, B.A.; and Mr. A. W. K. Miller, M.A.

**NOSTRUMS FOR INEBRIETY.**—The nineteenth annual meeting of the American Society for the Study and Cure of Inebriety was signalled by a dinner in honour of its first secretary, Dr. Joseph Parrish, who has for some years past been the President. In the congratulatory addresses of Drs. T. D. Crothers, Day, Mason, and others, special reference was made to the first International Congress on the subject in London in 1887. A report by a special committee gives some curious facts as to the composition of nostrums vaunted as effectual in preventing and curing inebriety. An analysis was made of fifty different proprietary specifics, and each of these was found to contain alcohol, varying in proportion from 6 to 47.5 per cent. Several of these preparations are advertised as "not an alcoholic beverage." In nineteen so-called "opium cures" morphine was detected. So far from curing inebriety, the President of a State Chemical Society testifies that he knows of men becoming drunkards through resorting to some of these widely advertised bitters for ordinary ailments. It ought

to be made public that when inebriates think they can find useful medicinal remedies without either alcohol or opium in such compounds, they are more likely than not to be deceived. The committee denounced these "cures" in very uncompromising language.

### MEDICAL VACANCIES.

The following Vacancies are announced:

**ADDENBROOKE'S HOSPITAL, CAMBRIDGE.**—Resident House-Surgeon. Salary, £85 per annum, with board, lodging, and washing in the hospital. Applications to the Secretary not later than March 13th.

**ALNWICK INFIRMARY.**—House-Surgeon (unmarried). Salary, £120 per annum, with furnished apartments, attendance, coals, and gas, but without board. Applications up to March 22nd to the Honorary Secretary.

**ATHLONE UNION, Brideswell Dispensary District.**—Medical Officer. Salary, £140 per annum, and fees. Election on March 13th.

**BIRMINGHAM CITY ASYLUM.**—Clinical Assistant. Board, lodging and washing, no salary. Applications to E. B. Whitcombe, Medical Superintendent.

**COUNTY COUNCIL OF LANCASTER.**—Medical Officer of Health for the County Palatine of Lancaster. Salary, £800 per annum, with travelling expenses. Applications to the Clerk, Fred. C. Hulton, County Offices, Preston, before March 22nd.

**COUNTY COUNCIL OF WORCESTERSHIRE.**—Medical Officer of Health for the County of Worcester. Commencing salary, £800 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.

**DURNESS, Sutherlandshire.**—Medical Officer. Salary, £150 (with practice, population 1,000) and free house. Applications to the Inspector of Poor up to April 2nd.

**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.

**GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTER-SHIRE EYE INSTITUTION.**—Assistant Physician. Applications to the Secretary by April 9th.

**H.M. PRISON SERVICE.**—Dispenser, must hold diploma of the Pharmaceutical Society, age 20 to 40. Salary, £33, rising to £103 per annum. Applications to the Governor of H.M. Prison, Wandsworth.

**KING'S COLLEGE, London.**—Professor of Physiology. Applications to the Secretary.

**KENSINGTON DISPENSARY.**—Honorary Medical Officer. Applications to the Honorary Secretary, F. Leach, Esq., 7, Stanford Road, Kensington Court, by March 28th.

**LIVERPOOL HOSPITAL FOR CANCER AND SKIN DISEASES.**—Honorary Assistant Surgeon. Applications to the Secretary, up to March 13th.

**LONDON HOSPITAL MEDICAL COLLEGE, Turner Street, Mile End, E.**—Two Assistant Demonstrators of Anatomy. Salary of each, £90 per annum. Applications to the Warden not later than March 11th.

**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 MUTHILL, Perthshire.**—Medical Officer. Salary not less than £40 per annum (with practice, population 2,300). Applications to H. Curr, Pitkellony House, Muthill, not later than March 15th.

**PAROCHIAL BOARD OF FETTERCAIRY.**—Medical Officer. Salary, £18 per annum, including medicines. Applications to the Clerk by March 22nd.

**ROYAL FREE HOSPITAL, Gray's Inn Road.**—Junior Resident Medical Officer. Appointment for six months. Board and residence in the hospital. Applications to the Secretary, Conrad W. Thies, by March 19th.

**SOUTHPORT INFIRMARY AND LOCAL DISPENSARY.**—House-Surgeon, double qualification. Salary, £100 per annum, with board, furnished rooms and attendance. Applications to John Geo. Ripley, Exchange Buildings, Southport, by March 10th.

**SOUTH SHIELDS UNION.**—District Medical Officer for the newly-formed Hebburn District of the Union. Age, 25 to 40. Salary, £20 per annum. Applications to the Clerk to the Guardians by March 12th.

**UNIVERSITY OF LONDON.**—One Examiner in Surgery. Salary, £150 per annum. Applications to the Registrar, Arthur Milman, M.A., by March 25th.

**UNIVERSITY OF LONDON.**—One Examiner in Obstetric Medicine. Salary, £75 per annum. Applications to the Registrar, Arthur Milman, M.A., by March 25th.

**UNIVERSITY OF LONDON.**—One Examiner in Materia Medica and Pharmaceutical Chemistry. Salary, £100 per annum. Applications to the Registrar, Arthur Milman, M.A., by March 25th.

**WALLASEY DISPENSARY.**—An Assistant or Junior House-Surgeon, unmarried. Salary, £20 per annum, with furnished apartments, coal, gas and attendance. Applications by March 20th to the Honorary Secretary, Elm Mount, Penkett Road, Liscard, Cheshire.

**WEST LONDON HOSPITAL, Hammersmith.**—House-Surgeon. Duties to commence April 1st. Applications to the Secretary-Superintendent not later than March 20th.

**WEST RIDING ASYLUM.** Wadley, near Sheffield.—Pathologist, who will be required to act as Fourth Assistant Medical Officer. Salary, £100 per annum, rising £10 a year up to £150, with board, etc. Applications to the Medical Superintendent by March 13th.

**WOLVERHAMPTON UNION.**—Medical Officer for the District of Willenhall. Salary, £140 per annum. Applications to the Clerk.

### MEDICAL APPOINTMENTS.

**ANNINGSON, Bushell, B.A., M.D.,** reappointed Medical Officer of Health to the Chesterton Board of Guardians.

**ATKINSON, Guy C. Barlow, M.R.C.S., L.S.A.,** appointed Medical Officer and Public Vaccinator for the Stotfold District of the Biggleswade Union.

**BENSON, Henry Thomas, L.S.A.,** appointed Medical Officer to the 3rd District of Deeping, St. Nicholas, Spalding Union, *vice* Mr. T. E. Stafford, deceased.

**BLAKE, W. H., M.B.Lond., B.S., M.R.C.S.,** appointed Medical Officer for the 3rd District of St. Albans Union, *vice* F. R. Spackman, M.D., resigned.

**BODMER, R., F.I.C., F.C.S.,** appointed Public Analyst to the St. Saviour's District.

**BROCK, Ernest H., M.B., B.S.Lond., M.R.C.S.,** appointed Resident Medical Officer to the Royal Chest Hospital, City Road, *vice* W. T. Strugnell, M.B., etc., resigned.

**BROWNE, Oswald A., M.A., M.B.Cantab., M.R.C.P.,** appointed Assistant Physician to the Metropolitan Hospital, Kingsland Road, E., *vice* Howard Tooth, M.D., promoted to Physician.

**COLWELL, James Kear,** appointed Public Analyst to the borough of Bedford.

**CONWAY, B. W., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the Manchester Royal Infirmary.

**COOKE, G. H., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed House-Physician to the Manchester Royal Infirmary.

**CORDER, E. H., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg.,** appointed Resident Medical Officer to the Parish of Birmingham.

**CRESWELL, W. G., L.R.C.P., L.R.C.S.Edin., L.S.A.,** reappointed Medical Officer of Health to the Salford Local Board.

**EDGEWORTH, F. H., M.B., B.C., B.A.Cantab., B.Sc.Lond.,** appointed one of the Honorary Physicians to the Bristol Hospital for Sick Children and Women.

**FISK, W. J., L.D.S.,** appointed House-Surgeon to the National Dental Hospital, Great Portland Street, *vice* E. H. A. Field.

**FRANKS, Kendal, A.B.Dub., M.D., F.R.C.S.I.,** appointed Surgeon in Ordinary to the Lord Lieutenant of Ireland, *vice* P. C. Smyly, A.B.Dub., M.D., etc.

**GALLETT, John, M.A., M.B., and C.M.Edin.,** appointed Medical Officer and Public Vaccinator of the Rippington District of the Bourn Union, *vice* G. N. Robins, L.R.C.P.Edin., resigned.

**HAMILL, Robert James, M.A., M.D., L.R.C.P.,** appointed Medical Officer to the Buckingham Palace Road Workhouse, St. George's (Hanover Square) Union.

**HANDS, Arthur, L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer to the district comprising the township of Wednesfield.

**HARRIS, Arthur G. R., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Market Weighton District of the Pocklington Rural Sanitary Authority, also Medical Officer of No. 2, Market Weighton District, Pocklington Union.

**HARRIS, J. Henry, M.R.C.S., L.S.A.,** appointed Medical Officer and Public Vaccinator for the Ugborough District of the Totnes Union, *vice* R. Gillard, M.R.C.S., L.S.A.

**HEPBURN, William Alexander, F.F.P.S., L.S.A.,** appointed Medical Officer of Health to the Durham Union Rural Sanitary Authority, Eastern District Union.

**JEPSON, Edward, M.D., M.R.C.S., L.S.A.,** appointed Medical Officer of Health to the Durham Union Rural Sanitary Authority, Western District Union.

**KILYNACK, T. N., M.B., Ch.B.Vict.,** late House Physician, Manchester Royal Infirmary, appointed Assistant Medical Officer to the Manchester Workhouse at Crumpsall, and Workhouse Receiving and Casual Wards, New Bridge Street.

**MORRIS, Albert, L.R.C.P.Edin., M.R.C.S.Eng.,** appointed Medical Officer of Health to the Southend Local Board.

**NISBET, F. J., L.R.C.P., M.R.C.S.,** appointed Assistant House-Surgeon to Guy's Hospital.

**OAKLEY, A. R. H., L.R.C.P., L.R.C.S.Edin.,** appointed Medical Officer to the A District of the St. George's (Hanover Square) Union.

**PAGET, F., L.R.C.P., M.R.C.S.,** appointed Assistant House-Surgeon to Guy's Hospital.

**PEARSON, William, L.R.C.P., L.R.C.S.Edin.,** appointed Assistant Medical Officer to the Norwich City Asylum, Hellesdon.

**PORTER, Thomas, M.B.,** appointed Resident House-Surgeon to the Southern Hospital for Diseases of Women and Children, Manchester.

**PRYCE, T. Davies, M.R.C.S., L.S.A.,** late Resident Surgeon to the Nottingham General Dispensary, elected Honorary Consulting Surgeon, *vice* Dr. Herbert Owen Taylor, resigned.

**RUSHTON, W., L.D.S.,** appointed Assistant Dental Surgeon to the National Dental Hospital, Great Portland Street.

**SCOTT, Arthur William, M.D.Brux., M.R.C.S., L.S.A.,** reappointed Medical Officer of Health to the Handsworth Urban Sanitary Authority.

**SCURFIELD, Harold, M.D.,** appointed Surgeon to the Sunderland Post Office, *vice* W. H. Dixon, deceased.

**SMYLY, Philip Crampton, A.B.Dub., M.D., M.K.Q.C.P., F.R.C.S.I.,** appointed Senior Physician to the Lord Lieutenant of Ireland, *vice* G. W. Hatchell, M.D.Glas., F.R.C.S.I., etc., deceased.

**TREVELYAN, E. F., M.D.Lond., B.Sc.,** late Resident Medical Officer of the Leeds Infirmary, appointed Honorary Physician to the Leeds Public Dispensary, *vice* Dr. Barrs, resigned.

**WALLACE, William, M.D.,** appointed Medical Officer for the Crick District of the Rugby Union.

**WILSON, George, L.R.C.P., L.R.C.S.Edin., L.S.A.Lond.,** appointed Medical Officer to the 4th District, St. Albans Union.

**YOUNG, William, M.D.,** reappointed Medical Officer of Health for Malton.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**MEDICAL SOCIETY OF LONDON, 8.30 P.M.**—Dr. Samuel West: Paroxysmal Hysteria of the Heart. Mr. Barwell: Treatment of Lateral Curvature of the Spine by Rachylisis.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.**—Professor Charles Stewart: On Phosphorescent Organs and Colour in Nature. Lecture IV.

#### TUESDAY.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.**—Sir Henry Thompson: Analysis of 964 Cases of Operation for Calculus in the Bladder by Lithotomy and Lithotripsy, with Remarks. (The calculi removed will be exhibited to the Society.)

**ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.**—Dr. G. Newton Pitt: The Goulstonian Lectures on Cerebral Lesions. Lecture I.

#### WEDNESDAY.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.**—Professor Charles Stewart: On Phosphorescent Organs and Colour in Nature. Lecture V.

**EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.**—Mr. J. B. Curgenven: On the Use of the Oil of Eucalyptus Globulus in Infectious Diseases.

**BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8 P.M., Council Meeting, 8.30 P.M.**—Dr. R. T. Smith and Mr. Mayo Robson: The Treatment of Pelvic Abscess.

**HUNTERIAN SOCIETY, 8 P.M.**—Pathological Evening. Dr. Turner: A Specimen of Gumma in the Heart. Mr. Cotman: Kidneys from a Case of Puerperal Eclampsia. Mr. Bidwell: 1. Sebaceous Cyst of Umbilicus; 2. Tubercle of Thyroid. Mr. Tatham: Carcinoma of Liver. Dr. Hingston Fox: Large Gall Stones producing Fatal Obstruction of Bowel; and other specimens.

**THE HOSPITALS ASSOCIATION, Board Room of Westminster Hospital, 8 P.M.**—Sir E. H. Currie: Provident Dispensaries in Relation to the Hospital Out-Patient Question.

#### THURSDAY.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.**—Patients and card specimens at 8 P.M. Dr. Berry: 1. Demonstration of a New Stereoscopic Phenomenon, and the Possible Clinical Use to which it might be put; 2. Case of Spontaneous Purulent Hyalitis occurring long after Extraction of Cataract; 3. Note on the Metre Angle in Latent and Manifest Muscular Deviations; 4. On the Immediate Effects of Tenotomy on the Concomitancy of a Squint. Mr. Spencer Watson: Case of Glaucoma. Mr. Marcus Gunn: Case of Superficial Punctate Keratitis.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.**—Dr. G. Newton Pitt: The Goulstonian Lectures on Cerebral Lesion. Lecture II.

**MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND, Owens College, Manchester, 4 P.M.**—Dr. Ross: The Psychical Disorders of Peripheral Neuritis. Dr. Shuttleworth will open a discussion on the Best Provision to be made for the Pauper Idiots of Lancashire. Dr. George M. Robertson: Does Mania include two distinct varieties of Insanity, and should it be subdivided?

#### FRIDAY.

**CLINICAL SOCIETY, 20, Hanover Square.**—Living specimens, 3 P.M. Papers, 9 P.M. Dr. Savill: A Case of Abductor Paralysis of the Vocal Cords. Mr. Knowsley Thornton: Abdominal Nephrectomy for Large Sarcoma of Capsule or Suprarenal Capsule; Recovery. Mr. Croft: Rupture of Small Intestine without External Wound; Laparotomy; Excision of Injured Bowel; Enterorraphy; Cure. Mr. H. W. Allingham: Obscure Case of Acute Abdominal Obstruction in a Boy, aged 10; Laparotomy; Removal of Suppurating Appendix Vermiformis; Recovery.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.**—Professor Charles Stewart: On Phosphorescent Organs and Colour in Nature. Lecture VI.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**ATKINSON.**—February 27th, at Turnstone, Vowchurch, Herefordshire, the wife of T. Renel Atkinson, M.R.C.S., of a son.

**DODD.**—March 1st, at 14, Goldstone Villas, West Brighton, the wife of Arthur H. Dodd, L.R.C.P., M.R.C.S., of a son.

**HOUNSELL.**—On Saturday, March 1st, 1890, at "The Fernery," Chudleigh, S. Devon, the wife of F. C. W. Hounsell, B.A.Cantab., M.R.C.S., L.S.A., of a son.

#### MARRIAGE.

**GODFREY—ROE.**—On the 4th instant, at St. Michael's, Bournemouth, by the Rev. Prebendary Henry Roe, of Yeovilton, Somerset, uncle of the bride, and the Rev. F. E. Toyne, vicar, Albert Edward Godfrey, M.B.Lond., son of John Godfrey, Northampton, to Annie Katharine, daughter of George Roe, Poyntington, Bournemouth.

## 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, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W. 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th. 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetric), W., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M. 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- 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.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

### QUERIES.

*Queries, answers, and communications relating to subjects to which special departments of the JOURNAL are devoted, will be found under their respective headings.*

#### CONVALESCENT HOME FOR SCARLET FEVER PATIENTS.

H. B. asks to be recommended a convalescent home at the sea side (South Coast preferred) for a child, aged 8, recovering from scarlet fever. The parents can pay any moderate charges, and would send a nurse with the boy, who would not be sent till all peeling had ceased. The parents find great difficulty in getting any lodging-house keeper to receive the boy.

### ANSWERS.

**MEDICUS.**—Copies of the Habitual Drunkards Acts can be obtained of Eyre and Spottiswoode, East Harding Street, E.C.

**CONSTANT READER.**—The question can only be determined by consideration of the special facts of the case, and is one which might be addressed to a competent experienced medical agent.

F. W. C. should apply to Dr. W. C. Steele, Honorary Secretary of the Brussels Medical Graduates' Association, 1, Florence Terrace, Ealing, London.

#### THE "FIRST COLLEGE."

**BICEPS.**—Provided that you have acquired a fair practical knowledge of anatomy and the elements of physiology at your medical school, the standard textbooks which you name would be sufficient (as far as reading can serve) for study for the primary examination at the College of Surgeons. Do not overlook the regulation by which candidates who have commenced their professional studies in English medical schools on or after October 1st, 1882, must produce certificates of having passed an examination in elementary anatomy and physiology, conducted by their teachers, before they can present themselves for the primary examination.

#### A FORTNIGHT'S HOLIDAY.

H. E. H. M. ("Eskdale," Albert Road, Levenshulme) recommends "Rustic" to spend his holiday at Deganwy, N. Wales, and offers to give further information.

#### REPORT ON INTEMPERANCE AND DISEASE.

**DR. W. V. LUSH AND A MEMBER.**—See JOURNAL, January 19th, 1889, p. 130, 2nd column, Dr. Owen's remarks; also March 9th, p. 562, letter signed "Medicus;" April 6th, 1889, p. 779, top of 2nd column, and November 9th, p. 1054, 1st column, paragraph headed: "Report on Intemperance and Disease." As is there observed: "Common sense and common experience testify that habitual drunkards die sooner than abstainers, and the report expressly stated that there is not in the returns the means of coming to any conclusion as to the relative duration of life of total abstainers, and of habitually temperate drinkers. The report further stated that on the whole the committee might not unfairly claim to have placed on a basis of fact the conclusion that habitual indulgence in alcoholic liquors, beyond the most moderate amounts, has a distinct tendency to shorten life. Other tables given in the report, of deaths at greater ages, prove the accuracy of the committee's statement; and we can only express the hope that in future the committee will not be quoted as stating exactly the opposite of what is contained in their report."

### NOTES, LETTERS, ETC.

#### THE SEPTIC GERMS IN PERITONITIS.

A PARAGRAPH bearing this title appeared in the JOURNAL for March 1st. It appears that Professor Orth did not himself conduct the researches therein described, but translated into German an abstract of a thesis of the original investigator, Dr. Herbert Waterhouse, Demonstrator of Anatomy to the University of Edinburgh; the paper appearing last February in *Virchow's Archiv*. Dr. Waterhouse carried out his researches in the laboratory of Professor Orth, at Göttingen, and as the result of his labours he summed up his conclusions in a thesis for the degree of Doctor of Medicine of the University of Edinburgh. He received a gold medal and the Goodair Memorial Prize at the Graduation Ceremonial last August. Dr. Waterhouse may be congratulated on the importance of his researches, which show how ascites and injuries of abdominal organs favour septic infection.

#### ARMY SURGEONS AND CIVIL PRACTITIONERS

**BACILLUS** writes: "Microbe" complains, in the JOURNAL of February 15th, that an "army doctor" competes with him for private practice. It would be interesting to know whether it is one on "full" or "half pay," as if not on full pay, he has just as much right to go in for private practice as "Microbe." A medical man entering the army does not surrender the rights of his double qualification and registration to practise should he retire or go on half pay.

Were private practitioners to decline charge of troops at home stations at "contract rates," as long as half or retired pay "army doctors" were anxious



for such employment, there would be far less competition such as "Microbe" complains of; but that a fully qualified medical man should be debarred from eking out his half or retired pay by private practice, is asking a little too much, I think.

**TOOGOOD v. WILKES.**  
*Wilkes Indemnity Fund.*

The following subscriptions have been received since last publication:

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**"EXALGIN."**

DR. ARCHIBALD D. MACDONALD (Liverpool) writes: The lecture of Professor Fraser, which appears in the JOURNAL of February 15th, suggests one or two observations. First, that it is almost as much benefit to mankind to determine the minimum efficient dose of a drug as it is to fix the maximum dose which may be given without poisoning or incommoding the patient. This Professor Fraser has helped to do here; and I take it that a 1-grain dose every four hours is the standard of exalgin. Secondly, as the pain-subduing property of methyl-acetanilide is largely referable to its methyl molecule and acetanilide itself possesses a much greater heat suppressing power, would Professor Fraser approve of the following prescription in cases where both actions were desired. R. Antifebrin, grs. xxiv; exalgin, grs. vj; tr. card. co., tr. limonis 3ss; aquam. ad ʒijj. M. Sig. A tablespoonful to be taken every four hours. Thirdly, it would have been of interest to know the type of toothache benefited by exalgin, whether inflammatory or purely neuralgic, and also to have had some observations on the treatment of nervous headache by this drug. Small doses (7½ to 10 grains) of antipyrin answer well in such cases; but in a series of cases which I have treated within the past two months, and especially where the pain was limited to one temple, or "naïl" like; I have found even one 5-grain dose of phenacetin to give the most striking pain-subduing result. Indeed, it is clear that the whole series forms the most valuable addition to our curative and palliative resources which has been made of recent years.

**THE LATE PROFESSOR VON WAHL.**

MR. HENRY S. TAYLOR (Guildford) writes: In your obituary notice of Dr. Eduard von Wahl, in the JOURNAL of February 15th, you mention the fact of his mother having been an Englishwoman. This leads me to think that his family name was once "de Wahl," because I remember that one of Dr. Edward Rigby's sisters was married to a Russian gentleman of that name, who lived in Bathonia; and it was while on a visit to her that her sister, Lady Eastlake, then Miss Rigby, wrote her delightful *Letters from the Baltic*. The doctor's age would countenance this supposition of mine, as also his Christian name, and his natural aptitude for medical science, if he was a grandson of Dr. Rigby, of Norwich. Madame de Wahl was separated from her husband some years after her marriage, and returned to Norwich.

**"BRITISH" OR "ENGLISH."**

A SCOTSMAN writes to protest against the selfishness of his countryman, "Scotus, etc.," expressed in his letter to the JOURNAL of March 1st, in which he completely ignores Ireland, as he complains Scotland is ignored by Dr. Rogers. The term "English" is the only convenient adjective we have to include inhabitants of all divisions of the United Kingdom of Great Britain and Ireland; the term "British" would clearly exclude Irishmen. What credit or dislike attaches abroad to things or people "English," has been gained for them by the exertions of Scotchmen and Irishmen, as well as Englishmen, hence Scotchmen need have no shame in submitting to the apparent ascendancy of England really gained in part by the toil of their own ancestors.

**A COLD HARBOUR.**

FEL. R. MED. CHI. writes: The annual meeting of the Royal Medical and Chirurgical Society was held on an unusually cold night, no doubt. Still it is evident that the fine new room in which the large audience assembled was not well warmed. Although there were so many persons in the room, the cold was a subject of almost universal complaint. On a warmer, average winter night, when the attendance is much scantier than on last Saturday, the room will still be very cold unless better warmed than at present. The truth is that it is often forgotten that the electric light does not give out heat like a gas-jet. Still the Fellows of the learned professional societies which meet at Hanover Square, will object more strongly to catching cold than to the less serious inconvenience of a slight headache from the fumes of gas. We need hardly say that the energetic officers of the Royal Medical and Chirurgical Society cannot be blamed for the low temperature of their meeting room. The warmth of a room when filled with people can never be correctly estimated until that room has actually been filled with people.

**FALSE CERTIFICATES.**

A DUBLIN MEMBER writes to recommend greater circumspection in giving certificates of inability to persons anxious not to serve on juries. Being importuned by such a one recently, he wrote a note stating that the bearer had been asking for a certificate, but not making any statement as to bearer's health. The man thinking that he had obtained the necessary document, handed in the note to the Recorder, who read it in open court. The sequel of the story is, however, unsatisfactory, as the Recorder contented himself with threatening the unwilling juror with imprisonment, and did not even compel him to serve.

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

Dr. Danford Thomas, London; Mr. F. Lindsay, Leamington; Mr. J. E. Bennett, Liverpool; Mr. Johnson Smith, London; M.D.; Dr. Arthur Kempe, Exeter; Mr. R. F. Benham, London; Mr. T. S. Ellis, Gloucester; Dr. J. Hughlings Jackson, London; Dr. A. Edington, Edinburgh; P. Gardiner, M.B., Antigua; Mr. G. R. Tweedie, Broadstairs; Mr. H. Byron Reed, London; A Scotsman; Practitioner; Mr. D. B. Balding, Royston; Mr. A. D. Brewer, Cornwall; Dr. R. D. Roberts, London; Mr. H. Trommsdorff, Erfurt; Dr. Leslie Phillips, Birmingham; Dr. Ralph Stockman, Edinburgh; Mr. K. Roberts, Westbury-on-Trym; Mr. H. W. Allingham, London; The Secretary of the British Guiana Branch of the British Medical Association; Dr. J. McAleir, Rochester; Dr. E. Klein, London; The Secretary of the Sheffield Medico-Chirurgical Society, Sheffield; Mr. D'Arcy Power, London; Dr. T. O. Wood, London; Dr. Bronner, Bradford; Dr. G. Lichtenberg, London; The Secretary of the Cancer Hospital, London; Messrs. Mayer and Meltzer, London; Mr. E. Hurry Fenwick, London; Mr. T. R. Atkinson, Vowchurch; K.; Lord Randolph S. Churchill, London; Mr. W. Bremner, Stourport; Messrs. Hertz and Collingwood, London; Messrs. R. L. and J. L. Lodge, Birmingham; Mr. S. W. Sibley, London; The Secretary of the Sanitary Institute, London; Dr. Laxton, Bridgwater; Dr. W. V. Lush, Weymouth; Dr. Burney Yeo, London; Dr. A. H. W. Clemow, London; Medics; Dr. Norman Kerr, London; A Member; E. C. C.; Mr. A. H. Benson, Dublin; Mr. James Haysman, London; Dr. B. Seaton, London; Mr. J. Wight, London; Mr. Charles Sheather, London; Dr. Smith, Dublin; Sir R. G. W. Herbert, London; Mr. G. Brown, London; M.B., C.M.Edin.; Messrs. R. Sumner and Co., Liverpool; Surgeon C. H. Hale, Aberdeen; Mr. J. Wilkins, London; C.D.R.; Surgeon P. Mulvany, London; Mr. J. Downing, London; Mr. Charles Roberts, London; Dr. Fletcher Beach, Darent; Dr. R. H. Fox, London; Messrs. Burroughs, Wellcome, and Co., London; Mr. F. T. Pearson, New Shoreham; Dr. H. C. Wynan, New York; Dr. Louis Henry, Melbourne; Mr. Lawson Tait, Birmingham; Mr. C. Feldmann, London; The Secretary of the Royal Chest Hospital, London; Mr. J. T. Neech, Tyldesley; Mr. A. Ledlie, Belfast; Dr. E. Crossman, Hambrook; Or Paris Correspondent; Mr. F. W. Clark, Luton; Puzzled; Mr. T. Jenner Verrall, Brighton; Mr. H. P. Pike, Gloucester; Mr. F. M. Pope, Leicester; M.B., M.A.; Dr. G. Thin, London; The Secretary of the Association for the Oral Instruction of the Deaf and Dumb, London; Dr. M. Cameron, Glasgow; Mr. A. Jackson, Sheffield; Mr. W. N. Marcy, Worcester; Mr. F. J. Ayre, Rhyll; Mr. C. E. Adams, West Norwood; Dr. S. Saunders, London; Biceps; Dr. P. T. Duncan, Croydon; Mr. St. Vincent Mercier, London; Dr. Vacher, Birkenhead; Dr. Halliburton, London; Mr. Isaac Norris, jun., Philadelphia; Dr. Willoughby, London; M.R.C.S.; Dr. R. T. Smith, London; Mr. C. H. Wells, London; Mr. Scott Lang, Edinburgh; M.R.C.S., L.S.A.; Mr. W. Whitford, Liverpool; Mr. A. W. Nankivell, Chatham; A Constant Reader; Dr. J. Mackenzie, Aberdeen; Mr. W. W. Wagstaffe, Sevenoaks; H. B.; Mr. W. G. N. Burney, London; Mr. G. C. Steet, London; Dr. T. B. Vernon, London; Dr. Alfred Carpenter, Croydon; Dr. M. Skerritt, Clifton; Mr. E. Luke Freer, Birmingham; Mr. J. Livingstone, Barry; Mr. A. Mackay, Aberdeen; Dr. W. Harris, Hellesdon; Mr. P. Michelli, London; Dr. H. F. Waterhouse, Edinburgh; The Horton Ice Cream Company, London; X.; Mr. J. Poland, London; Dr. Leach, London; Professor Michael Foster, Cambridge; Miss M. Kavnagh, Coventry; Mr. H. Scarfield, Sunderland; Mr. E. S. Bishop, Manchester; Mr. F. Fuller, Edinburgh; The Medical Officer of the Local Government Board, London; Dr. E. F. Trevelyan, Leeds; Mr. F. B. Holman, Neuilly; Dr. W. Hale White, London; etc.

**BOOKS, ETC., RECEIVED.**

A Practical Manual of Venereal Diseases. By M. K. Hargreaves, M.D. Second Edition. London: R. Kimpton. 1890.  
Transactions of the American Gynecological Society. Vol. XIV, for the year 1889. Philadelphia: William J. Dornan. 1889.  
The National Medical Dictionary. By John S. Billings, A.M., M.D., LL.D. Vols. I and II. Edinburgh and London: Young J. Pentland. 1890.  
English Sanitary Institutions. By Sir John Simon, K.C.B. London: Cassell and Co. 1890.  
Atlas von Beleuchtungsbildern des Trommelfells. Von Dr. Kurd Birkner. XIV Tafeln. Zweite, verbesserte Auflage. Jena: Gustav Fischer. 1890.  
Transactions of the American Association of Obstetricians and Gynecologists. Vol. II. Philadelphia: Wm. J. Dornan. 1889.

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