

MEMORANDA:

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

AGUE AFTER INFLUENZA TREATED WITH BELLADONNA.

I was called a few weeks ago to see a young married woman, said to have been suffering from influenza for several weeks. She had been under the care of a homœopathic practitioner, but was dissatisfied with the prolonged convalescence, which was obstructed by the fact that febrile paroxysms, of the character of quotidian ague, supervened when the cough, sneezing, and pains in the limbs left her. I administered quinine, both in the form of ammoniated tincture and the sulphate, but it exerted no apparent effect on the rigors and sweating. I then administered 10-15 minim doses of belladonna tincture in combination with two-grain doses of sulphate of quinine. The effect on the rigors and sweating was immediate, and the patient, within two hours of the first dose, said she felt better than she had done for weeks before. I continued the belladonna three times a day for four days, and then discontinued it, as it began to affect the pupils. On doing so the ague symptoms immediately returned, and the patient reproached me for altering her medicine. Replacing the belladonna the effect was precisely as before, and no bad symptoms appeared for another week, when I deemed it advisable to withdraw the belladonna. On doing this the sweating returned, though not with the previous violence, and I am now gradually diminishing it, with no ill effect. I have found belladonna on other occasions useful in reducing night sweats in rheumatic cases in convalescence, but I never before observed so marked an effect on a disease of a paludal character.

EDWARD BERDOE, M.R.C.S., L.R.C.P.

Victoria Park, E.

TRIPLTS: HYDRAMNIO.

IN connection with the article "Triplets, Hydramnion, and Acardiac Monster," in the JOURNAL of January 25th, p. 199, the following particulars of a case recently under my care may be of interest:

M. J., aged 36, married, the mother of eight children, the youngest aged 3, consulted me on October 31st, 1889, for distressing cough and shortness of breath. She stated that she was three months pregnant, but she thought herself a great size for the time. The abdomen was very much distended, and dulness reached to a level much above the umbilicus. The distension continued to increase rapidly during the next few days, and the breathing became more and more laboured, with great pain all over the abdomen. By November 14th the dulness reached to the ensiform cartilage; a loud uterine *souffle* could be heard just below and to the right of the umbilicus, but no foetal heart could be made out. Examination *per vaginam* showed the os to be patulous, and the bag of membranes could be felt by the finger introduced into the uterus. Labour pains came on at about 8 o'clock on the morning of November 14th, and I asked Dr. Walter, of Manchester, to see the case with me. We arrived about 6 P.M., by which time the os was almost fully dilated, and the conical bag of membranes could be felt presenting through it. The latter was ruptured by Dr. Walter, and five quarts of amniotic fluid, to the great relief of the patient, escaped into the vessel placed to receive it. A couple of hours afterwards the pain increased, and a foetus was born apparently about five months old, and perfectly developed. The umbilical cord was no thicker than a stout piece of whipcord. A couple of minutes afterwards a second foetus was born, rather larger than the first and also perfectly developed, the umbilical cord being of great size, quite an inch and a quarter in diameter. The uterus did not retract, and it was quite impossible to grasp it in the hand. A placenta, however, was expelled in a few minutes, to which both the cords were attached, the first to its edge and the second to its centre. I was still unable to grasp the uterus through the abdominal wall, but there was no hæmorrhage to speak of, and after waiting a little time the pains came on again, and a third foetus was born with the placenta and membranes entire. This foetus was larger than either of the other two, and like them was perfectly developed, and between five and six months old. The patient made a good and rapid recovery, and there was very little hæmorrhage.

I had not previously come across a multiple pregnancy com-

pllicated with excess of liquor amnii, and the occurrence seems to be of sufficient rarity to render it worth recording.

Rochdale. WALTER O. STEINTHAL, L.R.C.P., M.R.C.S., L.S.A.

CASE OF MULTIPLE PREGNANCY.

AT 10 A.M. on February 3rd I was summoned by a midwife to Mrs. J., aged 38. She was a strongly-built woman, and told me that this was her thirteenth pregnancy, and that she had had four miscarriages. The last three children had been born at the eighth month, but had been reared. No previous multiple pregnancies, but her mother had had three twin pregnancies. I found that she had been delivered at 8 A.M. of a male foetus of about six months. She considered herself to be about 6½ months gone. There had been no difficulty; but the midwife at 10 A.M. thought the placenta was adherent, and sent for me. On external inspection I found that there was another foetus *in utero*. Examining *per vaginam*, there was a fleshy mass adherent to the wall of the uterus about half way between the os internum and the fundus, and almost blocking the uterus up. This had no doubt been mistaken by the midwife for the placenta, but the cord could be traced up beyond the mass towards the fundus. On the far side of the fleshy mass a second bag of membranes could be distinctly felt. I put the patient under chloroform, and with my hand removed the fleshy mass, which was a matter of considerable time and patience, as it was intimately adherent to the wall of the uterus. I found that at the area of insertion of the fleshy mole the wall of the uterus was only about a quarter of an inch thick. There being only moderate hæmorrhage, and the uterus contracting upon the second foetus, I ruptured the membranes, and having seized a knee easily delivered a female child, about the same age as the male child. After waiting half an hour, and being unable to express the placenta, I examined again, and found it to be adherent to the fundus. I managed to detach it fairly easily with my hand, and to my great relief the operation was followed by immediate and powerful contraction of the uterus. The hæmorrhage was almost infinitesimal. The placental mass consisted of two separate placenta joined at one edge, with the "battledore" insertion of the cords at the free edges. The children lived for twelve hours; the mother has made an uninterrupted good recovery, with normal temperature and natural discharge.

The woman is very healthy, has never suffered from any wasting disease, and has had no accident to account for the premature birth.

FRANCIS C. SERVAES, M.A., M.B. Cantab.

Liverpool.

SCARLET FEVER AND PUERPERA.

THE notes which have appeared in the JOURNAL on the above subject and the tone adopted by their authors as to the smallness of risk incurred by the recently-confined mother from exposure to contagion, in my opinion, demand the most serious thought, and I trust will call forth an expression of opinion, based on experience, which may determine the question, Does scarlet fever when brought in contact with a puerpera render her liable to great risk of becoming the victim to what is known as puerperal peritonitis, uterine phlebitis, or the more general name puerperal fever? My experience tells me that it does. I have seen too many sad instances in my own practice, as well as that of my neighbours, to doubt it. At the same time I must add, that was before antiseptics were heard of—in those days I simply declined attending midwifery, in spite of threats and entreaties, when I had cases of scarlet fever on my list.

I have also seen the same fatal results when the puerpera was exposed to the contagion of measles, and regret to have to record a case which has just taken place in my practice. On December 19th last a youth came home from a public school where measles was prevalent; he sickened of it on the 21st; a brother and sister followed on the 26th—cases were so mild no advice was deemed necessary. On January 2nd I was sent for to another member of the family on account of something else. I then learned that there were three cases of measles in the house. The mother, who expected to be confined on the 24th, had attended them; nursed them herself. She showed the disease on the 7th; on the 11th another child had it, and the mother got out of her bed to nurse her. All the cases ran a mild course, and convalescence was complete by the 16th, when I discontinued attendance.

I gave orders that the children were to be removed into lodgings at once, that the whole house was to be thoroughly disinfected, and that the carpets and hangings were to be removed from the bedroom about to be occupied by the mother, and that from

its ceiling to its floor it was to be purified; all this was done. The confinement took place on the 21st, before I got to the house. A skilled nurse did all that was needful, and showed me the placenta, etc. The infant was born with the measles fully out and desquamating in some parts. All went well till the 24th, when after a slight rigor, fever set in; pulse 130; temperature 104.2°; headache, sickness, pain over abdomen, restlessness, lochia natural. I gave 10 grains of antipyrin and 1 drop of tincture of aconite every hour, applied turpentine stupes to body, and in seven hours found my patient relieved from all her unpleasant symptoms, and quite cheerful. She passed a good night, had refreshing sleep, and next morning I fancied that the attack had been what in Yorkshire is called "a weed,"—a passing febrile wave which in a few hours leaves the patient as well as before. On the 25th felt quite comfortable, on the 26th the same; on the 27th I noticed a marked change; countenance pinched and anxious, pulse 130; tongue parched, veins of left arm swollen painful; womb tender, full; veins of thighs and legs hard, very painful; temperature 98.2; discharge nearly ceased, but nothing offensive. I telegraphed at once for Mr. Scattergood, of Leeds; we did all we could, all we knew, but she sank in twenty-four hours, after the appearance of phlebitis. The lowness of the temperature in conjunction with the severity of the symptoms was the worse feature in the case; now the question comes, did this lady's blood, after having got rid of the original attack of measles, ten days before her confinement, become a second time poisoned by the child in utero whilst suffering from the same disease. A. S. MYRTLE, M.D.

Harrogate.

A few weeks ago I attended a case of a woman in labour in a house where scarlet fever had attacked all her children. They were peeling at the time I attended her, consequently the rooms must have been charged with the poison; and being a person in humble circumstances, she nursed the children up to the time of her accouchement. She has done remarkably well, and although I was a little anxious at the time, she never showed the slightest sign of the dreaded fever. This case is in Dr. Thursfield's district, and he also knows the particulars, because as soon as the outbreak occurred I reported the fact to him, and also sought his advice as to the probabilities of the risk with regard to the mother. This particular case seems opportune at the present time, and certainly tends to corroborate all that Dr. Thursfield has written upon the subject. T. P. THOMSON, M.B.

Shrewsbury.

RAPID CURE OF ERYSIPELAS BY ERGOTINE.

For erysipelas, like most other painful diseases, hosts of remedies have been suggested, and ever since Hueter discovered cocci in this particular ailment all sorts of germicide applications have been tried, with and without success. The most recent favourites are carbolic acid, ichthyol, and creolin. Without wishing in the slightest to underestimate the value of these agents, I would like to call attention to what has been my invariable treatment for at least five years. In every case I have used ergotine applied with a camel's hair brush to and around the affected area, and have found it a painless, rapid, and almost certain cure; in fact, I cannot recall a single case in which it has disappointed me. It is best used in the form of a 50 per cent. solution in distilled water, painted on frequently. Generally one or two applications suffice to diminish all feeling of tension, and it is rarely that the pain is not quite conquered in twenty-four hours, leaving the patient comparatively well. In many cases I have relied solely on the ergotine, not prescribing any internal medicine.

In writing this note I have no desire to be thought original, for I saw the treatment recommended in some medical paper of about the year 1884 or 1885, but I cannot lay my hands on it now, and fear the treatment has not had a fair trial, as I never hear of its being adopted. Neither do I pretend to explain the action of the ergotine, but the effective way in which it cuts off the excessive blood supply to an over-vascular area naturally suggests its trial in other passive congestions, and in these also I have found it very useful.

In the *Year-Book of Treatment* for 1890, p. 255, I find it stated that Dr. F. Nesterovsky describes two cases in which he has used a mixture of "extractum scalis cornuti" and glycerine with success, the temperature becoming normal in six days. This encourages me to ask for a fresh trial of ergotine, which I have found in not fewer than thirty cases to practically cure in one day. Blackpool. GEO. C. KINGSBURY, M.A., M.D.

REPORTS

ON

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

LONDON HOSPITAL.

TWO CASES OF EXTRAUTERINE GESTATION.

(Under the care of Dr. HERMAN.)

[Reported by Dr. F. H. TAYLOR, Resident Accoucheur.]

CASE I.—*Tubal Gestation: Rupture Towards the End of Second Month: Intraperitoneal Hæmorrhage: Operation during Collapse: Recovery.*—E. C., aged 26; admitted July 30th, 1889. The patient was not very intelligent, and her account of her previous history was confused. She came to the hospital on the evening of July 29th, and was seen by Dr. F. H. Taylor. She then complained of pain in the lower abdomen. She said that menstruation had been regular, and had last occurred, at the proper time, a week ago. While she was menstruating she got her feet wet, and she thought her illness was the result of this. She looked pale, and her face expressed pain. On examination the hypogastrium was found tender, and a resisting mass could be felt about as large as a tennis ball. *Per vaginam* nothing abnormal was felt, except pain on moving the uterus. The patient was advised to come in, but refused to do so.

July 30th. Early in the morning the patient had renewed pain, and slight vaginal hæmorrhage. She started to come to the hospital, but on the way she fainted. She was found and brought to the hospital by a policeman about 10 A.M. She was then in a state of collapse, and the hypogastric swelling felt the previous evening could no longer be felt. She was seen by Dr. Herman soon after 2 P.M. The patient was then blanched, extremities covered with cold sweat, pulses small, quick, feeble. The abdomen was slightly distended. Nothing marked could be made out by vaginal examination. No physical signs of disease elsewhere. It was plain that the patient was suffering from internal hæmorrhage, and that the abdomen was its seat. Although there was no clear history pointing to extrauterine pregnancy, yet nothing could be elicited from the patient or her friends pointing to any other disease, such as gastric ulcer or enteric fever, likely to have occasioned such hæmorrhage. Operation was therefore advised, and performed about 3 P.M. As soon as the peritoneum was opened dark fluid blood welled up. The uterine appendages on the right side were healthy. On the left side the tube was dilated and ruptured, and among the clotted blood removed from its neighbourhood was found a fetus about seven-eighths of an inch long and its chorion. The left tube and ovary (which was enlarged) were tied and removed. The abdominal cavity was washed out with warm water till it was thoroughly clean, abundance of recent clot being removed by this means. A Keith's drainage-tube was put in, and the usual dressings applied. Enemata of 3j brandy, 3ij beef-tea, and ℥xx tr. opii. were given every three hours after the operation.

The patient's condition rapidly improved. The pulse was much stronger in the evening. Convalescence went on without any bad symptoms. The temperature never exceeded 100.2°. She left the hospital on Sept. 6th, and presented herself in October, quite well.

[Reported by Mr. E. A. WADESON, Clinical Clerk.]

CASE II.—*Subperitoneo-pelvic Gestation: Death of Fetus at about end of Third Month: Operation: Cure.*—J. G., aged 27; admitted July 20th, 1889.

Family History.—One brother, a sister, and some of father's relatives were consumptive. A sister was under Dr. Herman's care for spasmodic dysmenorrhœa twelve years ago, and was cured by dilatation; sterility, also present, was not cured.

Previous Health.—Always lived in comfortable circumstances, but was never strong; suffered from headaches, fainting fits, cold extremities, deficient appetite, constipation, and uncertain sleep. First menstruated at 17. Between 18 and 19 was under Dr. Herman's care for chlorosis with amenorrhœa, and was cured by iron. Menstruation usually lasted one day, was scanty, preceded by some hours' hypogastric aching, which passed off when the flow became established.

Patient was married at 24, but was never before pregnant. For nine months after marriage she did not menstruate, and was treated as if pregnant by her medical attendant. She last menstruated

sions; arrangements for opening cholera wards and infirmaries; special courses for army surgeons and medical assistants (*feldshers*) in connection with the first aid to cholera patients, and so on.

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.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 16th day of April next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary*.

March 12th, 1890.

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: 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.

GLoucestershire BRANCH.—The next ordinary meeting of this Branch will be held on Tuesday, March 18th, at 7.30 P.M., at the General Infirmary, Gloucester, under the presidency of H. E. Waddy, Esq. Agenda: A discussion on Diet in Acute Disease will be opened by Dr. G. B. Watters, Stonehouse.—G. ARTHUR CARDEW, Honorary Secretary.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.—An ordinary meeting of this Branch will be held in 198, Union Street, Aberdeen, on Wednesday, March 19th, at 8 P.M., the President, Dr. Fowler Woodside, in the chair. Business:—1. Minutes; Nomination of new members, etc. 2. Ballot for the admission of Dr. A. Rudolf Galloway, Aberdeen. 3. Dr. MacGregor: Case of Rupture of Kidney. 4. Dr. McKenzie Davidson: Exhibition of Dr. Lang's Twin Needle for the treatment of Anterior Synchia. 5. Dr. Beveridge: Case of Lumbar Hernia, with exhibition of patient.—ROBERT JOHN GARDEN, J. MACKENZIE BOOTH, Honorary Secretaries.

SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.—The next meeting of this Branch will be held at the Royal Surrey County Hospital, Guildford, on Thursday, March 27th. Members desiring to bring forward papers or cases are requested to communicate with the Honorary Secretary, J. P. A. GABB, M.D., Guildford.

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. Meeting at 3.30 P.M. Dinner at 5.30 P.M. Charge 6s., exclusive of wine. Dr. Samuel West will introduce for discussion the subject of Influenza. Members or others desirous of contributing papers or cases are requested to communicate with T. JENNER VERRALL, Honorary Secretary, 97, Montpelier Road, Brighton.

THAMES VALLEY BRANCH.—The next meeting of the Branch will take place at Kingston on Wednesday, March 26th. Members willing to read papers or exhibit cases are requested to communicate with CHARLES C. SCOTT, Honorary Secretary, St. Margaret's, Twickenham.

STIRLING, KINROSS, AND CLACKMANNAN BRANCH.

A MEETING of this Branch was held at the Crown Hotel, Alloa, on Thursday, March 6th, Dr. STRACHAN in the chair. Letters of apology for unavoidable absence were received from Drs. Haldane, Leslie, Spence, Linton, and Mackintosh. The minutes of the last meeting were read and confirmed.

Dr. Rentoul's Scheme.—This subject was discussed, and resolutions were passed, which will be found at p. 634.

Exhibition of Instruments.—Messrs. J. GARDNER and SON, of Edinburgh, exhibited a large collection of Electrical, Gynaecological, and Surgical Instruments.

CEYLON BRANCH.

A COUNCIL meeting of this Branch was held at the Colonial Medical Library on Saturday, October 5th, 1889, at which the following gentlemen were present:—Drs. Rockwood and Macdonald, and Messrs. Weinman and Johnson. Dr. ROCKWOOD was in the chair.

Election of Secretary.—A letter was read from Dr. Brito, the Honorary Secretary, resigning his office. It was proposed by Dr. MACDONALD, seconded by Dr. WEINMAN, and carried that Dr. Brito's resignation be accepted. It was proposed by Mr. WEINMAN, seconded by Mr. JOHNSON, and carried, that Dr. Macdonald be appointed to act as Honorary Secretary till the general meeting in December.

Proposed Resignation of President.—A letter was read from the president, Dr. Anthonisz, resigning his office on account of press of business, and his frequent and long absences from Colombo. It was proposed by Dr. MACDONALD, seconded by Mr. WEINMAN, and carried that a deputation, consisting of Drs. Rockwood and Vanderstraaten, be requested to wait upon Dr. Anthonisz and induce him to remain in office to the end of the present year, and to report at next meeting.

A COUNCIL meeting was held on December 7th, 1889. Drs. Vanderstraaten and Macdonald, and Messrs. Schokman, Hallock, and Roberts were present, Dr. VANDERSTRAATEN being in the chair.

New Members.—Messrs. de Silva and Passe were elected members of the Branch.

THE annual meeting of this Branch was held on December 7th, 1889. The following gentlemen were present:—J. L. Vanderstraaten, M.D.; J. D. Macdonald, M.D.; W. G. Rockwood, M.D.; S. Fernando, M.B.; E. N. Schokman, L.C.M.C.; S. Hallock, L.R.C.P. & S.; E. Roberts, L.C.M.C.; C. A. de Silva, M.R.C.S.; A. E. Weinman, L.C.M.C.; James Loos, M.D.; G. J. Woutersz, M.R.C.S.; H. Huybertsz, L.R.C.P. & S.; The Honourable P. D. Anthonisz, M.D.; and W. A. Passe, L.R.C.P. & S.

Election of Officers.—The following office-bearers were elected for

next year:—*President*: W. R. Kynsey, F.K.Q.C.P., C.M.G. *President-Elect*: James Loos, M.D. *Vice-Presidents*: J. L. Vanderstraaten, M.D., and W. G. Rockwood, M.D. *Honorary Secretary*: J. D. Macdonald, M.D. *Honorary Treasurer*: Solomon Fernando, M.B.

A COUNCIL meeting was held on January 4th, 1890, the *PRESIDENT* in the chair. The following gentlemen were present:—W. R. Kynsey, F.K.Q.C.P., C.M.G., *President*; J. L. Vanderstraaten, M.D.; W. G. Rockwood, M.D.; J. D. Macdonald, M.D., *Honorary Secretary*; E. N. Schokman, L.C.M.C.; A. E. Weinman, L.C.M.C.

New Member.—Mr. C. Heynsberg, L.R.C.P., was elected a member of the Branch.

Rules of Procedure.—The following rules of procedure were read and approved of:—I. Order of procedure to be followed at the ordinary monthly meetings:—1. The president shall take the chair, in his absence one of the vice-presidents, and in their absence the meeting shall elect a chairman. 2. The secretary shall read the minutes of the preceding meeting, and in his absence the president or chairman shall appoint a secretary for the day. 3. The minutes of the previous ordinary meeting having been read and confirmed shall be signed by the chairman. 4. The minutes of the last council meeting shall be read and discussed. 5. Donations that may have been made shall be acknowledged. 6. Correspondence shall be read. 7. Notices of motion to be brought before the Association at the next ordinary meeting shall be given. 8. Demonstrations of objects, patients, etc. 9. Papers read and discussed. II. Order of procedure to be followed at annual meetings:—1. The president shall take the chair. 2. The secretary shall read the general report for the year. 3. The treasurer shall read the financial report for the year. 4. Nomination and election of office-bearers for the ensuing year. 5. The president shall introduce the president-elect and the office-bearers to the meeting. 6. The president shall deliver an address.

AN ordinary meeting was held on January 4th, 1890, at which the following gentlemen were present:—W. R. KYNSEY, F.K.Q.C.P., C.M.G., *President*; J. D. Macdonald, M.D., *Honorary Secretary*; J. L. Vanderstraaten, M.D.; W. G. Rockwood, M.D.; E. N. Schokman, L.C.M.C.; and A. E. Weinman, L.C.M.C. The minutes of the last council meeting were read and discussed, and were adopted.

Paper.—The *HONORARY SECRETARY* read a paper on a case of Herpetic Eruption by H. Huybertsz, L.R.C.P., Medical Officer of Kalutara, which gave rise to a discussion on herpetic eruptions in general.

GLOUCESTERSHIRE BRANCH.

AN ordinary meeting of the Branch was held on Tuesday, February 18th, 1890, at the General Hospital, Cheltenham.

In the unavoidable absence of Mr. Waddy, Dr. BATTEN was voted to the chair.

Influenza.—Dr. BATTEN opened a discussion on Epidemic Influenza, which proved to be both interesting and useful. The following gentlemen took part in it: Drs. ROOKE, WILSON, S. W. SMITH, SOUTAR, WALTERS; Messrs. MASON, CARDEW, and others. Dr. BATTEN followed to close the discussion.

Proposed Public Medical Service.—A special meeting of this Branch was held on January 21st to consider Dr. Rentoul's resolutions. An account of the proceedings will be found at p. 635.

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 to 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.

Hon. Secretaries: ISAMBARD OWEN, M.D., 40, Curzon Street, Mayfair, W.; C. W. SUCKLING, M.D., 103, Newhall Street, Birmingham.

B.—SURGERY.

President: T. H. BARTLETT, F.R.C.S.

Vice-Presidents: BENNETT MAY, F.R.C.S.; J. G. SMITH, M.B.

Hon. Secretaries: F. A. SOUTHAM, F.R.C.S., 13, John Street, Manchester; F. MARSH, F.R.C.S., 34, Paradise Street, Birmingham; H. G. BARLING, M.B., F.R.C.S., 85, Edmund Street, Birmingham.

C.—OBSTETRIC MEDICINE AND GYNÆCOLOGY.

President: T. SAVAGE, F.R.C.S.

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Honorary Local Secretaries:

R. SAUNDY, M.D., 83A, Edmund Street, Birmingham; JORDAN LLOYD, F.R.C.S., 22, Broad Street, Birmingham; A. HARVEY, M.B., 358, Wheeler Street, Lozells, Birmingham.

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.—Adjoined 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 FOSTER, M.D., M.P.

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.

SAURDAY, AUGUST 2ND, 1890.
Excursions.

SPECIAL CORRESPONDENCE.

PARIS.

Guyon on Retention of Urine.—Chloralamide.—Hydrastis Canadensis.—The Transmission of Rabies.—Hydrophobia after Two Years' Incubation.—Water Analysis during a Typhoid Fever Epidemic.—Analysis of Rhône Water.—Reports on English Hospitals.—Health of the Army.—Medical Sanitation.—General News.

M. F. GUYON has arrived at the following conclusions from his experimental researches concerning the pathological anatomy and physiology of the retention of urine. This affection invariably develops in an aseptic and non-febrile form. It is only after septic intervention or in patients previously infected that fever appears. In human beings, retention of urine is always accompanied by polyuria; this symptom is determined by the repletion of the bladder. Another result of retention is the inflammation of the entire urinary apparatus. The prostate and the kidneys are increased in size; their volume is diminished by the repeated use of the catheter. M. Guyon determined inflammation of the bladder, kidneys, pelvis, ureters, and prostate in animals. The bladder and kidneys were principally affected. There was stasis of the blood vessels and interstitial hæmorrhage. The muscular layer of the bladder was detached by the sanguinolent effusion; the epithelium was also detached in parts; there were extensive patches of ecchymoses on the interior surface; the urine was mixed with blood. The kidneys were increased by one-sixth of their normal volume; there was hæmorrhage; hæmaturic or epithelial cylinders were detected in the urine. When the bladder suffered sustained tension, the urinal secretion was diminished instead of being increased. The kidney was directly threatened. The protection afforded by the uretero-renal current, which in a normal state isolates it from the bladder, is suppressed when the retention of urine is prolonged. The introduction of inert particles or micro-organisms becomes possible in a stagnant medium, where the normal currents of the ureter and bladder are suspended, and the microbes, instead of being repulsed or relegated to the bladder, ascend to the kidney. The distension suppresses the contractile power, first of the bladder, and subsequently of the ureter. The degree and intensity of the tension determine the anatomical lesions and physiological disturbance. From the bladder it spreads to the ureter and kidneys. When the bladder is completely filled, the urine which continues to be secreted passes into the ureter, renal pelvis, and canaliculi, but these do not relieve the bladder from the excess of urine it contains. There is

no reflux in acute retention. The bladder is first affected in the retention of urine. The immediate or remote results of this affection depend on the moment intervention is effected, whether before or after the upper urinary apparatus is attacked.

M. Eloy considers that chloralamide might be employed with benefit in treating the insomnia of phthisical patients. In the case of cardiac patients it should be employed with reserve. He recommends it when the insomnia of cardiopaths is accompanied by arterial hypertension. It should be administered in sweetened water, to which a portion of alcohol or red wine is added, or in a potion, sweetened with fruit syrup. The dose varies from 75 centigrammes to 2 grammes for men. A third less should be given to women. M. Eloy considers that on the whole the use of chloralamide offers much the same danger as chloral.

M. A. Cabanès, in his doctoral thesis on the different preparations of *hydrastis canadensis*, comes to the following conclusions: These preparations deserve to take their place among the therapeutical remedies for uterine hæmorrhage, and certain affections of the digestive passages. The root of *hydrastis canadensis*, which is the only part of the plant employed medicinally, contains sugar, albumen, extractive and fatty substances, volatile oil, and three alkaloids—hydrastine, berberine, and xantho-puccine. The preparations he most recommends are fluid extract of *hydrastis*, administered in doses of 60 to 80 drops per diem (20 drops at a time), the alcoholic tincture at 20 per cent., the decoction of the root at 60 per cent. *Hydrastis canadensis* is a vasoconstrictor. In moderate doses it paralyses the vasomotor centres and diminishes blood pressure. The aqueous extract is not toxic. The extract of *hydrastis* determines contractions in the uterine blood vessels. It may be employed with considerable benefit in different forms of uterine hæmorrhage, utero-ovarian inflammation, and dysmenorrhœa. It should be administered during the intermenstrual period. It modifies certain forms of dyspepsia; it does not exercise any action on the development of fibromyomata.

At the Biological Society M. Chauveau read a note by M. Galtier on the means of transmitting rabies, in certain rare cases, by the digestive, respiratory, and genito-urinary passages. The buccal mucous membrane of thirty rabbits was painted with an emulsion of rabid medulla oblongata. Four of the animals contracted rabies. Thirty others absorbed the same substance; two became mad. Instances have been known of children contracting rabies through applying objects soiled by the saliva of a dog to their mouth. The Pasteur method of vaccination should then be employed. Eleven rabbits out of thirteen were killed by intralaryngeal injections. Inoculation in the conjunctival *cul-de-sac* will also determine rabies. M. Nocard has administered to a fox in six weeks eight brains and medullæ of rabid foxes and five or six brains of mad dogs. The animal acquired neither rabies nor immunity from it, for after trephining and inoculation it contracted the disease.

Dr. V. Desguin reports the following case of rabies after two years' incubation and treatment by M. Pasteur. In March, 1887, a young man, aged 24, was bitten in the face and neck by a mad dog. The wounds were cauterised with nitrate of silver two days afterwards. On the following day the patient went for treatment to the Pasteur Institute, where he remained about three weeks. On May 18th, 1889, the first symptoms of rabies appeared. On the 20th M. Desguin was called in; he observed all the usual symptoms of rabies. On the 22nd spasms, nervous excitement, and expectoration were only calmed by numerous subcutaneous injections of morphine and atropine. The patient, who preserved his consciousness throughout, expired in convulsions on the following afternoon.

MM. Doyen and Lajoux analysed seven samples of water sent from Pont Faverger, where a typhoid fever epidemic had appeared. Five samples obtained from contaminated wells contained 25,000,000 bacteria to a quart of water; of these, 15,000,000 to 20,000,000 were typhoid bacilli. The seven samples of water and tubes containing charbon, typhoid, cholera, etc., bacilli were frozen at 100° C. for a few minutes. After a quarter of an hour the thermometer marked 96°, and after eight hours 30°. All these cultivations remained sterile. The contaminated waters contained the ordinary proportion of ammoniacal and organic substances. These had undergone nitric fermentation in the soil. MM. Doyen and Lajoux conclude that the posology of the organic substances and nitrate of ammonia are of secondary importance in the analysis of suspected water, but that the posology of the chlorine and nitric acid corresponds exactly to the degree in which the water is contaminated by the organic substances of

RELATIVE RANK.

MR. STANHOPE AND THE ARMY MEDICAL STAFF.

We are enabled to lay before our readers the following official statement of the Government's intentions with regard to the recommendations of Lord Camperdown's Committee :

Recommendations.			Steps taken.
1. Ranks to be—	I.—ARMY. Constitution, Rank, etc.		1. As at present.
	Present Title.	Relative Rank.	
Surgeon-General	Surgeon-General	Major-General.	
Surgeon-Colonel	Deputy Surgeon-General	Colonel.	
Surgeon-Lieutenant-Colonel.	Brigade-Surgeon, and Surgeon-Major ranking as Lieutenant-Colonel.	Lieutenant-Colonel.	
Surgeon-Major	Surgeon-Major	Major.	
Surgeon-Captain	Surgeon (after 3 years' service)	Captain.	
Surgeon-Lieutenant	Surgeon (under 3 years' service)	Lieutenant.	
[Sir W. Crossman, Rear-Admiral Hotham, and Mr. Bartley dissent.]			
2. The medical rank and relative Army rank of an Officer to be stated on his commission.			2. Approved, wherever possible.
3. Relative rank to hold for all purposes except military command.			3. Approved. "Ranking with" being substituted for "Relative rank."
4. The first 50 Surgeons-Lieutenant-Colonel to have pay and allowances now given to Brigade Surgeons; but to lose their right to retire after 20 years' service.			4. Not approved.
APPOINTMENT.			
5. Candidates producing the diploma of the Society of Apothecaries not to be required to produce a second diploma.			5. Approved.
6. Some appointments to be given, without examination, to House Surgeons or House Physicians at Hospitals recognised by the General Medical Council.			6. Approved, when necessary.
7. Commissions to date from the time of entering the service, not from that of leaving Netley.			7. Not approved, but will be further considered with India.
PROMOTION.			
8. Examination for rank of Surgeon-Major to be conducted by a mixed Board; the Examiners in Medicine and Surgery to be chosen from outside the Medical Staff.			8. Approved.
9. Examinations for ranks above Surgeon-Major to be dispensed with.			9. Approved.
10. In promotion to Brigade-Surgeon and higher ranks, a preference to be given to Officers who have distinguished themselves.			10. Approved.
[This seems not to agree with No. 5.]			
11. Promotion to highest ranks to be by very careful selection.			11. Approved.
RETIREMENT.			
12. Retirement on gratuity of £500 after six years' service <i>not</i> recommended.			
[Lord Camperdown and Mr. Macnamara dissent, and recommend that such optional retirement be allowed.]			
13. [Mr. Bartley recommends the substitution of 30 for 20 years' service for voluntary retirement.]			
14. Surgeons-General to serve till 62 years of age.			14. Carried out so far that power is taken in the Warrant to allow of it.
[Mr. Bartley would add that Brigade-Surgeons should serve till 57.]			
15. Two years' service in the rank of Surgeon-General and Deputy Surgeon-General and three years in that of Brigade Surgeon, to be required before allowing an Officer to retire on the retired pay of the rank, except in a case of permanent ill-health contracted in and by the Service.			15. Carried out, with three years all ranks
[Mr. Bartley would require three years in every rank.]			
SERVICE, DUTIES, ETC.			
16. Tour of foreign service not to exceed five years, except in case of emergency.			16. Not accepted.
17. On first appointment, a Medical Officer to be attached for a definite term to a regiment or other administrative unit.			17. Not accepted.
18. Once in seven years an Officer to have three months' special leave, to improve himself in professional knowledge.			18. Not accepted.
19. A Medical Officer on leave [<i>query</i> —on half-pay?] on account of illness contracted in and by the Service, to have the same privileges as a combatant Officer.			19. Not accepted.
20. Advantages as to pay and allowances given at Home also to be given in India.			20. A matter for India.
21. Employment of Retired Officers to fill medical appointments at Home is condemned.			21. Not accepted.
22. Officers in charge of Station Hospitals to take a fair share of executive duty.			22. Approved, where possible.
23. A careful inquiry to be made into establishments of Station Hospitals.			23. Approved.
24. At small Home Stations Civil Practitioners to be employed where practicable.			24. Approved, when practicable.
[Dr. Balfour dissents.]			
II.—ROYAL NAVY.			
25. Inspectors of Hospitals and Fleets not to be compulsorily retired before age of 62.			
26. Officers to have opportunities from time to time for improving themselves by professional and scientific study.			
27. Yarmouth Hospital to be utilized more fully.			

THE *Army and Navy Gazette*, referring to the reply given by Mr. Stanhope to Dr. Farquharson's further question in the House of Commons on March 6th, says: "The reply of Mr. Stanhope may be an exceedingly simple way out of a difficulty, but we doubt whether the service will be perfectly satisfied with it. Lord Camperdown's Committee recommended several changes. Mr. Stanhope, to save himself trouble, ignores them all. Some of them were undoubtedly undesirable, but there was one which the whole service approved of; we refer to the proposal to attach a medical officer to each regiment of cavalry and battalion of infantry. Whatever this change might have cost, it ought to have been carried out. It is a reform that the army has been demanding for years past, and it is one that is urgently required in the interests alike of individuals and the service."

MAJOR-SURGEON writes: While questioning the expediency of demanding a purely military title, and since the Secretary of State for War refuses to carry out the recommendations of the Committee, I beg to suggest the following, which it appears to me would be sufficient for the medical department and unobjectionable to fair-minded combatant officers. The military to precede the medical title, thus: Lieutenant-Surgeon on to General-Surgeon. The rank of the present Deputies to be Brigadier-Surgeon, superior to all Colonels. Especially is the title Surgeon-Major objectionable from liability to confusion with Sergeant-Major.

. The above has often been advocated, and is practically the American system; we fear it would find scant favour among the clique of so-called combatants, whose objection is not to one kind but to any military titles simple or compound, being given to medical officers.

ARMY MEDICAL REFORM.

ROYAL MEDICAL CORPS sends the following heads of reform, which he suggests each member of the British Medical Association should tear out of the JOURNAL and send to their respective M.P.'s as the only way to bring the matter prominently forward. 1. Consolidation of Medical Staff and Medical Staff Corps into "Royal Medical Corps." 2. Substantive rank for the officers, to be commissioned as Lieutenants and Surgeons, etc., consecutively upwards to Lieutenant-General and Director-General. 3. Command limited to own corps and officers and men in hospital or attached. 4. To serve on boards and courts-martial (if necessary) according to army rank. 5. Regimental pay to be made up to present pay by the addition of departmental pay. 6. Foreign service five and three years as before. 7. Recognition of rank and pay in India; brigade-surgeons there to have Rs. 250 *per mensem* additional, consolidated. 8. The corps to be recruited from line regiments, of soldiers of good character, and of one year's service, except in special cases of clerks and chemists who could be directly enlisted.

THE OLD CONTROL.

K. writes: The following quotation from Henty's *March to Coomassie* made with reference to the commissariat is so exceedingly *apropos* to the present condition of the Medical Department, that we have only to substitute *medical department for control* to make the parallel complete.

"As long as one department is civil and the other military there will be an absence of unity, an absence of cohesion, and a host of mistakes, jealousies, rivalries, and breakdown. The officers of the army and the control are alike opposed to the system, and the latter are always ready to confess and deplore the weakness of the present state of things. In peace it discharges duties essential to the army, and more intimately connected with it than the greater portion of the duties of the Royal Engineers, and yet no one urges that because the latter are engaged on topographical work, perhaps for years, they should therefore have no right to be looked upon as military men. The responsibility thrown upon them is enormous, their work unceasing, and yet they are looked upon as civilians, and their difficulties immensely increased by the fact that they have no military rank. They have, indeed, a relative rank assigned to them, but as they are not called by it is altogether useless in giving them authority or influence. A soldier hears a person spoken of as Mr. Irvine, and consequently this "Mr." has in his mind a far less authority than Sergeant Thompson, although Mr. Irvine is a lieutenant-colonel with enormous responsibility. As long as the position is looked upon as civilian, and therefore in the eyes of military men an inferior one, so long will it be impossible for the department to carry out its duties efficiently. In time of war it is crippled and hampered by its want of definite position, by its civilian status, and by the consequent want of co-operation and sympathy from the purely military branch of the service. If it is ever to be an efficient branch of our army a thorough change is required. To be effectual it must be made a military instead of a civil department, and its officers must have a substantial rank."

Could anything more plainly describe the present position of the Medical Department? The remedy here so effectively pointed out by Mr. Henty was stoutly resisted by the military, and it took sixteen years to convince them of their error. Will it take so long to convince our present obstructives, or will Mr. Stanhope rise equal to his opportunities?

. We thank our correspondent for drawing attention to the above; nothing could be more to the purpose in the present army medical controversy. Once more the obstructive jealousies of a clique have wrongly influenced the War Minister against, we cannot but think, his better judgment. Time fights on the side of the Medical Department, and the reform must come, but the question is how long? We will venture to prophesy it will be sooner than with the old control or commissariat branch.

AN ANOMALY.

RESERVE writes: The volunteer surgeon who joins the Army Medical Reserve counts every day as if full pay service for promotion, whilst the regular army surgeon on the reserve list, as liable to be recalled to service till 55 years of

age, and shown on the active list like his volunteer *confrère*, is apparently treated as if no longer in the service. Why so? And if both are called out for service, will not some very considerable friction result?

ADMINISTRATIVE TENURE.

THE following table has been sent to us from India, showing the anomalous position of the Medical Staff in the tenure of its administrative appointments as compared with the rest of the army. The age limit by itself works in a very haphazard and uneven manner, and gives to specially promoted officers, if young, a sort of monopoly of these appointments which cannot be defended in equity, and is probably neither good for individuals nor the service. Why cannot a tenure as well as an age limit be adopted, as in all other army staff appointments?

Promotion in the Administrative Grades of the Medical Staff.

The Senior officers of the Medical Staff are invited to consider their position as regards promotion, and for this purpose the accompanying table has been drawn up:—

Surgeon-Generals.	Date of Promotion.	Number of Years in Rank under 60 Years of Age Rule.	Number of Years in Rank if Age be Extended to 62.
Sinclair	27-3-82	X	XII
Madden	7-5-82	XI $\frac{1}{2}$	XIII $\frac{1}{2}$
Thomson	3-3-86	IV	VI
Hanbury	14-6-87	IV $\frac{1}{2}$	VI $\frac{1}{2}$
Fraser	21-6-87	IV $\frac{1}{2}$	VI $\frac{1}{2}$
Webb	31-12-87	VI	VIII
Reade	15-2-88	IV $\frac{1}{2}$	VI $\frac{1}{2}$
Ferguson	29-11-88	II $\frac{1}{2}$	IV $\frac{1}{2}$
Meadows	10-89	II $\frac{1}{2}$	IV $\frac{1}{2}$
Tarrant... ..	28-10-89	$\frac{1}{2}$	II $\frac{1}{2}$

It will be observed that under the 60 years of age rule the two senior Surgeons-General can serve in the grade for X and XI $\frac{1}{2}$ years respectively, while, if the age be extended to 62, these officers will have XII and XIII $\frac{1}{2}$ in the rank; under the 60 years rule one other Surgeon-General can serve VI years as such, while, if the age be extended, one can serve for eight years, and four others from six to nearly seven years.

It must be evident that such a system is unjust to the junior administrative, and senior executive officers as it delays promotion for some, and causes others to retire very soon after obtaining the rank of Surgeon-General.

If the age be extended to 62, much hardship must be inflicted, and many deserving officers will be cut out of all chance of further promotion.

In no other branch of Her Majesty's service is such a system permitted; General and all other Staff Officers have to vacate commands or appointments at the end of five years.

Commissary Generals have also to retire after five years in the rank, and the same rule is in force in the Indian Medical Service.

In the Medical Staff alone is an officer, ranking as Major-General, permitted to hold rank, pay, and position for a period terminable only by age (60). If this age be extended, how much worse must it become for all below?

The question is, how is this to be remedied?

The War Office Actuaries have declared that the extension of the age rule to 62 will cost the public £25,000, so this proposal will probably be dropped, except in special cases where it may be distinctly to the advantage of the service that an extension of one or two years should be given.

The important question now is, how to remedy the present block, and this might partly be done by introducing a rule that the appointment of Surgeon-General should only be tenable for five years, or terminable on attaining the age of 60, whichever occurs first, except in special cases as noted above.

The present senior Surgeons-General should certainly be retired on the pension of their rank, but should receive compensation for loss of pay and allowances for the number of years they might have served on as was done when the age of administrative officers was reduced from 65 to 60, some years ago.

Every Deputy Surgeon-General and Brigade-Surgeon is directly interested in this question, and it is to be hoped each one will bring to bear all the interest in his power to get the present rule modified.

There is no desire to inflict any injury or hardship on the senior officers concerned, and they should receive full compensation; at the same time they could not complain, if fairly compensated, at being retired after so many years of high rank and pay as Surgeons-General.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE following officers, who have been under instruction from Surgeon Walter Pearce, M.D., and the staff of the school, have recently passed the proficiency examination for volunteer medical officers, which is now compulsory for all acting-surgeons of the volunteer force, and is required before promotion as well as for commissions in the Army Medical Reserve.—Brigade-Surgeon F. P. Giles, Welsh Border Brigade and 1st Herefordshire R.V.; Surgeon-Major W. T. Colby, M.D., 2nd V.B. Princess of Wales's Own (Yorkshire) Regiment; Surgeon W. Chalmers-Cowan, 1st Forfar Artillery Vols.; Surgeon A. G. Bateman, M.B., Army Medical Reserve and 16th Middlesex R.V.; Surgeon W. H. Bull, F.R.C.S.Ed., 3rd (Bucks) V.B. Oxfordshire Light Infantry; Surgeon A. R. F. Evershed, 20th Middlesex (Artists') R.V.; Acting-Surgeon J. A. Adams, M.D., 1st (Lanarkshire) V.B. Scottish Rifles; Acting-Surgeon M. J. Fox, 3rd Lancashire Artillery Vols.; Acting-Surgeon W. Nettle, 2nd V.B. Duke of Cornwall's Light Infantry; Acting-Surgeon G. J. Eady, 1st

V.B. Queen's Royal West Surrey Regiment; Acting-Surgeon R. Pollock, M.B., 3rd V.B. Highland Light Infantry; Acting-Surgeon D. Macphail, M.D., 5th V.B. Scottish Rifles; Acting-Surgeon J. Adams, M.B., 1st V.B. (Prince of Wales's Volunteers) South Lancashire Regiment; Acting-Surgeon H. G. Roberts, 2nd V.B. Royal Welsh Fusiliers.

The next class will be held in May. The convenience of officers residing at a distance from London will be studied. Further information can be obtained of the Honorary Secretary, S. R. Sleman, 7, St. Benet Place, Gracechurch Street, E.C.

CHANGES OF STATION.

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

	From	To
Brigade-Surgeon A. F. Preston, M.B. ...	Bombay ...	Portsmouth.
" J. H. Murray, M.D. ...	Chatham ...	Bermuda.
Surgeon-Major R. N. Mally ...	— ...	Belfast.
" A. A. Macrobion, M.D. ...	Curragh ...	Bengal.
" R. Drury, M.D. ...	Bengal ...	Curragh.
" W. Donovan ...	Woolwich ...	Bengal.
" N. Leader, F.R.C.S.Ed. ...	Waterford ...	"
Surgeon T. B. Moffitt ...	Exeter ...	"
" R. O. Cusack ...	Newcastle-on-Tyne ...	Madras.
" W. D. A. Cowen ...	Portsmouth ...	"
" T. F. W. Fogarty, M.B. ...	Horfield ...	Bombay.
" R. W. Ford ...	Dublin ...	Waterford.
" L. W. Swabey ...	Aldershot ...	Bengal.
" T. Moynihan ...	Belfast ...	Dundalk.
" J. C. Haslett, M.D. ...	Devonport ...	Exeter.
" F. H. M. Burton, M.B. ...	Burnley ...	Lichfield.
" R. Kirkpatrick, M.B. ...	Edinburgh ...	Leith Fort.
" T. R. Morse ...	Dublin ...	Curragh.
" R. H. H. Moore ...	Bombay ...	Dublin.
" J. R. S. Robertson, M.B. ...	Clonmel ...	"
" A. E. Tate ...	" ...	Woolwich.
" H. J. Wyatt ...	Dublin ...	Athlone.
" A. Y. Reilly, M.B. ...	Aldershot ...	Bermuda.
" J. G. Deacon, M.D. ...	Sierra Leone ...	Cape Coast/Castle

NAVAL MEDICAL SERVICE.

THE following paragraph appears in Lord George Hamilton's statement, explanatory of the Naval Estimates, 1890-91:

"The experience of the Naval Medical Department during the past year has been most satisfactory.

"The competitions for the entry of surgeons have been productive of gratifying results.

"It has been thought desirable, in the interest of the Naval Service, to establish a board of examiners, to be under the immediate control of the Admiralty, and independent of the Army, for the examination of candidates for entry into the medical branch of the Navy. The Admiralty accepted the generous offer of Sir Andrew Clark, the distinguished President of the Royal College of Physicians, to undertake gratuitously the presidency of this Board, which is composed of the following eminent members of the medical profession:—Sir Dyce Duckworth, Lecturer and Physician to St. Bartholomew's Hospital; Sir W. Mac Cormac, Professor of Surgery at St. Thomas's Hospital; Mr. George Makins, Assistant Surgeon and Lecturer at St. Thomas's; and Dr. Shore, Lecturer at St. Bartholomew's Hospital.

"This change has necessitated the discontinuance of a system which had been in force for some years, and under which these examinations had been held conjointly with those for the Army and Indian services."

THE MEDICAL STAFF.

THE leave to England on private affairs granted to Surgeon A. L. H. DIXON, who is borne on the strength of the Madras Establishment, is extended by one month.

Surgeon R. T. MCGEAGH, M.D., serving in the Madras command, is, on return from Burmah, directed to do duty in the Belgium and Bangalore districts.

Surgeon-Major G. LAFFAN, M.D., serving in the Madras command, has leave to England for 182 days, on medical certificate.

Surgeon-Major WILLIAM WALTER WEBB died in London on March 5th. He entered the service as Assistant-Surgeon, January 20th, 1843; became Surgeon, March 3rd, 1854; and Surgeon-Major, January 20th, 1863; on July 10th of last year he retired on half-pay. He was with the 47th Regiment in the Eastern campaign of 1854-55, and was at the siege and fall of Sebastopol (medal with clasp, and Turkish medal).

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR G. R. DAPHTARY, M.D., Bengal Establishment, has retired from the service, which he entered as Surgeon, March 30th, 1872, becoming Surgeon-Major twelve years thereafter. He served in the Afghan war of 1878-80, receiving the medal granted for that campaign.

The services of Surgeon F. F. MACCARTHE, Bombay Establishment, a probationer in the Assay Department at Bombay, have been replaced at the disposal of the Government of Bombay.

The services of Surgeon W. H. B. ROBINSON, Bengal Establishment, are replaced at the disposal of the Military Department.

Surgeon G. S. ROBERTSON, Bengal Establishment, on special duty under the Foreign Department, is granted privilege leave for three months.

Surgeon H. W. G. MACLEOD, Bengal Establishment, is transferred from the officiating medical charge of the 1st Battalion 2nd Goorkhas to the officiating medical charge of the 13th Bengal Lancers, vice Surgeon D. M. MOIR, who has proceeded on field service with the Chin-Lushai Force. Surgeon F. W. THOMSON, Bengal Establishment, is appointed to the officiating medical charge of the 1st Battalion 2nd Goorkhas, vice Surgeon Macleod.

The second Christian name of Surgeon-Major H. P. JERVIS, Bombay Establishment, is *Pruce*, and not as notified in the *London Gazette* of December 10th, 1889.

ARMY MEDICAL RESERVE.

SURGEONS HENRY WRIGHT and EDMOND WEST SYMES, M.D., are promoted to be Surgeon-Majors, ranking as Majors.

THE VOLUNTEERS.

ACTING-SURGEON M. J. FOX, 3rd Lancashire Artillery, is promoted to be Surgeon.

MR. JOHN FRANCIS HASWELL, M.B., is appointed Acting-Surgeon to the Tyne-mouth Artillery (Western Division Royal Artillery).

Acting-Surgeon D. MACPHAIL, M.D., and J. BLAIR, M.D., of the 5th Volunteer Battalion Scottish Rifles (late the 7th Lanarkshire), are promoted to be Surgeons.

MR. RICHARD GREENE is appointed Acting-Surgeon to the 1st Volunteer Battalion Northampton Regiment (late the 1st Northamptonshire).

MEDICO-LEGAL AND MEDICO-ETHICAL.

LIBELLING A SURGEON.

A DRESSMAKER, named Jane Boston, aged 37 years, was charged at the Manchester Assizes on March 6th with having written and published a scandalous libel on Thomas Henry Pinder, a surgeon, of Manchester. The prisoner wrote letters to friends of Mr. Pinder accusing him of serious crimes. She was found guilty and sentenced to six months' imprisonment without hard labour.

MEDICAL OFFICERS AND FRIENDLY SOCIETIES.

MR. FREDERICK T. PEARSON, Solicitor (New Shoreham, Sussex) writes: I have been shown a case reported in the *JOURNAL* of February 15th under "Medico-Legal" in which a medical officer to a friendly society recovered damages in the Cardiff County Court for wrongful dismissal. I should be glad to know whether the case of *in re Alfred Holt* (4 Q.B.D. 29) and the Friendly Societies Amendment Act, 1879 (or 80) were brought to the notice of the learned judge. I think that if such had been the case, the doctor would have been referred to his remedy under the rules of the society, and that the judge would have held that he had no jurisdiction to try the case. The point is of considerable interest to country practitioners, and I should like to see it fully discussed.

"* The point in question was raised in the case and settled by the judge.

As it is of some importance, it may be well to quote the section of the Friendly Societies Act relied on. This reads as follows:—

"Section 22.—Every dispute between a member, or person claiming through a member or under the rules of a registered society, and the society or an officer thereof, shall be decided in manner directed by the rules of the society, and the decision so made shall be binding and conclusive upon all parties without appeal, and shall not be removable into any court of law or restrainable by injunction; and application for the enforcement thereof may be made to the county court."

A copy of the rules of the Society was handed in, stating that all disputes between members must be referred to arbitration, and it was contended therefore, that the judge had no jurisdiction, the counsel for the society arguing that one of the duties of the surgeon was to look after the interests of the society, and that this brought him within the arbitration clause. The judge disposed of this argument by saying: "Surely, you don't say that all disputes between members must be referred to arbitration. The plaintiff is suing not as a member, but as surgeon. According to your argument, every tradesman who had an account against a friendly society would have to submit it to arbitration. He did not require to hear further on that point, as it must be apparent at once that the arbitration clause did not apply. There had been many cases decided to that effect." The objection was then overruled, and the case taken on its merits. This decision is certainly in accordance with equity and common sense, and should induce practitioners who may have disputes with friendly societies to resist any attempt to deprive them of their right to go to the law courts for settlement. Such attempts are obviously based on a strained interpretation of the arbitration privileges of the societies.

FEES TO EX-ASSISTANT.

M.R.C.S. writes: I carry on a general practice, and keep a doubly qualified registered assistant, whose written agreement states "that during the said term of his assistantship, all monies received by him on my behalf shall be handed over to me." The agreement is terminable at any time by one calendar month's notice on either side. Notice was given on February 1st, 1890, and accepted. On Saturday, March 1st, a message was received about 9 A.M. that a woman, who up to February 13th had been attended by my assistant, was dead. He went at once and found such to be the case. An inquest was held on March 3rd; he gave evidence. To whom does the fee for giving evidence belong?

"* The assistant is, in our opinion, entitled to the fee, the engagement having been determined before the inquest was held.

ILLEGAL PRACTICE.

PRACTITIONER.—The Society of Apothecaries will, in suitable cases, undertake proceedings to enforce the penalty for illegal practice under the Apothecaries Act. If our correspondent will write to the Clerk of the Society, Blackfriars, E.C., stating the grounds of his complaint, he will hear whether the case is such as the Society will take up.

wished to put a money value on his services. And the men who object to associate with these likely give a paltry two to ten guineas a year! The old doctrines of payment and right and payment and representation, however, seem to be ignored at the German hospital. Certainly if the staff are excluded from all management, and are treated as *employés* by the committee, they should ask to be paid for the work done by them.

WORKING MEN AND THE NEWCASTLE INFIRMARY.—At a meeting of working men governors of the Royal Infirmary, Newcastle, on March 8th, nine governors were elected members of the House Committee. The workmen's subscriptions were stated to amount to £3,180, which was the largest total yet recorded.

CARLOW UNION INFIRMARY.—On account of increased duties and length of service, the Board of Guardians of Carlow Union have unanimously recommended that the salary of Dr. Macdowell, physician to the Union and Fever Hospital, be raised from £150 to £200, the latter being the stipend which his predecessor received. The number of admissions to the infirmary are half as numerous again as they were previously to Dr. Macdowell being appointed. The increase is mainly attributable to the improved system of nursing lately adopted in the institution by the nursing staff of Infirmary Nuns.

HOSPITAL FOR INFECTIOUS DISEASES AT BARNSELY.—The Kendray Hospital, given to the town by Mrs. Lambert, in memory of her father, was formally opened on February 27th. It is designed for infectious diseases. It has cost a little under the amount given by the donor (£5,000), but the remainder has been used in furnishing. It is in Queen Anne style, of brick with stone dressings, and consists at present of an administrative department, a block of buildings for the purpose of isolation, convalescent wards for small-pox patients, laundry, etc., together with rooms for surgeons, matron, nurses, store rooms, and bedrooms—second floor. The isolation block has four wards, containing accommodation for five males and five females. The small-pox ward is fitted for five of either sex, and has its own kitchen, etc.

UNIVERSITY INTELLIGENCE.

OXFORD.

MR. MARCUS SEYMOUR PEMBREY, B.A., Fell. Exhibitioner of Christ Church, has been elected Radcliffe Travelling Fellow of the annual value of £200, tenable for three years. Mr. Pembrey was placed in the first class in Physiology by the examiners in the Final Honours School of Natural Science in 1889.

CAMBRIDGE.

MEDICAL EXAMINATIONS.—The following table has been published by the Registry:—

	Fees and Names sent in.	Certificates received.	Examination begins.
Third M.B., I and II ...	April 30	May 8	May 13
M.C. ...	"	" 13	" 16
First M.B., I ...	May 19	" 29	June 3
" II ...	"	June 1	" 6
Second M.B., I ...	"	" 4	" 9
" II ...	"	May 29	" 3

DEGREE.—C. E. Shelly, M.B., of Sidney Sussex College, has performed the exercises for the degree of Doctor in Medicine (Thesis: On the Liability to Infection during School Life, and its relationship to Sanatorium Accommodation). Dr. Shelly is the Medical Officer to Haileybury College.

SCHOLARSHIPS AND EXHIBITIONS.—The following awards in natural science will be made in the spring and summer of 1890:—

College.	Value.	Subjects.	Time of Examination.
Peterhouse...	£40 to £80	Chemistry and physics	October
Clare ...	£40 to £80	Natural science	March 13
Downing ...	£50	" "	April 15
Cavendish ...	£30	" "	July 8
Non-scripti ...	£52 10s.	Physical science	July

Details may be learned on application to the tutors of the respective colleges. At the larger colleges the examinations for entrance scholarships and exhibitions are held in December and January.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE EPIDEMIC OF MEASLES IN THE STAFFORDSHIRE POTTERIES.

THE report which has just been issued by the Local Government Board, of the investigation by their medical inspector, Mr. Spear, into the circumstances connected with the epidemic prevalence of measles in the Staffordshire pottery districts in 1888-89, contains some points of more than local interest and importance. The epidemic was one of somewhat exceptional extent and severity, embracing the almost contiguous towns of Hanley, Stoke, Fenton, Longton, Tunstall, Burslem, and Newcastle-under-Lyme, with an aggregate population of about 187,500, and causing in these towns some 684 deaths between July, 1888, and May, 1889. Of these towns, Hanley was not the earliest invaded by the disease, but it is the central town of the potteries, and was apparently the centre of the epidemic. Mr. Spear's inquiry related chiefly to the prevalence of the disease in that town.

The influence of school attendance was one of the points to which inquiry was specially directed, and in a series of carefully prepared tables and diagrams Mr. Spear clearly shows that influence to have been a most important factor in the extension of the disease. The growing prevalence of measles largely interfered with school attendance, but in the majority of cases the closure of the school was only effected after the disease had made great progress, the voluntary schools being for the most part only closed when it seemed to the managers no longer worth while to keep them open. In one instance the figures created a strong suspicion also that the incidence of infection was largely determined by school attendance. On the whole it would appear that the closure of schools had a material influence in Hanley in controlling epidemic spread of the disease, whilst the evidence obtained from individual schools, and the histories of family invasions, strongly indicates that the schools were centres of infection.

Referring to the sanitary condition of the schools, and the amount of air space and ventilation provided—a most important point in considering their influence on the spread of infection—Mr. Spear states that it is an admitted fact that school accommodation in Hanley is insufficient for the wants of the town, and the natural result has been considerable overcrowding, especially in certain voluntary schools. In one case the school buildings are much hemmed in by houses of a poor class, and the air around is contaminated by foul privies, whilst inside the buildings the great-coats, caps, etc., of the children are hung up in the schoolrooms. In another case the schools were found to be throughout most imperfectly ventilated, and the rooms were exceedingly close, the "Tobin" tubes that had been provided having been allowed to become inactive through accumulated dust, etc. This is a common defect in the Hanley schools.

Apart from the schools, however, many of the private houses invaded were well calculated to become most active centres of infection. Sick children were usually nursed in the living rooms of the family, and neighbours, often with children in their arms, freely congregated there.

In respect of the fatality of the disease, the experience of Hanley was unusual. Mr. Spear estimates that the number of cases of measles in Hanley during the epidemic did not far exceed 3,000, and upon this estimate the fatality, equal to 9 per cent. or rather more, of those attacked was enormous for measles. There are three possible contributory factors in the production of this excessive fatality: the type of the prevailing disease; the meteorological conditions prevailing at the time; and the predisposition of the infant population to fatal illness. There was at first some doubt as to the character of the disease, but Mr. Spear asserts that, although a certain number of cases of *rotheln* occurred, the epidemic, as a whole, was one of true measles.

So far as clinical observation showed, the type of the prevailing disease differed only from the normal in presenting some unusual general severity of the ordinary symptoms of measles. The fever was high; the eruption generally profuse and vivid, and the implication of the mucous membranes of the air passages and of the conjunctivæ severe. True hæmorrhagic cases were not heard of, although the eruption was sometimes spoken of as livid, discoloured, or purplish. Aphthous ulceration in the mouth was

UNQUALIFIED ASSISTANTS AND DEATH CERTIFICATES.

MEMBER.—The second clause of Section 40 of the Births and Deaths Registration Act, 1874, declares that "Any person who wilfully makes any false certificate for the purpose of this Act, shall for each offence be liable on summary conviction to a penalty not exceeding ten pounds." A certificate is certainly false, within the meaning of the Act, if the medical practitioner certifies that he attended a certain deceased person in his last illness when the deceased had only been attended by his unqualified assistant. As this is an offence against the Registration Act, a prosecution is ordered by the Registrar-General in any case in which the evidence seems to afford reasonable chance of a conviction. Such cases should clearly be reported to the Registrar-General.

UNCERTIFIED DEATHS.

E. C. C. asks: 1. What number of deaths occur in each year which are uncertified by any medical man, and into which no inquiry, coroner's or otherwise, is held?

2. Is it illegal for the registrar to register a death where no medical certificate has been given nor any inquiry held?

3. What is the law on this point?

* 1. The last published annual report of the Registrar-General shows that during the year 1888, the causes of 15,747, or 3.1 per cent., of the total deaths registered in England and Wales were not certified by a registered medical practitioner, or by a coroner.

2. It is not illegal (indeed, it is the duty of a registrar) to register even uncertified deaths, but it is also his duty to refer to the coroner previously to registration all deaths due directly or indirectly to violence, or attended by suspicious circumstances, or in which the cause of death is "unknown."

3. The law directs that all deaths shall be registered, but makes no special provision for the information of coroners concerning deaths respecting which inquiries should be held, although the above-mentioned instructions are given by the Registrar-General to his local registrars.

MEDICAL NEWS.

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

Bristow, George Hamilton, L.S.A., 34, St. George's Square, Belgravia.
Logan, Roderic Robert Walter, L.S.A., Holmston, Harrow Road, Harlesden.

A CENTENARIAN.—Mrs. Kilham, of Mexborough, attained her 103rd year on March 2nd, having been born in 1787.

AN inquest was recently held at Sheffield on the body of an infant, aged 6 months, which was killed by falling from its mother's lap whilst the latter was in an epileptic fit.

A COMPLETE medical and surgical staff equipment for a force of 10,000 men in actual warfare has recently been received from England by the Defence Department of New South Wales.

DR. FERRIER, of King's College Hospital, has been appointed honorary member of the Imperial Leopold Charles Academy of Science in Halle.

THE late Mr. Michael Beveridge, who was Provost of Kirkcaldy, has bequeathed to its inhabitants the sum of £50,000 for the purchase of a public park and library.

It was stated at the last meeting of the Metropolitan Asylums Board that there were at present only four small-pox cases under treatment. The admission of fever cases showed an increase, being 185 as against 163 in the previous fortnight.

It is stated that the *Centralblatt für Nervenheilkunde*, which was discontinued last year, will appear again in April in an enlarged form, under the provisional editorship of Dr. Kurella, of Allenberg (East Prussia).

PROFESSOR VON NUSSBAUM, of Munich, has so far recovered from an attack of influenza, which recently endangered his life, that he hopes to be able to resume the duties of his chair in the forthcoming summer semester.

CREMATION IN PARIS.—The practice of cremation is so largely on the increase that it has been decided to build a new furnace at the cemetery of Père-la-Chaise, Paris. The furnace at present in use is kept burning night and day, a system which permits of the complete destruction of the corpse in less than an hour. It is hoped that with the new furnace the same result may be obtained in three-quarters of an hour at the most.

CORONERS' COURTS.—A motion made by Mr. Smith at a recent meeting of the London County Council to the effect that all coroners having jurisdiction within the administrative county of London be instructed, as far as it is practicable and accommodation is available, to cease holding inquests or coroners' courts in publichouses, was remitted to the Sanitary Committee for their consideration.

PRESENTATION.—At a meeting of the General Committee and medical staff of the Warneford, Leamington, and South Warwickshire General Hospital, held on March 5th, Dr. Bernard Rice was presented with a silver salver and tea and coffee service, value 50 guineas, in commemoration of his valuable services to the hospital during his occupancy of the office of house-surgeon for the past eight years. He was previously presented by the officers and nurses of the hospital with a handsome oak writing-table.

CRIMINAL LUNATICS IN BELGIUM.—The Brussels Academy of Medicine has expressed itself in favour of the establishment of a special asylum for criminal lunatics in Belgium. In this asylum they advise that all insane persons recognised to be dangerous to their fellow men should be confined, whether they have actually committed a crime or not. Lunatics whose mental derangement manifests itself in outrages on public morality, attempts at rape, etc., are classed as "dangerous."

SOME weeks ago a collective investigation of the influenza epidemic was organised in Germany at the suggestion of Professor Leyden, of Berlin. A table of fifteen questions relating to the etiology, symptomatology, course, and sequelæ of the disease was issued to all medical practitioners in the Empire. Answers are said to be pouring in in numbers beyond all expectation, and the committee is now considering how best to deal with the enormous material which has been collected.

PROFESSOR HENOCH.—Professor E. Henoch, of Berlin, a translation of whose great work on the diseases of children has just been published by the New Sydenham Society, celebrates his 70th birthday on July 16th. A committee, chiefly composed of Berlin practitioners, has been formed for the purpose of having a bronze bust of the venerable teacher executed, which it is proposed to place in the Children's Clinic of the Charité Hospital. Professor Henoch has been head of that department for the last 32 years.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The annual general meeting of this Association will be held at 11, Chandos Street, W., on St. Patrick's Day, March 17th, at 5 P.M. In the evening the members and their friends will dine at the Holborn Restaurant at 7 P.M., Dr. George H. Kidd, president, in the chair. Dinner tickets may be obtained from Dr. W. H. White, Honorary Treasurer, 43, Weymouth Street, London, W., or from Dr. Phineas S. Abraham, Honorary Metropolitan Secretary, 11, Nottingham Place, London, W.

PROFESSOR PRITCHARD, speaking at the annual meeting of the Lincolnshire Veterinary Medical Society, at Peterborough, on March 3rd, said the outbreak of influenza in horses in London commenced at the end of November. Where the treatment was prompt in a large number of cases the animals quickly recovered. The losses, however, had been very considerable. It was a fact no doubt that the influenza we had been suffering from closely followed that of the horse, but he did not think there was any connection between the one and the other.

PROFESSOR L. HERMANN.—Dr. L. Hermann, the distinguished Professor of Physiology in the University of Königsberg, celebrated his silver jubilee as a teacher on March 3rd. Professor Hermann was a pupil of Professor Dubois-Reymond, and began his teaching career at Berlin. In 1868 he was appointed Professor at Zürich, and in 1884 he succeeded Professor von Wittich at Königsberg. Professor Hermann is well known to English students of physiology, through Dr. Arthur Gamgee's translation of his textbook.

LARGE BEQUESTS.—The will of John N. Shoenberger, of New York, has been filed for probate. After providing liberally for his widow and a number of relatives, he bequeaths nearly 1,000,000 dollars for the establishment, at Pittsburg, of the St. Margaret Memorial Hospital, as a memorial to his wife. He also bequeaths a plot of ground and a sum of 550,000 dollars for the erection of the buildings. Other large bequests to religious organisations were made. It is also announced that Mr. Henry Shaw has bequeathed to the Botanical Gardens School of St. Louis, in Missouri, a sum of nearly one million sterling. With this munificent gift

the administrators propose, it is said, to adopt an extensive educational scheme as well as to extend the botanical resources of the establishment.

THERE seems to be a general tendency at present among civilised nations to put their pharmacopoeial houses in order. The last edition of our own *Pharmacopoeia* is hardly five years old, and already an Addendum is required. Germany, Holland, Russia, and the Scandinavian countries are busily overhauling their formularies. Our Transatlantic cousins are determined not to be left behind in the race for medicinal perfection. It is announced that a meeting of the various incorporated and pharmaceutical bodies of the United States will be held at Washington in June of this year, for the purpose of revising the *United States Pharmacopoeia*.

SPANISH MEDICAL JOURNALS.—With one or two exceptions Spanish medical journals seem to have rather a frail hold on life. Often indeed they are only shown to the world, like Marcellus, for a brief moment to be forthwith reabsorbed into the Infinite. The death-rate has been exceptionally heavy among these publications of late, no fewer than three, the *Medicina Pratica*, the *Revista Científica* and the *Archivos de Medicina y Cirugía de los Niños*, having come to a premature end since the beginning of the present year. Nothing daunted, however by these melancholy precedents, Drs. Benito Alcina and J. Luis Höhr of Cadiz, have just brought out the first number of a new periodical entitled *La Revista Medico-Quirúrgica*.

A CHEMICAL JUBILEE.—If the ceremonial observance of "Jubilees" on all sorts of occasions can do anything to promote the gaiety of nations, "your Almain" must be the most festive of the sons of men. Every event in a man's life, from his wedding to his appointment as police-surgeon, is commemorated in Germany at intervals of a few years with solemn rites, of which libations of beer seem to form an important part. A particularly interesting "function" of this kind is arranged to take place at Berlin on April 11th, when the twenty-fifth anniversary of the discovery of "the structure of the benzol molecule" by Professor Kekulé, of Bonn, will be celebrated with appropriate pomp and circumstance.

PROPOSED SUBSTITUTE FOR QUININE.—Dr. Valude, of Vierzon, presented last year to the French Academy of Medicine a paper entitled "A New Specific for Intermittent Fever and Malarial Affections." The Commission appointed to examine it (MM. Dujardin-Beaumetz and Léon Colin) have now given in their report, which is, however, a somewhat guarded one. The new drug is the bark of the *Calliandra Houstoni* (Leguminosæ) a shrub growing in the warmer parts of Mexico, and known as panbotano. It is an ornamental plant which has been cultivated in England for many years in greenhouses, and which in some parts of Europe can be grown outdoors. An analysis of it has been made by Dr. Villejean, who has been unsuccessful in isolating either an alkaloid or a glucoside. The bark yields its active principles, whatever they may be, both to alcohol and water. Dr. Valude gave 70 grammes of the bark to adults in four doses during twenty-four hours, either in the form of a concentrated decoction or of an extract made with alcohol. Fifteen cases in all were treated, but only eight of these were intermittent fever of malarial origin. According to Dr. Valude, one or two days' treatment cut short the fever in every case. The medicine was given on an empty stomach, and was found to be apt to excite nausea and vomiting. The Commission was of opinion that the number of observations was too small to establish the value of panbotano, and that a definite opinion could only be given after much more extended observation and experience.

MEDICAL VACANCIES.

The following Vacancies are announced:

- 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.
- BALLINASLOE UNION (Killaen Dispensary).—Medical Officer. Salary, £115 per annum and fees. Applications to Mr. Francis Egan, Honorary Secretary, Killaen. Election on March 18th.
- BERKS ROYAL HOSPITAL.—Assistant House-Surgeon, fully qualified. Salary, £40 per annum. Applications before March 18th to the Secretary, Reading.
- BIRMINGHAM CITY ASYLUM.—Clinical Assistant. Board, lodging and washing, no salary. Applications to E. B. Whitcombe, Medical Superintendent.

BOROUGH OF SOUTHAMPTON INFECTIOUS DISEASES HOSPITAL.—Medical Officer. Salary, £300 per annum, and restricted from private practice. Appointment subject to approval of the Local Government Board. Applications, properly endorsed, to be sent in by March 19th to R. S. Pearce, Town Clerk, Municipal Officer, Southampton. Election, March 26th.

COMMERCIAL TRAVELLERS' SOCIETY OF SCOTLAND.—Medical Officer. Applications on or before Monday, March 17th, to the Secretary, J. C. Reid, C.A., 217, West George Street, Glasgow.

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.

DRIGHLINGTON LOCAL BOARD.—Medical Officer of Health. Salary, £25 per annum. Appointment to be made on March 19th. Applications to the Clerk to the Board, George Furniss.

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

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

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon; surgical qualification. No salary; board, lodging, and washing provided. Applications to the House-Governor, Dr. J. D. M. Coghlin, by March 29th.

H.M. PRISON SERVICE.—Dispenser, must hold diploma of the Pharmaceutical Society, age 20 to 40. Salary, £38, rising to £103 per annum. Applications to the Governor of H.M. Prison, Wandsworth.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Resident Medical Officer; must possess the qualification of the R.C.S., and be familiar with the use of the laryngoscope. Salary, £50 a year, with board and rooms. Applications to the Secretary by March 31st.

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

KETERING LOCAL BOARD.—Medical Officer of Health. Salary, £50 per annum. Appointment to be made on March 20th. Application to Henry Lamb, Clerk to the Board.

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

METROPOLITAN ASYLUMS BOARD SOUTH-EASTERN FEVER HOSPITAL, New Cross Road, S.E.—Assistant Medical Officer. Salary, £15 per month, with board, furnished apartments, and washing. Age not exceeding 35 years; double qualification. Applications, on prescribed form, to W. F. Jebb, Clerk, Norfolk House, Norfolk Street, by March 18th.

MORPETH DISPENSARY.—House-Surgeon. Salary, £120 per annum, with furnished house, coal, and gas. Applications to G. O. Wright, Honorary Secretary, by March 17th.

PARISH OF BIRMINGHAM WORKHOUSE INFIRMARY.—Medical Clinical Clerk. Double qualification; must devote his whole time. Appointment for six months. Honorarium £15 15s., with rations (not alcoholic liquors), coals, gas, apartments, washing, and attendance. Applications (on forms obtainable) to Walter Bower, Clerk, Parish Offices, Edmund Street, Birmingham, by March 17th.

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, £15 per annum, including medicines. Applications to the Clerk by March 22nd.

ROYAL BERKS HOSPITAL, Reading.—Assistant House-Surgeon. Salary £40 per annum, with board and lodging. Appointment for six months. Applications to the Secretary, John T. Hugo, Secretary, by March 18th.

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.

ST. GEORGE'S HOSPITAL, S.W.—Curator of the Pathological Museum. Salary, £50 a year. Particulars of the Dean, to whom applications must be sent by March 15th.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Regent Street, W.—Physician.—Particulars of St. Leger Bunnett, Secretary, to whom applications should be addressed by March 22nd.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Regent Street, W.—Surgeon. Must be Fellow or Member of the Royal College of Surgeons, England. Applications to St. Leger Bunnett, Secretary, by March 22nd.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, Covent Garden.—House-Surgeon. Appointment for six months. Honorarium, 25 guineas, board, lodging, and washing. Must be M.R.C.S., and held position of House-Surgeon. Applications to the Secretary by March 22nd.

SOUTH DEVON AND CORNWALL HOSPITAL, Plymouth.—Assistant House-Surgeon; double qualification. Appointment for six months. Residence, board, and washing. Applications to the House-Surgeon by March 29th.

TRURO UNION (District of Probus, comprising parishes of Probus and Ladoek).—Medical Officer and Public Vaccinator. Salary, £25 per annum, exclusive of fees of Local Government Board. Applications to the Clerk by March 18th. Election on March 19th.

TRURO UNION RURAL SANITARY AUTHORITY.—Medical Officer of Health for the Eastern District. Salary, £45 per annum, inclusive. Applications to the Clerk by March 18th.

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, £80 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.

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

WREXHAM INFIRMARY AND DISPENSARY.—House-Surgeon. Salary, £80 per annum, with furnished rooms, board, gas, coal, and attendance. Applications to the Secretary, J. Oswell Bury, 9, Temple Row, Wrexham.

MEDICAL APPOINTMENTS.

ASKIN, Thomas Cuming, B.A., M.D., appointed House-Physician to the Liverpool Northern Hospital.

BAILEY, J. Johnson, reappointed Medical Officer of Health to the Marple Urban Sanitary District.

BENNETT, Charles John, M.R.C.S.Eng., reappointed Medical Officer of Health to the Rural Sanitary District of the Chapel-en-le-Frith Union.

BLAKISTON, A. Alex., M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Glastonbury Borough.

CAMERON, R. W., B.A.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed House Physician to the North Staffordshire Infirmary, *vice* Dr. A. Knight Holt.

DANIELLS, G. H. S., M.B., B.C.Cam., appointed Resident Obstetric Physician to Guy's Hospital.

DAVIES, Thomas, M.R.C.S.Eng., L.R.C.P.Edin., appointed District Medical Officer and Public Vaccinator to the Parish of the United Parishes of Whitlesey, *vice* C. F. Harding, M.D., resigned.

DURRAN, David, M.B., C.M., appointed Medical Officer of Health to the Parish of Orlig.

GEDDIE, William, C.M., M.D.Aberd., appointed Medical Officer and Public Vaccinator for No. 2 District (north-west and south-west wards) of the Borough of Accrington.

GILL, J. McD., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Physician to Guy's Hospital.

GOODALL, E., M.D.Lond., B.S., M.R.C.P., appointed Pathologist to the West Riding Asylum, Wakefield.

GOODALL, J. Kenaz, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the Whittington Urban Sanitary District.

GORMAN, Thomas, M.B., B.Ch.Roy. Univ. Irel., appointed Assistant Surgeon to the Liverpool Dispensaries.

GRANGER, Edgar B., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Kettlewell District of the Skipton Union, *vice* P. P. Johnson, M.B., resigned.

GREEN, Arthur, M.B., M.R.C.S., appointed Medical Officer to the East District of the Gateshead Union.

HARRIS, Spencer C., L.F.P.S.Glasg., L.M., L.S.A., reappointed Medical Officer of Health to the Ely Urban Sanitary Authority.

HEENER, Otto, appointed Public Analyst for the county of the Western Division of Sussex.

HERRON, James, M.D., appointed Medical Officer of Health to the Board of Works for the St. Saviour's District, S.E., *vice* Robert Bianchi, deceased.

HESLOP, Wm. J., L.K.Q.C.P., F.R.C.S.Edin., reappointed Medical Officer of Health to the Stretford Urban Sanitary District.

HICKMAN, H. V., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Obstetric Physician to Guy's Hospital.

JAMIE, R. Wyatt, reappointed Medical Officer of Health to the Ashby-de-la-Zouch Rural Sanitary Authority, Hugglescote District.

KING, H. W., M.D.Edin., M.R.C.S.Eng., elected Honorary Physician to Chester Infirmary.

KYLE, T. W., M.D.Qu. Univ. Irel., L.M., M.Ch., reappointed Medical Officer of Health to the Ashby-de-la-Zouch Rural Sanitary Authority, Measham District.

LANSDOWN, R. G. P., M.B., B.S.Durham, appointed Resident Obstetric Physician to Guy's Hospital.

MONAGHAN, Thomas Joseph, L.R.C.S., L.R.C.P.Edin., appointed Medical Officer and Public Vaccinator to No. 1 District (north-east and south-east wards) of the Borough of Accrington.

MUDGE, T. H. Tracey, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Paignton Urban Sanitary District.

NASH, Vincent, M.D., elected Resident Assistant Medical Superintendent to the Richmond District Asylum for Lunatics.

RIVERS, W. H. R., M.D.Lond., M.R.C.S.Eng., appointed Junior House-Physician to the National Hospital for Paralysed and Epileptic, Queen Square, Bloomsbury.

SMITH, W. R., M.D.Aberd., M.B., C.M., etc., appointed Medical Officer to the School Board for London.

SMITH, Wm. Tonge, M.D., M.R.C.S., appointed Resident Medical Assistant to the City Hospital for Infectious Diseases, Newcastle-upon-Tyne, *vice* James Hindhaugh, M.B., resigned.

TAYLOR, James, M.B., M.S.Edin., appointed Senior House Physician to the National Hospital for Paralysed and Epileptic, Queen Square, Bloomsbury.

THOMAS, Alfred, L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Cottage Homes, West Derby Union.

WATERS, Alfred J. G., L.R.C.P.Edin., appointed Medical Officer of Health to the March Local Board, *vice* W. S. Johns.

WILSON, George, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Clutton Rural Sanitary District.

WOODWARD, William, M.D.St.And., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Malvern Link Urban Sanitary District.

DIARY FOR NEXT WEEK.

MONDAY.

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

MEDICAL SOCIETY OF LONDON, 8.30 P.M.; Clinical Evening.—Mr. William Rose: 1, Case after Colotomy; 2, Case of Ligature of the Carotid for Aneurysm. Dr. de Havilland Hall: Case of Unusual Aortic Diastolic Murmur. Dr. Sidney Phillips: Case of Aortic Disease presenting Unusual Features. Mr. D. H. Goodsall: Two Cases of Horse-shoe Fistula cured without division of Sphincters. Dr. Beevor: Case of Athetosis after Injury affecting the Face. Mr. Keetley: Two Cases of Hip Excision, presenting points of Special interest. Dr. Colcott Fox: Case of Stenosis of the Lower Part of the Pharynx, from Hereditary Syphilis. Mr. Ballance: Hemi-hypertrophy of the Head and Hypertrophy of certain Toes. Dr. Acland: Case of Symmetrical Trophic Lesion of the Nails. Mr. Bruce Clarke: Result of Plastic Operations on the Face after Removal of Anthrax. Mr. Hurry Fenwick: Cystoscopic View of a Sacculæ in the Bladder; and other Cases by Mr. Paget, Dr. Montague Murray, etc.

TUESDAY.

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

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Dr. Samuel West: Bronchial Casts from Bronchitis Crouposa. Mr. A. Bowlby: Three Cases of Coccygeal Tumours, Two in Living Patients. Mr. Jonathan Hutchinson, jun.: Paget's Disease of Nipple with Psoriasis. Mr. J. Bland Sutton: Half Vertebra in a Rabbit. Mr. Stephen Paget: Two Cases of Imperforate Rectum. Mr. E. Hurry Fenwick: Spontaneous Fracture of Urinary Calculus. Dr. W. J. Collins: Cancer of Oesophagus Invading Trachea. Card Specimens.—Mr. Stephen Paget: Proliferating Cyst of Breast. Mr. G. R. Turner: Fracture of Both First Ribs. Mr. J. W. Targett: Carcinoma Vesicæ Secondary to Scirrhus of the Mamma.

WEDNESDAY.

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

ROYAL MICROSCOPICAL SOCIETY, King's College, W.C., 8 P.M.—Mr. A. D. Michael: On the Variations of the Female Reproductive Organs, especially the Vestibule, in different species of Uropoda.

THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. J. Hughlings Jackson: The Lumsden Lectures on Convulsive Seizures. Lecture I.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. Savage: On the Warnings of General Paralysis in the Insane. Drs. Broadbent and Hughlings Jackson will take part in the discussion.

FRIDAY.

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

METROPOLITAN POLICE SURGEONS' ASSOCIATION, St. Thomas's Hospital, 8 P.M.—Mr. J. R. McIlraith: On the Present State of English Law with regard to Drunkenness and Inebriety. After which a discussion will be opened by Dr. Forsyth: On the definition of the term "drunk."

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 6d., which sum should be forwarded in Post Office Order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in current issue.

BIRTH.

EDWARDS.—On February 26th, at Beechwood, Rochdale, the wife of E. H. Edwards, M.B., of China, of a daughter.

MARRIAGE.

GRANT—FRITH.—On January 18th, at St. Stephen's, Wandsworth, J. Dundas Grant, M.A., M.D., of 17, Finsbury Square, to Helen, daughter of the late Edward Frith, Esq., of West Hill, Putney.

DEATH.

O'NEILL.—On Sunday, March 9th, at Yew Tree, Tabley, Cheshire, Dr. S. L. O'Neill, of Wisbech, late Army Medical Staff, aged 39.

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; (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; 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, 9; 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.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429 Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication. CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

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

QUERIES.

VENTILATION OF STEAMERS AND SHIPS.

DR. P. MURRAY BRAIDWOOD (Shirehampton, Bristol) asks to be referred to sources of information as to the methods used at present in the ventilation of steamers and ships in the mercantile, naval, and emigration services.

D.P.H.R.C.S.I.

MR. EDWARD T. THOMPSON (Brilles, Shipston-on-Stour) writes to ask any members in possession of the D.P.H. of the Royal College of Surgeons, Ireland, kindly to inform him what books he ought to read for the above diploma, and also the style of examination it is, whether oral, etc. He would feel deeply indebted for any information respecting the above, and if anyone would be good enough to send him some of the examination papers he would be still more obliged, and will return them after perusal.

ANSWERS.

NURSING SISTER.—The lectures by Dr. Wallace Anderson on *Medical Nursing*, and the *Notes on Surgery for Nurses* by Dr. Joseph Bell, are among the best books published for the use of nurses. Mr. Laurence Humphry's *Manual of Medical and Surgical Nursing* is also excellent, and contains chapters on disease in children, and on the management of children.

CONVALESCENT HOME FOR SCARLET FEVER PATIENTS.

A CORRESPONDENT writes: "H.B." may obtain the information he requires as to home for convalescent boy by writing to "Medicus," care of Mr. Dale, chemist, Barwick Street, Scarborough.

NOTES, LETTERS, ETC.

PROVIDENT DISPENSARY REPORTS.

DR. RENTOUL (Hartington Road, Liverpool) will feel much obliged if readers would forward to him the last issued annual reports of those provident dispensaries with which they are connected, or of which they know.

WE have received from Mr. E. Luke Freer, Honorary Surgeon of the Birmingham Royal Orthopædic Hospital, a letter in which he calls attention to a passage in a review published on March 1st, which appears to reflect injuriously on the moral rectitude of specialists as a body. The passage was not intended to bear this interpretation, and we can only express our regret that it should have been so interpreted.

CUMULATIVE CHARGES.

MEDICUS writes: A lady has just informed me that recently her family of six children have all had measles, and on the doctor's account being rendered each little patient was individualised, and honoured by a special charge at each visit of 5s., amounting to 30s. at each call of the doctor. The family is in strictly moderate circumstances, and the attendant an ordinary suburban practitioner, while less than five minutes' distance intervenes between the dwellings. I should be much interested to know from your readers if this charge is in accordance with professional usage in England. If it be so, we may cease to wonder at the desire on the part of even well-to-do members of society to take advantage of gratuitous hospital services.

"BRITISH," NOT "ENGLISH."

SCOTUS ET BRITANNICUS SUM writes: Let me remind "Scotsman" that these specks on the ocean, Albion and Ierne, were termed the Britannic or British Isles long before an Angle set foot on our island's shores. "British," therefore, includes Irish, which with "English" is utterly impossible. And the use of the term "English" instead of "British" is not the more convenient; it is wanting in the ring of true brotherhood; it is contrary to the Union treaties; and by the term of lesser denotation including the greater, it is wrong alike in logic and in fact.

AN UNUSUAL DISTRIBUTION OF THE RADIAL ARTERY.

H. GOODWYN, L.R.C.P., L.R.C.S., writes: I believe the distribution of the radial artery which occurred in a patient of mine to be sufficiently rare to be worth recording.

The artery in the forearm, instead of following its usual course, became at the junction of the middle and lower third of the radius quite superficial, passed over the tendon of the supinator longus and other posterior aspect of the bone, and thence continued downwards in a somewhat tortuous manner to the space between the tendons of the extensor ossis metacarpi and extensor secundi internodii pollicis, where it disappeared. There was no vessel following the usual course, and the superficialis volæ appeared to be absent. The artery in the other arm was normal. Gray's *Anatomy* mentions that such an abnormality does occur occasionally.

ARMY DOCTORS AND CIVIL PRACTITIONERS.

HOPE writes: Some practitioners complain of the opposition of (ex?) army and navy surgeons in private practice. But why should not the Association induce the Government to give those of their medical brethren who have spent the best years of their lives in naval or military employ the preference for suitable billets in the gift of the Admiralty and War Office? The Naval Medical Regulations of 1885 (paragraph 22) give a distinct promise to the above effect. Is this done, or is it only intended as a lure to catch the "wily" candidate? The late committee on army medical matters, *au contraire*, actually advises Government to give the preference to civil surgeons for charge of troops at home stations; but surely retired army surgeons, who have borne the heat and burthen of the service, are entitled to as much consideration at least as retired naval surgeons. Were "good" ex-naval and military "doctors" who have done their duty encouraged by being given some of the many billets in the gift of the Government for which their training and experience especially suit them, we would hear far less of this competition in private practice, whilst being a distinct gain to both services by keeping men in suitable employ, preventing them from getting rusty.

THE MOON FUND.

DR. HORROCKS, Treasurer (26, St. Thomas's Street, Southwark, S.E.) sends the following further subscriptions to the above fund received since the publication of the last list. The list will close on March 31st.

	£	s.	d.
G. G. Bothwell, L.R.C.P.	2 2 0
W. Nicholson, M.D.	1 1 0
S. L. Dobie, L.R.C.P., Secunderabad, India	1 1 0
	4	4	0

CASE OF CONGENITAL SYPHILIS WITH ARRESTED DEVELOPMENT.

DR. W. F. GRANT (Mile End Road, E.) writes: The patient was a boy, 3 months old. The right side of the face was curiously malformed. The ascending ramus of the lower jaw was absent, the right ear being represented by an imperfect auricle, with a small dimple to mark the site of the external auditory meatus. The child while under my care developed an attack of pemphigus, and died soon after from exhaustion.

LIFE ASSURANCE AND MEDICAL EXAMINATION.

MR. J. CORNBILL, M.R.C.S., L.A.C. (Ifracombe) writes: As proposals are now being made to modify in some way the method of life assurance, may I suggest, through the JOURNAL, that while it would be most undesirable to dispense with a medical examination, it would be well to stipulate in the policy that the amount insured would not be paid if death resulted from phthisis within a given time, say eighteen months after the insurance was effected; the premiums paid being simply returned with interest in such cases. I mention this because a family history of phthisis is sometimes concealed from the referee. A most strict inquiry should be made by companies' agents into the habits of the insurer, as in cases of intemperance much information may be withheld.

TO CORRESPONDENTS.

OUR correspondents are reminded that prolixity is a great bar to publication and, with the constant pressure upon every department of the JOURNAL brevity of style and conciseness of statement greatly facilitate early insertion. We are compelled to return or hold over a great number of communications, chiefly by reason of their unnecessary length.

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BOOKS, ETC., RECEIVED.

Micro-organisms with Special Reference to the Etiology of the Infective Diseases. By Dr. C. Flügge. Translated from the Second Thoroughly Revised Edition by W. Watson Cheyne, M.B. London: The New Sydenham Society. 1890.

Lectures on Children's Diseases. By Dr. E. Henoch. Volume Second. Translated by John Thomson, M.B., F.R.C.P. Edin. London: The New Sydenham Society. 1889.

Browning's Message to his Time. By Edward Berdoe, M.R.C.S. Eng., L.R.C.P. Edin. London: Swan Sonnenschein and Co. 1890.

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