

MEMORANDA:

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

SCARLET FEVER AND Puerperæ.

THE expression of Dr. A. S. Myrtle in his notes on the above subject, that "scarlet fever when brought in contact with a puerpera renders 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," is quite in accordance with my experience, and I am at the present time in attendance on such a case.

I was called on March 7th to see Mrs. H., aged 26. On arriving at the house, which is a small farm-house, I found the patient had been confined on the previous Monday, March 3rd, of her first child. There was nothing unusual about the confinement, which was not of long duration, and performed by a midwife without medical aid.

She was then suffering from great pain in the abdomen, which was greatly distended and very tender to the touch, especially over the region of the uterus, which was contracted to the size of a foetal head. The lochia had ceased, and there was no milk in the breasts; the tongue was dry; the bowels had not been opened since her confinement. Pulse was 120; temperature 102.8°. She was also covered from head to foot with a scarlet rash, and had a sore throat, which, her attendant told me, came out on the day previous (Thursday). I ordered turpentine stipes to be applied to the abdomen, and the vagina to be frequently washed out with Condy; and gave her a quarter of a grain of opium and half a grain of calomel every four hours; but she got rapidly worse during the next twenty-four hours. Her temperature went up to 106°, and I could not count her pulse at the wrist. The mouth and throat were so dry that she could swallow nothing; in fact, she seemed *in extremis*. I then injected a quarter of a grain of pilocarpine under the skin, which acted like a charm. It produced a profuse perspiration, brought the temperature to 102°, but it had no effect on the pulse, which remained uncountable; and she fell into a comfortable sleep for nearly three hours. After that she could swallow a little, although the tongue was still dry and brown. I then put her on a mixture containing sp. am. ar. $\frac{1}{2}$ xx, tr. digitalis $\frac{1}{2}$ x, pot. bromid. $\frac{1}{2}$ v, aquam ad $\frac{3}{4}$ i, every four hours, together with alternate meat and milk suppositories and small quantities of milk and brandy by the mouth, and continued the vaginal washing; and, since the hypodermic injection, she has steadily improved. Her pulse is now 80, and temperature 98°, and she is desquamating freely. Her urine contains a large quantity of urea, but, as yet, no albumen.

In this case I found, on inquiry, there had been two children in the same house who had recently had sore throats and red rashes, but the mother did not think them ill enough to call in the doctor. The infant has had, as yet, no sign of scarlet fever.

I think this case is worth recording as the subject is being discussed through our valuable JOURNAL, and also it fully endorses Dr. Myrtle's opinion, and not Dr. Thrusfield's that the risk of scarlet fever to lying-in women is not so great as is made out. There is no doubt my patient had been infected with the fever some week or ten days before her confinement, as she was complaining of having caught cold and feeling out of sorts some time prior to her going to bed, and also she had been exposed to the infection.

The action of the pilocarpine is also worthy of note, for to its action I certainly owe my success with this case.

JOHN H. HARRIS, M.R.C.S., L.S.A.LOND.

Modbury, South Devon.

DURING the last few months I have attended three women at their confinements, with scarlet fever in the house at the time in two of the cases; in the third case the mother developed scarlet fever, evidently brought from without.

CASE I.—Four children were desquamating at the time the mother was confined. She had nursed them up to labour commencing. Mother and child did remarkably well; not a bad symptom.

CASE II.—Three children were down with the fever when the mother lay in. Three or four days after labour the mother deve-

loped fever, with sore throat, rash, and finally peeled. Had no uterine trouble.

CASE III.—A primipara was attacked on the fourth day with fever, then sore throat and rash; she subsequently peeled. She, like the previous case, recovered perfectly, having no uterine trouble. Her husband and nurse also had mild attacks, the nurse having to leave her duties.

All these cases occurred in the same village, where scarlatina has been raging for some time.

Mablethorpe.

J. IREDALE, L.R.C.P., L.R.C.S.

THE case quoted by Dr. Thomson in the JOURNAL for March 15th, under the above heading, is well exemplified by my own experience, which I enunciated about ten years ago in a communication to the JOURNAL of February 1st, 1879, "Relation of Puerperal Fever to Erysipelas," in which I showed that these complaints—namely, scarlatina and erysipelas—can be present not only in the same house and same room, but even in the same bed, as the puerperal woman, and yet no harm arise; this particular case alluded to was one in which I attended a patient in her confinement who had been suffering for some days previously from severe phlegmonous erysipelas in the arm, so much so that her life was despaired of, but she nevertheless made a good recovery. This led me to the conclusion that in "puerperal fever," so-called, the *matrices morbi* is, as a general rule, within the patient and not external, constitutional and not induced.

Perhaps it would be more scientific to say that, although there is doubtless a great risk in introducing "catching complaints," such as scarlatina, erysipelas, etc., into the lying-in room, and that therefore the obstetrician cannot be too careful in the use of antiseptics, strict cleanliness, etc., yet that if such complaints are already in the house, in the room, nay, in the bed, of the lying-in woman, she gradually becomes acclimated to the disease, and so passes through the furnace of contagion safely.

Leicester.

W. L'HEUREUX BLENKARNE.

A CASE OF IDIOPATHIC TETANUS FOLLOWING RUSSIAN INFLUENZA.

THE following case, from its rarity, may be of some interest at the present time:

K. S., aged 16, a strong healthy-looking girl, had been nursing a patient with "Russian influenza," which was very prevalent in the village at the time. I did not see her until Sunday, March 9th, but the village nurse, who has seen a great number of cases, tells me that for a week previously she had all the symptoms of a well-marked mild case of influenza, but it did not entirely confine her to the house. On Thursday, March 6th, when attempting to eat some rice pudding, she found she could not open her mouth as well as usual, and was obliged to help open it with her fingers, and push the food off the spoon into it; this difficulty of taking food gradually got worse, but she was out for a short time in the garden on Friday. On the afternoon of that day, when attempting to get up from her chair, she fell, and could not raise herself, and complained of stiffness in her back, and her father carried her to bed; she could get no sleep on Friday night, nor take any solid food; during Saturday she continued to get gradually worse, and her friends, getting alarmed, called me in on Sunday morning. I found her with all the symptoms of tetanus, temperature 100°; trismus, risus sardonicus, and opisthotonus well marked; the nostrils distended, breathing quick, pulse rapid and feeble, bowels constipated; she was able to take a little fluid nourishment through her teeth. Once or twice between that time and her death she had well-marked spasm of the glottis, and the least attempt at moving her brought on spasms of the voluntary muscles. On Tuesday, March 11th, the menses appeared, but they were quite natural and at the proper time, and did not appear in any way to affect the disease, which ran the usual course, and death occurred, apparently from exhaustion, in the early morning of Thursday, March 13th, seven days from the first appearance of the symptoms.

I may add that there was nothing beyond the influenza to account for the attack. I carefully inquired for any trivial wound or injury of any kind, but there was not the least sign of anything of the sort. W. J. FRANKLIN CHURCHHOUSE, L.R.C.P.Ed., etc.

Long Buckby.

STRANGULATED OBTURATOR HERNIA.

THE unusual occurrence of obturator hernia makes the following case of interest:—A poor woman, aged 63, of very feeble consti-

tution and subject for many years to constipation, had taken a dose of Epsom salts, after which, when the bowels had acted on the morning of November 8th, she was suddenly seized with acute pain in the inner side of the right thigh and groin, which gradually extended to the abdomen, and by the following day this region was the chief seat of pain, and continued so to the end. Frequent vomiting now came on, but as she was somewhat accustomed to such attacks she did not seek medical help till the next day (10th). When first seen, abdominal pain and vomiting were the chief symptoms complained of, for which a few moderate doses of chlorodyne were given, and by the next day the symptoms had in a great measure subsided. Relief of her bowels was then sought by giving a dose of castor oil, and subsequently an ounce and a half of Epsom salts in drachm doses every two hours, both of which failed to act and did not cause any return of sickness or increase the pain. On the 13th an enema of castor oil was given, also without effect, and soon after vomiting of a stercoraceous character came on. On careful examination no local evidence of hernia could be found, but it was evident that there was acute obstruction, and the coils of intestine becoming distended were distinctly discernible through the abdominal wall. On examination *per rectum* no passage could be made out leading into the colon, the way appearing to be obstructed by some tumour, so that an attempt to pass a long tube quite failed. With the help of my assistant, Mr. E. D. Shirtliff, who had had the chief care of the case, I placed the patient on her back with her hips raised on a doubled up bolster placed against the footboard of the bedstead, hooking her knees over the top of it, protected by a pillow. In this position she remained for the greater part of twenty-four hours and in comparative comfort, but troubled occasionally by the flowing of faecal fluid into her mouth. During this time she was able to take and retain pretty well milk, brandy, and gruel, and her pulse decidedly improved. On the evening of the 15th, thinking there was now no advantage to be gained by keeping her thus raised, I released her and put her straight, leaving her then fairly comfortable. Soon after, however, the abdominal pain returned, and she gradually lapsed into a state of coma, and died about 9 A.M. on the 16th.

Post-mortem examination the same day revealed a hernia through the obturator foramen on the right side about as large as a horse chestnut, so tightly constricted that it could not be withdrawn till the stricture had been divided. The intestine was not at all gangrenous, and consisted of a portion of the ileum near the middle of its length. The colon was very much contracted in calibre. The tumour which had been noticed pressing on the rectum was found to be the right ovary in a state of cystic degeneration, weighing $2\frac{1}{2}$ ounces. The other was similarly affected, but smaller.

Though it only afforded temporary relief in this case, I cannot but commend the treatment of strangulated hernia, in its earlier stages, by elevation of the pelvis. Four cases have come under my hands in which this treatment succeeded after taxis had failed. In three of these reduction occurred spontaneously within twenty-four hours, and in the other it was effected by taxis applied in that position after prolonged taxis alone had failed. The success of such treatment is, I believe, due not only to the way gravitation of the intestines is made to favour reduction, but also and chiefly to the effect it has of reducing the circulation in the affected parts and draining them of their fluids.

Cirencester.

W. R. COSSHAM, M.D.

COMPLETE TRANSVERSE LACERATION OF THE WOMB.
Mrs. H., aged 30, a negress, who had always enjoyed good health, and had previously on different occasions given birth to four children in a normal manner, was taken in labour at the full time under the care of a midwife. The pains were stated to have been regular, and the membranes ruptured early, but at no time could the midwife feel the presenting part of the child. The pains continued for twenty-four hours, and then became weak and irregular, the midwife following this up with 10 minims of ammoniated tincture of ergot, which had the effect of stimulating the uterus for a brief period. Still the abdomen remained as large as ever. Again the midwife resorted to 10 minims of am. tinct. ergot, which brought the pains on rapidly, and ended with one specially severe pain. This occurred on the evening of the second day of labour. Another similar dose of ergot a few hours later failed to excite contractions. I was summoned to the patient on the evening of the second day of labour, and found her in a

state of collapse, her abdomen tender, and the appearance of pregnancy at full time.

On making a vaginal examination I could make out nothing definitely with my finger, but on introducing my hand along the vagina I found it had entered the abdominal cavity, and on manipulation the womb was found to be completely torn through at its neck, the laceration extending round the uterus, thus dividing the neck from the body, the latter part lying high up in the abdomen, with an irregular gaping mouth, through which I could introduce my hand, and containing nothing beyond a few clots of blood. Lying alongside the uterus I could easily make out a foetus of large size. I seized a foot and turned, but the head got locked at the brim, and I was obliged to perform craniotomy. The child was well formed, of large size, and of the male sex. Again I introduced my hand into the abdominal cavity to remove the placenta, and could easily lay hold of the body of the womb, my fingers repeatedly gliding off the slippery serous membranes. As I passed my hand round the organ I could make out that the vesico-uterine ligaments were torn through and the left broad ligament partially torn. The pelvis was small, though not abnormal. No history of syphilis or cancer could be obtained. The woman never rallied, and died a few hours after delivery.

PETER GARDINER, M.B., C.M.GLASG.,
Acting Government Medical Officer.
Antigua, West Indies.

POISONING BY BELLADONNA LINIMENT.
On December 21st, 1889, M. M., aged 61, at half-past three in the afternoon swallowed by mistake half an ounce of liniment of belladonna, with which was mixed a small quantity (12 per cent.) of liniment of chloroform. Though aware of the mistake he refused to allow medical advice to be called in. At half-past four he began to feel drowsy, and at five he was carried to bed in an unconscious state by his friends. I arrived at half-past five, and found him lying stretched on his back perfectly unconscious; conjunctive insensible to touch, pupils medium, not reacting to light; breathing regular, but deep, 16 per minute; skin dry, pulse 75, temperature 98.6°; slight convulsive movements of the extremities.

The stomach pump was used at once, but the water returned clear, with the exception of a little mucus. At the end of the operation half a grain of morphine was injected hypodermically. At half-past six a fine punctate rash made its appearance over the chest, abdomen, and upper arms. Pulse 120; temperature 102°; otherwise condition unchanged. At eight o'clock a quarter of a grain of nitrate of pilocarpine was given hypodermically, and a small quantity of brandy was with difficulty got down his throat. When called by name loudly the eyelids were raised for an instant and closed again, but the conjunctive were still insensible to touch. Rash disappearing, convulsive movements the same. Pulse 124; temperature 102.4°. Profuse sweating came on three-quarters of an hour after the pilocarpine was administered without making any material change in the condition. In this state he remained all night till six o'clock next morning, when the pulse fell to 104, and the temperature to 100°. A hypodermic injection of a quarter of a grain of morphine and one-sixth of a grain of pilocarpine was given. Sweating followed almost immediately, and from this time he began to improve. Brandy was given in small quantities, and he slept all that day and night, awaking the following morning perfectly well, but remembering nothing from the time he took the liniment. The pupils were never dilated, remaining of medium size and unaltered throughout.

A specimen of the same liniment was analysed, and found to contain nearly 2 grains of atropine in 2 fluid ounces, being therefore fully up to strength. It is calculated that M. M. took a quantity equal to 160 grains of powdered belladonna root, or half a grain of atropine. Taylor, in his *Medical Jurisprudence*, records a fatal case of poisoning by 80 grains of the root, so that the rapid recovery in an old man after taking twice that quantity may be regarded as remarkable.

The absence of dilatation of the pupils would also show that what we are inclined to regard as an infallible symptom of belladonna poisoning may be altogether absent.

Townsville, Queensland.

WALTER B. NISBET, M.B.

THE Medical Faculty of the University of Vienna has recommended Dr. Sigmund Exner as the successor of Professor Brücke in the Chair of Physiology. Dr. Exner has been Professor Brücke's chief assistant for many years.

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 18th, 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, 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.

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.

WEST SOMERSET BRANCH.—The spring meeting of this Branch will be held at the Railway Hotel, Taunton, on Thursday, April 17th, at 5 P.M. Dinner at 5.30. The subject, as settled by the Council, for discussion after dinner is the Influenza Epidemic. Members having any case or communication to bring before the meeting are requested to send the title thereof as soon as possible to W. M. KELLY, Honorary Secretary, Taunton.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting of this Branch will be held at Croydon on Thursday, May 8th.—P. T. DUNCAN, M.D., Honorary Secretary, Croydon.

SOUTH WALES AND MONMOUTH BRANCH.—The next meeting will be held at Neath in the third week in April. Members wishing to read papers, etc., are requested to send titles to either of the undersigned by April 7th.—ALFRED SHEEN, M.D., Cardiff, and D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.

SHROPSHIRE AND MID-WALES BRANCH.—The half-yearly meeting will be held at the Salop Infirmary, on Tuesday, April 15th, at 3 P.M. Papers have been promised by Messrs. Stephen Paget (on Cancer of the Breast), Webb, and Dr. Charnley. Members having any communications to make or papers to read will kindly inform the Honorary Secretary as soon as possible.—J. A. BRATTON, Honorary Secretary, Shrewsbury.

SOUTHERN BRANCH.—The next meeting of the South Wilts District will be held at the Bath Arms, Warminster, on Wednesday, April 9th, at 3.45. Papers will be read by Mr. Manning, Mr. Hinton, and Mr. Wilcox. Dinner at 5.45; tickets (not to include wine or ale) 5s.; gentlemen intending to be present to give notice to H. G. MANNING, Honorary Secretary, Laverstock, Salisbury.

NORTH WALES BRANCH.—The intermediate meeting will be held at Rhyl, on Tuesday, April 15th, 1890. Members having any papers to read are requested to notify the Honorary Secretary before April 5th.—W. JONES MORRIS, Honorary Secretary, Portmadoe.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH. The sixth general meeting was held in the Medical Institute on Thursday, March 13th, the PRESIDENT (D. C. Lloyd-Owen) in the Chair.

New Member.—The following member of the Association was elected a member of the Branch: William Arthur Payne, B.A., M.R.C.S., Selly Oak.

A report of the scientific work of the meeting will be found at p. 725.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT.

A MEETING of this district was held at the Hospital, Gravesend, on March 20th, Dr. C. FIRTH in the chair.

Next Meeting.—It was decided unanimously that the next meeting be held at Rochester in May, and that Mr. J. H. Jeffcoat be requested to preside on the occasion.

Representative for Kent on Council of Association.—Dr. C. Parsons, of Dover, the Branch Secretary, was nominated *nem. con.* as representative for Kent on the Council of the parent Association.

Election of Honorary Secretary of District.—A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, was re-elected for the ensuing year.

Papers.—The following were read and were followed by exhaustive discussions: Dr. V. D. HARRIS: The Treatment of Pleural Effusion.—Dr. C. FIRTH: A case of Strangulated Obturator Hernia.

Dinner.—Seventeen members and visitors subsequently dined at the Old Falcon Hotel.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.

THE spring meeting of the above District was held on Thursday, March 13th, at the Esplanade Hotel, Dover; Mr. A. LONG in the chair.

Communications.—Mr. ASHBY OSBORN read notes of a case of Double Vagina and Uterus.—Dr. GOGARTY read an abstract of a paper calling attention to a form of Ascites in Childhood, terminating favourably, and with no signs of tubercular disease, or any other organic lesion. A case illustrative of the above was given in detail, and two others were mentioned as having come under the author's observation.—Mr. R. LYDDON read a successful case of Laparotomy for Intestinal Obstruction in a boy.—Dr. THOMAS EASTES read a paper on a case of Ovarian Cyst, with twisted pedicle. The symptoms had been severe for five days, commencing with severe pain, followed by tympanites, extreme tenderness, but with little vomiting. There was a history of eight or ten similar attacks in the previous twelve months. Ovariotomy was performed, and the cyst was in a condition approaching to gangrene. The woman sank in forty-eight hours. Dr. Eastes said urgent symptoms of pain, tenderness, and vomiting in the recognised presence of an abdominal tumour, which might be ovarian, should lead at once to abdominal section.—Drs. GOGARTY, EASTES, TYSON, and Messrs. COLBECK, OSBORN, ORMSBY, TAPLIN, WOOD, LYDDON, HULKE, and the CHAIRMAN took part in the discussion.

ABDOMINAL SURGERY IN CUBA.—At the Medical Congress recently held at Havana Dr. Barrena presented a communication containing statistics of abdominal surgery in Cuba up to that date. The operators were Drs. Cabrera Saavedra, Plasencia, Casuso, Horstmann, Menocal, R. Tovar, and himself. The following are the figures given by Dr. Barrena: Ovariectomies, 39, with 27 cures and 12 deaths; hysterectomies, 11 cured with 2 deaths; myomotomies, 3, all cured; exploratory incision, 4, with 3 deaths; salpingotomies, 3, all cured; vaginal hysterectomy, 1, fatal; ligation of the Fallopian tubes, 1, cured; total, 62 operations, with 37 cures and 25 deaths, showing a mortality of more than 40 per cent. One of the speakers in the discussion which followed said such statistics testified against the operators more than against the operations. He expressed gratification that what he called the *furor operatorio* was subsiding in Cuba.

it proved, to die. His death was, however, quite unexpected, as he had paid his last visit to the Bridewell only five days before. He was never married.

Mr. Raffles, the stipendiary magistrate, made the following allusion to the deceased gentleman, speaking from the bench: "I regret to notice in the papers that our friend Dr. Cavanagh is dead. He served the office of medical man at the Bridewell for twenty years, and procured and enjoyed the esteem of all who came in contact with him. He continued to do his work to the last, though he went about with tottering steps; but he did his work well, and we honour him accordingly."

JOHN MACPHERSON, M.A., M.D.ABERD., M.R.C.S.ENG.

DR. JOHN MACPHERSON, Inspector of Hospitals (retired), who died on March 17th, at the age of 72, had been for some time in failing health. He was born and partly educated at Old Aberdeen. After working some years at St. George's Hospital, he studied at Bonn, Vienna, and Berlin. He became a Member of the Royal College of Surgeons in 1839, and in 1840 entered the service of the East India Company as an assistant-surgeon.

After serving first with the Horse Artillery and subsequently with a native infantry regiment in Arracan, in 1843 he became civil surgeon of Howrah, in the neighbourhood of Calcutta, and three years later was appointed assistant-surgeon of the European General Hospital in Calcutta. In 1846, during the first Sikh war, he was suddenly ordered to the front, where there was a great scarcity of medical officers, but reached Ferozepore to find that the fighting was over and his services were required only in the field hospital. He returned to Calcutta, continuing there for the remainder of his stay in India, first in the General Hospital, and afterwards as Presidency surgeon and superintendent-general of vaccination. Throughout this period down to his retirement in 1864 he had an extensive private practice.

After twenty-four years of continuous service, Dr. Macpherson retired in 1864. During the whole of that period he was never away from his post on furlough; probably no Government servant ever remained continuously on duty for a greater number of years. On his return to England he took up his residence in Curzon Street, where he continued to practise up to a recent date. His admirable social qualities, his well-stored and cultured mind endeared him to many friends, who will long cherish his memory. He was the author of many useful and interesting works, among which may be mentioned *The Baths and Wells of Europe*, also *Our Baths and Wells*, besides various important papers on some of the more specially Indian diseases, for example, *Cholera in its Home, The History of Cholera*, etc.

Dr. Macpherson was for many years a highly respected member of our staff. His writings and opinions were always characterised by judicial impartiality.

JOHN HUNTER RUTHERFORD, L.R.C.P., L.R.C.S.EDIN.

MR. RUTHERFORD, a well-known citizen of Newcastle, died suddenly on March 21st, at the age of 64. He was born at Jedburgh, and received his education at the grammar school of that town, and subsequently at St. Andrews University. Having resolved on entering the ministry, he completed his education at Glasgow University. After an active career as an evangelist minister in the northern counties, he determined, although in middle life, to study medicine, and entered himself as a student at the Medical College, Newcastle. He obtained the diplomas of L.R.C.P. and L.R.C.S. Edinburgh, in 1867.

Mr. Rutherford identified himself with most of the leading temperance organisations in Newcastle. He also for many years took a keen interest in local sanitation, and in 1866 published a voluminous report on the public health of Newcastle, as the result of personal inquiry. He was for sometime a member of the local Board of Guardians, and was an educationalist of the most liberal type.

Mr. Rutherford was associated with much philanthropic work, and took an active part in many movements having for their object the amelioration of the lot of the working classes. The guardians decided to give him a public funeral.

A SUBSCRIPTION has been opened in Russia for a memorial of the late Professor von Wahl, of Dorpat, which is to take the appropriate form of the enlargement and endowment of the leper house which he founded. The institution will henceforward bear his name.

UNIVERSITY INTELLIGENCE.

CAMBRIDGE.

ADDENBROOKE'S HOSPITAL.—The Committee of Selection have chosen Mr. Hubert Higgins, L.R.C.P., M.R.C.S., late house-surgeon at St. George's Hospital, London, for election to the House-Surgeoncy of Addenbrooke's Hospital in the room of Mr. Ashton Street, who has entered the Indian Medical Service. The formal election by the quarterly Court of governors takes place on Monday, March 31st.

HEALTH LECTURES.—Dr. Donald MacAlister has just completed a short course of lectures on "Germs and Disease," which he delivered to a mixed audience of University and Town in the Alexandra Hall, Prof. Humphry, F.R.S., presiding. It is hoped that this may be the beginning of a series to be given by other teachers connected with the Medical and Natural Science Schools on subjects which the current discussions concerning the drainage of the town have brought to the front.

CONGREGATIONS FOR MEDICAL DEGREES.—Congregations, at which candidates may be admitted to medical and surgical degrees, will be held next term on the following days: April 24th, May 8th, May 22nd, June 5th, and June 12th. The hour of meeting is 2 P.M.

LECTURES IN BOTANY.—Mr. A. C. Seward, M.A., of St. John's College, has been appointed a University Lecturer in Botany for three years, from Easter, 1890.

NATURAL SCIENCE SCHOLARSHIP.—J. F. Bryant has been elected to a Minor Scholarship of £40 a year in Natural Science at Clare College.

GLASGOW.

THE winter medical session at Glasgow closes this week, and the summer session opens on May 1st. In the interval the professional examinations will be carried on, beginning on April 1st. There are 118 candidates for the first professional examination, 82 for the second, and 67 for the third. At the same term last year the numbers were 130, 67, and 90.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF THE CITY OF ABERDEEN FOR FEBRUARY.—The medical officer of health, Professor Hay, has issued his report for February. The total number of deaths within the city during the month was 260, equal to an annual rate of 27.42 per 1,000. The death-rate for the month continued unusually high—higher than in January. The mortality was most marked in persons of the "post-mature" period, in fact, the death-rate in this class was amongst the highest on record. There was also a decided increase of mortality in the "adolescent" period, but a distinct decrease in the "school" period. With the exception of 1887, when the death-rate was 27.56 per 1,000, the month of February had the highest death-rate for the last ten years, and was one-third greater than the average.

The most striking feature was the high mortality from diseases of the respiratory system, which was substantially higher than in any year of the past decennium. The death-rates from nervous diseases, developmental diseases, and from miasmatic diseases (except in 1887, when there was a severe epidemic of measles) were also the highest in the decennium. But the death-rate from diarrhoeal diseases, with the exception of 1884, was the lowest recorded. The mortality from tubercular, urinary, and digestive diseases was slightly under the average, and from diseases of the circulatory system rather above the average.

Dr. Hay states that the excessive mortality of February was thus due to miasmatic, lung, and nervous diseases, and that there cannot be a doubt that an important factor in this great fatality from these diseases was the presence of influenza. It directly raised the miasmatic death-rate, for about one-half of the deaths from zymotic diseases was due to influenza; and it, in all probability, indirectly increased the mortality from lung diseases. And when it is recollect that the disease exists in a nervous type or

rarity, its influence in increasing the mortality from nervous disease is not improbable. Sixteen deaths were certified as having been directly due to influenza, against 11 in January. The ages of the persons dying ranged from 20 to 84 years, the majority being about 50 years and upwards. This is in agreement with the experience of the previous month, and shows that this epidemic of influenza, unlike most of the zymotic epidemics with which we are familiar in Aberdeen, has almost exclusively affected grown up persons, or, at least, proved fatal to adults.

In the 16 fatal cases, the duration of the illness varied from 4 to 30 days, extending in the great majority of the cases from 5 to 14 days. Complications were certified as having existed in every one of the cases. In 10 cases inflammation of the lungs was the complication; in 3 it was syncope, cerebral apoplexy, and diarrhoea respectively; while in the remaining 3 cases it was given as "old age." The weather showed some exceptional features. Compared with that of the same month in the previous ten years, the barometric pressure was the highest recorded, while the daily range of temperature was the lowest recorded, as was the rainfall, except in 1882. The mean temperature was about the average.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

BEXHILL (Population, 4,550).—*Low Death-rate: Mild Prevalence of Measles and Chicken-pox.*—Dr. J. P. Wills makes a very favourable report for 1889. The death-rate was only 12.0 per 1,000, and the deaths from zymotic diseases comprised only 2 from diphtheria and 1 from typhoid, which had been contracted outside of the district. In the last quarter of the year, measles and chicken-pox were very prevalent, but there were no deaths. Dr. Wills attributes the low death-rate to the climatic advantages of Bexhill, there being practically unlimited air space both in front of and behind almost all the houses and streets.

HASTINGS (Population, 57,176).—*Low Death-rate: some Cases of Diphtheria, traced to Sewer Gas: Recorded Sunshine.*—This borough keeps up its reputation as a healthy health resort, with its annually decreasing death-rate, and the general freedom from zymotic sickness. Mr. Knox-Shaw reports most favourably on the health of the year 1889, and in virtue of the low death-rate (12.4 per 1,000), claims for it the foremost place among healthy towns. There was very little prevalence of scarlet fever during the year, and no deaths, nor were there any known cases of small-pox. Ten cases of diphtheria were reported, and 6 deaths registered. The cases were confined chiefly to one area, but no common cause of infection, such as food or water supply, was discoverable; but circumstances pointed to atmospheric infection arising from sewer gas. The total of deaths from zymotic causes was 36, yielding a rate of 0.63 per 1,000. As regards the climatic conditions of the year, Mr. Shaw reports a deficiency both of rainfall and bright sunshine, the former to the amount of $3\frac{1}{2}$ inches, and the latter to the amount of 81 hours. By the uninterrupted registration of the "sunshine recorder" for upwards of seven years, however, it has been shown that Hastings one of the sunniest places in the whole of the British Isles.

KIDDERMINSTER (Population 26,000).—*Extensive Epidemic of Measles.*—Mr. Corbet reports that the duties of the past year (1889) have been very heavy in consequence of scarlet fever and a severe epidemic of measles. The mortality was, however, comparatively small, for of 155 known cases of the former disease only one proved fatal; while of measles, there were only 18 deaths amongst 1,051 cases. Some cases of enteric fever were of mild type, but their origin was not traced. The same remarks apply to diphtheria. The general death-rate, 16.8 per 1,000, was lower than any of the previous five years, but the zymotic death-rate showed a slight increase.

TOWCESTER RURAL (Population 12,251).—Mr. A. P. Kingcombe, health officer for the Towcester district, gives a very favourable account of the public health during 1889. With the exception of a singularly mild outbreak of measles in December, only two cases of zymotic disease came under his notice, one of membranous croup, and one of diphtheria.

HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, March 22nd, 5,710 births and 4,051 deaths were registered in twenty-eight of the largest English towns, including London, which have an estimated population of 9,715,559 persons. The annual rate of mortality in these towns, which had been 26.6 and 23.6 per 1,000 in the two pre-

ceding weeks, further declined to 21.7 during the week under notice. The rates in the several towns ranged from 14.5 in Leicester, 16.4 in Norwich, 17.1 in Derby, and 17.7 in Brighton, to 28.0 in Sheffield, 28.3 in Blackburn, 28.8 in Wolverhampton, and 30.5 in Manchester. In the twenty-seven provincial towns the mean death-rate was 23.8 per 1,000, and exceeded by 4.5 the rate recorded in London, which was only 19.3 per 1,000. The 4,051 deaths registered during the week under notice in the twenty-eight towns included 368 which were referred to the principal zymotic diseases, against numbers declining from 379 to 368 in the three preceding weeks; of these, 141 resulted from whooping-cough, 79 from measles, 44 from scarlet fever, 43 from diphtheria, 34 from diarrhoea, 22 from "fever" (principally enteric), and not one from small-pox. These 368 deaths were equal to an annual rate of 2.0 per 1,000; in London the zymotic rate was 2.1, while it averaged 1.8 per 1,000 in the twenty-seven provincial towns, and ranged from 0.0 in Leicester, Birkenhead, Huddersfield, and Halifax, to 3.4 in Bristol, 4.1 in Bolton, 4.5 in Salford, and 4.6 in Brighton. Measles caused the highest proportional fatality in Liverpool and Derby; whooping-cough in Salford, Bristol, Bolton, and Brighton; and scarlet fever in Wolverhampton. Of the 43 deaths from diphtheria recorded during the week under notice in the twenty-eight towns, 23 occurred in London, 3 in Liverpool, 3 in Birmingham, 3 in Manchester, and 3 in Salford. No fatal case of small-pox was registered, either in London or in any of the provincial towns, and 7 cases of small-pox were under treatment in the Metropolitan Asylums Hospitals on Saturday, March 22nd. These hospitals contained 1,076 scarlet fever patients on the same date, against numbers declining from 1,541 to 1,109 at the end of the eleven preceding weeks; 78 cases were admitted during the week, against 49 and 73 in the two previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 4.5 per 1,000, and was considerably below the average.

HEALTH OF SCOTCH TOWNS.

In the eight principal Scotch towns 638 births and 641 deaths were registered during the week ending Saturday, March 22nd. The annual rate of mortality in these towns, which had declined from 28.3 to 25.2 per 1,000, in the four preceding weeks, further fell to 24.8 during the week under notice, but exceeded by 3.1 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Aberdeen and Dundee, and the highest in Glasgow and Perth. The 641 deaths in these towns during the week under notice included 101 which were referred to the principal zymotic diseases, equal to an annual rate of 3.9 per 1,000, which exceeded by 1.9 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Greenock, Edinburgh, and Leith. The 278 deaths registered in Glasgow during the week under notice included 15 from whooping-cough, 12 from measles, 5 from diphtheria, and 2 from scarlet fever. In Edinburgh 12 fatal cases of measles, 11 of whooping-cough, and 4 of diphtheria were recorded; and 8 deaths were referred to measles in Leith. The death-rate from diseases of the respiratory organs in these towns was equal to 5.0 per 1,000, against 4.5 in London.

HEALTH OF IRISH TOWNS.

In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, March 18th, were equal to an annual rate of 30.6 per 1,000. The lowest rates were recorded in Lisburn and Newry, and the highest in Dundalk and Waterford. The death-rate from the principal zymotic diseases averaged 8.0 per 1,000. The 196 deaths in Dublin during the week under notice were equal to an annual rate of 29.0 per 1,000 (against 30.7 and 28.2 in the two preceding weeks), the rate for the same period being 20.8 in London and 20.8 in Edinburgh. These 196 deaths included 18 which resulted from the principal zymotic diseases (equal to an annual rate of 2.7 per 1,000), of which 7 were referred to whooping-cough, 4 to different forms of "fever," 4 to diarrhoea, and 3 to measles.

MEDICAL NEWS.

THE Medical Faculty of the University of Kieff will celebrate the fiftieth anniversary of its foundation on December 4th of this year.

PRINCE ALBERT VICTOR laid the foundation stone of the Leper Asylum at Bombay on Wednesday last. Sir Dinshaw Manockjee Petit has given a lakh of rupees towards the cost of the building.

THE BIRMINGHAM MUSICAL FESTIVAL, 1891.—At a meeting of the Orchestral Committee, held last week, Dr. Wade was unanimously elected chairman of the committee, and consequently *ex officio* chairman of the General Committee.

INFLUENZA is said to have made its appearance at Wellington and Christchurch, New Zealand, and to be increasing in Dunedin. The epidemic is reported to have broken out at Melbourne, being identical in character with the epidemic in Europe.

THE medical students of Bologna have opened a subscription for the erection of a bust of the late Professor Loretta in the clinical theatre of the University. A considerable sum has already been collected.

THE Treasurer of the Royal Southern Hospital, Liverpool, has received from the executors of the late Isaac Denton a legacy of £1,000, bequeathed by him to that institution. Mr. Denton had been for many years a generous supporter of the hospital.

MR. WILLIAM GURSLOVE MARSHALL, Medical Superintendent of the Female Department of Colney Hatch Asylum, has, after thirty-seven years' service, resigned his appointment, receiving from the London County Council a superannuation allowance of £633 6s. 8d.

DR. E. SYMES THOMPSON has just completed a second edition of the *Annals of Influenza* of his father, Dr. Theophilus Thompson, originally published by the Sydenham Society. The new edition is to be published by Messrs. Percival and Co., and will contain the record of the epidemic of 1847 as well as that of 1889-90.

SIR JOHN KIRK, M.D., G.C.M.G., F.R.S., formerly Consul at Zanzibar, and Sir William Turner, M.B., D.C.L., F.R.S., Professor of Anatomy in the University of Edinburgh, have been elected members of the Athenaeum Club under Rule II, which provides for the annual election of a certain number of persons of distinguished eminence in science, literature, or the arts, or for public services.

THE new hospital for children which is now in course of construction in the north of Berlin, will be opened on June 1st. Professor Virchow has been the moving spirit in its establishment, and Dr. A. Baginsky is to be the medical director. It is built on the pavilion system, and will have a "Poliklinik" or out-patient department attached to it.

A PETITION has recently presented to the Austrian House of Deputies praying for the admission of women to the philosophical and medical faculties of the universities of the Empire. The petition was signed by 4,812 persons, among whom were many leading representatives of literature, art, science, and the teaching profession.

INFLUENZA IN PORTUGAL.—According to the *Correio Medico*, the epidemic of influenza which was thought to have come to an end in February has recently shown fresh signs of activity in Lisbon. Many horses have also fallen victims to the disease. At Chaves there has lately been a recrudescence of the epidemic, and in other parts of Portugal new cases are frequently reported.

THE LONDON UNIVERSITY AND PROVINCIAL COLLEGES.—At a recent meeting of the Queen's College, Birmingham, Medical Society, the following resolution was carried unanimously:—"That this Society condemns the proposed reconstitution of the London University on the lines laid down by the Special Commission for a University for London, as being unfair to the present graduates and undergraduates of the London University, and as tending to lower the standard of medical education and the value of the London degrees."

MEDICAL DEFENCE UNION.—At a meeting of the Executive Committee of the Medical Defence Union, Metropolitan Division, held at 429, Strand, on March 13th, Dr. Felce in the chair, the report read by the Honorary Secretary (Dr. Campbell Pope), showed signs of very satisfactory progress. The members of this branch now number 353, of whom 192 have joined since January 1st. A cordial vote of thanks to Dr. Mead for his exertions in establishing this branch was carried with unanimity. It was stated that as, yet no case had come before the branch for defence.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—At the quarterly meeting held in Owens College, Manchester, on Thursday, March 13th, Dr. Regis, Professor of Mental Medicine, Bordeaux, and Dr. Ritti, Physician to Charenton, were elected corresponding members, and the following were elected ordinary members, namely: William Gilmore Ellis, M.D. Brux.; John Spence Law, M.B., C.M. Edin.; Alfred W. Campbell, M.B., C.M. Edin.; William Woodward, L.R.C.P.; M.R.C.S.; Anton Hugh Syrée, M.R.C.S., L.S.A.; John James Pitcairn, L.R.C.P., M.R.C.S.; Walter Scowcroft, M.R.C.S.; George Findlay, M.B., C.M. Aberd.

THE INTERNATIONAL TEMPERANCE CONGRESS.—The following are the subjects which will be discussed at the Congress on Alcoholism which is to be held at Christiania on September 3rd-5th: 1. The measures which in Norway have been found useful in mitigating the evils of alcoholism. 2. The results of the Gothenburg system. 3. The drink question in relation to the development of the young. 4. The deterioration of savage tribes resulting from the sale of spirits. 5. Substitutes for alcoholic stimulants. In connection with the Congress there will be an exhibition of periodicals, books, statistics, specimens of non-intoxicating drinks, etc.

FOREIGN STUDENTS AT PARIS.—From recently-published statistics it appears that at the present time the number of foreign students in the various faculties of the University of Paris is about 1,000. Of these, 729 belong to the medical faculty, 150 of

them being Russians, 66 Roumanians, 60 Turks, 71 Egyptians, and 139 Americans. Of the 729 foreign medical students, 107 are women. It is remarkable that England is not represented in the list at all. There is only 1 foreign student in theology, and he comes from the land of the "unspeakable Turk." The total number of students at Paris in 1889 was 10,375, of whom 3,894 belonged to the medical faculty. Roughly speaking, the foreign contingent forms about one-tenth of the whole body of students. If the medical faculty alone is taken, however, the foreigners amount to more than a fifth.

MUSCULAR ATROPHY IN TABES DORSALIS.—Dejerine (*Revue de Médecine*, 1889) has made an elaborate study of those forms of muscular wasting which accompany tabes dorsalis. Wasting is most common in the hands and feet. The interossei are the most affected, and that gives either the foot or the hand a claw-like aspect. Atrophy of other muscles leads later to pes equinus or pes equino-varus. Contraction of the muscles may lead to a loss of the capability for passive movement. The muscular atrophy is almost always symmetrical on the two sides of the body. There are no changes in the anterior cornual cells, but the nerves to the muscles are degenerated. The degeneration is most marked nearest to the muscle, and gradually decreases in intensity as it is traced upwards; only occasionally does it reach as far as the anterior nerve roots. The muscular fibres are simply atrophied without any increase of interstitial tissue.

LOST DOGS AND RABIES.—The Battersea Temporary Home for Lost and Starving Dogs is an institution well worthy of the support for which the Duke of Portland, its new president, pleaded at its annual meeting this week. The total number of dogs received into the Home last year was 24,123, being an increase of 8,802 as compared with the previous year. Undoubtedly the institution has done much to prevent the spread of rabies by clearing the streets of dogs most liable to be bitten by rabid animals, and it has in this way benefited the community. The muzzling order, it was stated, had greatly augmented the number of dogs sent to the Home during the latter part of the year, and threatened to overwhelm the resources of the institution. The most drastic means were taken to prevent the spread of rabies, and among all the dogs received last year only thirty cases of the disease were detected.

THE RIBERI PRIZE.—At a recent meeting of the Royal Academy of Medicine of Turin the report of a committee appointed to consider the claims of the competitors for the Riberi prize of 20,000 francs (£800) was presented. The subject chosen was the Anatomy and Physiology of the Embryo, with special reference to the Development of Man. There were several competitors, both Italian and foreign, including many men whose names are well known in the scientific world. The committee placed the names of Professor W. His (of Leipzig), Van Beneden (of Liège), and Preyer (of Jena), at the top on the list, the prize being finally awarded to the first named of these gentlemen. Professor His, in acknowledging the honour done him, placed £200 at the disposal of the Academy, to be divided between two young Italian physicians who may wish to work for some time in laboratories of anatomy, physiology, histology, or embryology.

THE PARALYSES OF CHILDREN.—It may not be uninteresting to compare notes of different observers as to the proportion of cerebral to spinal paralyses, and as to the ages when they occur, especially after the discussion in the Diseases of Children Section at Leeds last year. Dr. Osler says that in the Infirmary for Nervous Diseases, Philadelphia, there have been in the same length of time 500 cases of spinal to about 120 of cerebral origin. As to the ages of onset, out of 24 cases of Dr. Hillier's of acute anterior poliomyelitis, 8 were in the first year, 9 in the second, and 7 between the second and sixth. Dr. Gowers says that of cases occurring under the ages of 10, three-fifths are in the first two years and four-fifths in the first three. To contrast this with cerebral paralysis, out of 151 cases of Dr. Osler's, 45 were in their first year, 22 in their second, and 14 in their third. Out of Dr. Gowers's 80 cases, 23 occurred in the first year, 23 also in the second, while three-fourths were attacked in the first three years of life.

THE MEDICAL SOCIETY OF LONDON.—The following is a list of officers and Council elected at the annual meeting to serve during the ensuing year 1890-91:—President: John Knowsley Thornton. Vice-Presidents: T. Gilbert Smith, M.D., J. Astley Bloxam, Stephen Mackenzie, M.D., Reginald Harrison. Treasurer: Arthur Edward Durham. Librarian: William Henry Alchin, M.B.

Honorary Secretaries: Charles Alfred Ballance, M.S., Thomas Colcott Fox, M.B. **Honorary Secretary for Foreign Correspondence:** Jean Samuel Keser, M.D. **Council:** Theodore D. Acland, M.D., Herbert W. Allingham, Robert Barnes, M.D., Charles Edward Beevor, M.D., James Black, Alban Doran, John Henry Drew, William F. Haslam (Birmingham), Charles Bell Keetley, Edmund Owen, Charles D. F. Phillips, M.D., Bernard Pitts, Sir William Roberts, F.R.S., William Rose, Arthur Ernest Sansom, M.D., George Henry Savage, M.D., Felix Semon, M.D., Arthur Marmaduke Sheild, Charles Theodore Williams, M.D., T. Utterston Wood, M.D.

PROLONGED GESTATION.—Dr. J. Armstrong, Physician to the Lying-in Hospital, Liverpool, relates an interesting case of prolonged gestation in the *Liverpool Medico-Chirurgical Journal*. The patient was "a most intelligent mother, who kept a diary." She had already borne four children. The second pregnancy, dating from the cessation of the last menstrual period, lasted 303 days; the fourth, 319 days. When 35 years of age and pregnant for the fifth time, she consulted Dr. Armstrong. She dreaded her approaching confinement, having suffered so much at the fourth, when she was delivered five weeks after the normal term of a stillborn child, with the aid of instruments. Dr. Armstrong, bearing in mind that gestation had been twice prolonged, that it might be prolonged again, and in the event of the child being a male the labour would probably be even more difficult than on the preceding occasion, expressed his opinion that the interests of both mother and child would be best considered by the induction of labour shortly before term. Labour was accordingly induced on about the 276th day of gestation. The presentation was transverse, necessitating version. The child, a female, was living and healthy, and the mother made an excellent recovery, being able to return home by the end of the month.

TOXIC PRESCRIPTIONS.—The *Pharmaceutical Journal* reports a case of poisoning by crystallised aconitine from Belgium, which once more illustrates the enormous toxic power of some preparations sent out under this name. A prescription ordering ten pills, each to contain 0.15 grammie of quinine sulphate and one-fourth of a milligramme of crystallised aconitine was dispensed, the directions being that five should be taken daily. The patient, a lady, after taking three of the pills, became indisposed, suffering from great nausea. Her uncle, a man aged 60, apparently with a view to encourage her in continuing to take her medicine, swallowed two of the pills, but he was seized with convulsions an hour afterwards and died. The remaining five pills seem to have been thrown upon the fire, so naturally some doubt exists as to whether the prescription was dispensed correctly, and even the *Antwerp Journal de Pharmacie*, while professing no doubt upon this point, asks whether it is a fact that half a milligramme of this alkaloid can act so powerfully. To this query M. Ferrand replies in the *Bulletin Commercial* that in 1887 the Paris Society of Pharmacy had this subject under consideration, and came to the conclusion that in some cases the absorption of a granule containing one fourth of a milligramme of crystallised aconitine by an adult has been sufficient to provoke extremely grave symptoms and endanger life.

FALMOUTH AS A HEALTH RESORT.—A meeting of gentlemen interested in the prosperity of Falmouth, and presided over by the mayor of that town, has been recently held to consider the best means of making known its attractions as a winter residence for invalids, and of providing suitable accommodation for them. The latter would appear to be the more important of the two, for the public press in general, and our own columns in particular, have freely and generously made known the claims of Falmouth to due consideration as a health resort. It is for the Falmouth people to see that proper accommodation is provided for invalid visitors when they come. Sir W. Aitken, who addressed the meeting, wisely spoke to this effect. "Falmouth," he remarked, "had a southerly aspect, but few houses were built facing the south. It was therefore highly essential to erect more residences in that position. He was staying at the Falmouth Hotel, which was not large enough, people being turned away every night." The Rector's remarks were also to the same effect: "The practical question was, what were they going to do with visitors when they came to the town? There were hotels and lodging houses which offered extremely good accommodation, but they were few. The principal requirements of Falmouth were increased accommodation, railway facilities, and attractive amusements." We counsel the Falmouth people to follow the advice of their Rector. Make the place attractive, provide good accommodation and such distractions as are to be had at other established health resorts, and

visitors will be forthcoming, and railway facilities too, as soon as the railway authorities find it pays to provide them; but it is too much to expect that railway companies will run express trains for the purpose of bringing visitors for whom, at present, there is not sufficient accommodation.

MEDICAL VACANCIES.

The following Vacancies are announced:

ABERYSTWITH INFIRMARY, Aberystwith.—House-Surgeon and Secretary. Double qualifications. Salary, £150 per annum, with board, lodgings, coal, gas, and attendance. Thorough knowledge of Welsh essential. Applications by April 3rd to the Secretary.

BATH GENERAL AND ROYAL MINERAL WATER HOSPITAL,—Resident Medical Officer, unmarried. Salary, £100 per annum, with board and apartments. Applications before April 7th to Fred. W. Dingle, Registrar and General Secretary.

BETHLEM HOSPITAL,—Two Resident Clinical Assistants; doubly qualified. Residence in the hospital for term not exceeding six months, with apartments, rations, and attendance. Applications to John Baggally, Esq., Bridewell Hospital, Blackfriars, by April 12th.

CHELSEA, BROMPTON AND BELGRAVE DISPENSARY, 41, Sloane Square, S.W.—Surgeon. Applications to the Secretary by April 3rd.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Dispenser (minor exam.); non-resident. Commencing salary, £70 per annum. Applications (on forms to be obtained) to A. C. Davis by March 31st.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist; must be registered and not engaged in practice. Salary, 100 guineas per annum. Applications by April 16th to the Secretary, T. Storrar-Smith.

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

EAST SUFFOLK AND IPSWICH HOSPITAL,—Assistant House-Surgeon (unmarried), double qualification. Board, lodging, and washing. Salary, £20 per annum. Applications by April 1st.

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

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

GENERAL INFIRMARY, Leeds.—Resident Surgical Officer. Applications, etc., to be sent in to the Secretary of the Faculty by March 31st.

GLAMORGAN AND MONMOUTHSHIRE INFIRMARY, Cardiff.—Assistant House-Surgeon. Board, lodging, and washing provided. Applications before April 5th to Geo. T. Coleman, Secretary.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,—House-Physicians. Applications before April 9th.

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.

KENT COUNTY ASYLUM, Barming Heath, Maidstone.—Senior Assistant Medical Officer; fully qualified, unmarried, not over 30 years of age, experienced in asylum work. Salary, £250 per annum, with furnished quarters, attendance, coal, gas, washing, etc. Applications by April 9th to Dr. F. Pritchard Davies, Superintendent.

KENT COUNTY ASYLUM, Barming Heath, Maidstone.—Second Assistant Medical Officer, fully qualified, unmarried, not over 28 years of age; experienced in asylum work. Salary, £180 per annum, with furnished quarters, attendance, coal, gas, washing, etc. Applications by April 9th to Dr. F. Pritchard Davies, Superintendent.

KING'S LYNN HOSPITAL,—House-Surgeon and Secretary. Salary, £30, rising by annual increments of £10 to £100 per annum. Double qualifications, registered and unmarried. Applications to the Chairman of the Weekly Board by April 5th.

LEICESTER INFIRMARY,—Honorary Surgeon Dentist; must be a Licentiate in Dentistry of one of the Royal Colleges of Surgeons of London, Dublin, or Edinburgh. Applications, etc., to the Secretary, 24, Friar Lane, Leicester, by March 31st. Election on April 9th.

METROPOLITAN ASYLUMS BOARD,—Clinical Assistant (registered medical man) for the South-Western Fever Hospital, Landor Road, Stockwell, S.W. Residence and rations. Applications to the Medical Superintendent at the Hospital.

METROPOLITAN HOSPITAL, Kingsland Road, E.—House-Physician. Salary at the rate of £20 for the first, and £70 for the second, six months. Applications by March 31st, to the Secretary, Charles H. Byers.

METROPOLITAN HOSPITAL, Kingsland Road, N.—House Surgeon. Salary at the rate of £60 for the first, and £70 for the second, six months. Application by March 31st to the Secretary.

METROPOLITAN HOSPITAL, Kingsland Road, N.—Assistant House-Surgeon, tenable for six months. Applications by March 31st to the Secretary.

METROPOLITAN HOSPITAL, Kingsland Road, N.—Obstetric Physician; Fellow or Member of the Royal College of Physicians of London, and Graduate in Member of a University. Applications by March 31st to the Secretary.

OWENS COLLEGE, Manchester.—Senior Demonstrator in Physiology. Salary, £150 per annum. Applications by April 28th to the Registrar, Henry Wm. Holder, M.A.

OXFORD EYE HOSPITAL.—House-Surgeon. Board and lodging and £50 honorarium. Applications by April 2nd.

RADCLIFFE INFIRMARY, Oxford.—House-Physician; doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications by April 5th to the Secretary.

RANGOON MUNICIPALITY.—Health Officer. Salary, Rs. 600 per mensem, rising by annual increments of Rs. 50 to Rs. 1,000. Private practice deferred. Applications to J. Short, Secretary, by June 1st.

ROYAL COLLEGE OF PHYSICIANS.—Milroy Lecturer. Applications to the Registrar, Edward Liveing, M.D. (of whom all particulars may be obtained), by April 9th.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.—Superintendent of the Research Laboratory. Salary, £200 per annum. Applications to the Secretary of the College by March 31st. Further particulars on application to Dr. Tuke, Curator, 7, Lauriston Lane, Edinburgh.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—Surgeon; Fellow of the Royal College of Surgeons. Applications to the Secretary, T. Beattie Campbell, by April 9th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—Assistant Surgeon; Fellow of the Royal College of Surgeons. Applications to the Secretary, T. Beattie-Campbell, by April 9th.

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.

STOCKTON-ON-TEES HOSPITAL AND DISPENSARY.—House-Surgeon (non-resident), doubly qualified; to reside near the hospital and give whole time. Salary, £200 per annum. Applications to the Secretary, John Settle, by April 12th.

UNIVERSITY OF EDINBURGH.—An Additional Examiner. Salary, £90 per annum. Applicants to lodge sixteen copies of application with J. Christison, W.S. Secretary, by April 7th.

WEST LONDON HOSPITAL.—Surgeon Dentist, with a medical or surgical qualification. Applications to R. J. Gilbert, Secretary Superintendent, by March 31st. Election April 14th.

MEDICAL APPOINTMENTS.

ABBOT-ANDERSON, W. M., M.B., B.S., M.R.C.S.Eng., appointed Honorary Surgeon to the Farrington General Dispensary, vice Mr. Noble Smith, F.R.C.S.E.

ADAMS, J. Dixon, M.D., M.R.C.S., reappointed Medical Officer of Health to the Yeovil Union.

ALLDEN, John H., M.R.C.S., L.S.A., reappointed Medical Officer of Health for Shirley.

BELL, Dr., appointed Surgeon to the Leicester and Leicestershire Provident Dispensary (Newfound Pool District), vice Dr. Pemberton Peake, resigned.

BOND, Francis Thomas, M.D. Lond., A.B., M.R.C.S., reappointed Medical Officer of Health to the Gloucester Combined Districts.

BRAND, William Thomas, M.B., appointed Medical Officer for the Thornhill District of the Dewsbury Union.

BROADBENT, Reginald, M.B., appointed Surgeon to the Leicester and Leicestershire Provident Dispensary (Westcotes District), vice H. J. Blakesley, F.R.C.S., resigned.

BROWN, A. T., M.B., B.S. Lond., appointed a House-Physician to Guy's Hospital.

COLLINGRIDGE, W., M.D., M.R.C.S., reappointed Medical Officer of Health to the Port of London.

COLLINS, Frank, L.R.C.P., M.R.C.S., appointed Medical Officer to the Merchant Seamen's Orphan Asylum, Snareybrook, and Divisional Surgeon to the Police (J) Division.

COWIE, John, M.B. Aber., C.M., appointed Medical Officer for No. 6 District of the Devizes Union.

DAVIES, Edward, M.D., M.R.C.S., reappointed Medical Officer of Health to No. 2 Rural Sanitary District of the Wrexham Union.

EASON, Alexander M., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health to the Lytham Urban Sanitary District.

EVANS, Samuel, L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer to No. 2 District of the Tendring Union.

EVERARD, W. P., L.R.C.P. I., L.R.C.S. I., appointed Medical Officer to the Brideswell Dispensary District, Athlone Union, vice Dr. P. B. White.

FAICHNIE, Norman, M.B. Durh., appointed Resident Clinical Assistant to the St. Marylebone Infirmary, Notting Hill, vice B. T. Johnson.

FLINN, John James, L.R.C.P. Edin., M.R.C.S., appointed Medical Officer of the Belmont Road Workhouse, West Derby Union.

FOSTER, Francis Wheldale, M.R.C.S., reappointed Medical Officer to No. 11 District of the Tendring Union.

GRiffin, Innes, M.R.C.S., L.S.A., reappointed Medical Officer to the Banbury Town Council.

HAGUE, J. L., L.R.C.P., appointed Assistant Medical Officer to the South-Eastern Fever Hospital.

HAILEY, Melville M., L.R.C.P., reappointed Medical Officer of Health to the Newport Pagnell Sanitary Authority.

HICKMAN, H. V., L.R.C.P., M.R.C.S., appointed Assistant House-Physician to Guy's Hospital.

HOLMAN, H. J., L.R.C.P., M.R.C.S., appointed a House-Surgeon to Guy's Hospital.

HUBBERTY, R. R., M.D. Edin., M.R.C.S., appointed Resident Assistant to the Wolverhampton Eye Infirmary.

IVENS, A. S., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer and Public Vaccinator to No. 8 District of the Tendring Union.

JOHNSTONE, G. J. Waldron, M.D., appointed Surgeon to the Gainsborough Friendly Societies Medical Association.

JOHNSTONE, G. W., L.R.C.P. Edin., reappointed Medical Officer to the Upholland Urban Sanitary Authority.

JONES, W., L.R.C.P., M.R.C.S., reappointed Medical Officer of Health to No. 1 District of the Wrexham Rural Sanitary Authority.

JONES, W. M., M.R.C.S., reappointed Medical Officer of Health to the Swinton Urban Sanitary Authority.

KERSWILL, John Bedford, M.R.C.P. E., M.R.C.S. Eng., F.L.S., reappointed Medical Officer of Health to the St. Germans Rural Sanitary Authority for three years.

LEMON, E. H., L.R.C.P. Lond., M.R.C.S., appointed Assistant Medical Superintendent to the Infirmary of the Croydon Union.

LOVETT, Samuel R., L.R.C.P. Edin., L.M., L.S.A., reappointed Medical Officer of Health to the St. Giles's District.

MCCANN, F. J., M.B., appointed Medical Officer to the Queen Charlotte Lying-in Hospital.

MACKINTOSH, Angus, M.D., reappointed Medical Officer of Health to the Dronfield Urban Sanitary Authority.

MANNING, Harry Paul Owen, M.R.C.S., L.R.C.P. Lond., appointed House-Surgeon to the Royal Surrey County Hospital, Guildford, vice Dr. Gordon.

MORRIS, Walter, L.R.C.P. Edin., L.F.P.S. Glag., appointed Medical Officer of the Workhouse, Bolton Union, vice J. H. Marsh, L.R.C.P., L.R.C.S. Edin., resigned.

MORTON, Richard John, M.R.C.S. Eng., L.S.A., appointed Medical Officer and Public Vaccinator to No. 6 District of the Aylsham Union, and Medical Officer to the workhouse, vice R. Kay Morton.

MUGFORD, S. A., reappointed Medical Officer to the parishes of Ardleigh, Great Bromley, and Wix, of the Tendring Union.

PARSONS, F. J. C., L.R.C.P., M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Bridgwater Port Sanitary Authority.

PARTRIDGE, Thomas, M.K.Q.C.P., M.R.C.S. Eng., etc., re-elected Medical Officer to the Stroud Urban Sanitary District for three years, and to the Stroud Rural Sanitary District for one year.

PEACOCK, Edwin, M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Chivers Coton Urban Sanitary District.

PEAKE, W. Pemberton, L.R.C.P. Lond., M.R.C.S., appointed Medical Officer to No. 4 District of the Leicester Union.

PENBERTHY, W., M.R.C.S., L.R.C.P., appointed House-Surgeon to the London Hospital.

PENDLEBURY, J. P., L.R.C.P., M.R.C.S., appointed a House-Physician to Guy's Hospital.

PORTER, F. J., M.D., reappointed Medical Officer of Health to the No. 1 District of Helmsley Rural Sanitary Authority.

RAIMES, Alwyn, M.B., reappointed Medical Officer of Health to York Rural Sanitary Authority.

REID, J. R., M.B., C.M. Aberd., appointed Medical Officer of the Oswaldkirk District of the Helmsley Union, vice F. Dowker, M.R.C.S.

REYNOLDS, Hubert S., L.R.C.P., F.R.C.S. Edin., appointed Medical Officer for No. 4 District of the Royston Union, vice L. M. Earle, M.D., resigned.

ROBINSON, J. Kirkup, M.B., C.M. Edin., appointed an Honorary Surgeon to the Doncaster Infirmary.

ROLLESTON, Humphry D., M.B., appointed Curator to the Pathological Museum, St. George's Hospital, vice Dr. Sheridan Delépine.

SIEVEKING, Herbert, M.R.C.S. Eng., L.R.C.S. Lond., appointed Medical Officer to the Kimberley Bechuanaland Railway (British South Africa Company).

SMITH, G. W., M.R.C.S., L.S.A., reappointed Medical Officer and Public Vaccinator to the Gotham District of the Basford Union.

SMITH, J. W., L.R.C.P., M.R.C.S., appointed a House-Surgeon to Guy's Hospital.

SQUIRE, E. H., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of the parish of Elmstead District of the Tendring Union.

STEPHENSON, Edward, L.R.C.P. Edin., and L.M., M.R.C.S. Eng., reappointed Medical Officer of Health to the Chard Rural Sanitary Authority.

STUBBS, Henry, M.R.C.S., appointed Medical Officer of Health to the Madeley Union.

SWANN, Alfred, M.D., reappointed Medical Officer of Health to the Batley Town Council.

TONKS, H., F.R.C.S. Eng., appointed Assistant Demonstrator of Anatomy to the London Hospital Medical College, vice Mr. Openshaw.

TONKS, Joseph, M.R.C.S. Eng., L.A.H. Dubl., appointed Medical Officer of Health for the District of Willenhall, Wolverhampton Union, vice John T. Hanfil, L.R.C.P., M.R.C.S.

TWINING, A. Hughes, M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Kingsbridge Rural Sanitary Authority.

WAUGH, Alexander, L.R.C.P., M.R.C.S., reappointed Medical Officer of Health to the Midsomer-Norton Urban Sanitary Authority.

WAYN, E. R., M.R.C.S., appointed Medical Officer to the Bramley Union, vice Dr. Slesser.

WEIR, Alex. McCook, M.D. Qu. Univ. Irel., L.R.C.S. Edin., appointed Medical Officer to the Evershot District of the Beaminster Union, vice A. Butler, L.K.Q.C.P., etc., resigned.

WETWAN, W. Albert, M.R.C.S., L.S.A., appointed Medical Officer and Public Vaccinator to the No. 2 District of the Bridlington Union.

WHITCOMBE, Philip, M.R.C.S., L.S.A., reappointed Medical Officer to the Hospital at Gravesend.

WRIGHT, Frederick, L.S.A., reappointed Medical Officer to No. 3 District of the York Union.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON. 8.30 P.M.—Mr. Ballance: On the Removal of Pyæmic Thrombi from the Lateral Sinus. Dr. William Hunter, of Cambridge: A case of Pernicious Anaemia.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON. 20, Hanover Square, 8.30 P.M.—Dr. W. J. Collins: Cancer of Oesophagus Eroding Trachea. Mr. Watson Cheyne: Central Necrosis of Radius without Suppuration. Mr. J. Hutchinson, jun.: Lymphatic Nevus of Tongue. Mr. Arthur Barker: Macroglossia. Dr. W. K. Sibley: Tuberculosis in Fowls and other Birds, and the Resemblance of the Disease to Leprosy. Mr. Edgar Willett: Fracture-dislocation of Spine Successfully Treated by Operation. Dr. Little: Microscopic Sections of Enlarged Spleen from a Child. Card Specimens.—Mr. H. B. Robinson: Cyst of Forehead. Mr. Shattock: Congenital Atresia of Oesophagus.

WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON. 8 P.M.—Specimens will be shown by Dr. Cullingworth, Dr. Dakin (Carcinomatous Uterus removed by operation), Mr. J. Bland Sutton, and others. Dr. Cullingworth: Four Cases of Vaginal Hysterectomy for Cancer of the Cervix, with remarks on the mortality of the operation, and on the alleged absence of tendency in cervical cancer to invade the body of the uterus. Dr. E. Sinclair Stevenson: Case of Spurious Pregnancy simulating Ectopic Gestation.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

SMITH.—On February 28th, at 30, Cavendish Road, Brondesbury, the wife of J. Anderson Smith, M.D., of a son.

MARRIAGES.

BURNELL—FISHER.—On the 18th of March, at Christ Church, Morningside, Edinburgh, by the Rev. A. T. Grant, incumbent St. Margaret's, Leven, assisted by the Rev. C. M. Black, incumbent Christ Church, Alfred Charles Burnell, M.B., and C.M.Edin., Newcastle-on-Tyne, youngest son of the late Capt. John Burnell, Asst. Commissary-General, to Elizabeth Binny, only daughter of Alexander Fisher, M.D., Deputy Inspector of Hospitals, R.N.

DUTT—PALME.—At the Registrar's Office, Cambridge, on the 24th instant, Upendra Krishna Dutt, B.Sc.(Lond.), M.R.C.S.(Eng.), D.P.H.(Camb.), of 27, Pulling Terrace, Cambridge, to Anna Palme, 2nd daughter of late Christian Adolph Palme, of Kalmar, Sweden.

PARKER—PEARSE.—On the 19th inst., at the Parish Church, Westoning, Beds, by the father of the bride, Herbert Parker, M.R.C.S., of Gray's Inn, to Lucy Pearse, eldest daughter of Rev. A. H. Pearse, curate of Westoning, Beds.

DEATHS.

ANSTIE.—March 16th, at Berachah, Kerley Road, Bournemouth, William Charles Anstie, L.R.C.P.(Lond.), M.R.C.S.(Eng.), aged 28, the beloved, most loving, and only son of Blanche Miller Anstie and the late Francis Edmund Anstie, M.D., F.R.C.P.(Lond.).

RUTHERFORD.—On the 21st inst., at Newcastle-on-Tyne, John Hunter Rutherford, L.R.C.P., L.R.C.S.(Edin.), aged 64 years.

SMITH.—On March 19th, at 30, Cavendish Road, Brondesbury, the dearly loved wife of J. Anderson Smith, M.D.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL."

Seven lines and under	...	...	...	...	...	20	3	6
Each additional line	...	...	...	...	...	0	0	4
A whole column	...	...	...	...	...	1	15	0
A page	...	...	...	...	...	5	0	0

An average line contains seven words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	...	...	10 per cent.
12 or 13 "	...	...
28 "	...	...	25 "
52 "	...	...	38 "

Special terms for occasional change of copy during series:

20 per cent. if not less than 26 pages be taken	or their equivalent	in half or
25	52	
30	104	quarter pages.

For these terms the series must, in each case, be completed within twelve months from the date of first insertion.

Advertisements should be delivered, addressed to the Manager at the Office, not later than noon on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association at the West Central Post-Office, High Holborn. Small amounts may be paid in postage-stamps.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-Offices letters addressed to initials only.

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.

GUR'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, 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., 2.

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

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

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

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

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

ROYAL WESTMINSTER OPHTHALMIC. *Hours of Attendance*.—Daily, 1. *Operation Days*.—Daily.

ST. BARTHOLOMEW'S. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, 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; Orthopaedic, 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; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days*.—Tu., 1.30; (Orthopaedic), W., 11; (Ophthalmic), F., 9.

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

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

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

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

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

WEST LONDON. *Hours of Attendance*.—Medical and Surgical, daily, 2; Dental, Tu., F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, 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, 5; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9.5; Skin, W., 1; Dental, W. S., 9.15. *Operation Days*.—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

QUERIES.

MEDICUS asks for information as to cost of outfit, etc., for a surgeon to a steamship company.

NEMO would be glad to know if there is any institution in which persons in poor circumstances can undergo the Weir-Mitchell treatment.

NOTES, LETTERS, ETC.

ERRATUM.—In Dr. Hellier's paper on "Pyrexia in the Puerperal State," in the JOURNAL of March 22nd, p. 372, col. 1, line 11 from bottom, for "faces" read "fauces." The title should read as above, and not as printed last week.

THE FASTING MAN.

MR. G. N. ROBINS, M.R.C.S.Eng., L.R.C.P.EDIN. (Westminster) writes: Will you kindly publish enclosed chart of the first week of Signor Succi's 40 days' fast at the Royal Aquarium. The genuineness of the fast will be placed beyond doubt by my record of the amount of urea excreted, and by the very strict watch kept upon Succi by members of the press and myself from the commencement, and later by students of the Westminster Hospital Medical School.

Daily Record of First Seven Days of Succi's 40 Days' Fast at the Royal Aquarium, Westminster.

Date, 1890.	Day of Fast.	Pulse.	Temperature (axillary).	Respirations.	Weight.	Dynamometer (Kilogrammes).	Spirometer (cubic centimetres).	Urine passed (Fluid ounces).	Urea = (grains).	Water Consumed (Fluid ounces).	Kaiser Brunner (Fluid ounces).	Sleep (hours).
March 17th, 3 P.M.	After last meal	92	98.8°	23	126 3	49	2000	—	—	—	—	—
March 18th,	1	76	98.0°	18	122 15	48	1700	(?) 35	(?)	20	—	9
11.30 A.M.	2	82	98.4°	18	120 15	46	1600	(?) 20	(?) 377.5	8	7 ¹ / ₂	3
March 19th,	3	53	98.2°	22	118 13	49	1550	18 ³ / ₄	417.25	21	7 ¹ / ₂	3
11.30 A.M.	4	68	98.6°	21	116 5	49	1500	19	397.0	11	8 ¹ / ₂	2
March 20th,	5	57	98.4°	23	114 12	47	1500	21 ¹ / ₂	346.0	7	10	3
12 noon	6	74	98.4°	28	113 9	49	1600	18	324.0	14	8	7 ¹ / ₂
March 21st,	7	63	98.1°	20	112 7	49	1600	18	283.5	8	12	5 ¹ / ₂
11.30 A.M.												2 ¹ / ₂
March 22nd,												
12 noon.												
March 23rd,												
11.30 A.M.												
March 24th,												
11.30 A.M.												

TOOGOOD v. WILKES. Wilkes Indemnity Fund.

THE following subscriptions have been received since last publication:—

	£	s.	d.
Mr. T. H. Taylor, Clifton	...	...	...
Mr. E. C. Board, Clifton	...	...	...
Mr. F. J. Flower, Warminster	...	...	...
Mr. C. R. Stratton, Wilton	...	...	...
Mr. A. F. Van, Cranborne	...	...	...
Dr. E. L. Fox, Clifton	...	...	...
Mr. C. Clay, Fovant ...	...	...	...
Mr. A. F. Shapland, Brighton	...	...	...
	9	19	6
Subscriptions already announced	...	47	4 7
	57	4	1

The list will shortly close. H. J. MANNING, Hon. Treasurer, Salisbury.

TREATMENT OF INFLUENZA.

MR. A. HANBURY FRERE, M.B., C.M.EDIN. (Wickham Market, Suffolk) writes: Having read the numerous reports, etc., of the influenza, and seeing that the remedies which have been employed in treatment are of so diverse a nature, it seems to me that much might be learned by a free discussion as to the relative merits of each.

The remedies most lauded seem to be antipyrrin, antifebrin, salicylates, and ammonia compounds. Now, valuable as many of these undoubtedly are in suitable cases to relieve pain, it does seem to me that, as diminishing the fibrin-forming power of the already much impoverished blood, they are, where bronchial catarrh is a prominent symptom, distinctly contraindicated. Nay,

further, the reports would indicate that the use of these drugs has been the means of precipitating and intensifying bronchial and pulmonary mischief by increasing effusion into the pulmonary tract. And yet Professor Fraser has lately asked us to "try" exalgine.

Comparing the results of treatment I find that the most rapid cures have been effected by combinations of iron with peripheral vascular stimulants, as sp. etheris nitrosi, and that retarded convalescence and such sequelae as bronchitis and pneumonia were the rule where such remedies as antipyrrin and ammonia compounds had been used.

COMMUNICATIONS, LETTERS, ETC., HAVE BEEN RECEIVED FROM:

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