

But already I have more than occupied the allotted time, and yet have but glanced at the main points of my subject. I have not noticed the occurrence of vasomotor troubles, or gone into many of the details of decay and its threatenings, but before leaving the subject I would specially call attention to the fact that warnings of general paralysis may be present for years, and that almost certainly they are present for a year at least before the symptoms induce even the sensitive specialist to scent out the disease. This is but the measure of our present ignorance, and it is for others to fill up the gaps.

With a syphilitic history, or the history of brain injury, do not neglect early fatigue, fainting or other fits, loss of smell, vague optic disc changes, unaccountable knee phenomena, unusual headaches, neuralgia and sciatica, change of character, and progressive loss of the highest control; be observant and charitable to moral lapses, and do not forget the forms of instability I have described.

I began by saying that I believe general paralysis has a local origin in many cases, and it may be that the surgeons will learn how to scrape necrosed brain as well as necrosed bone. For my own part I am not very hopeful, for I believe the degeneration follows on the predisposing condition. The fungi grow on the dungheap, but do not form it.

MEMORANDA:

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

SCARLET FEVER AND PUERPERÆ.

THAT the proximity of scarlatina to a woman during the puerperium gravely alters the prognosis there is surely abundant evidence to show. The following is another case.

Mrs. P., aged 28, multipara, in good health, was confined in her own house on August 17th. Three weeks previously two of her children took scarlatina, of whom one was convalescent at the time of the confinement, and the other died five days before it. As fumigation and other means of disinfection were objected to, and only imperfectly carried out, I insisted that Mrs. P. should go for her confinement to a relative's house, which was only a few doors off, and quite at her disposal. Notwithstanding every argument and entreaty, she persistently refused to go, and since she was thoroughly unreasonable, I, as a last argument, declined to attend her. She was delivered of a healthy child by a midwife. Three days later, August 20th, I heard that she had severe pain and swelling of the left ankle. On the 21st I was called in and found arthritis of the ankle, tenderness over the uterus, and a temperature of 104°. Ordered sod. salic. 20 grains every four hours.

August 22nd. Delirium, abdomen blown up, very evident peritonitis. Sod. salic. stopped, and quinine, hydrobromic acid and hyoscyamus given.

August 23rd. Patient rational, arthritis of right elbow, lochia stopped. Opium given.

August 24th. Numerous bedsores and pericarditis.

August 25th. Pericardial effusion, which became extensive, and ended in death next day. No rash appeared.

A medical friend has told me that he had safely delivered a woman in the same bed with a child ill of scarlatina; the above case shall prevent me attempting such a thing. No doubt it might be safely done, especially in multiparae, where only a medical man made the fewest possible vaginal examinations and with every antiseptic precaution; examinations by a midwife would greatly increase the risk of inoculating the poison. Even with the greatest care there must be risk to a parturient woman in any house containing scarlatina. The above case occurred during an epidemic of scarlet fever in a country district where I was compelled to attend both scarlatinal and obstetric cases; but I considered myself comparatively safe in attending the latter where there was no fever in the house, as I always changed my clothing and used every antiseptic measure before attending a labour. None of these cases deviated from the normal, although I had on several occasions to introduce my hand within the uterus.

Hamilton, N.B.

JAMES ADAM, M.A., M.B., C.M.

SOME years ago I was attending two families with scarlet fever (rather severe). The mother of the first was about 38 years of

age and in her last month of her seventh pregnancy, thinking the pains she was enduring were due to the fatigue of nursing. She was confined in the bed where the two children were lying. She made a rapid recovery.

The other case; aged 40. She was confined in the same room with four cases. Notwithstanding she had been nursing the children before her confinement, she recovered without a bad symptom.

THOMAS WILSON, M.R.C.S.Eng.

Wallsend.

I FORWARD the two following cases: (1) Woman confined; two days afterwards developed scarlet fever and recovered; baby took it and died. (2) Woman found to have scarlatina when in labour. No particularly bad symptoms afterwards, and the disease seemed to run its usual course. The baby took it, and also recovered.

Knottingley. T. PERCIVAL, M.R.C.S.Eng.

IMPERFORATE HYMEN WITH RETAINED MENSES.

ON March 8th, 1882, I was called to see a tall, well-developed, but strumous housemaid, aged 17, who was suffering from retention of urine, with great lumbar pain. She had never menstruated, but had suffered from previous urinary retention, but this shortly passed off. She had always had a large body. I found the lower part of the abdomen distended by a prominent, even tumour, reaching as high as the umbilicus, in shape similar to a gravid uterus at five to six months. The swelling was very tender to the touch, with an indefinite sense of fluctuation. The vaginal orifice was closed by the hymen, which was extremely tense and very thin. The dark, purplish retained fluid was visible through the membrane, and looked as if it would soon burst through. One pint and a half of urine was drawn off with great relief, but the backache continued. On March 10th, under carbolic spray, and without an anaesthetic, an incision was made through the length of the hymen, about three-quarters of an inch. A large quantity of fluid escaped; 36 ounces were measured, but a good deal more ran over the vessels placed to catch it. A carbolised plug was placed in the orifice, and a pad and a light abdominal compress applied. The next day the uterus was syringed three times with weak Condy's fluid. Morphine was given and strict antiseptic treatment was used. On March 12th peritonitis set in. Her condition was extreme, and gave on March 18th apparently no hope. The washing of the uterus was continued throughout from twice to five times a day, sometimes with weak Condy, sometimes with carbolic. The first day that washing of the uterus was uncalled for was April 4th, after which she steadily rallied, and I last saw her in excellent health in 1887.

It is obvious that perfect antiseptic treatment in such a case and in such a region is almost impossible. I would suggest in a similar case, after evacuation of the contents, the injection of glycerine, with or without iodoform suspended. I can conceive no advantage from anaesthesia, unless complete removal of the membrane or forcible dilatation is contemplated. Either plan would render the treatment more difficult, and the case more prone to septic changes. After the operation, certainly before three days had elapsed, the aperture was so contracted that syringing could only be performed by means of the small elastic rectal tube of a Higginson's syringe.

I do not think, nor did the late Mr. Sweeting, who was with me, that in this case any advantage would have accrued by aspiration or a more limited incision; for such was the nature of the fluid that the largest-sized needle must have become blocked, and the *vis a tergo* was so great that the forcible ejection of the contents would in all probability have rendered the aperture as large as it was intentionally made.

H. CALTHROP ALLINSON, M.R.C.S., L.S.A.,
Surgeon West Norfolk and Lynn Hospital, Associate
King's College, London.

A CASE OF CONCEALED ACCIDENTAL HÆMORRHAGE.

ON October 5th, 1889, a man came to my house, about twelve at night, and most urgently requested me to go and see his wife, who he said was dying. As the case was so urgent I advised him, while I was dressing, to see if he could find some medical man who had not gone to bed. As I got to the street I saw the man hurrying after me with someone else, for whom I waited, and we entered the house together: there we saw a woman lying in bed, icy cold, with a cold clammy sweat on her face, quite pulseless, restless, sighing, and in fact with all the symptoms of extreme

collapse from haemorrhage, and yet on examination by the vagina no haemorrhage stained the finger, and the os was not dilated. On examining the abdomen the uterus was found to be tense, with a very evident boss rather to the right side. Mr. Davis's assistant, who was with me, agreed that it was a case of concealed haemorrhage, so we made another vaginal examination, and found that the finger could be introduced into the os uteri, and at this second examination there was just a show of haemorrhage. I ruptured the membranes and waited to see the result; during this time I had secured a good trained nurse, a Mrs. Lee. The woman rallied, her pulse returned, her colour came back, and the extreme collapse seemed to pass away, and she expressed herself much relieved. I now waited to see if any uterine pains came on, but very soon signs of syncope and collapse returned. No external haemorrhage, no pain; so I dilated the os, and having introduced two fingers, I pulled down the leg and extracted the child. The uterus contracted well, and the placenta and a large clot came away, one immediately after the other. There was no further haemorrhage, and although the woman was extremely collapsed, I hoped with stimulants and warmth she might revive, but she never rallied, and died in about an hour.

The patient, C. J., was a feeble looking woman, aged 41, on a visit to Bath from South Wales, and this was her ninth pregnancy. The day before she was quite well, walking in the park, but in the evening received a telegram announcing the sudden death of a relative. Whether this caused irregular uterine action and separation of the placenta it would be difficult to say. Before anyone was sent for she awoke with dull, obscure pains in the abdomen, but these soon passed off, and no alarm was caused till the symptoms of collapse came on.

T. D. RANSFORD.

Bath.

INFLUENZA: DOUBLE ATTACKS.

ON reading Dr. Arthur Maude's remarks in the JOURNAL of February 15th—namely, "that it would be interesting to collect cases of double attacks of influenza in different countries"—I beg to send the following cases, as I think they will be of interest not only to my learned colleague of Westerham, Kent, but to the medical profession in general.

CASE I.—S. B., a carpenter, aged 42, on December 3rd, 1889, was seized with a violent attack of influenza. His illness commenced with severe shivering, loss of appetite, vomiting, backache, and fever; temperature 101°.

On December 6th he was convalescent, and on the 10th he returned to his usual work.

On January 3rd, 1890, at 6 P.M., I was called to visit him again, and I observed a second and more violent attack of influenza, complicated with catarrhal symptoms and great depression. The second attack lasted nearly twelve days, after which period he was completely cured.

CASE II.—A. B., labourer, aged 32, on December 10th, 1889, returned home from work complaining of violent pains in the head and back. I was called to visit him about 8 P.M., and found him labouring under a severe attack of influenza, with high temperature (103°), vomiting, pains in the limbs, and catarrhal symptoms. I applied mustard to the skin, and gave antipyrin and effervescent drinks. After four days the patient was able to leave his bed, and on December 16th he returned to work. After four days, at 10 o'clock in the morning, he left his work, and returned home complaining of violent headache. I saw him at 2 P.M., and found he had a second attack of influenza. The patient remained under my treatment for nearly two weeks, during which time he had a very troublesome cough.

I could mention other cases of the same kind, and I am sure that of the number of cases of influenza I had to treat during the last epidemic, about 6 per cent. had a double attack.

Malta.

G. F. INGLOTT, M.D., D.M.O.

CARBOLISED OIL IN THE TREATMENT OF SCABIES.

I THINK it worth while recording the success of carbolised oil (1 in 15 of olive oil) as a local application in the treatment of scabies. Hitherto I had been using either the traditional ung. sulphuris or Vleminckx's solution. I have recently used carbolised oil in eight consecutive cases, in children and adults. In one case of severe scabies with most intense irritation, I tried ung. sulphuris for four days, with little or no effect, and in two days the eruption, which (in a boy) was almost universal, completely disappeared under carbolised oil. Again, in another extensive eruption on

the hands, arms, neck, chest, and abdomen, with a severe dermatitis on hands, wrists, and arms, the eruption was almost completely gone in three days, leaving only slight stains in the scratch marks. The local anaesthetic effect of carbolic acid acts instantaneously in allaying the pruritus, for which the patients are extremely grateful. In cases of scabies, with severe dermatitis or eczema, sulphur may kill the acarus but it is apt to aggravate the dermatitis. I have found the oil, in the strength above indicated, a trustworthy application with a quick result, and therefore recommend it for trial to any who may be, as I sometimes have been, disappointed in sulphur ointment.

Enfield.

FRED. TRESILIAN, M.D., M.S.

REPORTS

ON

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

KING'S COLLEGE HOSPITAL.

RUPTURED JEJUNUM: LAPAROTOMY.

(Under the care of Mr. WATSON CHEYNE.)

[Notes by Mr. C. JACOMB HOOD, late Surgical Registrar.]

L. H., aged 18, was admitted at 9 P.M. on August 13th, 1889, with the following history. About 7.30 P.M. on the same evening he was pushing a costermonger's barrow by the back rail with the handles away from him. While he was running thus, the handles struck violently against something, and the back rail struck him across the upper part of the abdomen, causing him severe pain, but not causing him to faint. He was able to push the barrow a little further, and to walk about a mile. As the pain continued he was brought to the hospital on a barrow. He did not vomit before admission. Four hours before admission he had had a large meal of beefsteak pie and vegetables.

On admission there was no wound nor any bruising evident over the abdomen, and although he complained of great abdominal pain there was very little tenderness, and his breathing was not markedly thoracic. Temperature 97°. His pulse was 80 per minute and rather weak. He was drowsy, but answered questions well. He was put to bed and given tr. opii, and fomentations were applied to his abdomen. During the night he vomited several times, but only brought up partially digested food, no blood. He passed urine naturally, also free from blood. During the night he had no rigor, but his temperature rose to 103° at 4 A.M.

August 14th. At 9 A.M. symptoms of peritonitis became more evident, and tenderness could be found in the flanks, whereas at first it was only present over the front of the abdomen. His knees were also drawn up. During the morning he vomited; the vomited matter was free from blood, but was undergoing fermentation. At 3 P.M. Mr. Cheyne saw the patient for the first time, and as there was evident general peritonitis, and the probability was that the small intestine had been ruptured, he determined to perform laparotomy.

The patient was anaesthetised, and an incision was made in the middle line, from the umbilicus downwards. The intestines were partially matted together with lymph, and of a bright, crimson-lake colour, which was most marked towards the pouch of Douglas, where some turbid fluid was found containing half-digested food. The peritoneal cavity was washed out with warm water, but as no rupture could be found, and food kept coming down from above, the incision was continued upwards above the umbilicus for about three inches. The peritonitis was most acute at the upper part behind the liver and stomach, and a rent was found in a piece of intestine, evidently close to the duodenum. The abdomen having been well washed out, and thoroughly cleansed of blood and fluid and as much of the peritonitic lymph as possible, the incision was stitched up, except at the upper end, where the piece of ruptured intestine was brought out of the incision, and kept in position by stitches. In order to bring the ruptured part to the surface, it was necessary to make an opening in the gastro-colic omentum, through which the intestine was passed. The operation lasted forty minutes, and the patient was put to bed very much collapsed, his pulse being hardly perceptible, and his temperature having fallen from 102.6° to 98.4. He rallied gradu-

SCUDAMORE (C.). The Nature and Cure of Gout and Rheumatism. 3rd edition. 1819.
WALSHE (H. W.). The Nature and Treatment of Cancer. 1846.

BOOKS NEEDED TO COMPLETE SERIES.

THE Honorary Librarian will be glad to receive from any member of the Association copies of the following volumes needed to complete series in the Library.

AMERICAN GYNECOLOGICAL SOCIETY TRANSACTIONS. Vol. 10.
AMERICAN SURGICAL ASSOCIATION TRANSACTIONS. Vols. 4 and 7.
BRAITHWAITE'S RETROSPECT OF MEDICINE. Vols. 6 and 9 inclusive.
BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW. October 1853 to October 1855 inclusive.
DUBLIN JOURNAL OF THE MEDICAL SCIENCES. All before 1879; 1st vol. for 1881; all since June, 1884.
EDINBURGH MEDICAL JOURNAL. Vol. 1; vol. 7 to 11, 1861; vol. 25 and 26; vol. 30, 1884, and upwards.

EDINBURGH OBSTETRICAL SOCIETY TRANSACTIONS. Vols. 1, 2, 3, 5, 7, 12, 14.
GUY'S HOSPITAL REPORTS. Third Series. Vols. 2, 4, 5, 8, 11, 12.
INDIAN MEDICAL JOURNAL. Nos. 2, 3, 7, 8, 9, 11, 21, 22, 35, 50, and since May, 1889.

LANCET (The). 1879 to June, 1888, inclusive.
LONDON MEDICAL RECORD. All since 1885.
MEDICAL SOCIETY OF LONDON (Proceedings). Vols. 5, 6, 7, 9, 10, 11.
MEDICAL TIMES AND GAZETTE. Vols. 1 to 20 before 1850.
MEDICO-CHIRURGICAL TRANSACTIONS. Vols. 1 to 30; vols. 71 and 72.
MIDDLESEX HOSPITAL REPORTS. Before and since 1886.
NEW SYDENHAM SOCIETY PUBLICATIONS. Vols. 1, 8, 9, 14, 17, 24, 27, 29, 34, 39, 40, 44, 48, 58, 60, 64, 69, 70, 77, 81, 83, 85, 87, 88, 89, 90, 91, 93 to 99, 101 to 104, 106, 107, 108, 110, 118, 120 to 125, 127 and 128.
OBSTETRICAL TRANSACTIONS. Vols. 30, 31.
OPHTHALMOLOGICAL TRANSACTIONS. Vols. 3, 6, 7.
PATHOLOGICAL TRANSACTIONS. Vols. 1 to 20.
PHILADELPHIA COLLEGE OF PHYSICIANS TRANSACTIONS. Vols. 6, 7, and 10.
RANKING (Dr.). Half-Yearly Abstract of the Medical Sciences since June, 1851.
ROYAL LONDON OPHTHALMIC HOSPITAL REPORTS. Any volumes.
ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. 8.
ST. GEORGE'S HOSPITAL REPORTS. Vols. 1 to 5; vol. 10 and upwards.
ST. THOMAS'S HOSPITAL REPORTS. Vols. for 1872, 1876, 1888.
UNIVERSITY HOSPITAL REPORTS. All before 1885.
YEARBOOK OF PHARMACY. 1888.
YEARBOOK OF TREATMENT. 1884.

BRANCH MEETINGS TO BE HELD.

MIDLAND BRANCH: LEICESTERSHIRE DISTRICT.—A meeting of this district will be held at the Dispensary, Loughborough, on Wednesday, April 16th, at 3.30 P.M. The following communications have been promised: Mr. C. J. Bond: The Treatment of Enlarged Bursa and Ganglia by Excision. Dr. H. Handford: Some Forms of Cardiac Dilatation. Dr. F. W. Bennett: Recent Experiments on Nasal Respiration. Dr. F. M. Pope: Resorcin in the Treatment of Gastric Ulcer. Dr. J. Headley Neale: A case of Malignant Disease: Enormous and Rapid Enlargement of the Liver. Mr. R. Paul: A case of Compound Commuted Fracture of the Leg. Dinner at the King's Head Hotel at 6 P.M.; tickets 5s. each, exclusive of wine. All members of the profession resident in the district will be welcomed. Notice of specimens or cases to be exhibited to be sent, before April 12th, to 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. Willcox. Dinner at 3.45; 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, Portmadrone.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held at the Town Hall, Walthamstow, on Thursday, April 17th, at 8.45 P.M. A paper will be read by Dr. Angel Money on Nocturnal Restlessness in Children. Visitors will be welcomed.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston, N.E.

OXFORD AND DISTRICT BRANCH.—The next meeting of the Branch will be held on Friday, April 25th, at 3.15 P.M., in the Radcliffe Infirmary, Oxford. Gentlemen are requested to send to the Honorary Secretary, W. LEWIS MORGAN, 42, Broad Street, Oxford, notice of any papers to be read, or cases shown, on or before April 14th.

NORTH OF IRELAND BRANCH.—A general meeting of this Branch will be held in the Board Room of the Belfast Royal Hospital on Thursday, April 17th, at 4 P.M. Gentlemen who wish to read papers, show patients, exhibit specimens, etc., will kindly communicate as early as convenient with the Honorary Secretary, JOHN A. BYERS, M.D., Lower Crescent, Belfast.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.

THE fifth meeting of the session was held at the Hackney Town Hall on Thursday, March 20th. The chair was taken by Dr. ADAMS, Vice-President of the District.

Paper.—After the usual formal business, Dr. DE HAVILLAND HALL read a paper on the Causes and Treatment of Anthrax. A discussion followed, in which Drs. ADAMS, WISE, GREENWOOD, SHADWELL, and HUNT took part.

Votes of Thanks.—The usual votes of thanks brought the meeting to a close.

PRESENTATIONS.—Mr. J. J. Weaver, M.R.C.S., L.S.A., has been presented by the nurses of the Southport Infirmary with a handsome marble clock, on the occasion of his severing his connection, as house-surgeon, with the Infirmary.—Mr. W. G. BOWER, L.R.C.P., M.R.C.S., has been the recipient of a cut glass claret jug, silver mounted and elegantly chased, from the ladies' branch of the St. John Ambulance Association at Leyland.

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, 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.*

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., Senior Professor of Medicine, Queen's College, 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 GYNAECOLOGY.

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

Vice-Presidents: C. J. WRIGHT, M.R.C.S.; J. MURPHY, M.D.

Hon. Secretaries: J. K. KELLY, M.D., Park Villa, Crosshill, Glasgow; C. E. PURSLOW, M.D., 192, Broad Street, Birmingham.

D.—PUBLIC MEDICINE.

President: A. HILL, M.D.

Vice-Presidents: J. B. WELCH, M.B.; A. S. UNDERHILL, M.D.

Hon. Secretaries: L. C. PARKES, M.D., 61, Cadogan Square, S.W.; S. BARWISE, M.B., Clough View, Blackburn.

E.—PSYCHOLOGY.

President: F. NEEDHAM, M.D.

Vice-Presidents: S. H. AGAR, L.K.Q.C.P.; E. B. WHITCOMBE, M.R.C.S.

Hon. Secretaries: J. WIGLESWORTH, M.D., Rainhill, near Prescot; E. LEWIS ROWE, L.R.C.P., Borough Asylum, Ipswich.

F.—ANATOMY AND PHYSIOLOGY.

President: D. J. CUNNINGHAM, M.D.

Vice-Presidents: W. H. GASKELL, M.D., F.R.S.; B. C. A. WINDLE, M.D.

Hon. Secretaries: W. F. J. ALLEN, M.B., Mason College, Birmingham; W. P. HERRINGHAM, M.D., 13, Upper Wimpole Street, W.

G.—PATHOLOGY.

President: D. J. HAMILTON, M.B.

Vice-Presidents: C. A. McMUNN, M.D.; G. SIMS WOODHEAD, M.D.

Hon. Secretaries: S. DELÉPINE, M.B., 6, Chapel Place, Cavendish Square, W.; G. F. CROOKE, M.D., Edmund Street, Birmingham.

H.—OPHTHALMOLOGY.

President: D. C. LLOYD OWEN, F.R.C.S.

Vice-Presidents: H. EALES, M.R.C.S.; J. B. STORY, M.B.

Hon. Secretaries: H. E. JULES, F.R.C.S., 77, Wimpole Street, W.; E. W. W. WHITE, M.B., 72, Newhall Street, Birmingham.

I.—DISEASES OF CHILDREN.

President: A. H. CARTER, M.D.

Vice-Presidents: W. THOMAS, M.B.; W. PYE, F.R.C.S.

Hon. Secretaries: H. HANDFORD, M.D., 14, Regent Street, Nottingham; A. FOXWELL, M.B., 47, Temple Row, Birmingham.

J.—LARYNGOLOGY AND RHINOLOGY.

President: J. ST. S. WILDARS, M.R.C.S.

Vice-Presidents: C. J. SYMONDS, F.R.C.S.; A. E. GARROD, M.D.

Hon. Secretaries: E. H. JACOB, M.D., 12, Park Street, Leeds; SCANES SPICER, M.D., 28, Welbeck Street, W.

K.—OTOTOLOGY.

President: C. WARDEN, M.D.

Vice-President: G. W. HILL, M.D.

Hon. Secretary: R. K. JOHNSTON, M.D., 22, Lower Baggot Street, Dublin.

L.—DERMATOLOGY.

President: JONATHAN HUTCHINSON, F.R.S., P.R.C.S.

Vice-Presidents: MALCOLM A. MORRIS, F.R.C.S.; H. RADCLIFFE CROCKER, M.D.

Hon. Secretaries: E. G. SMITH, F.R.C.S., 93, Bristol Road, Birmingham; T. COLCOTT FOX, M.B., 14, Harley Street, Cavendish Square, W.

Honorary Local Secretaries:

R. SAUNDBY, 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.—Adjourned General Meeting from 11.30 A.M. President's Address.

WEDNESDAY, JULY 30TH, 1890.

9.30 A.M.—Meeting of 1890-91 Council.
10 A.M. to 2 P.M.—Sectional Meetings.
3 P.M.—Second General Meeting. Address in Medicine by Sir B. WALTER FOSTER, M.D., M.P.
9 P.M.—Reception by the Worshipful the Mayor of Birmingham in the Council House.

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 P.M.—Sectional Meetings.
3 P.M.—Concluding General Meeting. Address in Therapeutics by W. H. BROADBENT, M.D.
9 P.M.—Reception by the President of Mason College and Mrs. Lawson Tait.

SATURDAY, AUGUST 2ND, 1890.

SPECIAL CORRESPONDENCE.

VIENNA.

Salicylate of Sodium in Cholelithiasis and Pleurisy.

Professor Stiller, of Buda-Pesth, has used salicylate of sodium as a cholagogue for five years, and has found it better than any other drug in rapidity and certainty of effect. He gives the following illustrative case, which is one out of many: A man, aged 50, had suffered for about four months almost daily from severe bilious colic, and had been jaundiced for about three months. Rigors, with a temperature of 40° C., frequently occurred. He was so emaciated that his appearance suggested cancerous cachexia. The liver was enlarged and resistant, but smooth. The gall-bladder could not be felt. After a week's treatment with salicylate of sodium the pains and fever disappeared, the icteric colour decreased, vomiting ceased, and after a four weeks' stay in the hospital he was dismissed cured. The details of the mode of treatment are as follows:—Half a gramme of the salicylate was given four times a day. It was given in half a glass of soda water, or any other alkaline water—never in wafers, as these increased the gastric irritation. Usually 0.01 grammes of the extract of belladonna was added to each dose, as a non-constipating anodyne.

UNIVERSITY INTELLIGENCE.

VICTORIA.

FACULTY OF MEDICINE.—Second Examination.

First Division.—J. B. Carter, Owens College; A. J. Edwards, Owens College; C. B. M. Lowe, Owens College; E. C. McCarthy, Owens College; C. R. Marshall, Owens College; F. C. Scottson, Owens College; T. J. Stephen, Owens College; R. T. Turner, Owens College.

Second Division.—F. J. H. Coutts, Owens College; C. A. Davies, Owens College; C. C. Garfit, Owens College; A. Murgatroyd, Owens College; J. H. L. Tylecote, Owens College; W. A. Wilkinson, Owens College.

* Distinguished in Anatomy.

† " Physiology.

‡ " *Materia Medica and Pharmacy.*

Final Examination (Part I). The following have satisfied the Examiners.

A. E. Ash, Owens College; R. A. Beaver, University College; E. M. Brockbank, Owens College; A. J. Chalmers, University College; H. Horrocks, Owens College; H. K. Ramsden, Owens College; C. K. Rawes, Owens College; P. Worley, Owens College.

Final Examination (Part II).

Second Division.—J. H. Green, Owens College; W. Nuttall, Owens College; H. Ramsden, Owens College; J. W. Shannon, University College; J. Teare, University College.

HOSPITAL AND DISPENSARY MANAGEMENT.

NEW INFIRMARY AT HALIFAX.

A NEW infirmary is shortly to be built at Halifax, and the Committee have invited five architects to send in competitive plans. The new building will be erected on a site in Heath School Lane, but it is not proposed to proceed at once with the building of the entire scheme, which comprises sixteen pavilions, an administrative block, and a nurses' house. At present nine pavilions only will be erected, together with a portion of the administrative block and of the nurses' house. The pavilions will all be one storey high, but with a basement under, and will be connected with the administrative buildings by corridors. Of the sixteen to be eventually built, thirteen will each contain one long ward for twenty beds and a separate ward for two beds. The cubical space in the long wards will be not less than 1,500 cubic feet, and the floor space not less than 116 square feet to each bed, the intention being apparently to allow a height of 13 feet to be reckoned in calculating the cubic space. These dimensions are in excess of the space in many old hospitals, but are less than have been assigned in some recent erections; they are probably a fair average allowance and sufficient for all general purposes. Each long ward will probably have to be about two and three-quarters times as long as it is broad, which is a convenient shape. The smaller wards in each pavilion will have a considerably larger allowance of cubic space to each bed, since the floor space is to be not less than 150 square feet. It may be assumed that these small wards will be used for cases of peculiar severity; this is a point which must be allowed due weight in estimating the amount of cubic space required in the long wards. Seven pavilions of this plan will be immediately erected. The complete scheme contemplates the erection of two pavilions of small wards, each containing one or two beds; one of these pavilions only will be built at present. One other pavilion is to be erected designed for infectious cases, and will contain at least four small wards to hold two beds each; it will be connected with the other portions of the infirmary by a corridor entirely open at the sides.

The interior walls and ceilings of all wards will be finished with a smooth surface, painted and varnished, and the floors will be laid with oak for wax polishing. In the isolation and infectious wards, corridors, bathrooms, w.c.'s, etc., glazed bricks or tiles will be used. The lavatories, w.c.'s, etc., will be connected with the wards by cross-ventilated corridors.

The above are the more important items in the "instructions to architects" which have been drawn up by the Committee, and there is every reason to hope that if they are faithfully adhered to the new Halifax Infirmary will be thoroughly adapted to its purpose.

The honorary secretaries inform us that the architects invited to compete are Messrs. Young and Hall, of London; Messrs. Worthington and Ellgood, and Mr. James Murgatroyd, of Manchester; and Messrs. Horsfall and Williams, and Messrs. Uttley and Gray, of Halifax.

BROADMOOR CRIMINAL LUNATIC ASYLUM.

The annual report of this Asylum for 1888 states that the average number of inmates resident during that year was 567; namely, 419 men and 148 women, a difference between the proportion of the sexes which is striking in comparison with that which holds good in asylums generally. "The population included 308 inmates who had committed homicide (290 cases of murder and 18 of manslaughter); 195 of these were males and 113 were females. In addition to these, "as many as 154 (139 men and 15 women) were under detention for attempt to murder, maim, etc." A truly dangerous and difficult class of patients to manage and take charge of. The admissions included 6 readmissions, of these 3 men had been transferred to their county asylums upon the expiration of the term for which they had been convicted as criminals. They had been discharged from the county asylums, and, committing some fresh crime, had been returned to Broadmoor. The history of these cases would be an interesting study, especially with reference to the conditions under which they had been discharged from the county asylums. Among the discharges we note several "Queen's pleasure" patients who had become demented or harmless, and "fit for removal to ordinary asylums." We infer from this that demented and harmless patients are not kept at Broadmoor to dilute the dangerous element among the inmates there.

The health of the patients was good, and the death-rate exceptionally low, namely, 3.35, calculated upon the average number resident, and we congratulate Dr. Nicholson and his staff that another year's record shows no death caused by violence, suicide or accident. Dealing as he does with a class of violent fanatics and murderous maniacs, it will surprise many to hear, with regard to mechanical restraint, that such means of treatment is practically unknown at Broadmoor.

Dr. Nicholson's words upon this subject are well worth quoting, for it has been the cause of much discussion, and grave misunderstandings during the last year or two. He says: "The comparatively numerous staff of attendants at this asylum enable unusual strength to be brought to bear when occasions require it; but my own feeling in the matter is that in a case of continuous and long sustained maniacal violence, with an activity avowedly and determinedly homicidal, it is possible to carry the non-restraint principle (so-called) too far and at too great a cost. Few people who have not been engaged in it are able to estimate the wear and tear of heart and nerve, which a tussle with a desperate lunatic of this sort means to the attendants, apart from the risk of positive injury either to patients or warders; and when this struggle has not only to be anticipated, but engaged in several times a day for a lengthened period, the justifiability and humanity of simple, effective and safe mechanical restraint becomes apparent..... I would infinitely prefer mechanical restraint to the long continued manipulations, however skilful and friendly, of four or more attendants heaped together upon my prostrate form." Dr. Nicholson is strongly of the opinion that the medical superintendent should be the person to order mechanical restraint to be applied, and he adds: "When the restraint is applied by underlings, and its use afterwards sanctioned by responsible officers, we have the authorised abuse which is altogether wrong and reprehensible." Such is the deliberate opinion of one who is daily brought face to face with a collection of most dangerous and desperate lunatics, with many of whom the sole object in life seems to be to get the better of their attendants and break the back of discipline. We trust Dr. Nicholson will have the courage of his conviction, and publish the result in his next report.

THE DENTAL HOSPITAL, DUBLIN.—The recent *faire* held in Dublin for the building of a dental hospital was most successful. After payment of all expenses, there remains a sum of £2,573 5s. 9d., which it is believed will be sufficient for the excellent purpose of the promoters. Mr. Theodore Stack and his colleagues are to be congratulated on the result of their very arduous undertaking.

SIR PATRICK DUN'S HOSPITAL.—The annual report shows that 1,364 indoor and 19,078 outdoor patients were treated in this institution last year. The nurses earned £997 by attendance on private patients. The governors appeal for funds to enable them to increase the beds from sixty to seventy.

WOMEN'S HOSPITAL, BIRMINGHAM.—The report of this hospital shows a slight increase in the number of out-patients, and a decrease in the number of in-patients, treated. The death-rate

MEDICAL NEWS.

SOCIETY OF APOTHECARIES OF LONDON.—The following gentlemen, having passed the Qualifying Examination in Medicine, Surgery, and Midwifery, have received certificates entitling them to practise in the same, and were admitted as Licentiates of the Society in February, 1890:

Bradley, James Edward Campbell, St. George's Hospital and Cambridge University.
Cane, Herbert Du, Glasgow University.
Cargill, Lionel Vernon, King's College Hospital.
Cox, Arthur Brooks, Sydenham University and Middlesex Hospital.
Dobbs, Matthew, Charing Cross Hospital.
Drake, Ernest Charles, St. Bartholomew's Hospital.
Dunn, Edwin Dacre, St. Thomas's Hospital.
Hawley, Frederick Hulme, Charing Cross Hospital.
Holt, James, Lee's.
Jones, Charles Ranald Handfield, St. Mary's Hospital.
Lewis, Albert Cornwell, University College Hospital.
Logan, Roderic Robert Walter, St. Thomas's Hospital.
McCormick, John George, Dublin.
May, Francis Hollingsworth, General Hospital, Birmingham.
Morris, Edwin Haigh Grant, Cambridge University and St. Thomas's Hospital.
Posnett, Edward, Yorkshire College.
Shillingford, Henry Bartlett, Guy's Hospital.

In March:

Anderson, Richard Walker, University College Hospital.
Beaver, Hugh Atwood, Victoria University, Liverpool.
Fyffe, William Kington, Cambridge University and St. George's Hospital.
Given, John Cecil Mackmurdo, Liverpool Royal Infirmary.
Levick, George Davick Baker, Middlesex Hospital.
Lightbody, John Henry, Liverpool Royal Infirmary.
Naylor, Maurice Craven, Sheffield.
Powell, Rhys, King's College Hospital.
Thomason, Richard Henry, King's College Hospital.
Wainwright, Lennox, London Hospital.
Wilkinson, George, Cambridge University and St. Mary's Hospital.

HIS Royal Highness the Prince of Wales has accepted the office of President of the College of State Medicine.

DR. A. GARROD THOMAS, of Newport, has been placed on the Commission of the Peace for the county of Monmouthshire.

It is proposed to extend the Warrington Infirmary at an estimated cost of £3,000, so as to bring the number of beds up to thirty-nine.

SURGEON PARKE will accompany Mr. H. M. Stanley to Nice on April 7th, after which they go to Brussels, there to be the guests of the King of the Belgians.

PROFESSOR GRASHEY, Director of the Munich District Lunatic Asylum, is to succeed the late Professor Westphal in the Chair of Psychiatry at Berlin.

An explosion, the cause of which has not, it is stated, been ascertained, occurred on Monday, in the Chemical Laboratory of the Westminster Medical School. A fire ensued, which was with some difficulty extinguished.

DURING the International Medical Congress at Berlin there will be a meeting of delegates from the various cremation societies throughout Europe, at which the steps to be taken to make cremation legal in different countries will be discussed.

DR. EUGEN HAHN, Director of the surgical side of the Friedrichshain Hospital at Berlin, and well known in this country as a successful operator in the domain of laryngeal surgery, has recently had the privilege of using the prefix of "Professor" conferred on him.

A SECOND meeting to discuss the grievances of barmaids and girls engaged in restaurants was held on March 31st at Miss Morley's house in Grosvenor Street. Mr. Caine's Bill was considered, and a number of amendments were recommended for embodiment in the measure.

THE SOUTHPORT BABY-FARMING CASE.—Pearson and his wife have been found guilty, at the Liverpool Assizes, of the manslaughter of the child Oldfield at Birkdale, Southport, on November 16th, and sentenced, the former to seven and the latter to five years' penal servitude.

THE number of deaths at Madrid during the month of December, when the influenza epidemic was at its height, was 3,109, being 809 more than in August, 1885, when the cholera epidemic was most severe. The influenza visitation lasted altogether three weeks in the Spanish capital.

DR. ERWIN VON ESMARCH, a son of the eminent surgeon of Kiel, has obtained a licence as *Privatdozent* of Hygiene in the University of Berlin. He has been for some time Custodian of the Museum of Hygiene at Berlin, and has published several essays on bacteriological subjects.

THE Lord Lieutenant of the County of Sussex has placed Dr. Withers Moore, a vice-president of the British Medical Association, on the Commission of the Peace for the Eastern Division of that county. Dr. Moore has also been elected, unopposed, a County Councillor for the Burgess Hill district.

PRIZE ESSAY.—The subject of the prize essay on Infant Hygiene, given by the Academy of Medicine for 1891, is to determine what are the best artificial forms of nourishment for newborn infants, the merits and effects of unboiled milk, boiled milk, and tepid milk. The essays should be sent in before March 1st, 1891. The prize is £40.

DURING the year 1889 the proportion of students "referred" at the examinations of the Paris Faculty of Medicine was 14 out of every 100 who presented themselves. This percentage was the lowest in any of the Faculties, the rate of mortality in that of Law being 27 per cent., in that of Letters 48 per cent., and in that of Science 71 per cent.

PROFESSOR E. LEYDEN, of Berlin, celebrates his twenty-fifth jubilee as a clinical teacher on April 6th. A bust of the professor by Schaper will be presented to him by Professor Nothnagel, of Vienna, and an appropriate *Festschrift* will be offered by Professor Jaffé, of Königsberg. The Verein für Innere Medicin will give a dinner in honour of Professor Leyden on April 8th.

PASTEUR INSTITUTE AT BUDA-PESTH.—The establishment of a Pasteur Institute at Buda-Pesth, lately proposed by the Senate of the University, has been ratified by the Hungarian Minister of Education. The institute is intended not only for the treatment of persons bitten by rabid dogs, but for the improvement of the system of preventive inoculation and the study of its influence on other infective diseases. Professor Högyes is to be the director of the new institute.

REGISTRATION OF NURSES.—Mrs. Bedford Fenwick writes: In the annotation on the "Registration of Nurses" which appeared in the JOURNAL of March 29th it is stated that "Mrs. Fenwick, in answer to questions, referred to the low standard of nursing in America." Permit me to say that this is quite a mistake. On the contrary, I laid especial stress on the great improvements which have been, and are being, made in the education of nurses in American hospitals.

LEPROSY IN NEW CALEDONIA.—A French contemporary states that leprosy is spreading rapidly in New Caledonia. Of 40,000 Kanakas, 5,000 are already lepers. No measures to check the spread of the scourge were taken till lately, when two isolation refuges were established, one on Goat Island in Dumbea Bay, and the other in Canala at a place called the Pic des Morts. Every person pronounced by the Medical Commission to be suffering from leprosy is to be sent to one of these places. Three Europeans have already fallen victims to the disease.

INFANT LIFE INSURANCE.—The Bishop of Peterborough, speaking on March 31st at Peterborough, in support of the Society for the Prevention of Cruelty to Children, said that he hoped that the Society would impress on the Legislature the cruelty that was practised through the present system of child insurance. He had been horrified recently at hearing from medical men the extent and form of this child murder, for it was nothing else. He thought that the person who in a fit of passion suddenly and swiftly terminated a child's life was innocent compared with one who let it waste away day by day until its miserable life was ended.

"GROWING PAINS."—DR. COMBY, of Paris, has paid much attention to diseases incident to the rapid growth so marked as the limiting period between childhood and youth. He dwells at length, in an article published in the *Archives Générales de Médecine*, on "growing pains." These symptoms are hard to localise, but they always affect most markedly the lower limbs, which bear the weight of the body and the chief fatigue of walking exercise. Careful medical exploration proves that the seat of these pains is invariably at the extremities of the long bones, in fact, at the epiphyses and the line of cartilage between them, and the shafts of the bones. A true

fever, followed by much exhaustion, sometimes ushers in this condition of the bones. Indigestion, headache, or other symptoms are seldom absent in association with "growing pains," but they may be due to unhealthy habits, for when enjoying comparative liberty for the first time youths and maidens are very apt to consume unwholesome food and drink, and to discard warm clothing even in bad weather. A visible, objective symptom accompanies the more severe cases of growing pains. Small bony tumours ("exostoses de développement") form at certain points where the process of ossification of cartilage is most active, especially at the epiphyses of the bones near the knee-joint, of the humerus at the shoulder, and of the radius at the wrist, points where the process of lengthening is most active. A common variety of "growing pain," especially amongst the poor, is tarsalgia, a painful condition of the ankle, without swelling or redness, the precise character of which is disputed. M. Gosselin believes it to be arthritis of the joint without effusion, while Duchenne holds that the neighbouring muscles, especially the peroneus longus, are at fault. All "growing pains" require rest and good feeding in order to insure cure.

DEATH UNDER CHLOROFORM.—The death of a man named Evans, aged 39, a commercial traveller, whilst under the influence of chloroform was the subject of an inquest held on March 22nd at the Swansea Hospital. Dr. Horatio Rawlings, resident surgeon, is reported to have stated that two months ago the deceased underwent an operation at the hospital for lupus, he administering the anesthetic; the operation was completely successful. On the occasion of the further operation he (Dr. Rawlings) administered a mixture of alcohol, chloroform, and ether, knowing deceased to have been a heavy drinker. Deceased did not bear this well, struggling violently, and subsequently some chloroform was administered by Dr. Jabez Thomas (who performed the operation). Very shortly after his breathing ceased. Artificial respiration was resorted to, and other attempts at resuscitation made, without result. Dr. J. Kynaston Couch, who made a *post-mortem* examination, attributed death to asphyxia. The jury found that deceased died from asphyxia, caused by the administration of an anesthetic at his own request, and that no blame attached to any one.

MEDICAL VACANCIES.

The following Vacancies are announced:

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.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Double qualification. Salary, £100 per annum, and £30 for cab hire. Applications, with testimonials and certificates of registration, to the Secretary by April 17th.

CHELSEA HOSPITAL FOR WOMEN. Fulham Road.—Resident Medical Officer, fully qualified. Salary, £80 per annum, with board and residence. Applications by April 16th to the Secretary, A. C. Davis.

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.

EAST LONDON HOSPITAL FOR CHILDREN. Shadwell, E.—House-Physician, Board and lodging free. No salary. Applications to Ashton Warner, Secretary, by April 10th.

ENNISKILLEN UNION (Bly Dispensary).—Medical Officer. Salary, £115 per annum and fees. Applications to Mr. John Trotter, Honorary Secretary, Mully Kevill, Derrygonnelly. Election on April 14th.

FEMALE LOCK HOSPITAL, HARROW ROAD, W.—House-Surgeon. Candidates must be Members of the Royal College of Surgeons. Salary, £100 per annum, and board and lodging. Applications by April 14th to the Secretary.

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

GENERAL INFIRMARY, LEEDS.—Resident Officer at the Ida Hospital. Appointment for six months, with honorarium of £25. Board, lodging, and washing in the Infirmary. Applications to the Secretary to the Faculty, 19, Queen Street, Leeds, by April 19th.

GENERAL INFIRMARY. Leeds.—Two House-Physicians (one for six and one for twelve months). Board, lodging, and washing. Applications to the Secretary to the Faculty, 19, Queen Street, Leeds, by April 19th.

GENERAL INFIRMARY, LEEDS.—Two House Surgeons. Board, lodging, and washing. Applications to the Secretary to the Faculty, 19, Queen Street, Leeds, by April 19th.

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

HOLBORN UNION.—Assistant Medical Officer at the Infirmary, Archway Road, Upper Holloway, N.—Salary, £100 per annum, with board, lodging, and washing. Applications to James W. Hill, Clerk to the Guardians, Clerk's Offices, Clerkenwell Road, E.C., by April 15th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST. Brompton.—House-Physicians. Applications to Henry Dobbin, Secretary, by April 9th.

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

ISLANDS OF YELL AND FETLAR.—Medical Officer. Salary, £70 from parochial boards. Applications to the Inspector of Poor, Mid-Yell, Shetland.

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. Pritchard Davies, Superintendent.

KENT COUNTY ASYLUM, BARMING HEATH, MAIDSTONE.—Third Assistant Medical Officer, fully qualified, unmarried, and not over 27 years of age, and had experience in asylum work. Salary, £150 per annum, with furnished quarters, attendance, coal, gas, washing, etc. Applications by April 9th to Dr. Pritchard Davies, Superintendent.

KING'S LYNN HOSPITAL.—House-Surgeon and Secretary. Salary, £80, 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.

MACCLESFIELD GENERAL INFIRMARY.—Senior House-Surgeon; must be doubly qualified. Salary, £100 for first year, an increase of £10 the second year, with board and residence. Applications to "Chairman House Committee" by April 12th. Election April 25th.

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.

OWENS COLLEGE, MANCHESTER.—Demonstrator in Materia Medica and Pharmacy. Salary, £100 per annum. Applications addressed to the Senate under cover to the Registrar, H. W. Holder, by April 15th.

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

PADDINGTON GREEN CHILDREN'S HOSPITAL, LONDON, W.—House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by April 22nd.

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 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.

SHEFFIELD UNION.—Resident Assistant Medical Officer for the Workhouse at Fir Vale, Pitsmoor. Salary, £100 per annum, with apartments, rations, and the usual allowances. Applications to Joseph Spencer, Clerk to the Guardians, by April 9th.

STOCKTON-ON-TRENT 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.

WANDSWORTH AND CLAPHAM UNION INFIRMARY. New Wandsworth.—Junior Assistant Medical Officer. Board, lodging, washing, and honorarium of £10. Applications to the Medical Superintendent.

MEDICAL APPOINTMENTS.

BODY, H. MARTEN, M.R.C.S., L.S.A., reappointed Medical Officer to Tedburn St. Mary District of the St. Thomas Union.

BONAR, THOMAS MITCHELL, M.B.Glasg., C.M., appointed Medical Officer and Public Vaccinator to the Probus District of the Truro Union, and Medical Officer of Health to the Eastern District of the Truro Rural Sanitary Authority, *vice* Henry Caddy, M.R.C.S., L.S.A., deceased.

BONSALL, GEORGE R. E., L.R.C.P., L.R.C.S.EDIN., reappointed Medical Officer and Public Vaccinator to the Abergavenny Workhouse and District.

BROWN, DAVID, L.K.Q.C.P. IREL., M.R.C.S.ENG., appointed Medical Officer of the Workhouse, New Winchester Union, *vice* W. England, M.D. EDIN., resigned.

BRUCE, Robert M., M.R.C.S., L.S.A., appointed Medical Superintendent of the Western Hospital of the Metropolitan Asylum District, *vice* Dr. Sweeting, resigned.

CAUTLEY, W. C., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Knaresborough Rural Sanitary Authority.

COLLINS, Edward Tenison, M.R.C.S., L.S.A., appointed House-Surgeon to the Jessop Hospital for Women, Sheffield.

FARQUHARSON, J. Malcolm, M.B. Edin., C.M., appointed Chloroformist on the staff of the Edinburgh Dental Hospital and School.

FOOTNER, J. Bulkley, F.R.C.S. Eng., appointed Honorary Surgeon to the Tunbridge Wells General Hospital, *vice* F. Manser, M.R.C.S., resigned.

FORREST, John G. S., L.R.C.P., M.R.C.S., appointed Medical Officer for the Finchingham District of the Braintree Union, *vice* C. Jamieson, M.B. Glasg. and C.M., resigned.

FORSYTH, Robert, M.D. Glasg., M.B. and C.M., reappointed Medical Officer of Health to the Drighlington Urban Sanitary District.

GRAY, F. Archibald, L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer to the Newton Poppleford District of the St. Thomas's Union.

GRIFFITHS, Herbert, M.D., appointed Honorary Medical Officer to the Kensington Dispensary, *vice* Dr. Sinclair Thomson, resigned.

HARRIS, A. Wellesley, M.R.C.S. Eng., L.S.A., D.P.H., appointed Medical Officer to the Borough of Southampton Infectious Diseases Hospital.

HIGGINS, Hubert, L.R.C.P., M.R.C.S., late of St. George's Hospital, appointed House-Surgeon to Addenbrooke's Hospital, Cambridge.

HOWELL, J., M.B., C.M., appointed Assistant House-Surgeon to the Infirmary for Children, Liverpool, *vice* A. C. Wilson.

IRVINE, John C. D., M.B., C.M., appointed Medical Officer for the Parish of Nuthill, *vice* Dr. Alexander Valentine.

LAW, Ed., M.D., C.M. Edin., M.R.C.S. Eng., appointed Physician to the London Throat Hospital, *vice* Coleman Jewell, M.B., resigned.

MCINERNEY, Thomas, M.B., L.S.Sc., L.R.C.S.I., L.K.Q.C.P. Ire., etc., appointed Medical Officer to the Killala Dispensary of the Ballinasloe Union, *vice* W. B. Deely, L.R.C.P. Edin.

MACKINTOSH, Alexander A., M.B. Glasg., C.M., reappointed Medical Officer and Public Vaccinator to the Bramford Speke District of the St. Thomas's Union.

PUDDICOMBE, E. Leonard, L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer to the Rewe District of the St. Thomas's Union.

RONALD, Arthur E., M.B. and B.S. Cantab., M.R.C.S. Eng., L.R.C.P. Lond., appointed Junior Resident Medical Officer to the Royal Free Hospital, Gray's Inn Road, *vice* Mr. Herbert G. Cook, resigned.

TODD, H. Ross, L.K.Q.C.P., L.R.C.S. Ire., reappointed Medical Officer for the 10th District of the Croydon Union.

WARD, E., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Royal Berks Hospital, Reading, *vice* S. Whitaker.

WETHERED, Frank J., M.D. Lond., M.R.C.P. Lond., appointed Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, *vice* Dr. Sidney Martin, resigned.

WHITCOMBE, C. H., F.R.C.S. Edin., appointed Medical Officer to the 1st District of the Sevenoaks Union, *vice* A. Young, M.R.C.S., resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Mr. A. H. J. Barker: On the Study of Fifty Cases of Operation for Radical Cure of Non-Strangulated Hernia.

WEDNESDAY.

BRITISH GYNECOLOGICAL SOCIETY, 20, Hanover Square, W., 8 P.M.—Council, 8.30 P.M. ordinary meeting. Specimens: Dr. R. T. Smith and Dr. P. Q. Hebert. Paper: Dr. W. H. Fenton: On the Removal of a Large Myxoma from the Pelvis.

HUNTERIAN SOCIETY, 8 P.M.—Clinical evening. Mr. F. R. Humphreys: Cases of Peityphilitis. Mr. Cotman: Congenital Nystagmus. Dr. Stowers: Cases of Skin Disease. Mr. John Poland: Rheumatoid Arthritis in a Child; and other cases.

FRIDAY.

CLINICAL SOCIETY, 8 P.M.—Living Specimens: Mr. Bilton Pollard: A Case in which Arthroectomy of Knee was Performed two years and a half ago; recovery with voluntary movement of joint through 90°. Mr. William Bennett: A Case in which a Sarcoma has been removed from the Naso-pharynx Three Times in Twenty-four Years. 9 P.M.—Papers: Mr. Lawford Knaggs: A Case of Hydatid Cyst of the Liver, causing serious displacement of viscera: operation: death. Mr. G. A. Hawkins Ampler and Mr. Lawford Knaggs: A Case of Acute Diffuse Suppurative Peritonitis, successfully treated by laparotomy and drainage, but without irrigation. Mr. W. H. Battle: A Case of Tubercular Ulceration of the Bladder: suprapubic cystotomy: recovery.

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.

PARSLOE.—On Saturday, March 22nd, 1890, at 124, Queen's Road, Peckham, the wife of H. Heath Parsloe, of a son.

DEATH.

SHEPARD.—On March 17th, at 2, Willes Road, Kentish Town, N.W., W. L. Shepard, M.R.C.S., L.S.A., in his 61st year.

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, 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, 1.30; 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, 2; 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.

