

minim of the solution shall be equal to 10<sup>000</sup> grain ouabain, as: B. Sol. ouabain, m 48; syr. aurantii, 3iv; aq. ad 3vi. M. Sig. A teaspoonful every three hours.

All the cases under review were treated in the above way.

7. Under the administration of ouabain it is found that the temperature, pulse, and respiration are, in uncomplicated cases, slightly below normal. When the drug is pushed the respiration, as might be expected, becomes very slow indeed; in one patient, aged 4, it was often as low as 16 per minute. It is from this side that danger is to be expected.

An occasional irregularity of the pulse has been noted, and this always occurred in the evening:

	Morning.	Evening.
Average temperature.....	98.4°	97.8°
„ pulse .....	102	96
„ respiration .....	26½	27½

8. Ouabain seems to promote the action of the skin. Within a few days—always less than seven, and usually three—of beginning treatment patients are noticed to be perspiring freely, and this is observed to continue so long as the drug is being given. The patient ceases to perspire so freely shortly after the drug is stopped.

9. The movement of the bowels is regular; the average number of motions daily is 1½. In no single instance was there any of that diarrhoea which is usually so troublesome a feature in whooping-cough.

10. The total amount of urine passed is slightly increased. The amount in each case of course varies with the age of the patient. The average daily amount over the whole 49 cases was 14½ ounces. The average age of each patient was 4 years 5 months.

It may be noted that in two of the cases under treatment sugar was undoubtedly present in the urine on admission. This began to diminish in quantity, in one instance within three, and in the other within five days, after treatment was commenced; and in the first case on the eighteenth, and in the second on the nineteenth, day of treatment the urine was noted as being free from the slightest trace of sugar. It remained so during the remainder of residence in hospital.

It would be interesting to know whether the same result followed the administration of ouabain in diabetes mellitus.

11. Professor Gley points out that four drops of a solution of 1 in 1,000 produce in a rabbit marked anaesthesia of the cornea, which anaesthesia lasts for about two hours. I have failed to find this anaesthetic effect produced in any of my patients, although repeated experiments with a solution of the same strength have been made in nearly every case.

12. The appetite improves. This effect is striking, and has been noted in all the patients without exception.

13. The general physical condition improves considerably. This effect also is undoubted, although it is to be regretted that accurate data as to the weight of each patient before and after treatment are wanting.

14. The sleep is sound.

I have no doubt that part, at least, of the effects noted in 12, 13, and 14 is due to the diminished frequency and severity of the cough rather than to any direct action of the ouabain.

I have to say, in conclusion, that the statements regarding the physiological action of the drug are based on a paper, “*Sur la Toxicité comparée de l’Ouabaine et de la Strophantine*,” by M. E. Gley, and on a paper, “*Sur l’Action Physiologique de l’Ouabaine*,” by MM. E. Gley and P. Rondeau.

<sup>1</sup> *Comptes Rendus Hebdomadaires des Séances de l’Académie des Sciences*, Séance du 30 juillet, 1888, p. 348.

<sup>2</sup> *Comptes Rendus de la Société de Biologie*, Séance du 5 mai, 1888, p. 421.

THE INTERNATIONAL MEDICAL CONGRESS, 1890.—The principal subjects to be discussed in the Section of Military Hygiene at the forthcoming Congress at Berlin are: Antiseptics on the battlefield (to be introduced by Professor von Bergmann and a medical officer of the British Army); movable hospitals in peace and war; hospital ships in naval war; the prophylaxis of epidemics in armies on active service and at home; uniformity in medical reports of the different armies (to be introduced by Dr. J. S. Billings, of the United States Army); and trephining after wounds received in battle (to be introduced by Professor Bardeleben and a medical officer of the Italian Army). Papers will also be read by Professor Sormani, of Pavia; Dr. Daubler, formerly of the Dutch East Indian Army; and others. Full particulars may be obtained from Dr. Kröcker, 65, Potsdamerstrasse, Berlin, N.W.

## MEMORANDA:

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

#### SUGGESTIVE THERAPY IN INSANITY.

UNUSUAL difficulty attends the practice of hypnotism among the insane, and the fact accounts for its neglect in asylums, where suggestive therapy, so far from having a place in the code of treatment adopted (which could not yet, indeed, be reasonably expected) is not even given a trial. It may, therefore, be worth while to refer to a case in which the method was tried, for one is led to think, from the consideration of this case, that a similar method applied in circumstances more suitable would achieve a more definite result. The patient, male, aged 32, became an inmate of the asylum in September last. He had committed a theft some years before, and had been imprisoned, thereafter became melancholic and suicidal.

On admission, he had ideas of unworthiness, had lost self-confidence, and was depressed. Was put to work out of doors, and his condition improved after the lapse of a month; but depression, though less intense, remained, together with loss of confidence and dislike for occupation. He feared that God was offended with him. Whilst in this state he was hypnotised, the hypnosis being induced in ten minutes by means of a bright object in the usual way. He was now amenable to suggestion. Thus, there was complete inability to raise the eyelids when loss of power so to do was suggested; suggestion of palsy of limbs also obtained. His arms could be made insensitive or hypersensitive; in the former condition pins thrust deeply elicited no response. The lids were closed; the globes converged upwards and inwards; rate of breathing at outset accelerated markedly. On subsequent occasions the ticking of a watch produced hypnosis in a few minutes. Amenability to suggestion was always evident. Thus, in following one he would take a huge step over a suggested obstacle. He nursed a pillow, drank a mixture of soap, salt, and water called sherry; ate a raw potato, a suggested apple; turned with a wry face from eau de Cologne, being told, with suggestive sounds, that the odour was a foul one. He gave his name, slowly and in altered voice, at order; told he had forgotten it, he showed distress, “groped” for it, failed, and sank back sighing. Charcot’s stages could not be obtained. The reflexes were always normal. Further experiments were avoided, as it was merely sought to establish the genuineness of the state induced. Seeing that suggestions were duly carried out in hypnosis, a similar result in the post-hypnotic state was hoped for; they were, therefore, repeatedly made with a view to mental improvement. He was told that all depression would leave him, that he would regain self-confidence and desire for work; that his fears would disappear, etc.

The patient recovered, but there was no clear evidence that new and powerful influences directly brought about recovery; no rapid decrease of depression or increase of self-confidence; nothing which indubitably showed that suggestion worked the cure. It should, however, be added that he spontaneously told the attendant in charge that he felt “different now” (that is, after hypnosis had been several times induced), in what way he could not explain, but he believed that God was on his side. Doubtless, had there been some distinct delusion to remove the force of suggestion might have been concentrated, but the nature of the case permitted only suggestion of a general kind, with diffused, and therefore weakened, force.

In all, patient was six times hypnotised, not oftener, because he got into an undesirable condition of subjection—felt impelled to go to the room in which the state was induced, even on one occasion starting to leave his work at some distance. He kept his eyes fixed on me each time I visited the ward, and told the attendants he felt constrained to follow. The suggestion during hypnosis that he would regard me merely as a subordinate instrument in his cure did not avail to remove this unwholesome state.

EDWIN GOODALL, M.D.Lond., M.R.C.P.

West Riding Asylum, Sheffield.

#### DORSAL DISLOCATION OF METACARPAL BONES.

T. S. was admitted to the Warrington Infirmary on March 28th suffering from an injury to the hand, caused by a fall down some steps, at the bottom of which was a wall. Against this wall the

palmar aspect of the fingers of the right hand came with great violence.

On examination a swelling on the dorsal aspect of the hand was found. This swelling was sharply defined above and slightly concave, the concavity being turned towards the wrist. A prominence caused by the styloid process of the third metacarpal bone could be seen, and the articular surfaces of the bases of all the metacarpal bones could be easily felt through the skin on the back of the hand. The extensor tendons of the fingers could be felt, and became tense when reduction was attempted. The movements of the wrist were not interfered with. The metacarpal bone of the thumb was not displaced, nor were any of the bones fractured. Reduction was effected (under chloroform) by strong traction and flexion of the hand round the knee.

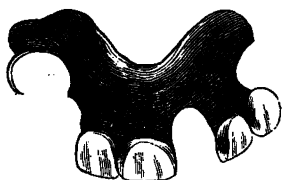
The injury was, in fact, thoroughly well defined, and could accurately be described as a dislocation of the second, third, fourth, and fifth metacarpal bones backwards on to the dorsal surface of the carpus. Dorsal and palmar splints, and appropriate pads secured the position after reduction.

This is, as far as I am aware, an absolutely unique injury, no dorsal dislocation of the metacarpus having ever previously been recorded. Possibly the patient's occupation—namely, that of a shorthand writer—may have had something to do with the peculiar nature of his injury by causing an unusual amount of laxity in the carpo-metacarpal joint.

J. TURVILLE SMITH, M.R.C.S., L.R.C.P.Lond.,  
Senior House Surgeon, Warrington Infirmary.

#### TOOTH-PLATE PASSED PER ANUM.

ON Thursday night, February 20th, 1890, about 10.30, shortly after falling asleep, Mrs. F. was awakened by a sense of choking, and found she had swallowed a tooth-plate with four artificial teeth. I saw her half an hour later. The plate was lodged in the œsophagus, and was causing much discomfort. I introduced a probang, which dislodged the plate. It passed on into the stomach and she experienced immediate relief. I learned that from one end of the plate projected a sharp gold hook (see block), by which



the plate had been connected with the nearest natural tooth backwards. I advised that her food should be potatoes, rice, and eggs; that liquids should, as far as possible, be avoided, and that no purgatives should be taken. This course was strictly followed. Next day she complained of some discomfort in the epigastrium, but this soon

passed away. The bowels were moved on the Saturday and again on the Sunday. On Monday morning, about 11 o'clock, they were again moved. The motion was firm, and, on its being broken, the plate, teeth, and hook were found entire, and completely concealed inside the fecal mass. No ill consequence has followed, and no trouble arose during the passage except the epigastric discomfort on the second day and the thirst caused by abstinence from liquids.

A. LEDLIE.

Belfast.

#### PHLEBITIS FOLLOWING INFLUENZA.

MRS. G., aged 49 (catamenia regular up to two months ago), had an attack of influenza about a week before consulting me, accompanied by shooting pains in both arms, which had gradually become so severe as effectually to prevent sleep. When seen, both arms, but especially the left, were hard, swollen, and tender, and painful and stiff on the slightest movement; on the left side the swelling extended as high as the sterno-mastoid, impeding the movements of the head. The skin was white, and the appearance altogether analogous to that of the lower limb in *post-partum* phlegmasia. There was no pyrexia, the appetite was good and the digestive organs normal; yet the weakness was extreme, the pulse being especially small and soft, and it was fully a month before the arms returned to their original condition. About three weeks after the arms began to swell, there was some swelling and tenderness of the left calf, but this soon subsided.

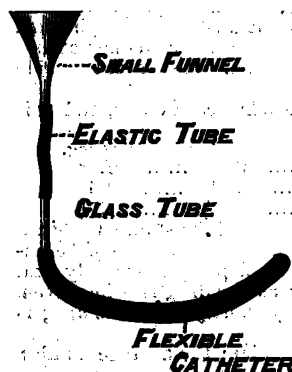
The patient had never suffered from gout or articular rheumatism. It is interesting to note that the menopause had commenced—a time of life when vascular disturbances are common.

Regent's Park.

J. CROSS, M.D.Camb.

#### AN EASY METHOD OF FEEDING PER RECTUM.

SOME months ago, having to treat a case of gastric ulcer by rectal feeding, etc., I devised the apparatus represented in the accompanying diagram, consisting of a small funnel, a piece of elastic tubing one-eighth of an inch in diameter, a glass tube four inches



long (by which we can watch the fluid descending), and joined on to this an ordinary flexible catheter. The atmospheric pressure is sufficient to force any fluid slowly into the rectum, and I have never noticed any return; absorption being slow, but efficient. Thus it is an amendment on the old enemas in use.

The claims for this method are: First. It is extremely simple, the patient being able to pass the catheter into the bowel without experiencing any pain or unpleasantness.

Secondly. It is cheap, clean, and easily made.

Thirdly. After once being shown, the most inexperienced person can use it, and thus we can be sure that our patient will have small quantities of nourishment at frequent intervals.

Fourthly. The fluid is slow in its passage, and thus nearly the whole quantity becomes slowly absorbed.

In any case requiring rectal feeding, I venture to hope that my professional brethren will find this simple method of use to them, and a source of comfort to their patients.

Y. M. JONES-HUMPHREYS.

Cemmaes, Montgomeryshire.

#### THE SALTS OF HYPIODOUS ACID.

KNOWING, as we do, that iodine is able to displace chlorine from chlorates, forming the more stable iodates, we should naturally expect that the iodine compounds containing a relatively smaller proportion of oxygen, would still, to some extent at least, exhibit a greater stability than the corresponding chlorine compounds.

The hypochlorites are very unstable, but are still capable of practical use, and therefore we might very reasonably expect that the hypiodites would be sufficiently stable for preservation and use. Experience shows this to be the case. The hypiodites which I have prepared and examined as being useful in medicine are those of calcium, potassium, and sodium.

The solution of calcium hypiodite, which is analogous to a solution of the chlorine compound commonly known as bleaching lime, has been in use for some little time now, under the name of "liquor calcis iodinatæ." It is an excellent and almost tasteless preparation for internal administration. It is much superior to the tincture of iodine, when it is desired to administer free iodine, because the iodine is not set free until it reaches the acid stomach, and thus the action of iodine on the mouth and throat is avoided. Wishing to obtain a stronger solution for antiseptic purposes, I have recently been examining the hypiodites of potassium and sodium. These, like the analogous hypochlorites, are obtained only in conjunction with the iodides in equal molecules (KI + KOI), etc.

The potassium hypiodite (liquor potassæ iodinatæ) affords a most useful antiseptic and parasiticide solution. Each ounce of this solution contains about 28 grains of iodine, in the form of hypiodite of potassium, which is at once decomposed, yielding free iodine, by any dilute acid. This liquid, containing so large a proportion of iodine in so loosely combined a form, is obviously a most powerful antiseptic. The ease with which it gives up its iodine is shown by the fact that the acidity of paper or calico is often enough to set free iodine, which colours the starch present. Acidity of the skin in some cases has a similar effect.

Liquor potassæ iodinatæ can be applied undiluted to the unbroken skin, but causes smarting, unless diluted, when applied to a raw surface. Liq. potassæ iodinatæ can also be given internally in small doses (5 or 10 minims) diluted.

The hypiodites, when shaken up with olive oil, form soaps, propenyl hypiodite  $[C_3H_5(OI)_2]$ , being probably formed instead of propenyl alcohol or glycerine,  $[C_3H_5(OH)_3]$ , as happens when fats are saponified by the caustic alkalis.

The soapy liniment, formed by shaking together equal parts of liquor potassæ iodinatæ and olive oil, is a much better preparation than the "linimentum potassii iodidi cum sapone," *B.P.*, since it contains iodine in a much more active form. A dilute acid added to this liniment sets free the iodine.

Messrs. Willows, Francis, and Butler, of 101, High Holborn, London, are the manufacturers of these preparations.

Highgate.

HUGH WOODS, M.D.

#### NAEVUS AND MATERNAL IMPRESSION.

I HAVE been always sceptical as to "maternal impressions," but this instance has shaken my scepticism:—

Mrs. —, pregnant with her second child, went, in June, 1889, to see a man with senile gangrene, who insisted on showing her two patches of dry gangrene on his ankle and lower leg. She was very much disgusted and upset, and preserved the idea that the child would be marked.

A healthy child was born on February 23rd, 1890. On the left thigh, just above the knee, was a very black, rough, slightly raised naevus, about three inches long by one broad, of irregular shape, resembling to a marked degree one of the patches of gangrene the mother had seen. There are no other naevi on the child.

Westerham.

ARTHUR MAUDE, M.R.C.S., L.R.C.P.

#### FRACTURE OF A RIB FROM COUGHING, IN A PATIENT WITH CHRONIC BRIGHT'S DISEASE.

As the following case is somewhat rare it seems to me worth recording:—

F. S., aged 54, engine driver, a somewhat feeble-looking man, was under my care in June, 1889, suffering from chronic bronchitis and albuminuria. He had been attending at the surgery about twice weekly, and complaining of bronchitic symptoms with dyspepsia. Urine of low specific gravity, with persistent haze of albumen, containing granular and hyaline casts.

On the evening of June 25th he sent for me to see him at his house, the messenger stating that he had been suddenly taken with severe pain in his side.

On attending, the following history was obtained from the patient: That he had been seized with a severe paroxysm of coughing, and that during a violent cough he had felt a distinct "snap" at the place where he now complained of the pain, and that since he had had severe pain of a cutting character, aggravated by breathing or coughing, the pain being localised to a point just behind the centre of the eighth rib on the left side.

The temperature was normal, and on auscultating the chest no physical signs were present beyond pre-existing signs of bronchitis. On manual examination crepitus was present, together with all the other signs of fracture of the eighth rib on left side, the fracture being situated a little behind its centre. The fracture was treated in an ordinary way by strapping, and united without any more trouble than one would expect from a similar case complicated with bronchitis.

I may add, there were no signs of disease of the rib to account for it, nor had the patient received any injury. The urine at the present time contains a haze of albumen; it is still of low specific gravity, has some hyaline and granular casts and a few blood corpuscles—probably due to granular kidney.

EDWARD C. MASSER, M.R.C.S., L.S.A. Lond

St. George's, Wellington, Salop.

#### THE TREATMENT OF INFLUENZA.

PERMIT me to concur in the opinion recently stated in your columns by Mr. Hanbury Frere, that the administration of fibrin-destroying agents, such as the compounds of ammonia and the antipyrin group in bronchial influenza, precipitates bronchorrhœa and other pulmonary complications. In all bronchial cases I give nitrous ether and iron, and the result of such treatment, as already recorded by me, was a cure in twenty-four hours in the majority of cases, and in none the development of the troublesome sequelæ referred to.

As for antipyrin and its congeners, most of the deaths in the late epidemic are, I think, to be attributed to their use; and I would as soon think of "trying" full doses of opium in bronchitis, because the production of excessive secretion is just as dangerous as the retention of it.

There are cases in which the symptoms are, in the main, peri-

pheral, with only the slightest trace of bronchitis and nasal catarrh. These I have found rapidly curable with nitrate of potash, opium, and ipecacuanha. But in both bronchial and peripheral forms of the disease I have frequently noticed the subsequent development of pain in various parts of the body, more especially in the head and chest, with great debility and feeble, slow pulse. Attributing this to peripheral venous stasis, I have always and successfully combated it with carbonate of ammonia, antifebrin, sodium salicylate, sodium iodide, and belladonna. Some reports in the journals stated the development of purpura as a sequela. Here, again, I think the antipyrin group were more to blame than the disease.

At the meeting of the Royal Academy of Medicine in Ireland on February 28th, Mr. Croly stated that he started, kept up, and finished off with stimulants. Now in cases with a full, bounding pulse of 130 or 140, and acute inflammation of the respiratory tract, I affirm that such treatment is distinctly unreasonable.

Accrington.

C. R. ILLINGWORTH, M.D.

## REPORTS

ON

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

#### GREAT NORTHERN CENTRAL HOSPITAL.

##### A CASE OF ACUTE OBSTRUCTION OF THE LARYNX AFTER CONVALESCENCE FROM BRONCHOPNEUMONIA.

(Under the care of Dr. CLIFFORD BEALE.)

T. H., aged 13 months, was sent into the hospital on February 18th, 1890, from the out-patient department, suffering from cough and fever. The mother stated that the child, which was the youngest of six, had been troubled with cough and wheezing from its birth, and she could not tell exactly when the present illness began, but she was sure that the baby had got rapidly worse within the last few days. On examination, the child was found to be fairly well nourished, the skin moist, respiration 20 to 24 at first, pulse fairly strong but slightly intermittent. It had been weaned and took milk freely, and did not seem very ill for the first twenty-four hours, being only troubled with a short jerky cough and gradually increasing dyspnoea. On the second day the signs of bronchopneumonia of the left lung began to be manifest in scattered patches, and the disease ran the usual course, clearing up at one spot and appearing at another, until March 5th (fourteen days), but did not attack the right lung. There was nothing remarkable about the clinical symptoms except the temperature, which ran an unusually irregular course during the twenty-four hours, sometimes falling below normal in the early morning and forenoon. After March 5th the child seemed to be rapidly getting well, the signs and symptoms of disease quickly subsiding. On the morning of March 18th, when about to be discharged as convalescent, he was noticed to have a slight cough of a croupy kind, but without any other evidence of fresh mischief, he began to suffer from dyspnoea, and this increased very rapidly, all the symptoms pointing to the larynx as the seat of obstruction. The usual remedies for the relief of "croup" were administered, but without effect. The laryngeal obstruction was obviously increasing, but there was no cough or sputum. Digital examination indicated a good deal of swelling about the arytenoid cartilages, but nothing very positive could be made out, nor was laryngoscopic examination possible. There was no evidence of membrane or of any morbid exudation whatever.

Tracheotomy was performed as soon as it was manifest that palliative measures were inefficient, and the child experienced immediate relief and slept quietly for a long time afterwards. On the second day after the operation it became evident that the bronchopneumonia had begun again, and this time was affecting both lungs. Dyspnoea gradually increased, the temperature again rose, and, although the strength of the pulse and the power of taking milk were well maintained, the child sank exhausted on the following day.

The *post-mortem* examination (by Dr. Galloway) showed very little to explain the marked laryngeal obstruction. The mucous membrane exhibited no definite traces of past or present oedema,

3 for retroperitoneal and hepatic hydatid cysts, all cured; 3 exploratory operations, in all of which the patients recovered; and a few cases of a miscellaneous description (foreign bodies, tumour of pancreas, nephrectomy, etc.). Among the 65 cases there were only 5 deaths. Dr. Ferrari described a procedure for the radical cure of hernia, which he described as an improvement on Czerny's method; and Professor Postempski gave particulars of 41 cases in which he had operated by his own method, with 3 deaths. Dr. Postempski also related certain experiments on the cortico-motor centres of the human brain which he had performed in some cases of head injury.

## ASSOCIATION INTELLIGENCE.

### NOTICE OF QUARTERLY MEETINGS FOR 1890.

#### ELECTION OF MEMBERS.

MEETINGS of the Council will be held on 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.*

### BRANCH MEETINGS TO BE HELD.

**SOUTH-WESTERN BRANCH.**—The annual Meeting of the Branch will be held at the Ilfracombe Hotel, Ilfracombe, on Wednesday, May 21st, 1890, under the presidency of Dr. Edwyn Skide-King, D.P.H. Notices of motions or communications to be intimated to the Honorary Secretary without delay, and it will facilitate arrangements if members will inform the Honorary Secretary as soon as possible if they hope to be present at the meeting, and join the excursion proposed to be made on the following day. The following motion was passed at the Council meeting on May 2nd, 1888: "That inasmuch as the annual meeting assumes more or less the character of a day of recreation, and with a view of encouraging the district meetings, the business of the annual meeting shall be confined to the President's address, the business of the Branch, the exhibition of cases or of specimens with notes, and the annual dinner." Those members who have not yet paid their subscriptions are reminded that they became due in advance on January 1st.—P. MAURY DEAS, Honorary Secretary, Wonford House, Exeter.

**EAST ANGLIAN BRANCH: ESSEX DISTRICT.**—The next meeting of the members of the Essex District will be held (by permission) in the Town Hall, Haverhill, on Friday, May 2nd, 1890, at 2 P.M. Dr. J. Sinclair Holden, President of the East Anglian Branch, will preside. Messrs. Tandy and Hargrave invite the members and their friends to lunch at the Town Hall, at 12.45 P.M. Business of the meeting.—2 P.M., to elect an honorary Secretary for the year 1890. To arrange the place and date of the next meeting. Medical Defence Union.—Dr. Mead (Newmarket) will give a short report of the work of the Union for the past year. The following papers have been promised:—Dr. J. Sinclair Holden (Sudbury): A few remarks on Exalgine. Professor Latham (Cambridge): On the Treatment of Megrin or Sick Headache. Mr. R. Harrison, F.R.C.S. Eng. (London): On the Selection and Use of Catheters and other Instruments for Enlarged Prostate. Dr. J. C. Tresh, M.O.H. (Chelmsford): Notes on the Influenza Epidemic in Mid- Essex. Mr. B. L. Tandy (Haverhill): On a Case of Intestinal Obstruction, Laparotomy, followed by Abscess, Recovery. H. J. Hargrave, M.B. (Haverhill): Notes of a Suppurating Hydatid of Liver. W. J. Burleigh-Robinson, M.B. (Halstead): On the Induction of Premature Labour by Rapid Dilatation, especially in its relation to Pneumonia.—C. E. ABBOTT, Honorary Secretary, Baintree.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this District will take place at St. Bartholomew's Hospital, Chatham, on Thursday, May 29th; Mr. J. H. Jeffcoat in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary, A. W. Nankivell, F.R.C.S., St. Bartholomew's Hospital, Chatham, not later than May 10th. Further particulars will be duly announced.—A. W. NANKIVELL, Honorary Secretary of the District.

**SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.**—The next meeting of this District will be held at Tunbridge Wells on Thursday, May 22nd. Cleland Lammiman, Esq., will preside. Notice of communications should be sent to the Honorary Secretary, T. JENNER VERRALL, 97, Montpellier Road, Brighton.

**SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.**—The next meeting of this District will be held at the Greyhound Hotel, Croydon, on Thursday, May 8th, at 4 P.M.; Dr. Parsons Smith, of Addiscombe, in the chair. Dinner at 6 P.M.; charge, 7s., exclusive of wine. The following papers, etc., have been promised:—Dr. Mitchell Bruce: On some Forms of Heart Disease, with specimens. Dr. H. Montagu Murray will show Two Cases of Myxodema. Dr. J.

Fletcher Little: On the Treatment of Muscular Atrophy. Mr. Morgan Hughes: A few notes on Nitrous Oxide Gas and its Administration. Members desirous of exhibiting or reading notes of cases are invited to communicate with the Honorary Secretary, F. T. DUNCAN, M.D., Croydon.

**SOUTHERN BRANCH: SOUTHAMPTON DISTRICT.**—The next meeting of this District will be held on Tuesday, May 6th, at 8 P.M., at 1, Grosvenor Square, Southampton. Election of officers; auditing of accounts. A paper will be read by Professor Notter, M.D., on Disinfecting and Disinfectants. Subscriptions to the Association and Branch, £1 3s. 6d., may be paid to the Honorary Secretary.—THEOPH. W. TREND, M.D., Honorary Secretary.

**METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.**—The next meeting of this District will be held at the Great Northern Central Hospital, Holloway Road, N., on Thursday, May 8th, at 8 P.M.; Dr. Bridgwater, J.P., Vice-President of the District, in the chair. W. R. H. Stewart, F.R.O.S., will read a paper on Postnasal Growth. Dr. Beevor will exhibit a case of Locomotor Ataxia, without Ataxia. The new hospital being constructed with every modern appliance will be open to all the members and duly registered medical practitioners.—GEORGE HENTY, M.D., Honorary Secretary, 302, Camden Road, N.

**METROPOLITAN COUNTIES BRANCH.**—The annual meeting and dinner will take place at the Holborn Restaurant on June 10th.—NOBLE SMITH, 24, Queen Anne Street, W.; H. RADCLIFFE CROCKER, M.D., 121, Harley Street, W., Honorary Secretaries.

#### WEST SOMERSET BRANCH.

THE spring meeting of this Branch was held at the Railway Hotel, Taunton, on Thursday, April 17th, Mr. W. A. HUNT, President, in the chair. Twelve members were present.

*Representative of Branch on Council of Association.*—Dr. W. M. Kelly was re-elected for the ensuing year.

*New Member.*—Mr. Caesar F. Hawkins, of North Petherton, already a member of the Association, was elected a member of the Branch.

*The Influenza Epidemic.*—This was the subject selected for discussion after dinner.—Mr. WINTERBOTHAM (Bridgwater), who introduced the subject, was followed by Dr. MEREDITH (Wellington). Other members from different parts of the district gave their several experiences, and a very interesting discussion was maintained.

#### GLOUCESTERSHIRE BRANCH.

AN ordinary meeting of the Branch was held at the General Infirmary, Gloucester, on Tuesday, March 18th, 1890, under the presidency of Mr. H. E. WADDY.

*Abuse of Out-patient Department.*—Proposed by Dr. SOUTAR, and seconded by Dr. BATTEN, "That the Out-patient Inquiry Committee be empowered to add to their number." Carried.

*Diet in Acute Disease.*—Dr. WATTERS (Stonehouse) opened a discussion on diet in acute disease, with a full and instructive paper on the subject.—A discussion followed, in which Drs. S. W. SMITH, BATTEN, WILSON, BOND, CLARKE, SOUTAR, Messrs. ELLIS, WADDY, and other members took part.

An ordinary meeting of the same Branch was held at the General Hospital, Cheltenham, on Tuesday, April 15th, 1890, under the presidency of Mr. H. E. WADDY, when Mr. ELLIS (Gloucester) gave an address on the Surgical Physiology of the Abdomen and Pelvis, with particular reference to the treatment of Hernia, Prolapse of Uterus and Rectum, Hemorrhoids, and Intestinal Obstruction. The thanks of the meeting were returned to Mr. Ellis for his address, and a discussion followed, in which Messrs. BUCKELL, CARDEW, WADDY, Drs. BATTEN, SOUTAR, CLARKE, and others took part.

*Annual Meeting and Dinner.*—The SECRETARY notified to the meeting that the annual meeting and dinner would take place at Gloucester on the third Tuesday in May.

#### MIDLAND BRANCH: LEICESTERSHIRE DISTRICT.

A MEETING of this Branch was held at Loughborough on April 16th; Mr. B. J. EDDOWES, M.R.C.S., in the chair. Seventeen members were present.

*Papers.*—Mr. BOND read a paper on the treatment of Enlarged Bursae and Ganglia by Excision, in which he advocated this treatment in preference to any other. The paper was illustrated by specimens and photographs.—Dr. POPE read a paper on the treatment of Gastric Ulcer by Resorcin, and, after a brief review of the literature of the subject and the chemistry of the drug, briefly related nine cases treated with it. Seven were quickly cured; of the other two, one was a case of nervous vomiting. He expressed the opinion that the use of resorcin would become more general after trial.—Dr. HANDFORD gave an address on some forms of

Cardiac Dilatation. He gave as causes of dilatation, besides valvular disease, kidney disease, alcohol, rheumatism, fever, overstrain, and underfeeding, but especially laid stress on pregnancy and anæmia. In relation to the former of these he instanced two cases occurring in his practice. He also showed two specimens of hearts associated with very small aortæ, and numerous diagrams, sphymographic tracings, and drawings.—Dr. NEALE read notes of a case of Liver Disease, where, due to spindle-celled sarcoma, the organ weighed over 12 lbs. He also read a paper entitled "How Little there is New under the Sun," suggested by the perusal of an ancient medical work, which was shown.—Mr. CANT showed a patient on whom he had performed a Double Lens Extraction without Iridectomy. Mr. HODGES criticised the operation, and Mr. Cant defended it.—Mr. LYSTER and the CHAIRMAN showed Urinary Calculi; and Mr. GREEN showed (for Mr. PAUL) a case in the ward of the Dispensary of bad Compound Comminuted Fracture of the Leg, where the limb had been preserved.

Dinner.—Eleven members afterwards dined together at the King's Head.

## SPECIAL CORRESPONDENCE.

### PARIS.

*The Municipal Council and Hypnotism.—Cholera on board the "Fulford."—Sanitation of Restaurant Kitchens.—Asylum for Incurable Vagrants.—French Medical Association.*

At a recent meeting of the Conseil Municipal, Dr. Després asked what measures the Council intended to adopt in order to prevent the daily papers from publishing hypnotic experiments made on hospital patients. Dr. Després commented severely on the practice of making such experiments. M. Cochen supported Dr. Després, and objected to the *séances* given at La Salpêtrière. Dr. Paul Brousse maintained that hypnotic experiments ought to be as general as possible. M. Alphonse brought the discussion to a close by pointing out that doctors did not agree on this subject, and the Municipal Council could not act as umpire.

A representative of the *Temps* has interviewed Dr. Proust, General Inspector of the Sanitary Service, with the view of learning the truth concerning the English vessel *Fulford*, now undergoing quarantine at Pauillac. It appears that on February 8th there were three cases of cholera on board. This was before the ship left Chittagong. Sanitary measures were immediately taken, and the ship was carefully disinfected. During the voyage the sanitary condition of the passengers was satisfactory and there was no recurrence of cholera. The vessel had received orders to go to Falmouth; these were changed, and Bordeaux was indicated. On the arrival of the vessel at this port, rumours of cholera being on board were spread, and the Sanitary Council of Bordeaux sent the vessel into quarantine at Pauillac. The sanitary condition remains good, and before this is published the vessel will have a clean bill of health and the passengers will be allowed to land.

The Municipal Council is making inquiries concerning the sanitation of kitchens in cafés and restaurants. The facts collected up to the present time show that in these kitchens there is generally neither air nor light, and the sanitary conditions are as bad as they can be.

The General Council of the Seine has voted 518,000 francs (£20,720) for the establishment of a section in the Nanterre Asylum where vagrants suffering from chronic incurable affections can be received and looked after. The Council stipulates that the different communes are to pay part of the expenses incurred for the reception of their poor.

At the annual meeting of the Association Générale des Médecins de France, Dr. Brun stated in his report that the principal amount to 2,500,000 francs (£100,000), without reckoning the yearly grants to widows and orphans of medical men formerly members of the Association. Eighty pensions of £24 a year have this year been granted to medical men disabled by age or infirmity.

### SWITZERLAND.

*Professor Revilliod on Nervous Symptoms and Complications of Influenza.—Ether or Chloroform?—La Nona.*

At a recent meeting of the Société Médicale de Genève, Pro-

fessor L. Revilliod read a paper on the epidemic of *grippe* at Geneva, in which he drew attention to the disease having been largely of nervous type. Even in non-neurotic persons the most prominent symptoms were of nervous origin, sometimes almost completely disguising all other manifestations, and making the diagnosis extremely difficult. The following cerebro-spinal symptoms were observed: vertigo, amounting to syncope; fainting, lethargy, stupor, hysteroid phenomena (including catalepsy and grave convulsive seizures), insomnia in some, somnolence in others, nightmare, hallucinations, giving rise sometimes to ideas of persecution, sometimes to maniacal excitement; delirium of all kinds and degrees, headache, neuralgic pains about the thoracic and abdominal viscera (simulating pleurisy, pericarditis, intestinal, hepatic and renal colic), as well as about the face and limbs; quasi-rheumatic pains about bones and joints; severe cutaneous hyperæsthesia; disturbances of locomotion, amounting in some cases to paraplegia or simulating spasmodic tabes, tetany of the upper limbs (three cases); bulbar symptoms with spasm of the diaphragm or glottis (one case ending rapidly in death, in spite of tracheotomy).

In the *Revue Médicale de la Suisse Romande*, No. 2, 1890, pp. 73-98, Dr. T. R. Comte discusses the question of "Ether v. Chloroform," deciding strongly in favour of the former. He lays down the following propositions: 1. Anæsthesia may be obtained from ether just as well as from chloroform, without any necessity for using excessive doses, or preventing the access of the air into the respiratory tracts. 2. The so-called "intense method," which consists in inducing anæsthesia in two minutes by pouring 50 cubic centimètres of ether into the mask, is an inconvenient, if not also a dangerous, procedure. 3. The drawbacks of ether, such as its unpleasant odour, the vomiting which it causes, etc., are also present in other anæsthetic agents. 4. The period of excitement preceding ether anæsthesia is neither longer nor more intense than in the case of chloroform. Great excitement is only seen in habitual drinkers. 5. The contraindications of ether are limited to inflammatory affections of the respiratory organs, and to those accompanying stenosis of the larynx or trachea. It is also contraindicated in all cases requiring the use of thermocautery or light about the head or its vicinity. 6. Except in the cases just mentioned, ether decidedly is preferable to chloroform in all operations, more particularly in dental surgery, in the reduction of dislocations, and in all long operations. 7. Professor Th. Kocher's method, which consists in inducing anæsthesia by means of chloroform inhalation and keeping it up by means of ether is objectionable, because about 50 per cent. of deaths caused by chloroform occur at the beginning of the administration, before anæsthesia is complete. 8. Ether should always be given by a trained administrator, who should carefully watch the patient's respiration all through the procedure. The danger of ether consists precisely in feeling too sure of its freedom from danger.

So many sensational reports about "*La Nona*" have appeared in the press that the Austrian Ambassador has asked the *Bundesrath* for information on the subject. The answer given was that there was no such disease in Switzerland, all the supposed cases being simply instances of meningitis and other more or less familiar affections. "The *Nona* is nothing else than an invention of the daily press," remarks Dr. E. Haffter, in the *Correspondenz-Blatt für Schweizer Aerzte* (April 15th, 1890, p. 264), "and medical men should do their best so enlighten the frightened public concerning the non-existence of the spectre."

### SHEFFIELD.

*The Yorkshire Branch of the Society of Medical Officers of Health.—Prevention of Cruelty to Children.—Ambulance Corps at a Military Tournament.*

THE Yorkshire Branch of the Society of the Medical Officers of Health held a quarterly meeting in Sheffield on April 9th. The President (Dr. Cameron, of Leeds) delivered an able address, in which he urged the advisability of health officers not separating themselves too much from the general work of the profession. Specialists, he presumed, they would become more and more; but he would have them not to forget that they were at the same time medical men, and that it was important that they should possess such an amount of critical knowledge as would enable them to follow the methods of their brethren and to understand their result. It was advisable for them to attend meetings of medical societies when subjects of general medicine were discussed. Dr.



## GEORGE TATHAM, M.R.C.S.ENG., L.S.A., J.P.

MR. TATHAM, whose death we regret to announce, was a widely respected inhabitant of Brighton, who occupied for some years a seat on the magisterial bench. He had been in failing health for some months, but, nevertheless, the news of his decease came as a painful surprise to the large circle of friends he had gathered round him during his long and successful career as a medical practitioner in Brighton. Mr. Tatham was in his 82nd year. He studied at Guy's Hospital, and became in 1831 a licentiate of the Society of Apothecaries, and in 1832 a Member of the Royal College of Surgeons. He was at one time surgeon to the North Devon Hospital, and subsequently practised in Wandsworth in partnership with a Mr. Howell. From Wandsworth he passed, somewhere about the year 1842, to Brighton, where he carried on an active practice for thirty years at 44, Old Steine, and filled at one time the honourable position of President of the Brighton and Sussex Medico-Chirurgical Society. In 1874 Mr. Tatham took Mr. Giffard into partnership, and in the following year retired finally from practice, and for a while left Brighton and resided at Cuckfield, where he remained for about ten years, afterwards returning to Brighton, and taking up his residence at 7, Marlborough Place, where on April 7th he died. As a magistrate for Brighton he was very assiduous in the discharge of his duties, being, while his health permitted him, among the most frequent attendants at the Bench. He was a member of the Masonic body, and his kindly disposition won him many friends, by whom his loss will be deeply regretted.

## INDIA AND THE COLONIES.

## VICTORIA.

THE SANITARY CONDITION OF MELBOURNE.—Melbourne has recently been the scene of one of those stormy conflicts which seem inseparable from inquiries into the public health question of all towns, large and small. It is impossible to read the Australian papers without being forcibly struck by the remarkable similarity between the manner in which sanitary matters are discussed at home and in the Antipodes. In both hemispheres the views expressed by either party in such debates are so dogmatic and absolute, and so entirely irreconcilable with each other, that it is difficult for any but those who have had personal experience of such struggles to discern on which side the balance of truth and justice is to be found. That the sanitary condition of Melbourne has for a long time past been in a most unsatisfactory condition is clearly shown by what may be regarded as the most infallible indicator of faulty sanitation—the undue prevalence of typhoid fever. A special commission has recently been investigating the whole matter, and from this report it appears that in many cardinal points the existing provisions for maintaining the public health of the city are of a most imperfect character, and very inferior to those of Adelaide and Sydney. Thus we learn that the slaughterhouses are ill-appointed, and conducted upon uncleanly principles; that the method of sewage disposal is of the most objectionable kind; and that the water supply is unfiltered, highly impregnated with organic matter, and liable to dangerous contamination. As regards the matter of sewage disposal, reforms are already in progress, and the services of Mr. James Mansergh, C.E., have been called in. Public interest has, however, been chiefly excited in connection with the question of the water supply, which has given rise to a most lively discussion in the columns of the Melbourne papers. This discussion originated in the highly sensational discovery by Mons. A. de Bavay, of the Victoria Brewery, of a microbe which he believed to be the typhoid bacillus in the town water supply. M. de Bavay's investigations being of a wholly unofficial character were not treated with such confidence and respect by the Commission as their author thought they deserved; in point of fact, the services of another bacteriologist, Dr. Oscar Katz, of Sydney, were secured by the Commissioners to investigate the matter independently, with the result that this experimenter failed to find the typhoid bacilli in any of the numerous samples which he submitted to cultivation; he also, we learn, arrived at the conclusion that the microbe isolated by M. de Bavay, though morphologically closely resembling the typhoid bacillus, yet presented certain differences in its mode of growth, and was not identical with it. Whatever may be the real truth as to the presence or absence of the typhoid bacilli in the Melbourne water—and this it is

impossible for us to determine—it is particularly gratifying to learn that the colony possesses such skilful bacteriologists as M. de Bavay and Dr. Katz, whose investigations appears to have been conducted on the most modern lines, and with a full knowledge of the most recent work on the typhoid bacillus. Indeed, had the same question arisen in any capital of Europe, the investigation could not have been carried out on more approved principles. We cannot, however, accept the doctrine that a water supply is to stand or fall according as the typhoid bacillus is undiscoverable or not in its mains and service pipes; the really important point to ascertain is whether the supply is exposed to sewage contamination or not, and, in the event of its being so exposed, then, however often the typhoid bacillus may have been sought for in vain, such negative evidence is quite unavailing to establish the safety of the supply until the possibility of sewage contamination has been removed. This the Commissioners seem to recognise, although the opinion which they pass upon the present water supply appears to be wanting in clearness. There are obviously two cardinal questions which must be answered respecting a water supply; first, Is the source an unimpeachable one? and, secondly, Does the water undergo contamination in passing through the reticulation of mains and service pipes? Now these questions are not clearly answered by the Commission. If there is contamination in the reticulation, the present water supply becomes utterly unsafe, whilst any central measures, such as filtration or precipitation, intended to improve the general quality of the water, become altogether unavailing as long as there is contamination during distribution. But the Commissioners, on the one hand, recommend that "filtration works on a large scale would thus greatly purify the water, and would probably cause any typhoid germs which gained access to it to perish very rapidly," whilst, on the other hand, they deprecate M. de Bavay's suggestion of adding lime to the reservoir, saying that "the contamination, whatever it is, occurs in the reticulation." It is to be hoped that the citizens of Melbourne will demand that these vital questions concerning their water supply shall receive more logical treatment than they appear to have hitherto obtained.

## INDIA.

DR. CARTER, late principal of the Grant Medical College, having offered Rs.10,000 for the foundation of a lectureship in Physiology, Pathology, and Therapeutics, to be called the "Lord Reay Lectureship," the amount has been accepted.

MEDICAL AID FOR INDIAN WOMEN.—The *Indian Spectator* points out that the origin of the National Association for Providing Medical Aid for the Women of India was a touching message from the Maharani of Punnah to the Queen, who, says the journal referred to, was so affected by the appeal for lady doctors from England that Her Majesty made a personal request to the Countess of Dufferin to inaugurate such a movement in India, and to do all that one in her position could to relieve the sufferings of Indian women. The appeal of the Maharani of Punnah, and, more so, the motherly response made to it by the Queen-Empress, are worthy of the lasting gratitude of our people.

## MEDICO-PARLIAMENTARY.

## HOUSE OF COMMONS.—Thursday, April 18th.

*Brompton Cemetery.*—MR. JACKSON, in reply to a question from Dr. FARQUHARSON, said the Treasury was advised that it was not necessary on sanitary grounds to close Brompton Cemetery, and as there was a present income of £6,000 per annum derived from the cemetery, he was not prepared to advise that it should be closed on other grounds.

## Monday, April 21st.

*Deaths from Electric Currents.*—SIR M. HICKS-BEACH, in reply to Mr. JAMES, said the Board of Trade had received no official information as to the number of deaths from electric currents in the United States. He was, however, endeavouring to obtain the information, and should be happy to lay upon the table of the House any that he received.

*Tuberculous Meat.*—MR. LEES KNOWLES presented a petition from the master butchers of Lancashire, Yorkshire, and Durham urging that until inquiry had been made into the question whether tuberculosis in cattle rendered meat unfit for human food, no trader should be prosecuted for having on his premises a beast suffering from the disease, and that where confiscation was ordered in such cases compensation should be allowed.

PROFESSOR GEORGE LEWIN, of Berlin, one of the pioneers of laryngology, but in late years, perhaps, better known as one of the foremost authorities on syphilis in Germany, celebrated his 70th birthday on April 19th.

79 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 almost corresponded with the average.

#### HEALTH OF SCOTCH TOWNS.

In the eight principal Scotch towns, 924 births and 674 deaths were registered during the week ending Saturday, April 19th. The annual rate of mortality in these towns, which had declined from 28.7 to 22.8 per 1,000 in the nine preceding weeks, rose again to 26.0 during the week under notice, and exceeded by 5.1 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Greenock and Paisley, and the highest in Perth and Glasgow. The 674 deaths registered 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 1.6 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Glasgow, Aberdeen, and Leith. The 304 deaths registered in Glasgow included 21 from measles, 13 from whooping-cough, and 3 from scarlet fever. In Edinburgh, 8 fatal cases of measles and 6 of whooping-cough were recorded. Seven deaths from whooping-cough occurred in Aberdeen. The death-rate from diseases of the respiratory organs in these towns was equal to 6.0 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, April 12th, were equal to an annual rate of 26.8 per 1,000. The lowest rates were recorded in Lisburn and Armagh, and the highest in Belfast and Galway. The death-rate from the principal zymotic diseases averaged 2.2 per 1,000. The 166 deaths registered in Dublin during the week under notice were equal to an annual rate of 24.5 per 1,000 (against 25.9 and 26.6 in the two preceding weeks), the rate for the same period being 19.1 in London and 22.5 in Edinburgh. The 166 deaths in Dublin included 7 which resulted from the principal zymotic diseases (equal to an annual rate of 1.0 per 1,000), of which 3 were referred to whooping-cough and 2 to measles.

#### NOTIFICATION OF DISEASES (INFECTIOUS) ACT.

DR. E. J. asks: When any disease under the Act is notified to the medical officer of health, is the medical officer empowered to enter the sick room, and make any examination of the patient?

\*\*\* This question has been put to us very frequently of late. Our answer is that the medical officer of health, in his official capacity, has no right to medically examine a sick person without his consent, or that of his medical adviser.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### THE DIVISION OF LABOUR IN NURSING.

MR. WARRINGTON HAWARD, F.R.C.S., read an interesting paper on this subject at the monthly meeting of the British Nurses' Association, held last week; Mr. Andrew Clark in the chair. Mr. Haward said he thought they were agreed that the training of all nurses should up to a certain point be alike; but obstetric and some other nursing required special training. He did not consider it desirable to make a distinction between medical and surgical nurses. A nurse solely medical or solely surgical in her training would not be well equipped for either class of cases. As regarded the question whether there should be separate nurses for adults and children, he admitted that it required the addition of special mental qualities to the usual experience to make a good children's nurse, but did not consider it desirable to make a distinction of classes. Although all nurses who could manage adults were not suitable for children, yet all good children's nurses were equally good for adults. He thought that nurses employed in hospitals should not be available for private patients, the arduous work of hospitals being best endured when it was regularly and habitually carried on, with proper rest and recreation. As to night duty, theoretically it might seem best to have a separate set of nurses, but practically it would be impossible to obtain a satisfactory staff of night nurses, the interest of the work being so much less in the night than day. In the discussion which ensued, in which ladies who never had been nurses took a leading part, after the Chairman had expressed his entire concurrence in the opinions of Mr. Haward, Miss C. Wood (honorary secretary) said there was a great and growing danger, against which she protested, of hospital nursing work being sacrificed to the nursing of outside patients, and that the Association had firmly laid down the rule that no nurse should be sent out for private practice before she had had a thoroughly good all-round training. Mrs. Bedford Fenwick joined in the above protest, and also condemned the practice of hospitals and other charitable institutions making large profits out of the services of nurses, who ought, she contended, to receive better remuneration. Among the speakers were Miss Foggo-Thomson, Dr. Bedford Fenwick, Miss Knight, and Dr. Heywood Smith, who said

he thought occasional private nursing would help to complete the education of hospital nurses.

AN anonymous donor, whose attention was attracted to some sick children suffering from chronic diseases (as spinal cases, hip and knee-joint diseases), who had been sent home from one of the Birmingham hospitals to make room for more urgent cases, has given a sum of £1,000 to the Birmingham Children's Hospital, to be expended in maintaining a special cot, where such a case may be treated till completely cured.

QUEEN'S HOSPITAL, BIRMINGHAM.—The report presented at the recent annual meeting of this charity stated that the past year had been marked by exceptional financial prosperity, the income, after paying expenses, sufficing to clear off a long-standing deficit of £850. The number of beds was said to be wholly disproportionate to the number of persons applying for treatment; the number of out-patients exceeded those of the previous year by 4,637. Reference was made to the improved nursing accommodation which had been effected, the extension of the pathological department, and to the retirement of Sir James Sawyer from the post of senior physician after twenty-two years of valuable service. Mr. H. Davis, in comparing the Saturday and Sunday collections, pointed out that while the former had increased 275 per cent., the latter, representing the contributions of the upper and middle classes, had decreased 15 per cent.

COST OF THE NEW BIRMINGHAM WORKHOUSE INFIRMARY.—At the meeting of the Birmingham Board of Guardians on April 16th, a report was presented embodying the cost of building and furnishing the new infirmary, the whole expenditure amounting to £103,720. The original tender accepted for the building was for £59,850, but numerous changes and improvements were made during the course of erection, which brought up the cost of the building, on the loan account, to £73,548, accommodation being thus provided for 1,665 beds. The cost of maintenance per week for each patient amounts to 11s. 1d.

## UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.—The Council of the Senate have published a report, in which they withdraw their proposal of eighteen months ago for suspending during ten years the statutable augmentation of the College contribution to the University. They now recommend that relief should be extended only to those colleges which the Financial Board shall declare to be financially depressed, and that these may be allowed to supplement their university contribution by devoting one or more fellowships to university purposes. Thus a reader, lecturer, or other university officer may be elected to a fellowship, and his dividend may be reckoned as part of his university stipend. The compromise appears equitable, and is likely to meet with general approval.

MR. J. P. D'ALBUQUERQUE, B.A., Scholar in Natural Science of St. John's College, has been appointed Government Professor of Chemistry and Analyst at Barbadoes.

THE Boards for Physics and Chemistry and for Biology and Geology propose that, from and after 1892, candidates in Chemistry for the Natural Sciences Tripos, Part II, may present to the examiners notes of independent work carried out by them in the university or one of the college laboratories during one term before the examination, the genuineness of the record being duly attested. This is a new principle in tripos examinations, and will probably be much discussed.

UNIVERSITY OF DURHAM.—Faculty of Medicine. First Examination for the Degree of Bachelor in Medicine. The following have satisfied the Examiners:—

In *Elementary Anatomy and Physiology, Chemistry with Chemical Physics, and Botany with Medical Botany*.—J. Braithwaite, College of Medicine, Newcastle-upon-Tyne; F. H. Browne, College of Medicine, Newcastle-upon-Tyne; C. H. Bryant, College of Medicine, Newcastle-upon-Tyne; H. K. Gamlen, College of Medicine, Newcastle-upon-Tyne; W. E. Harker, College of Medicine, Newcastle-upon-Tyne; S. McCoul, College of Medicine, Newcastle-upon-Tyne; H. B. Morison, College of Medicine, Newcastle-upon-Tyne; A. Y. Richardson, College of Medicine, Newcastle-upon-Tyne; H. Smurthwaite, College of Medicine, Newcastle-upon-Tyne; A. E. Thompson, College of Medicine, Newcastle-upon-Tyne; O. Watson, College of Medicine, Newcastle-upon-Tyne.

*In Elementary Anatomy and Physiology.*—H. Crichton, College of Medicine, Newcastle-upon-Tyne; D. N. Jackson, College of Medicine, Newcastle-upon-Tyne; T. F. Keenan, College of Medicine, Newcastle-upon-Tyne; R. V. Lloyd-Williams, College of Medicine, Newcastle-upon-Tyne; B. F. J. Norman, College of Medicine, Newcastle-upon-Tyne; T. C. Visser, College of Medicine, Newcastle-upon-Tyne.

*In Chemistry with Chemical Physics, and Botany with Medical Botany.*—H. G. Best, Middlesex Hospital; A. G. R. Cameron, St. Mary's Hospital; J. Challice, London Hospital; W. A. Dow, St. Bartholomew's Hospital; F. W. Fullerton, St. Thomas's Hospital; C. Hanks, College of Medicine, Newcastle-upon-Tyne; F. S. Jones, London Hospital; B. H. Morris, College of Medicine, Newcastle-upon-Tyne; W. J. D. Preston, College of Medicine, Newcastle-upon-Tyne.

*In Chemistry with Chemical Physics.*—J. A. Hutton, M.R.C.S., L.R.C.P., Middlesex Hospital.

UNIVERSITY OF ST. ANDREWS.—The following gentlemen having passed the required Examinations, had the Degree of Doctor of Medicine conferred upon them on April 17th:—

D. Fennell, L.R.C.S.I., L.K.Q.C.P.I., F.R.C.S.Ed., London; J. Hall, L.R.C.P.Ed., L.R.C.S.Ed., Peel; W. A. Hepburn, L.S.A.Lond., F.F.P.S. Glasg., Cochoe; R. A. D. Lithgow, L.S.A.Lond., M.R.C.P.Ed., L.R.C.S. Ed., London; J. Martin, L.F.P.S.Glasg., L.S.A.Lond., L.R.C.P.Ed., F.R.C.S.Ed., Huddersfield; J. Simpson, L.R.C.P.Ed., F.R.C.S.Ed., Leith; C. J. Sutherland, L.R.C.P.Ed., L.F.P.S.Glasg., South Shields; J. B. Unwin, L.R.C.P.Ed., L.R.C.S.Ed., Rugby; C. Westbrook, L.S.A. Lond., L.K.Q.C.P.I., Retford; H. Wilson, M.R.C.S.Eng., L.S.A.Lond., Wavertree, Liverpool.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The quarterly Examinations for the Triple Qualification in Edinburgh took place in April, with the following results:—

*First Examination.*—Of forty-six candidates, the following thirty-three passed: H. Ashton, Oldham; R. Morris, County Cork; H. H. Isherwood, Preston; J. F. C. Hossack, London; R. H. F. Bestock, Leicestershire, A. Phillips, Coventry; C. A. Smith, Leeds; G. H. Johnston, Belper; A. A. Jeremiah, Penang; J. Sheppard, Fairview, Clontarf; H. Campbell, Newtowncrommelin; T. Dawson, Midlothian; J. M. Rendall, Torquay; A. Peebles, Falkirk; Susan Campbell, Greenock; H. A. Jones, County Cork; W. W. Hoare, County Cork; J. J. Gray, Dublin; J. Larwill, Sussex; J. G. R. Duggan, Edinburgh; R. L. Bolton, Leith; P. Terry, Cork; E. J. W. Waters, New Zealand; J. P. Conway, Cork; T. H. Lawrie, Edinburgh; G. E. Macleod, India; P. G. J. Kennedy, Ireland; F. J. Turnbull, Edinburgh; J. A. Meekie, County Armagh; W. Somerville, Cumberland; L. Roberts, London; A. J. A. Peters, Arbroath; and S. E. Rossiter, Cheltenham.

*Second Examination.*—Of forty-two candidates, the following thirty-one passed: C. A. Brough, Dorsetshire; S. W. Thompson, Manchester; A. S. Duke, Dublin; G. H. S. Hillyar, Plympton, Devon; F. F. Thorne, Kent; S. Wood, Rochdale; G. H. Peake, Madagascar; E. Hughes, Wales; A. C. F. Smith, Donegal; A. W. Robertson, Edinburgh; G. Foggin, Newcastle-upon-Tyne; F. W. Mason, Leicester; A. J. Millar, Newmans; E. W. F. Kirkman, Dublin; J. Fox, Tyrone; R. McColl, Ovington-upon-Tyne; C. R. Webster, York; S. E. Rossiter, Cheltenham; T. White, County Antrim; R. J. Bodkin, County Galway; Jane Marsh, Dorsetshire; Mary Helen Cumming, Wigtownshire; Margaret Kate Barclay, London; Mary Frances Sinclair, Perthshire; J. A. MacDonald, County Cork; T. L. Davies, Carmarthenshire; D. Ross, Lochinver; J. Goode, County Cork; L. C. Nash, Cork; Elizabeth Adelaide Baker, South Africa; and W. I. T. Baker, South Africa.

*Final Examination.*—Of sixty-eight candidates, the following thirty-two passed, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. & S.G.: A. H. Atkin, Birmingham; J. G. McCandlish, Leeds; J. Dale, Dumfries; T. Finney, Buxton; W. Pirie, Arbroath; S. J. T. Foott, Cork; P. H. Amner, Kew, London; H. G. Magrath, Cork; P. Johnson, London; Annie Wardlaw Jagannadham, South India; J. H. Hodson, Egoria, Russia; J. McC. Morrison, St. Andrews; T. S. MacMahon, Longford; D. J. Murphy, Cork; Louis Marie Antoine Enguerrand de La Roche Souvestre, Mauritius; J. Nesbitt, Ireland; R. FitzGerald, County Cork; G. F. Richards, County Durham; J. A. Phillips, County Dublin; M. A. Wilson, Bradford; G. Analdi, San Remo; G. G. Sinclair, Hamilton; R. M. Connolly, Templemore, County Tipperary; D. Mark, Belfast; J. Dunne, Killinardish, County Cork; S. B. Carlisle, County Down; R. A. Hollingsworth, Madras; J. F. Campbell, Ontario, Canada; G. F. Read, Tasmania; P. E. McElligott, Kerry; J. P. Walsh, Cork; and T. Callaghan, Cork.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—Fellowship Examination. The following gentlemen having passed the necessary examination, have been admitted by the President (Dr. Meldon) Fellows of the College:—

Mr. R. G. Patteson and Mr. W. C. T. Poole, Surgeons, Medical Staff.

## MEDICAL NEWS.

PROFESSOR THIERSCH, of Leipzig, has been chosen President of the next Congress of German Surgeons.

THE German Emperor has given 20,000 marks towards the erection of a new German hospital at Zanzibar.

INFLUENZA is said to have been prevalent in Tientsin for some time past, and half of the native population is reported to be suffering from the epidemic.

A NEW association for the promotion of medical science has, on the initiative of Dr. N. Russkikh, been founded at Ekaterinburg, in Asiatic Russia, under the title of "The Ural Medical Society."

THE anniversary festival of the Metropolitan Hospital will be held at the Hôtel Métropole, Northumberland Avenue, on Tuesday, May 6th; the Right Hon. the Earl of Derby, K.G., in the chair.

AT an examination held by the Sanitary Institute on April 17th and 18th, 120 candidates presented themselves for the certificate of competency as Inspectors of Nuisances, of whom 50 passed.

THE Duchess of Westminster will distribute the prizes won by candidates who have passed the examination in Hygiene, First Aid, and Home Nursing, on May 12th, at Grosvenor House.

WE are requested to state that Trinity University, Toronto, does not hold examinations in medicine in this country. For courses of study, regulations, etc., application should be made to the Registrar, Trinity University, Toronto.

THE Emperor of Russia has presented a gold snuffbox, ornamented with diamonds, and bearing the Imperial monogram, to Dr. Hermann, member of the Medical Council of St. Petersburg, and Chief Physician to the Obuchow Hospital.

A DENTAL Outpatients' Department in connection with the University of Vienna was opened on April 21st. It is hoped that the new institution, which is under the direction of Dr. Julius Scheff, is the first step towards the establishment of a fully-equipped school of dentistry in the Austrian capital.

A COMMITTEE, consisting of Professors Moleschott, Corradi, Cocconi, Guareschi, and Vitali, and Signori De Cesaris and Tacconis, Doctors of Pharmacy, which was charged some time ago with the revision of the Italian *Pharmacopœia*, has almost completed its task. The revision has occupied twelve years.

THE Belgian Government has issued a circular setting forth the dangers to the public health caused by burying dead bodies in coffins made of metal or hard wood. It recommends that only material which allows decomposition to take place as rapidly as possible should be used.

AT the ordinary meeting of the Council of the County Borough of Brighton on April 17th, Dr. Joseph Ewart, J.P., was elected an Alderman of the Borough. Dr. Ewart is Chairman of the Lighting Committee now engaged in introducing the electric light into Brighton under the orders and authority of the Corporation.

AT a recent meeting of the Liverpool Medical Institution the following resolution was adopted: "That in the opinion of this meeting it is desirable that the physicians, surgeons, and medical officers of all non-medical charitable institutions should receive some pecuniary recognition of their services."

SCHOOL BOARD SCHOOLS.—In the House of Commons on Monday, Mr. T. H. Bolton presented a petition from the Vestry of St. Pancras in favour of the appointment of a Royal Commission to inquire into the alleged irregularities as to the construction of buildings and the acquisition of sites by the London School Board.

DR. ANTONIO PARCHINI-BONFANTI, Director of the Rossi Casa di Salute at Milan, and one of the leading alienists in Italy, died recently. He gave much attention to hypnotism at a time when such studies were held in great contempt, and published an interesting work on the subject. He was offered the Chair of Forensic Medicine in the University of Pavia, but declined the honour.

THE *Wojenno Ssanitarnoje Djelo*, the only periodical devoted to military hygiene in Russia, has ceased to appear in consequence, as the editor, with the frankness of despair, informs all whom it may concern, of "the complete impossibility of continuing any longer to exist." It is hinted, however, that the defunct journal will shortly rise, like the phoenix from its ashes, in the form of a publication of similar character, but wider in scope, bearing the title of *Zeitschrift für allgemeine Hygiene*.

THE Supreme Sanitary Council of Vienna has recently published a report on saccharin, in which it is affirmed that no ill effect is produced on the human organism by that substance, and that it can be used as freely as ordinary groceries. The report states



that no single instance has been adduced in which saccharin could be proved to have done harm to any healthy person, and that even in the sick its use does not appear to be attended with any injurious consequences.

**HONOURS TO MEDICAL MEN IN RUSSIA.**—The Emperor of Russia has recently conferred the order of the White Eagle on Dr. E. Ettlinger, Physician Accoucheur in Ordinary to the Imperial family; the Wladimir Order (Second Class) on Dr. Meinhardt, Physician to the Minister of the Interior; the Order of St. Stanislaus (First Class) on Dr. Paschutin, President of the Medical Council; Dr. Reyher, Surgeon to the Empress Marie Hospital; and Dr. Hohlbeck, Chief Physician to the Marine Hospital at Cronstadt; and the Wladimir Order (Third Class) on Dr. Kwizinski, Chief Physician to the Marine Hospital, St. Petersburg.

**RUSSIAN LADY-DOCTORS IN ASIA.**—According to the *Vratch* (No. 12, 1890, p. 293), Mlle. Garinovskaia, who had established a dispensary for women and children at Samarkand in 1886, is practising very successfully amongst the native female population (Bokhara Jewesses, Lart, Kirgit, Persian, Arabian, and Afghan women). The institution was visited by 7,921 patients in 1886, while in 1889 the number rose to 8,505. A similar dispensary is conducted at Tashvent by Mlles. Poslavskaia, Mandelstaini, and Varshawzkaia; at Khodjent, by Mlle. Favitzkaia; at Kokand, by Mlle. Shishova; at Andidjan, by Mlle. Solnyshkina; and at Bokhara by Mlle. Breitmann.

**FALLS MEMORIAL FUND.**—Some friends of the late Dr. William Stewart Falls, of Bournemouth, are endeavouring to raise a memorial which shall take the form of the establishment of a free bed at the National Sanatorium at Bournemouth, with which institution Dr. Falls was connected as physician for over thirty years. About £530 has been already subscribed, but it is desirable to increase that amount, and there are doubtless many of Dr. Falls's friends who would be willing to subscribe when their attention is called to the subject. Donations may be sent to Mr. William Allis Smith, M.R.C.S., L.S.A., Ensburry House, Kinson, near Wimborne; to the Treasurers, Mr. C. J. Nixon, Addiscombe, Bournemouth, or to the Bankers, the Wilts and Dorset Bank, Bournemouth.

**THE MECHANICAL TREATMENT OF ERYSIPELAS.**—Wölfler has published eighteen additional cases of erysipelas treated by pressure of strongly adhesive plasters. After the plaster is applied the disease extends into the compressed parts of the skin, which swell considerably and remain swollen for several days, and then both the swelling and the fever diminish. He recommends that by way of precaution a second line should be compressed several centimètres distant from the first. The part must be carefully inspected once or twice daily in order to detect any loosening of the plaster. Occasionally the erysipelatous inflammation extends in diminished intensity for a short distance beyond the first line of plaster, but this does not last long.

**DEVON AND EXETER MEDICO-CHIRURGICAL SOCIETY.**—A meeting of this Society was held at the Devon and Exeter Hospital, on April 18th, Mr. James Somer, M.R.C.S., occupying the chair. Dr. Scanlan read a paper on Natal as a Health Resort. Mr. J. D. Harris described a case of Labio-glosso-Pharyngeal Paralysis in an old man; the symptoms were marked, but the patient ultimately recovered. Mr. John Mortimer presented a communication on an Anomalous Skin Affection. Dr. Arthur G. Blomfield, the honorary secretary, related an interesting case of Gastric Ulcer, which ruptured into the left pleura; the case, however, ended in recovery. The meeting was highly successful, all the papers being of exceptional interest, and the discussions to which they gave rise being well sustained.

**PRESENTATIONS.**—Dr. J. W. B. Pogson, Resident Medical Officer of the County Hospital, Durham, has been presented with a handsome silver-mounted stick by the members of the Durham Branch of the St. John Ambulance Association.—A handsome timepiece, bearing a suitable inscription, has been presented to Mr. Edward Skinner on his retiring from the post of Surgeon to the Order of Druids, Sheffield.—Dr. Ben Hall, who is resigning his post of superintendent of the Brook Asylum, Liverpool, was recently presented, by Dr. Pitts, on behalf of a few friends, with a large case of surgical instruments. A handsome and massive spirit stand and silver cake basket were presented to him by members of the staff, past and present.—Mr. Arthur Wellesley Harris, the newly-appointed medical officer of health to the Southampton Corporation, was presented last week by the staff of the Highgate In-

firmary (Holborn Union) with a scalloped-shell electro-silver basket case, mounted in a gilt frame, and a Tantalus liqueur electro-plated stand, as a souvenir of the affection and esteem in which he is held by those whom he was associated. Dr. Harris held the position of assistant medical officer to the Highgate Infirmary for the last three years. Dr. McLaren, resident medical superintendent, made the presentation, which was feelingly acknowledged by Dr. Harris.

**PRIZE ESSAYS.**—The French Anti-Tobacco Society offers prizes for the best essays on the following subjects: 1. The influence of tobacco and nicotine on the digestion. The prize will consist of a medal with books to the value of £8. 2. A prize of £16 is offered by M. Decroix for the largest record of cases in which affections have been cured by giving up tobacco in obedience to hypnotic suggestion. The patient's age, the length of time he had used tobacco, and the quantity consumed daily, together with the symptoms presented, and the total number of "suggestions" required to effect a cure, must in all cases be stated. The essays may be written in French, German, Italian, or Spanish. Further particulars may be obtained on application to the Secretary of the Society, 38, Rue Jacob, Paris.

**FOREIGN STUDENTS IN GERMAN UNIVERSITIES.**—The total number of students matriculated in the German universities during the past winter session was 29,007, of whom 1,930, or 6.6 per cent., were foreigners; of these 1,384 were Europeans, while 436 came from America, 90 from Asia (mostly Japanese), 11 from Africa, and 9 from Australia. Of the Europeans 331 came from Russia, 293 from Austria Hungary, 255 from Switzerland, 177 from Great Britain, 49 from Greece, 44 from Turkey, 42 from the Netherlands, 37 from France, 34 from Luxembourg, 33 from Roumania, 31 from Bulgaria, 29 from Sweden and Norway, 27 from Italy, 27 from Serbia, 26 from Belgium, 5 from Denmark, 2 from Spain, 1 from Portugal, and 1 from the Principality of Lichtenstein.

**FILTRATION OF WATER.**—The good people of Lyons were till lately happy in the belief that their water supply was of exceptional purity. They have been rudely awakened from this dream of bliss by a report which has just been presented to the Académie des Sciences, by MM. Lortet and Despeignes. A bacteriological examination published in 1886 showed that while the water in the river itself contained 51,100, that in the filtering beds contained only 7,000 germs per litre. It has recently been found, however, that there is a deposit in the Chamberland filter fixed in the main, which "swarms with bacteria of different kinds." Cultures and inoculations in guinea pigs have shown that this deposit is highly infective, most of the animals which formed the subjects of experiment having died with lesions of various kinds.

**PROPHYLAXIS OF PHTHISIS ON FRENCH RAILWAYS.**—In view of the large number of phthisical patients using the *wagon-lits* on the French railways on their way to the South, it is proposed to adopt measures for the thorough disinfection of the bedclothes, etc. The velvet cushions and silk hangings are to be done away with, and the seats are to be covered with smooth leather, so that they can easily be washed. Carpets are to be replaced by rugs, which can be shaken in the open air after each journey. The bedclothes are to be subjected to the action of heat in vapour stoves, and the mattresses are to be covered with impermeable silk or gutta percha tissue, so that they can be readily cleaned. The invalids will travel in separate compartments, and each of them will be provided with a spittoon, which can be emptied outside the carriage.

**THE "LADY DOCTOR" QUESTION IN GERMANY.**—A petition was lately presented to the Medical Assembly of the Grand Duchy of Baden by the German Women's Association of Leipzig, praying that women might be admitted to study medicine. The Assembly passed a resolution declining to take any step in the matter, on the ground that women are unfit for the learned professions, and especially for that of medicine, and, moreover, that the latter is already overcrowded. Herr Arnsberger, the Ministerial Councillor representing the Government, said the question was not yet ripe for solution. He also pointed out that the matter was one for the decision of the Imperial authorities, not for that of the individual States. A similar petition has recently been presented by the same Association to the Weimar Landtag, in which the ladies ask to be admitted to the University of Jena, not only to study medicine, but with the view of qualifying for appointments as scientific teachers.

**A CENTENARIAN INVETERATE SMOKER.**—Mr. Hay, who died in Boston recently at the age of 100 years and 2 months, is said by the *Boston Medical Journal* to have been "an inveterate smoker." If he was a smoker at all he was evidently an inveterate one, but he really appears to have smoked much as well as long.

**CYST OF THE TRANSVERSE MESO-COLON.**—Dr. Czempin exhibited, at a meeting of the Berlin Obstetrical and Gynaecological Society in February, a large cyst of the mesentery. The patient, a woman, aged 41, suffered from a complication of maladies. She came under treatment for bleeding fibroid. On examination, four tumours could be felt, one evidently a myoma, two clearly springing from the appendages, and the fourth, which lay above the uterine tumour, was not connected with the others, nor with the internal genitals, as far as could be made out. The fourth tumour appeared to have grown very rapidly, and, as it increased when under observation, an operation was performed sooner than originally intended. A cyst was found between the layers of the transverse meso-colon, whence it was enucleated. The capsule was cut away close up to the colon, and the aperture closed by a purse-string suture. Both ovaries were removed; one formed a small dermoid tumour. The patient made an uninterrupted recovery, the temperature, according to the report, remaining normal throughout. The opening of the bowels was unattended with any trouble.

**HEREDITARY INFANTILE SPASTIC PARAPLEGIA.**—In two former volumes of the *St. Bartholomew's Hospital Reports* Dr. Gee has recorded cases of spastic paraplegia apparently of congenital origin. In the volume recently issued he has published an instance where the disease seemed to be inherited. A brother and sister, aged 11 and 12 respectively, were evidently the subjects of the disease. There was the usual history of their never having been able to walk properly, and in the case of the girl before she began to walk the legs were crossed; in both the legs were slightly bent at the knees, and the thighs were adducted; the knee-jerks were active, but there was no ankle-clonus. In both there was some tendency for the hands to be affected, as shown by a cramped position of the hand and adduction of the thumbs, more marked in the boy than the girl; the muscles acted well to faradism. Their father, aged 37, had never been able to walk properly; he was unable to walk without crutches, and his legs were crossed in walking; his thighs were adducted, and the thigh muscles well developed; the knee-jerks were very active. The muscles of his arms were well developed, the deltoids especially so, but there was marked wasting of the muscles of the thenar and hypothenar eminences and of the interossei in both hands. All the muscles acted well to faradism, but the wasted muscles would not respond to the strongest galvanic current. There was no history of syphilis. As a further evidence of inherited nervous taint it may be mentioned that a sister of his mother was said to have been completely paralysed during her whole life, and that two of his cousins on his mother's side were deaf-mutes, and one was born without any fingers.

**SOCIETY OF APOTHECARIES OF LONDON.**—April, 1890. Pass-list. The following passed the First Examination in Chemistry, Materia Medica, Botany, and Pharmacy:

Fowler, W., Durham University Woodhouse, J. T., Liverpool

The following passed the Second Examination in Anatomy and Physiology:

Christie, F., St. Thomas's Hospital  
Hayes, C. L., Sheffield  
Mackin, P., New Zealand and Glasgow Universities  
Mossman, F. V. H., Galway, Sheffield, and Manchester  
Pratt, W. W., Charing Cross Hospital  
Rider, F. K., Leeds, Yorkshire College  
Roberts, R. E., Liverpool, University College

Schilling, G., St. Thomas's Hospital  
Taylor, H. N. A., Cambridge University  
Williams, R. B., St. Thomas's Hospital  
Williams, S. B., St. Mary's Hospital  
Winslow, P. Forbes, Charing Cross Hospital

**Physiology only:**

Fowler, W., Durham University  
Hargreaves, F. G., London Hospital  
Lewis, F. B., London Hospital  
Pollard, J. E. L., Belfast and Charing Cross Hospital

Power, P., Cork and Royal College of Surgeons, Edinburgh

The following passed the Examination in Surgery:

Cohen, J., Charing Cross Hospital  
De Groot, S. H. R. Van R., King's College Hospital  
Morton, A., Glasgow University  
Page, E. F., Queen's College, Birmingham  
Pennell, T. L., University College  
Sanders, H., Charing Cross Hospital  
Spurr, J., St. Mary's Hospital  
Symes, W. L., St. Mary's Hospital  
Trenow, N. A. A., St. George's Hospital  
Wilson, J. G., London Hospital

The following passed the Examination in Medicine, Forensic Medicine, and Midwifery:

Atkins, S. E., St. Bartholomew's Hospital  
Colmer, P. A., London Hospital  
Colton, F. S., University College Hospital  
Hawley, A., Queen's College, Birmingham  
Hook, W., Westminster Hospital  
Morton, A., Glasgow University  
Page, E. F., Queen's College, Birmingham  
Pennell, T. L., University College

**Forensic Medicine:**

Fairfax, H., Charing Cross Hospital

**Midwifery:**

Coopland, H. C., St. Bartholomew's Hospital  
Cresswell, A. H., London Hospital  
Fuller, J. R., St. Mary's Hospital

The following received the Diploma of the Society, qualifying for registration:

Messrs. Colmer, Hawley, Morton, Page, Pennell, and Symes.

## MEDICAL VACANCIES.

The following Vacancies are announced:

**BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.**—A vacancy exists in the Honorary Acting Out-patient Staff. Applications to the Honorary Secretary, Mr. Russell Jolly, 43, Waterloo Street, Birmingham, by April 28th.

**BOLTON INFIRMARY AND DISPENSARY.**—Junior House-Surgeon. Double qualification. Salary £100 per annum (increasing to £150 by £10 annually) with furnished apartments, board, and attendance. Applications to be addressed to Mr. Kevan, Honorary Secretary, 12, Acresfield, Bolton, by April 28th.

**CARRICKMACROSS UNION.**—Medical Officer for the Workhouse, at a salary of £40 per annum. Applications to Mr. Bernard McCaul, Clerk of Union. Election on April 29th.

**COUNTY MAYO INFIRMARY.**—Resident Apothecary. Salary, £50 per annum, with apartments and rations. Applications to Surgeon Knott, Infirmary House, Castlebar. Election on May 3rd.

**EAST LONDON HOSPITAL FOR CHILDREN,** Shadwell, E.—House-Physician. Board and lodging; no salary. Applications to Ashton Warner, Secretary, by May 1st.

**EDINBURGH CITY POORHOUSE.**—Medical Officer (Resident). Salary, £80 per annum. Applications to G. Greig, Inspector, 2, Forrest Road, Edinburgh, by May 1st.

**HARROW LOCAL BOARD.**—Medical Officer of Health. Salary, £50 per annum. Applications, marked "Medical Officer," to be sent to the Clerk, R. E. H. Fisher, by May 13th.

**LANCASTER COUNTY ASYLUM,** Whittingham.—Experienced Pathologist. Salary, £200 per annum, with board, lodging, washing, and attendance. Applications to Dr. Wallis, the Medical Superintendent.

**METROPOLITAN HOSPITAL,** Kingsland Road, E.—Assistant Physician; Fellow or Member of the Royal College of Physicians, London. Applications to C. H. Byers, Secretary, by April 28th.

**METROPOLITAN HOSPITAL,** Kingsland Road, E.—Physician; Fellow or Member of the Royal College of Physicians, London. Applications to C. H. Byers, Secretary, by April 28th.

**OSWALDTWISTLE URBAN SANITARY AUTHORITY.**—Medical Officer of Health for the District of Oswaldtwistle. Salary, £60 per annum. Appointment for three years. Applications to Wm. Sandeman, Clerk, by May 1st.

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

**PAROCHIAL BOARD OF KIRKPATRICK,** Durham.—Resident Medical Officer. Salary £20 per annum, exclusive of the cost of medicine. Applications to the Inspector of Poor, Parochial Board Office, Kirkpatrick, Durham, Dalbeattie, by April 30th.

**PAROCHIAL BOARDS OF STRATHDON AND GLENBUCKET,** Aberdeenshire.—Medical Officer. Salary, £65 per annum. Applications to be made to the Chairman of the Boards.

**PONTEFRAC T GENERAL DISPENSARY.**—Resident Medical Officer. Double qualification. Salary, £130 per annum, with furnished rooms, fire, lights, and attendance. Applications to T. W. Tew, Honorary Secretary, by April 30th.

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

**SOUTH DEVON AND EAST CORNWALL HOSPITAL,** Plymouth.—Three Honorary Assistant Surgeons. Double qualifications. Applications to the Honorary Secretary by May 12th.

**SWANSEA HOSPITAL.**—Resident Medical Officer. Salary, £100 per annum, with board, furnished apartments, coals, gas, attendance, etc. Applications to the Secretary, Jno. W. Morris, by May 15th.

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

**WESTERN GENERAL DISPENSARY,** Marylebone Road, N.W.—Junior House-Surgeon; fully qualified. Salary, £50 per annum, with board and residence. Applications to the Honorary Secretary at the Institution by April 28th.

**WESTERN MEDICAL SCHOOL,** Glasgow.—Lecturer on Surgery. A fellow ship qualification in surgery necessary. Applications to J. N. Morton, Secretary, 62, Vincent Street, Glasgow.

**WEST LONDON HOSPITAL**, Hammersmith Road, W.—House-Physician. Appointment tenable May 12th to September 30th. Eligible for election to the office of House-Surgeon for six months from October. Board and lodging. Applications by May 8th to R. J. Gilbert, Secretary Superintendent.

**YORK DISPENSARY**.—Resident Medical Officer. Salary, £130 per annum, with furnished apartments, coals, and gas. Unmarried. Applications to S. W. North, Esq., 84, Micklegate, York, by May 6th.

### MEDICAL APPOINTMENTS.

**ANDERSON, A. R.**, F.R.C.S.Eng., L.S.A., Nottingham, appointed Certifying Factory Surgeon, *vice* Mr. Massey, resigned.

**BARR, C.**, appointed Medical Officer and Vaccination Officer for the Wentworth District of the Rotherham Union, *vice* W. Clarke, M.D.

**BERRY, E.**, L.K.Q.C.P.I., L.M., L.F.P.S.Glasg., reappointed Medical Officer of Health to the Leyland Urban Sanitary Authority.

**BROOKS, Chas.**, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Surgeon to the South Devon and Cornwall Hospital, Plymouth.

**BULLOCK, Roger**, M.R.C.S., L.S.A., appointed Medical Officer to the Warwick Union Workhouse, *vice* J. S. Baly, M.R.C.S., L.S.A., deceased.

**BULMAN, Frank, B.A.**, M.B., B.S.Durh., appointed House-Surgeon and Secretary to the King's Lynn Hospital, *vice* B. G. Sumpter, M.B., M.R.C.S.

**CAMPBELL, Dr.**, reappointed Medical Officer of Health for the Port of Gloucester.

**CARMICHAEL, D.**, M.B., appointed Medical Officer to Durness, Sutherlandshire, *vice* Dr. A. F. McKenzie.

**CARPENTER, E. G.**, M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the East Suffolk and Ipswich Hospital, *vice* A. E. Hewer, B.A., M.B., M.R.C.S., L.R.C.P., appointed Senior.

**CHAMBERS, A. B.**, M.D. Roy. Univ. Irel., M.Ch., L.M., reappointed Medical Officer of Health to the Long Eaton Urban Sanitary District.

**DAVIES, D. S.**, M.B.Lond., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Bristol Port Sanitary Authority.

**DELAHUNT, William P.**, L.K.Q.C.P., L.R.C.S.I., appointed Medical Officer to the Hampstead Provident Dispensary, *vice* William Brattery, L.R.C.P. Lond.

**EVANS, W. H.**, L.R.C.P., L.M.Edin., M.R.C.S.Eng., appointed Medical Officer for Colyton and Shute, Axminster Union, *vice* Dr. Frank Pearse, resigned.

**GALLOWAY, W.**, L.R.C.P.Edin., L.M., L.R.C.S.Edin., reappointed Medical Officer for the Birtley District of the Chester-le Street Union.

**GORDON, J.**, M.A., M.B., B.Ch.Oxon., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Oxford Eye Hospital, *vice* A. E. Joscelyne.

**GRIFFITHS, Alfred**, M.B., C.M.Edin., appointed Second Assistant Medical Officer to the Kent County Asylum, Barming Heath, Maidstone, *vice* David Welsh, M.D.Edin.

**HARRIS, H. E.**, L.D.R.C.S., appointed Dental Surgeon to the West End Hospital for Diseases of the Nervous System.

**HAYWARD, T. E.**, M.B.Lond., F.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Haydock Urban Sanitary District.

**HEAVEN, J. C.**, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Assistant Medical Officer of Health to the Bristol Port Sanitary Authority.

**HIGGINS, Wm.**, B.A.Oxon., M.R.C.S., L.R.C.P.Lond., appointed Assistant House-Surgeon to the Glamorgan and Monmouthshire Infirmary, Cardiff.

**HODGKINSON, Alex.**, M.B., C.M., appointed Lecturer on Diseases of the Larynx to Owens College, Manchester (new appointment).

**HYATT, J. T.**, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Shepton Mallet Rural Sanitary Authority.

**JOHNSTON, Alex.**, M.B.Glasg. and C.M., appointed Parochial Medical Officer and Vaccinator for the parish of Methven, *vice* Dr. Valentine, resigned.

**MCARDLE, Francis James**, L.K.Q.C.P.I., appointed Medical Officer to the St. Nicholas District of the Durham Union, *vice* William Boyd, M.R.C.S., L.S.A., retired.

**MCPHERSON, A.**, M.D.Aberd., C.M., reappointed Medical Officer of Health to the Haslingden Urban Sanitary Authority.

**MACPHERSON, J. W.**, Campbell, appointed Fourth Assistant Medical Officer and Pathologist at Wadsley Asylum.

**MORGAN, M. J.**, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., appointed House-Surgeon and Secretary to the Aberystwith Infirmary, *vice* J. J. Rowland, L.R.C.P.Lond., M.R.C.S., L.S.A.

**NORMAN, Dr.**, appointed Medical Officer for the Wendron District of the Helston Union, *vice* Mr. Robinson.

**OGLE, John Gilbert**, M.A., L.R.C.P.Lond., B.M., M.R.C.S.Eng., B.S.Oxon., appointed House-Physician to the Radcliffe Infirmary, Oxford, *vice* Dr. Rice.

**ROWLEY, C. O.**, M.R.C.S., L.S.A., reappointed Medical Officer for the No. 2 District of the Barnsley Union.

**SELBY, Prideaux**, L.R.C.P., M.R.C.S., appointed Medical Officer and Public Vaccinator for the 4th District of the Faversham Union, *vice* Dr. Phelps, resigned.

**SIBLEY, Walter K.**, M.B., B.C., B.A.Cantab., appointed Physician to the St. George's and St. James's Dispensary, *vice* Dr. J. E. Squire, resigned.

**SMYTH, Wm. Johnson**, M.B., C.M.Edin., appointed Senior Assistant Medical Officer to the Kent County Asylum, Barming Heath, Maidstone, *vice* D. J. Jones, M.D.Edin.

**SMYTH, W.**, M.B., C.M.Edin., elected House-Surgeon to the Infirmary, Alnwick, *vice* Dr. Duncan, resigned.

**SPEECHLY, H. M.**, M.R.C.S., L.R.C.P., appointed Receiving Room Officer at the London Hospital.

**TANNER, C. E.**, M.D., F.R.C.S.Eng., appointed Medical Officer to the Workhouse and North and Seale Districts of the Farnham Union.

**TAYLOR, John W.**, F.R.C.S.Eng., appointed Honorary Consulting Gynaecological Surgeon to the Birmingham and Midland Skin and Lock Hospital.

**THOMAS, J. W.**, reappointed Public Analyst to the Borough of Cardiff.

**TODD, Frederick**, M.R.C.S., L.D.S.Eng., appointed Dental Surgeon to King Edward's School, St. George's Road, Lambeth, S.E.

**VINCENT, H. B.**, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the East Dereham Urban Sanitary Authority.

**WHITE, Ernest William**, M.B.Lond., M.R.C.P.Lond., Resident Physician and Superintendent City of London Lunatic Asylum, appointed Professor of Psychological Medicine at King's College, London.

**WHITE, Walter**, L.R.C.P., L.M., L.R.C.S.Edin., reappointed Medical Officer to the Darton District of the Barnsley Union.

**WILLIAMS, H. Lloyd**, M.R.C.S., L.D.S., appointed Dental Surgeon to the West London Hospital.

**WILLS, Charles**, M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Mansfield Urban Sanitary Authority, in conjunction with the Worksop and Southwell Rural Districts, for one year.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**MEDICAL SOCIETY OF LONDON**, 8.30 P.M.—Sir William Stokes on Pylorectomy, illustrated with diagrams.

#### TUESDAY.

**MEDICAL OFFICERS OF SCHOOLS ASSOCIATION**, 11, Chandos Street, 3.30 P.M.—Discussion on Influenza opened by Dr. E. Symes Thompson.

#### WEDNESDAY.

**HOSPITALS ASSOCIATION**, St. Thomas's Hospital, 8 P.M.—Mr. Thomas Ryan: On London's New Street Ambulance Service.

#### THURSDAY.

**HARVEIAN SOCIETY OF LONDON**, 8.30 P.M.—Dr. Alderson: A Case of Placenta Previa, with remarks. Dr. Montague Handfield-Jones: Uterine Haemorrhage after the Menopause not dependent upon Malignant Growths.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM**, 8.30 P.M.—Patients and card specimens at 8 P.M. Mr. Stanford Morton: Superficial Keratitis. Mr. Tatham Thompson: 1. Cystic Detachment of Retina. 2. Rupture of Choroid. 3. Depressed Fracture of Orbital Roof. Mr. Lawford: Optic Nerve Atrophy in Smokers. Mr. Benson (Dublin): Fibroma of Cornea. Mr. McHardy: On the Artificial Maturation of Immature Senile Cataract by Trituration. Mr. Simeon Snell: On Artificial Ripening of Immature Cataract. Mr. Brailey: 1. Gouty Cyclitis; 2. Microphthalmos with Glaucoma.

#### FRIDAY.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY**, Board Room, West London Hospital, 8 P.M.—Mr. H. P. Dunn: Pathological Specimens. Mr. R. W. Lloyd: An entire Membranous Cast from a Uterus. Papers, 8.30.—Dr. Colcott Fox: The Urticaria of Infancy and Childhood. Some illustrative cases will be shown. Dr. Scanes Spicer: What can be expected from Local Treatment in Hay Fever and Paroxysmal Sneezing. Dr. Eccles: Paroxysmal Hurry of the Heart associated with Floating Kidney.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in Post Office Order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in current issue.*

#### MARRIAGES.

**BAILY—JOHNSTONE**.—On the 15th inst., at St. Andrew's Episcopal Church, Calander, by the Rev. T. W. Hunter, M.A. Incumbent, Edwin Baily, M.B., Oban, to Annie Eleanor, only daughter of the late Robert Gordon Hope-Johnstone.

**BURKE—TROUTON**.—April 17th, at the Church of St. Mary the Virgin, Little Birch, Herefordshire, by the Rev. T. J. Burke, Rector of Babcary, Somerset, father of the bridegroom, assisted by the Rev. H. Marriott-Dodding, B.A., Vicar of Little Birch, William H. Burke, B.A., M.B., Surgeon H.M. Indian Medical Service, to Edith Louisa, youngest daughter of the late Thomas Trouton, Esq., of Clouskeagh, Co. Dublin.

**GRAHAM—BALFOUR**.—At Leven Bank, Leven, Fife, on the 24th instant, by the Rev. Manners Hamilton Nisbet Graham, minister of Maxton, Roxburghshire (father of the bridegroom), assisted by the Rev. Charles Durward, B.D., minister of Scoonie, Robert Balfour Graham, F.R.C.S., L.R.C.P., etc. Edin., Seaview House, Leven, grandson of the late Rev. Robt. Balfour Graham, D.D., minister of North Berwick, to Ella, daughter of Henry T. Balfour, late of East Barnet, Herts.

**RICE—BECKTON**.—On the 15th inst., at the Parish Church, West Coker, by the Rev. A. C. Beckton, M.A., brother of the bride, assisted by the Rector, by the Rev. W. L. Cotter, M.A., stepfather of the bride, Edward Rice, M.D. (Lond.), 38, Banbury Road, Oxford, eldest son of the late Bernard Rice, M.B. (Lond.), of Stratford-on-Avon, to Amelia Curtis, eldest daughter of the late Joseph Beckton, of Didsbury, Manchester.

**RICHARDS—CLARKE**.—On April 16th, at the Parish Church, Richmond, Surrey, by the Rev. F. W. Clarke, M.A. (brother of the bride), assisted by the Rev. Canon Procter, M.A., Vicar, George Oliver Richards, M.R.C.S., L.D.S.Eng., elder son of the late John Richards, of Exeter, to Ada Catherine, fourth daughter of Thomas Meadows Clarke, of Onslow House, The Green, Richmond, Surrey.

#### DEATH.

**FAWCETT**.—On April 22nd, at 3, Scroope Terrace, Cambridge, Rowland Morris Fawcett, M.D. (Edin.), J.P., D.L., in his 87th 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.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; 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., Tu. W. F. S., 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 ORTHOPEDIC.** *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 ORTHOPEDIC.** *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; Electrotherapeutics, 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, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

### QUERIES.

BAHAMA will be glad to know where he can best procure a good second-hand surgical dressing case to send out to a missionary clergyman in the Bahamas.

PROVINCIAL asks for the formula for artificial Kissingen salt.

### ANSWERS.

SURGEON-MAJOR W. FINLAY, M.S., writes: I should be much obliged for any information regarding the examination for the diploma for midwives of the Obstetrical Society of London.

\*\* Apply by letter to the Librarian, Obstetrical Society of London, 20, Hanover Square, London, W.

W. W. F. asks if there is an asylum anywhere in England where a female, aged 20 years, the daughter of a tradesman, suffering from chronic epilepsy with delusions, would be received at a charge of about £25 per annum.

\*\* Our correspondent might apply to the Medical Superintendent, St. Andrew's Hospital, Northampton.

DR. HENRY B. BAILEY (Grantham) asks: How far from a thoroughfare or private dwelling can the sanitary authorities be compelled to erect a hospital for infectious cases?

\*\* This question cannot be definitely answered unless it is stated whether the hospital is intended for small-pox. Scarlet fever or enteric fever hospitals are required to be at a distance of 40 yards from dwellings, but in the case of hospitals intended for the reception of small-pox a much greater distance is required.

M.D.—We are not inclined to believe that any "eminent physician" could have stated that a middle-aged woman addicted to alcoholic excess for twenty years was absolutely incurable, unless she should happen to take a "religious craze." Such cases have been cured with and without the operation of such influences.

OLD SUBSCRIBER.—For the class of cases in question Carlsbad is considered to be the best organised and most effective. The course of cure is usually about three weeks. Neither Carlsbad nor Vichy is very expensive. About ten shillings a day will cover the cost of moderate living. Carlsbad is more agreeable as well as the more effective.

### MANAGEMENT OF HORSES.

DR. A. T. BRAND (Driffield) writes: In reply to "M.D.'s" query about a manual on the horse in health and disease, he cannot do better than purchase Lieut.-General Sir F. Fitzwygram's book *Horses and Stables*, which is a most admirable work. It is published by Longman, and is phenomenally cheap.

MR. GEO. WILLETT (Keynsham) writes: "M.D." would find *The Simple Ailments of Horses, their Nature and Treatment*, by W. F., published by Cassell and Co., a very handy manual.

### F.R.C.S. ENG. EXAMINATION.

WE are requested to point out that Mr. F. J. Gant's *Science and Practice of Surgery* contains special chapters on surgical anatomy.

### FILLING CAPILLARY TUBES WITH VACCINE LYMPH.

DR. WALTER LATTEY (Southam) writes in reply to "M. B. M. Association:" For opening the vesicles I find it convenient to use the instrument with which I vaccinate, made from an ordinary cedar penholder, into each end of which a cut is made with a fine fretwork saw. Three common sewing needles are placed in one end, and an ivory vaccine point in the other, and both are secured by binding with silver suture wire. Holding the instrument nearly

parallel with the surface of the arm, one of the needles is carefully inserted into the vesicle and pushed along its whole length, keeping the point well up under the upper surface; after repeating this several times, the end of a capillary tube is placed in the little drops of lymph which have exuded, the fluid flowing into the tube of its own accord by capillary attraction. When the flow is insufficient, it may be advisable to drop a little pure water on to the vesicles, which can be done from a tube of large calibre. There is much difference in the size of the tubes; some are very fine indeed, and it is very difficult to get the lymph out of them again. Some of the larger ones may be conveniently used when it is not required to store for more than a day or two, and I sometimes take up a little pure water in them before applying to the vesicles; and on account of their size they need not be filled for more than an inch or so.

When I take lymph to store for some months, I select medium-sized tubes, and fill them about one-half with undiluted lymph. Having filled a tube to the required extent, it is to be shaken until the lymph becomes centrally placed; the ends are then placed in the outside of a flame until the glass melts sufficiently to seal the tube completely. It has been recommended to draw the tube along the flame, with the idea of getting rid of the air, but I have found this destroy the vitality of the lymph, either by overheating or by causing some of the products of combustion to enter.

### NOTES, LETTERS, ETC.

#### THE FASTING MAN.

Mr. G. N. ROBINS, M.R.C.S. Eng., L.R.C.P. Edin. (Westminster) writes: At the commencement of the fifth week of his task, Signor Succo showed some signs of weakness, being very easily exhausted, rather irritable, sleeping badly, and having a lower temperature than hitherto, but as this condition has passed off, and he is now, though weak, not exhibiting any symptoms of actual exhaustion, I think it may have been due to anxiety consequent upon passing the limit of his previous fasts, none of which have exceeded thirty days. At the time of writing, he is in better spirits than he has been at any time during the past three weeks.

*Daily Record of Succo's Condition during Fifth Week of his 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 Brunnin (fluid ounces).	Hunyadi Janos (purgative) (fl. oz.).	Sleep (hours).
Aprl. 15th, noon	29	64	97.4°	18	97 12	46	1450	13	136.5	17	6	—	*
„ 16th „	30	58	96.8°	20	97 6	46	1450	13½	150.8	12	12	—	3½
„ 17th „	31	60	97.0°	16	97 2	46	1460	11	144.1	16	6	—	5½
„ 18th „	32	62	97.0°	19	96 9	46	1450	11	158.5	10½	11	—	5½
„ 19th „	33	64	97.3°	20	96 6	45	1450	12	157.2	15	11	—	2
„ 20th „	34	62	97.8°	21	95 15	48	1500	14½	158.8	15	3	5	5½
„ 21st „	35	52	97.4°	19	95 5	47	1500	10½	130.6	15½	10	—	7½

\* Restless.

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

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### BOOKS, ETC., RECEIVED.

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Guy's Hospital Reports. Edited by N. Davies-Colley, M.A., and W. Hale White, M.D. Vol. xlv. London; J. and A. Churchill. 1890.  
Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1889. Washington: Government Printing Office. 1889.

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