

is not at first sight, however, so easy to understand, as may be seen from Figs. I and II; but a careful study shows that

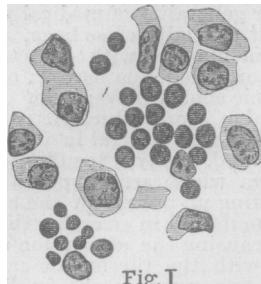


Fig. I.



Fig. II.

Fig. I.—A group of so-called fuchsin bodies among healthy cells. Fig. II.—A smaller group of the same showing their relation to the cells in which they have been deposited.

epithelial cells which are found in or near cell nests, or in which the cell is modified after that of those found in the cornified layer take on a different form of change. In this case it is the cell as a whole which degenerates, and as a result of this we may find, by examination with a low power, very numerous instances of cells which are stained much more deeply than those around. As the change progresses here, we find that a sort of shrivelling takes place, so that the normal outline of the cell is lost, and a mass of hyaline material is left. This mass at a later period breaks up into smaller masses, and these subsequently undergo a sort of slow liquefaction preparatory to their removal from the tissue; and

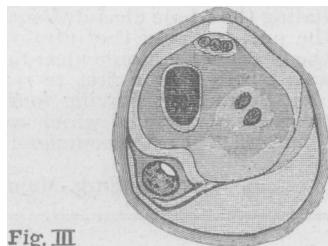


Fig. III.

Fig. III.—A mass of epithelium which has undergone hyaline change; nuclei may be seen, one healthy, while the others are in different stages of change.

during this process they give rise, by their breaking up, to groups of brightly stained bodies, almost, if not absolutely, spherical.

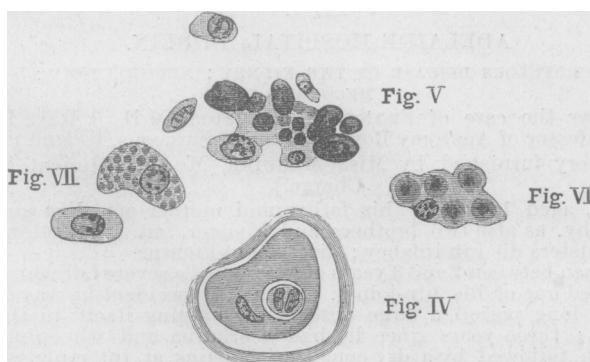


Fig. IV.—Epithelial cell becoming hyaline, its nucleus degenerated and with a healthy nucleus lying above it.

Fig. V.—A mass of hyaline material which is now in process of breaking up into spherules.

Fig. VI.—Another mass in which the process is still better seen.

Fig. VII.—A cell in which hyaline grains are being deposited, and of which the nucleus has remained so far healthy.

In Fig. VI it may be seen that a degenerated mass is breaking up into almost regular hexagonal units, and this method of breaking up seems to be the starting point for the formation of foci of spherical bodies, of which the size are for the most part regular in each group. The spheres in the different foci,

however, show very great variation in size, some being very small in one group, while in another the individual units may be three or four times as large. In the case of rapidly growing lymphosarcomata, in addition to the appearance of hyaline nuclei within the cells, we may find great strands or masses of hyaline material scattered throughout the tissue, whose nature as arising from particular cells or intercellular stroma it is difficult to demonstrate. In some cases one may find vessels filled up with such a material, and in the broken up after-condition one may see appearances like a string of spherical bodies placed in a line. The drawings which illustrate these conditions have been very carefully made by Mr. Murray, and are most faithful reproductions of the appearances produced by them.

In conclusion, a word may be said as to the method of staining. This cannot be held as absolutely certain to define accurately the degenerated nuclei. The process is one whereby the whole tissue is first deeply stained with carbol-fuchsin, then partially decolorised by absolute alcohol, and subsequently stained by iodine green. If, therefore, the tissue is left too long in the alcohol it may be found afterwards only to show iodine green staining. There can be no doubt that carbol-fuchsin has the power to a certain extent of resisting the replacing action of the iodine green in nuclei, which are degenerated, and better still in the fuchsin bodies; but if the fuchsin is first of all almost entirely removed, one can find that nuclei, which otherwise would have retained the latter stain, are stained now by the iodine green. Thus it is evident that this stain can only show the presence of hyaline degeneration of this kind, but cannot be held as definitely showing either where the process begins or ceases.

## MEMORANDA:

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

#### PELVIC CELLULITIS: INCISION: RECOVERY: SUBSEQUENT PREGNANCY.

READ in the light of Dr. Cullingworth's recent paper on "The Differential Diagnosis of Pelvic Inflammations in the Female," the following case of pelvic cellulitis, going on to abscess formation, requiring operative interference, and resulting in a perfect recovery and subsequent pregnancy, is of some interest:—

Mrs. C., aged 31, was admitted to Cumnock Cottage Hospital on December 18th, 1888. On October 8th she had been delivered of her seventh child, after a labour of only two-and-a-quarter hours' duration, and before the arrival of her doctor. Three-quarters of an hour afterwards the placenta was removed manually. On the third day she had rigors; the discharge had almost ceased, and what little discharge there was was offensive. Although feeling far from well, she attempted to rise on the sixth day, but she had to return to bed and remain there.

On admission she complained of "weakness" and of "pains in the right side." She was very thin and anaemic. Her lips were pale, her tongue furred, her bowels loose, and her pulse almost imperceptible. She had no cough, and her urine was normal.

Vaginal examination revealed a resistance in the right lateral fornix, which a bimanual examination showed to be due to a thickening and induration of the base of the right broad lateral ligament.

On January 20th, 1889, the following note was made:—In the right iliac fossa can be felt a swelling about the size of a hen's egg—hard, and painful to touch. Percussion gives a dull note over the swelling, which measures 3 inches parallel to Poupart's ligament, and extends 2 inches above it. *Per vaginam*, the anterior, the posterior, and the left lateral fornices are empty, but in the right fornix there is a distinct bulging—hard and tender, but without fluctuation.

On February 1st the swelling had slightly increased in size, and fluctuation was detected.

<sup>1</sup> BRITISH MEDICAL JOURNAL, December 27th, 1890.

On February 6th the abscess was aspirated, and several ounces of pus were withdrawn. So rapidly did it refill, that on February 10th I opened the abscess, by Hilton's method, at a point half-an-inch above Poupart's ligament, introduced a drainagetube, and applied a wood-wooldressing. The temperature, which had been running up to  $101^{\circ}$  F. and  $102^{\circ}$  F., at once fell to normal, and remained normal for ten days. A week later it was found necessary to enlarge the wound so as to admit of the reintroduction of the drainage tube. Thereafter the patient gained strength, and made an uninterrupted recovery. Since leaving hospital she has attended to all her household duties; she has recently given birth to another child, and she now enjoys perfect health.

In the light of Dr. Cullingworth's paper, the points to be noted are these:—**Etiology.**—Occurred after labour in which a hand (not previously rendered aseptic) had been introduced to remove the placenta. **Amount of Pain.**—Present, but never very excessive. **Physical Signs.**—Distinctly those of a cellulitis. Had the case been left to Nature, the abscess would almost certainly have pointed “above Poupart's ligament, where intraperitoneal abscesses never do.” (Cullingworth). Lastly, while a pelvic peritonitis invariably leaves some evil effects behind it, and not infrequently calls for an abdominal operation, a pelvic cellulitis, even of a severe type, may be absolutely recovered from.

Edinburgh.

THOMAS MACKENZIE, M.A., M.B.

#### ŒSOPHAGEAL VARICES IN CIRRHTIC HÆMATEMESIS.

APROPOS of the very interesting and instructive papers on the above subject, in the BRITISH MEDICAL JOURNAL of December 27th, I may say I was called in the night, three or four months ago, to a gentleman who was believed to be suffering from alcoholic cirrhosis, and who was vomiting blood. Upon my arrival I found that several pints of blood had been vomited, and almost directly after I entered the room another attack of haemorrhage occurred. The blood gushed from the mouth “as from a hose,” or as if a tap were turned on, and to the extent of quite  $1\frac{1}{2}$  pint. The quantity lost was said to be increasing and to be getting fresher. There had been slight morning haemorrhages from the nares occasionally from time to time, and some oozing in the night from the gums, which were spongy. The pharynx was congested with tortuous venous radicles, but no oozing of blood from its surface. The abdominal veins were prominent, and there was a suspicion of fluctuation. In the light of the papers referred to, the condition of the patient and the profuse and gushing character of the haemorrhage, which was venous but unaltered by gastric action, I believe that the blood came from distended and ruptured œsophageal veins. But my purpose in writing is as to treatment. Ergot obviously is inappropriate in such conditions. Astringents are antagonistic to the physiological import of the haemorrhage. Ice is depressing and likely to set up or aggravate gastric catarrh. The remedy is hamamelis, of which I have some twelve years' constant experience, and which is contained in the *Addendum to the British Pharmacopeia*. This remedy was followed by marked and rapid abatement of the haemorrhage, and in three days the patient was about as usual, although he had lost six to seven pints of blood, and eating all before him, which was quite a new experience for him. There was a marked subsidence of the abdomen consequent upon the haemorrhage, and the hamamelis was continued for some weeks once or twice a day. The superficial abdominal veins settled, the patient's general health has steadily improved, the morning haemorrhages have disappeared, and there has been only one return of the hæmatemesis, which was promptly checked by hamamelis, taken as before, and of which the patient keeps a supply by him.

Bradford.

JNO. PITNEY ASTON.

SULPHATE OF ESERINE IN KERATITIS HYPOPYON.<sup>1</sup> My object is to invite attention to a simple remedy which I have found very useful in arresting and curing keratitis hypopyon. The disease is due to the deposition of some micro-

organism on an abrasion of the cornea in persons of enfeebled constitution.

The treatment adopted by the generality of medical practitioners and by a good number of specialists has been, and is still, the application of hot fomentations with decoction of camomile flowers, poppyheads, or belladonna leaves; of antiseptic lotions, particularly boracic acid, 1 in 50; or of corrosive sublimate, 1 in 5,000; atropine drops which, if they are useful in lulling the pain, are, however, hurtful in increasing the tension of the eyeball; and, lastly, insufflations of powdered calomel or of iodoform which are supposed to act beneficially in reviving the healing up process of the corneal ulcer. In case these means should fail in arresting the progress of the ulceration and of causing the absorption of the pus, cauterisation of the ulcer with the thermo- or galvanocautery, or the emptying of the hypopyon by cutting through the cornea is often practised. Though both these procedures are very often successful, they are not devoid of danger, and require a well trained operator for their performance. Moreover, it is not always easy to get the patient to submit to an operation, and perhaps more than one, requiring the use of the cautery or of the knife.

I am convinced, after a trial of about ten years, that a solution of sulphate of eserine (gr. ij per ounce) dropped, two or three times a day, into the affected eye, which has to be kept constantly well bandaged up, while the patient's state of health is improved by means of good nourishing diet and a tonic mixture, say the citrate of iron and quinine with liquor strychniae, is all that is required to cure almost every case of keratitis hypopyon. In a very few exceptional cases only does it become necessary to perform Saemisch's operation of cutting across the cornea, including the whole ulcerated surface, and thus giving issue to the pus, reducing the intra-ocular tension, and stimulating the edges of the atonic ulcer to heal up. De Wecker, of Paris, was, I believe, the first to recommend this treatment about ten years ago. Having found it very successful in a great many cases, some of which were quite hopeless, without operation, I can recommend it very strongly.

Malta.

L. MANCHÉ, Surg.-Major, M.S.

## REPORTS

ON

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

##### ADELAIDE HOSPITAL, DUBLIN.

###### SCROFULOUS DISEASE OF THE KIDNEY: NEPHRECTOMY: RECOVERY.

(Under the care of FRANCIS T. HEUSTON, M.D., F.R.C.S.I., Professor of Anatomy Royal College of Surgeons, Ireland.)

[History furnished by Miss MAGUIRE, Medical Student in Charge.]

J. R., aged 13 years; his father and mother are alive and healthy, as also two brothers and a sister, but five brothers and sisters died in infancy; disease not known.

When between 2 and 3 years of age he had a severe fall which injured one of his hip-joints. From this accident he was ill for a long period, a large abscess discharging itself in the groin; three years since he had scarlatina and whooping-cough, followed by a dry cough, with pains at intervals, referred to the lumbar region. In July, 1889, patient fell from a lift, his brother falling on him. He was unconscious for a short time, but was able to walk home. Subsequent to this he has suffered from a dull aching pain in the left lumbar region, lasting for about half the day, usually most severe in the morning, and was not affected by movement. In the early part of August patient noticed he had to micturate nine or ten times during the night, also frequently during the day; this was occasionally accompanied by pain in the penis, but never referred to the bladder; he did not notice any change in the characters of the urine passed. He attended as an outdoor patient at the Adelaide Hospital, when his urine was found to

<sup>1</sup> Read at a meeting of the Malta and Mediterranean Branch.

NEW SYDENHAM SOCIETY'S PUBLICATIONS. Vols. 8, 9, 14, 17, 24, 27, 29, 34, 39, 40, 44, 48, 56, 60, 64, 69, 70, 77, 81, 83, 85, 87, 89, 90, 91, 93, 94, 96, 99, 101-104, 106, 107, 108, 110, 118, 120-125, 127, 128.
OPHTHALMOLOGICAL TRANSACTIONS. Vols. 3 and 6.
PATHOLOGICAL TRANSACTIONS. Vols. 1-20.
PENNSYLVANIA MEDICAL SOCIETY. Transactions. Before vol. 14 and vols. 16-21.
PROVINCIAL MEDICAL AND SURGICAL JOURNAL. 1840.
RANKING (Dr.). Half-Yearly Abstract of the Medical Sciences. Vol. 12 and since 1872.
ROYAL LONDON OPHTHALMIC HOSPITAL REPORTS. Any vols.
ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. 8.
ST. GEORGE'S HOSPITAL REPORTS. Vol. 10 and upwards.
SOCIETY OF MEDICAL OFFICERS OF HEALTH. Transactions. Any vols.
UNIVERSITY COLLEGE HOSPITAL REPORTS. All before 1885.
YEARBOOK OF PHARMACY. 1888.

## ASSOCIATION INTELLIGENCE.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members, in commodious apartments, at the offices of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

### NOTICE OF QUARTERLY MEETINGS FOR 1891. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on April 15th, July 8th, and October 21st, 1891. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, March 26th, June 18th, and September 30th, 1891.

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.

DUBLIN BRANCH.—The fourteenth annual meeting of this Branch will be held (by permission of the President and Fellows) in the Royal College of Physicians, Kildare Street, Dublin, on Thursday, January 22nd, 1891, at 4.30 P.M. The annual dinner will also take place on that evening, at the College.

NORTH OF IRELAND BRANCH.—The winter meeting of this Branch will be held in the Royal Hospital, Belfast, on Thursday, January 29th, at 4 P.M. Gentlemen who wish to bring any subject before the meeting will kindly communicate as early as possible with JOHN W. BYERS, M.D., Honorary Secretary, Tower Crescent, Belfast.

### HALIFAX, NOVA SCOTIA BRANCH.

THE officers of this Branch elected for the ensuing year are:—*President*: William Tobin, F.R.C.S.Irel.; *Vice-President*: Dr. Fowler, A.M.S.; *Treasurer*: Dr. Thomas Trenaman; *Secretary*: Arthur Morrow, M.B.; *Council*: Drs. Weston, A.M.S., Wickwire, Black, Cunningham, Campbell, Goodwin, and Fleet-Surgeon Bolster, H.M.S. *Bellerophon.*

### SYDNEY AND NEW SOUTH WALES BRANCH.

THE ninety-fifth meeting of the Branch was held in the Royal Society's Room, on November 7th, 1890, G. T. HANKINS, M.R.C.S., President, in the chair. There were present:—Drs. Fiaschi, Quaife, Pockley, Scot-Skirving, Cohen, Hodgson, A. E. Wright, E. F. Ross, G. A. Marshall, Ellis, Meggins, Shand, Newmarch, McDonagh, Brady, Todd, Kendall, J. Parker, Breneman, Thomas, Arthur, Parker, and Worral. Dr. Goode was present as a visitor.

*Minutes.*—The minutes of the previous meeting were read and confirmed.

*New Member.*—Dr. J. Goodlet Murray, of Parkes, was elected a member of the Branch and Association.

*Cases.*—Dr. ODILLO MAHER exhibited a patient upon whom he had performed Corneal Transplantation, and explained the mode of procedure.—Dr. E. FAIRFAX Ross exhibited a patient suffering from Congenital Malformation of the Heart, and explained the case.

*Papers.*—Dr. SHAND read some notes on a case of Tibial Implantation.—Drs. FIASCHI, SCOT-SKIRVING and HANKINS discussed the case.—Dr. SCOT-SKIRVING read some notes on a case of Facial Anaesthesia. The patient was exhibited. Diagrams illustrative of the paper were also shown.—A discussion ensued, in which Drs. BRADY, THOMAS, POCKLEY, HANKINS, and MEGGINSON took part.

*Instruments.*—Dr. SHAND showed an improved Resection Saw.—Dr. BRADY exhibited a pair of Post-Nasal Forceps; also a large Rhinolith.

*List of Members:* *Correction.*—On the Title Page read for the Representative of the East York and North Lincoln Branch, on Council of Association, John Dix, Esq., 25, Albion Street, Hull.

## SPECIAL CORRESPONDENCE.

### PARIS.

*The Death-rate in Paris.*—*Dangers of Movable American Stoves.*—

*Infectious Diseases.*—*Medical Students and Revaccination.*—

*Cholera in Japan.*—*Poisoned Wound.*—*Prizes.*

THE intense cold has raised the death-rate from many causes, notably from cerebral congestion and from respiratory affections. During the last four weeks of 1890 there were 832 deaths from pulmonary affections, and 850 from phthisis.

During the same period the use of movable American stoves has caused several fatalities. This stove is one of slow combustion; in order that its use be free from danger, many conditions must be realised—the chimney must draw well, and all apertures connected with the stove must be completely closed. Frequently atmospheric conditions prevent a good draught, or ignorant people turn the key at night instead of leaving it open, and thus render the combustion slower. In some cases care is not taken to tightly fit in the lid of the stove; in others the smoke containing the carbonic acid gas, proceeding from the American stove, travels along the chimney of an adjacent flat and asphyxiates the sleepers in the room. Dr. Rochard estimates that there are in France from ninety to ninety-five deaths yearly due to the use of the American stove, and sixty thousand of these stoves are in use.

The Conseil d'Hygiène has issued instructions to be observed in cases of small-pox, typhoid, and diphtheria. The precautions recommended are well-known, though not sufficiently practised—isolation, disinfection, and in small-pox cases vaccination of members of the family not attacked. All cases should be notified, in Paris, to the Commissary of Police, and in country villages and towns to the Mayor.

According to a recent decree, medical students cannot be registered without presenting a certificate of revaccination. The students already registered can begin a new term only by producing such a certificate. The medical schools and faculties are considering the measures to be taken to ensure revaccination of the students.

At the Comité Consultatif d'Hygiène Publique, Dr. Proust read a report on the cholera epidemic in Japan which broke out last June. Nagasaki was the first town attacked: the epidemic slowly invaded most of the provinces of the empire, but has now almost died out. Cholera appears annually in Japan, but it principally attacks the Japanese; foreigners suffer from it but slightly; in the last epidemic there was but one fatal case among them. Dr. Proust added that the Japanese Sanitary Service is perfectly organised, and its practical working is excellent.

The following incident is reported from Angers. A patient had an abscess opened; the linen, poultices, etc., were thrown

## UNIVERSITIES AND COLLEGES.

### CAMBRIDGE.

THE following course of instruction in practical hygiene at the Chemical Laboratory, to be given by Mr. H. Robinson, M.A., Assistant to the Professor of Chemistry, beginning April 17th, 1891, is announced. It is adapted to meet the requirements of the University and those of the General Medical Council for candidates seeking the diploma in Public Health.

The course will consist of practical instruction in the sanitary examination of water, air, and foods, chemically and microscopically, and in the laws of heat, the principles of pneumatics, hydrostatics and hydraulics, having special regard to the requirements of medical officers of health. It will also include the preparation of different media used in the cultivation of micro-organisms, and their cultivation therein by inoculation from air and water. Short lectures will be given in explanation of the above subjects, and of analytical reports in general relating to water, air and foods, and the interpretations to be put on them.

*Water.*—Qualitative examination: chemically as described in Parkes's *Practical Hygiene*, the colour, odour, the suspended matter. Quantitative examination: estimation of free ammonia, albuminoid, ammonia, organic carbon, oxygen consumed (Tidy, and De Chaumont), nitric and nitrous acids, chlorine, total solids, lime, magnesia, alkalinity, sulphuric and phosphoric acids, silica in solution, the hardness before and after boiling. Clark's process for softening water. Explanations and illustrations of methods employed to purify water by chemical processes, and by filtration.

*Air.*—Qualitative examination for foreign gases and suspended matter. Quantitative examination: estimation of carbonic acid and oxidisable matter.

*Water and Air.*—Bacteriological methods of examination, estimation of the number of micro-organisms, moulds, and fungi, and their identification.

*Antiseptics and Disinfection.*—The relative value of various antiseptics and disinfectants and the methods of employing them.

*Foods.*—Quantitative examination of milk, butter, tea, coffee, sugar, beverages for alcohol, aerated waters for poisonous substances. Qualitative examination of bread and flour, of cereal, farinaceous and other food substances, and condiments, chemically and microscopically for common adulterations, colouring matters, animal organisms, and poisonous substances. The examination of food substances for fungoid growths, and poisonous substances resulting from the same.

*Heat.*—Temperature: thermometers, maximum and minimum, mercury, alcohol, various scales, linear and cubic expansion of solids, expansion of liquids, force exerted by solids and liquids expanding, maximum density of water, expansion and density of gases, air thermometer and absolute temperature, fusion, latent heat, solution, solidification, crystallization, changes of volume on solidification and liquefaction, vaporisation, tension of aqueous vapour, evaporation, laws of ebullition, influence of pressure on boiling point, cold due to evaporation, hygrometry and hygrometers, moisture of the atmosphere, conductivity of solids, liquids and gases, convection, radiant heat, specific heat.

*Gases.*—Physical properties: expansibility, weight, pressure, the atmosphere, atmospheric pressure, Torricelli's experiment, different kinds of barometers and corrections for temperature, Boyle's law and its applications, laws of the mixture of gases, diffusion, mixtures of gases and liquids, absorption, the siphon, different kinds of pumps, velocity of efflux, Torricelli's theorem.

*Liquids.*—General characters: equality of pressures, vertical pressure, downward and upward; pressure independent of the shape of the vessel, pressure on the sides of vessels, conditions of the equilibrium of liquids, water level, spirit level, artesian wells, determination of the volume of a body, specific gravity and hydrometers, capillarity, osmotic action, diffusion of liquids, dialysis, effusion and transpiration of gases.

*Fees.*—Fee for the course, including the use of the apparatus (if not destroyed) and reagents: To members of the University, £9 9s.; to non-members, £12 12s.

**SHUTTLEWORTH SCHOLARSHIP.**—An examination will take place at Caius College on March 11th for the Shuttleworth Scholarship, vacated by F. H. Edgeworth, B.A., M.B. Subjects: Botany and Comparative Anatomy; value, £56 a year for three years. Candidates must be medical students of Cambridge who have passed the previous examination, and are of not less than eight terms standing. Names to be sent to the Tutors of Caius by March 1st.

**EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.**—The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on January 12th:

J. Prior, F. Horseman, R. Coates, and C. Oldfield, students of Yorkshire College, Leeds; J. W. Nayler, E. Bower, D. W. S. Muir, of Queen's College, Birmingham; J. M. Hall and J. McConnell, of Queen's College, Belfast; E. A. Fraser, of St. Mary's Hospital; F. J. Sadler, of Oxford University; W. Barwise, of Owens College, Manchester; J. F. Rudall, of St. Thomas's Hospital; P. A. Dykes, W. P. Gwynn, of Bristol Medical School; R. C. Badham, of Sydney University and London Hospital; J. H. Saunders, of Melbourne and Mr. Cooke's School of Anatomy and Physiology; F. H. Langlands, of Middlesex Hospital; W. Anderson, of the University of California.

Passed in Anatomy only:

A. H. Hardcastle, of Yorkshire College, Leeds; J. Moses and W. S. Newton, of London Hospital; and S. C. C. Fenwick, of St. Mary's Hospital.

Passed in Physiology only:

T. B. Abbott, of Yorkshire College, Leeds; F. D'M. Williams, of Bristol Medical School; B. Watts, of Sheffield Medical School; and W. T. Talbot, of Boston University and London Hospital.

Passed in Anatomy and Physiology on January 13th:

J. B. Winter, of Guy's Hospital; J. L. M. Bunch, of University College; J. Evans, J. Sterry, and J. K. K. Benjamin, of St. Bartholomew's Hospital; P. W. Spauld and H. Huskinson, of St. Thomas's Hospital; C. M. Mathew, of St. George's Hospital.

Passed in Anatomy only:

H. B. Emerson, of Leeds and Mr. Cooke's School of Anatomy and Physiology; J. W. Taylor, of Bristol Medical School; G. H. Tomlinson, of Queen's College, Birmingham; R. Alcock and H. C. Renshaw, of Owens College, Manchester; F. R. E. Milman and A. E. Scott, of Middlesex Hospital; W. Allingham, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; J. A. Crump, D. D. Brown, and A. G. Ebanks, of St. Bartholomew's Hospital; F. A. Stephens, of King's College; A. E. Couzens and A. Hewetson, of St. Mary's Hospital; H. Shepheard and G. Davidson, of St. Thomas's Hospital; E. J. Eddle, of Charing Cross Hospital, and T. W. Golding, of Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only:

P. R. Ash, A. Knowles, and W. Parkinson, of Yorkshire College, Leeds; A. L. Knapman, J. Brown, and T. Clegg, of Owens College, Manchester; T. P. Stokes, of Sheffield and Mr. Cooke's School of Anatomy and Physiology; F. B. Cooper, of Sheffield Medical School; E. G. Walls, of Queen's College, Birmingham; A. G. Cooley, of Durham University; V. J. Robin, of Adelaide University and Mr. Cooke's School of Anatomy and Physiology; J. S. Williams, of London Hospital; C. M. Spain, H. S. Taylor, and W. E. Kirby, of University College; C. W. Grant-Wilson and J. S. Hudson, of St. Thomas's Hospital; H. W. Joyce, of King's College and Mr. Cooke's School of Anatomy and Physiology; E. C. Drake, of Westminster Hospital and Mr. Cooke's School of Anatomy and Physiology; J. Thomas, of St. Bartholomew's Hospital; F. H. Dayus, of St. Mary's Hospital; F. H. R. J. U. Walker, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; J. W. Culmer, of Guy's Hospital.

Passed in Anatomy and Physiology on January 14th:

C. E. Carmell, A. H. Trevor, and C. H. Harding, of Guy's Hospital; H. J. Finch, of Westminster Hospital; E. S. Winter, P. L. G. Skipworth, F. E. A. Webb, of St. Bartholomew's Hospital; T. G. Anderson, of Adelaide and Mr. Cooke's School of Anatomy and Physiology; F. S. Beacheroff, of Middlesex Hospital; C. H. Stewart, of St. Thomas's Hospital; J. R. P. Phillips, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology; F. R. S. Gaman, of University College Hospital.

Passed in Anatomy only:

L. M. Breton and H. Knight, of St. Thomas's Hospital; H. T. Jenkins, of University College; W. J. Burroughs and G. E. Lockyer, of Guy's Hospital; T. Smith and R. Bebb, of London Hospital.

Passed in Physiology only:

S. R. Wright, of Charing Cross Hospital; E. S. Chilcott, of St. Mary's Hospital; W. S. Mayne, of University College; F. E. Fielden, of St. Bartholomew's Hospital; R. W. Dillon, of St. Thomas's Hospital.

**THE LORDS COMMITTEE ON HOSPITALS.**—An excellent official index (price, 8d.) has been published to the evidence taken last year before the Special Committee of the House of Lords appointed to inquire into metropolitan hospitals, of which Lord Sandhurst was Chairman. As nearly 10,000 questions have already been put, the index will be of great service. The Committee did not sit during the autumn session, but we understand that it will shortly be reappointed, although nothing as yet has been settled about the very necessary extension of the inquiry to the provincial hospitals.

year 1875 he formed the acquaintance of Mr. Rushton Parker, now Professor of Surgery in University College, Liverpool, who was then surgeon to the Stanley Hospital, and showed him his splints, saying that he had for a long time found them very useful, but that none of those to whom he had shown them had paid them much attention. Mr. Parker believing that the splints were a new departure in surgery, urged on Mr. Thomas the desirability of making them known, both for the sake of humanity and for his own reputation. Accordingly, in 1875 appeared a small work from the pen of Mr. Thomas, entitled "Diseases of the Hip, Knee, and Ankle-joints," and figuring for the first time the splints that bear his name. They were favourably received at University Hospital in London, and Mr. Erichsen included a description of them in the seventh edition of his *Surgery*, published in 1877. Henceforth their recognition spread rapidly, and they were soon adopted generally by the profession. His method of wiring the fragments in fracture of the lower jaw had been noticed by Mr. Bryant some years before.

Deeply engrossed as Mr. Thomas was in carrying on a large and arduous practice, his interests were by no means limited to his profession. He was warmly attached to literature, and was an enthusiastic student of archaeology. His house was adorned with valuable works of art, and he had collected an extensive library, some of his volumes on archaeology being especially choice. It may safely be said that those who knew him best, loved him best; but the most engaging aspects of his character were only revealed to those who were privileged to enter his family life. He had a love, almost a passion, for music, and spent much of the limited time he could give to the domestic circle in playing on the flute. He had a great fondness for children, and loved to snatch a moment from his almost constant round of labour to enjoy a few minutes' romp with them. He had exceptional control over himself; one who knew him well affirms he never saw him lose his temper, though when occasion arose, he never hesitated to express his indignation. He never nursed a grievance, and could not perform a spiteful act. He was full of anecdote, and revelled in humour. Most of his writings—and they are fairly voluminous—were composed after 10 o'clock at night, after a day of ceaseless work. He had just completed his advertised list of works when his fatal illness struck him down, and he was about to engage in the composition of a work on Orthopaedics conjointly with his nephew, Mr. Robert Jones. His last published contribution was a paper "On the Action of Drugs on the Iris and Ciliary Muscle," which appeared in the *Provincial Medical Journal* for January in the present year.

His appearance was striking, and once seen he was not easily forgotten. Seated on a high four-wheeled gig, his exceedingly slight figure encased in a dark blue coat buttoned high in the neck, with naval cap, and smoking the constant cigarette, he might be seen driving about at all hours of the day, frequently accompanied by his wife. He seldom walked except the shortest distances, and his habit of relying on conveyances seems to have led to the chill that ushered in his fatal illness. On the Wednesday before his death he was visiting a patient at Warrington, and on leaving the house found there was no car at hand and started off to walk to the station. Fearing he would be late he hurried, perspired, and subsequently caught a chill. Soon afterwards pneumonia set in, and in spite of the most attentive care he sank on Tuesday the January 6th. He was attended by his friend Dr. William Carter, and his nephew, Mr. Robert Jones, was constantly by his bedside. He was 57 years of age, and leaves a widow, but no children.

Some time ago the University of St. Louis conferred the honorary degree of M.D. on him, at the same time with Professor Bergmann.

#### THOMAS FARQUHAR, M.D.

THE death of Dr. Thomas Farquhar, of the Indian service, of which the announcement appears in the *Times*, will be learned with regret by a large circle of Indian and other friends. In his early service he was, it is stated, a member of the Punjab force; and, in charge of the Guide Corps, he joined the Yusufzai frontier campaign, and was present at the engagements of Chilianwalla and Goojerat. He rendered signal ser-

vice in the outbreak of cholera at Agra in 1856; and in the following year, during the Mutiny, was conspicuous for his brave attitude and devoted labours among those beleagued for many months in the fort of Agra; he also took part in the action fought under its walls on July 5th, 1857. Lord Lawrence appointed him his body surgeon, which office Dr. Farquhar held throughout his viceroyalty. In all these posts, by his singular devotion to the interests of those about him and generous nobility of character, Dr. Farquhar secured the love and friendship of all who knew him. He lived latterly at Aberdeen, where his loss as a philanthropist will be greatly felt.

## MEDICAL NEWS.

A HANDSOME brass lectern has been presented to St. Thomas's Hospital Chapel by the new Treasurer, Mr. J. G. Wainwright.

COLONEL CHARLES SUTHERLAND, M.D., has been appointed Surgeon-General of the United States Army by the President, in succession to Dr. J. H. Baxter, whose death we recently announced.

THE Royal Meteorological Society will hold an exhibition of rain gauges, evaporation gauges, percolation gauges, and similar instruments at 25, Great George Street, Westminster, from March 17th to 20th.

THE late Dr. Thomas Rhodes Armitage, of 33, Cambridge Square, Hyde Park, who died at Cashel, Tipperary, on October 23rd, 1890, and was well known for his benefactions to the blind, leaves personal estate valued at £217,420.

At the celebration of the twenty-fifth anniversary of the foundation of the Society of the Friends of Science in Posen the Medical Section elected Professor Koch, Sir Joseph Lister, and M. Pasteur honorary members.

HYGIENE FOR WOMEN.—The examination for the certificate of the National Health Society will take place on January 20th, at 53, Berners Street. This is a special examination for the 500 ladies who have lately attended Dr. Schofield's courses on "Domestic and Personal Hygiene."

DENTAL HOSPITAL OF LONDON.—The advertisement in our issue of January 3rd, relating to the Dental Hospital of London, should read that 5 Assistant Dental Surgeons are required, and not 5 Dental Surgeons as printed. A corrected advertisement appears in this week's issue.

WOMEN AND CHILDREN'S HOSPITAL, CORK.—Amateur theatricals in aid of the funds of this institution were held last week in the Imperial Hotel, Cork. A comedietta entitled *Breaking the Ice* and Theyre Smith's comedy *Uncle's Will* were creditably performed, and were fairly attended.

THE Ceylon Government have appointed Dr. J. D. Macdonald, Physician and Medical Superintendent of the General Hospital, Colombo, and Professor of the Principles and Practice of Medicine, Ceylon Medical College, to proceed to Berlin to study the treatment of phthisis as practised by Professor Koch.

INFLUENZA IN CENTRAL AFRICA.—Consul John Buchanan, C.M.G., writing on October 11th from Mount Zomba upon the Shiré Highlands of Central Africa (our new protectorate), reports a severe epidemic of influenza there. "A good many people," he says, "have died, both young and old. Most of the Europeans at Blantyre have had it in a more or less severe form."

MORISON'S PRIZES FOR LUNACY ATTENDANTS.—The Council of the Royal College of Physicians of Edinburgh, on the recommendation of Dr. T. S. Clouston, Morison Lecturer for the year, has awarded the prizes, left by the late Sir Alexander Morison, a former president of the College, for meritorious attendance on the insane, to Mary Ann Anderson, Midlothian and Peebles Asylum, eleven years' service, and to David Robertson, Murray Royal Asylum, Perth, thirty years' service.

FEVER IN LONDON IN 1890.—The returns as to fever patients in London which were laid before the Metropolitan Asylums Board on January 10th shows a satisfactory diminution in the

number of cases which have been dealt with in the previous fortnight. The Chairman stated that the total admissions for last year were 8,307—1,793 in excess of the total admissions for 1887, the year of what was thought to be a great epidemic of fever in London. The increase, he thought, might be attributed to the increasing popularity of the Board's hospitals.

**THE SANITARY INSTITUTE.**—Donations to the amount of £600 have been made to the institute during the past year by the honorary officers and members of the Council, and a considerable portion of this amount has been devoted to rearranging and improving its museum and sanitary appliances, and to the preparation and printing of a catalogue. The museum being open free to the profession and the public, want of funds has hitherto prevented the Council from undertaking this work, although they long felt it to be much needed in order to make the teaching of the museum fully available.

**THE BRITISH NURSES ASSOCIATION.**—Her Royal Highness Princess Christian presided on January 9th over a general meeting of the Council of the British Nurses Association. Sir William Savory, as the Vice-President of the Association, presented Her Royal Highness with the first copy of the first Register of the Association, containing the names of the first 1,700 nurses who had been enrolled as members. Sir Richard Quain proposed a vote of thanks to the Princess for the great personal interest she had taken in the formation of the Association; the motion was seconded by Sir Dyce Duckworth, and carried with acclamation.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Loiseau, Director of the Ophthalmic Institute of the Belgian Army, and well known for his labours in the field of ophthalmology; he was the inventor of a metric optometer for the detection of defects of refraction in recruits, which was adopted by the Belgian Government; Dr. Pécholier, Professor Agrégé in the Medical Faculty of the University of Montpellier; Dr. A. F. Holt, Surgeon-General of Massachusetts; and Dr. Richard, President of the Municipal Council of Paris.

**THE NITRIFYING FERMENT.**—The *Philosophical Transactions* of the Royal Society for 1890, vol. 181, contain an interesting paper by Professor P. F. Frankland and Mrs. G. C. Frankland on the Nitrifying Process and its Specific Ferment. They have succeeded, by processes of fractional dilution extended over nearly three years, in isolating an organism which will not grow upon gelatine peptone, but proliferates very slowly in broth. It is the active agent in nitrification, and is present in ordinary garden mould. It nitrifies ammoniacal solutions in the absence of organic matter, producing nitrites, but no nitrates. It has a characteristic form, and does not render the solution it nitrifies turbid.

**THE LIBRARY OF THE BRISTOL MEDICO-CHIRURGICAL SOCIETY.**—This library was formally opened on January 5th, by Mr. S. H. Swayne, the President of the year. There was an influential attendance of members, and after the President had reviewed the history of medical libraries in Bristol, Mr. Augustin Prichard, Dr. J. G. Swayne, Dr. Shingleton Smith, and Mr. Nelson Dobson spoke on the advantages and possibilities of the library and reading-room that day opened. A good room has been obtained in the club house of the Literary and Philosophical Club. Mr. L. M. Griffiths, the Honorary Librarian, will be glad to receive communications from any interested in the matter.

**LIVERPOOL MEDICAL INSTITUTION.**—At the annual meeting, held on the 8th inst., the following list of officers, council, and microscopical committee was adopted:—**President:** W. Mitchell Banks, F.R.C.S. **Vice-Presidents:** Dame Harrison, F.R.C.S.E.; D. M. Williams, M.K.Q.C.P.; \*J. Nelson Cregeen, L.R.C.P.; and \*F. W. Lowndes. **Hon. Treasurer:** \*J. W. Warburton, M.D. **Hon. General Secretary:** E. W. Hope, M.D. **Hon. Secretary, Ordinary Meetings:** A. Barron, M.B. **Hon. Librarian:** \*Peter Davidson, M.B. **Council:** H. Briggs, F.R.C.S.; William Carter, M.D.; G. G. Hamilton, F.R.C.S.E.; A. Samuels, M.D.; J. Wiglesworth, M.D.; \*T. Bushby, L.R.C.P.; \*R. Caton, M.D.; \*Charles Hill, M.D.; \*J. R. Logan, M.B.; \*Frank T. Paul, F.R.C.S.; \*G. G. S. Taylor, M.D.; and \*Glynn Whittle, M.D. **Microscopical Committee:** A. Barron, M.B.; T. B. Grimisdale, M.B.; G. G. Hamilton, F.R.C.S.Ed.; \*F. Johnston, M.B.;

\*F. C. Larkin, F.R.C.S.; J. R. Logan, M.B.; F. T. Paul, F.R.C.S.; and Arthur Wilson, M.R.C.S. Those marked (\*) did not hold the same office last year.

#### MEDICAL VACANCIES.

The following Vacancies are announced:

**CARLISLE DISPENSARY.**—House-Surgeon. Salary, £130 per annum, with apartments. Applications to the Honorary Secretary, Mr. J. Ostell, 14, Bank Street, Carlisle, by January 19th. Election on March 1st.

**CENTRAL LONDON OPHTHALMIC HOSPITAL.** 238A, Gray's Inn Road, W.C.—House-Surgeon. Applications to the Secretary by February 7th.

**CHARING CROSS HOSPITAL.**—Assistant Surgeon; must be F.R.C.S.Eng., and reside within three miles of the Hospital. Applications to Arthur E. Reade, Secretary, by January 28th.

**CITY HOSPITAL FOR INFECTIOUS DISEASES.** Newcastle-upon-Tyne.—Resident Medical Assistant. Salary, £50 for first year, and, if re-appointed, £70 for second year, with board, lodging, and washing. Applications to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne, by February 28th.

**CITY OF LONDON LUNATIC ASYLUM.** near Dartford, Kent.—Assistant Medical Officer, unmarried, not less than 25 years or more than 35 years of age. Salary, £150 per annum, with board, lodging, washing, and attendance. Applications addressed to the Visiting Committee to be sent to the Clerk, Henry F. Youle (of whom the forms of application can be obtained) by February 3rd.

**COUNTY BOROUGH OF ST. HELENS.**—Assistant to the Medical Officer, doubly qualified. Must have or obtain within twelve months of appointment a diploma of sanitary science, public health, or State medicine. Age not less than 25 nor more than 38. Salary, £200 per annum. Applications to the Chairman of the Parliamentary Committee, Town Hall, St. Helens, endorsed "Assistant to M. O. H." by January 23rd.

**COUNTY COUNCIL OF AYRSHIRE.**—County Medical Officer; must not hold other appointments or engage in private practice, and must reside in Ayr. Salary, £150 per annum. Applications to Chas. G. Shaw, County Clerk, County Buildings, Ayr, by February 2nd.

**COUNTY OF DUMFRIES.**—Medical Officer. Salary, £300 per annum. Applications to John Robson, County Clerk, Dumfries, by February 2nd, of whom further information can be obtained.

**CUMBERLAND INFIRMARY.** Carlisle.—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing. Applications to the Secretary by January 20th, of whom particulars of duties can be obtained.

**DENTAL HOSPITAL OF LONDON.** Leicester Square.—Five Assistant Dental Surgeons. Applications to J. Francis Pink, Secretary, by January 20th.

**DUNDEE ROYAL LUNATIC ASYLUM.**—Resident Clinical Assistant. No salary, but board, etc., provided. Applications to Dr. Rorie, Asylum, Dundee.

**DUNDEE ROYAL LUNATIC ASYLUM.**—Assistant Medical Officer: unmarried. Salary, £100 per annum, with board, apartments, and washing. Applications to Dr. Rorie, Asylum, Dundee.

**GENERAL HOSPITAL.** Birmingham.—Assistant House-Surgeon: must possess surgical qualifications: no salary, but residence, board, and washing provided. Applications to J. D. M. Coghill, House-Governor, by January 31st. Election on February 6th.

**GERMAN HOSPITAL.** Dalston.—Honorary Assistant Physician. Must be a native of Germany, or must be fully acquainted with the German language and the peculiarities of the German medical science; must hold diploma of foreign or British University, be Member of the College of Physicians, and fully qualified to practise in Great Britain. Applications to A. Walbaum, D.D., Secretary, by January 20th, 1891.

**HAMBLEDON UNION.** Surrey.—District Medical Officer and Public Vaccinator for the Witley District. Salary, £60 per annum, with extra fees. Applications to Ferdinand Smallpeice, Clerk's Office, 138, High Street, Guildford, by January 20th.

**INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.**—Senior House-Surgeon, double qualifications. Salary, £60 per annum, rising to £70, with board and residence. Applications to T. G. Mabane, Rockcliffe, Westoe, near South Shields, by January 20th.

**KENT AND CANTERBURY HOSPITAL.** Canterbury.—Assistant House-Surgeon and Dispenser. Must reside in the house and be unmarried. Salary, £50 per annum, with board, lodging, and washing. Applications to Charles S. Read, Secretary, by January 24th.

**LANCASHIRE COUNTY ASYLUM.** Rainhill, near Liverpool.—Pathological Assistant Medical Officer. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

**METROPOLITAN HOSPITAL.** Kingsland Road, E.—Dental Surgeon. Applications to C. H. Byers, Secretary, by January 31st.

**NEWCASTLE-ON-TYNE DISPENSARY.**—Visiting Medical Assistant: double qualifications. Salary, £120 per annum. Applications to the Honorary Secretary by January 24th.

**NEW HOSPITAL FOR WOMEN.** 144, Euston Road, N.W.—Clinical Assistant for In-patient Department; non-resident. Applications to the Secretary by January 15th.

**PARISH OF TONGUE.** Sutherlandshire.—Medical Officer. Salary, £165 per annum, house, garden, and croft available. To enter duties in February. Applications, with certificates, to John Murray, Inspector of Poor, Tongue, Sutherlandshire.

ROYAL ALBERT HOSPITAL, Devonport.—Assistant House-Surgeon. Board, lodging, and washing; no salary. Applications, with testimonials by January 28th, addressed to the Chairman, Medical Committee.

ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.—House-Surgeon. Must be medical graduate of a university or member of a college of surgeons of United Kingdom, registered and unmarried. Salary, with board and residence, £70 per annum. Applications to the Chair of the Committee at the Hospital, Portsmouth, by January 29th.

ST. LUKE'S HOSPITAL.—Resident Clinical Assistant. Appointment for six months, with board and residence. Applications to the Secretary not later than January 22nd.

STOCKPORT INFIRMARY.—Assistant to House-Surgeon, must be qualified. Appointment for six months with board and residence. Applications with testimonials to Lieutenant-Colonel S. W. Wilkinson, Honorary Secretary, by January 19th.

#### MEDICAL APPOINTMENTS.

ADAMS, James, M.D., F.R.C.S., reappointed Medical Officer of the Eastbourne Borough Sanatorium.

BEALE, Peyton T. B., F.R.C.S.Eng., appointed Surgeon to the out-patients of the Great Northern Central Hospital, *vice* Mr. H. W. Allingham, F.R.C.S.Eng.

BENNETT, James Moore, M.D. St. And., M.R.C.S.Eng., appointed Junior Assistant Resident Medical Officer to the Workhouse and Infirmary of the township of Toxteth Park.

BRUNTON, Walter Reyner, L.R.C.P. Lond., M.R.C.S.Eng., appointed Assistant Medical Officer to the Portsmouth Lunatic Asylum, Milton, near Portsmouth, *vice* Nathan Raw, M.B.

CHEATLE, Arthur H., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the Eveline Hospital for Sick Children, Southwark Bridge Road.

CRANSTON, William L., M.R.C.S., appointed Medical Officer of Health for the Shire of Swan Hill, Melbourne.

DENNING, Robert Nickle, reappointed Medical Officer of Health of the Elland Urban District.

DOUGLAS, Archibald Robertson, L.R.C.P., L.R.C.S. Ed., etc., appointed Assistant Medical Officer to the East Riding Lunatic Asylum, Beverley.

DRAPER, Thomas M., M.R.C.S., L.R.C.P. Lond., appointed Senior Assistant Resident Medical Officer to the Workhouse and Infirmary of the Township of Toxteth Park.

DUNN, Mr. Frederick, appointed Public Analyst for the Shires of Castlemaine and Heathcote, Melbourne.

GIBSON, James, M.B., C.M.Glasg., reappointed Medical Officer of Health of the Greetland Urban District.

JACOB, Henry William, M.A., M.D., appointed Assistant House-Surgeon to the General Infirmary, Birmingham, *vice* Mr. Gordon.

KIRSOOPP, Thomas, M.B. Lond., M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the No. 2 District of the Horsham Union.

KRUSE, Mr. John, appointed Public Analyst for the Shires of Mornington and Numarkah, Melbourne.

LITTLE, William C., appointed Medical Officer of Health for the Shire of Wimmera, Melbourne.

MACKIE, Dr., reappointed Medical Officer to the Brechin Infirmary.

PLUMMER, Selby W., M.B., B.S. Dunelm., appointed House-Surgeon to the Royal Infirmary, Newcastle-on-Tyne, *vice* Burdon Cox, resigned.

ROSS, Wm. C., M.B., appointed Medical Officer of Health for the Shire of St. Arnaud, Melbourne.

SWINDELLS, J. A., M.R.C.S., appointed Medical Officer of Health for the Shire of Glenlyon, Melbourne.

THOMSON, W. Ernest F., M.A., M.B., C.M. Edin., appointed Resident Medical Officer of the Parish of Eday, Orkney, N.B.

WARING, Holbert Jacob, M.B., L.R.C.P. Lond., M.R.C.S.Eng., appointed Assistant House-Surgeon to St. Bartholomew's Hospital.

WESTON, Edward Francis, M.R.C.S.Eng., L.S.A., appointed by the Justices of the Staffordshire Quarter Sessions, Private Asylum Medical Visitor.

WILLIS, Julian, M.R.C.P. Ed., M.R.C.S.Eng., appointed Medical Officer to West Middlesex Waterworks Company, *vice* W. T. Wyatt, M.A., M.D. Oxon., resigned.

WHITE, G. B. M., M.B., B.Sc., F.R.C.S., appointed Surgical Registrar to the University College, London.

WHITE, Percy H., M.B., C.M. Edin., M.R.C.S., L.D.S. Eng., appointed Assistant Dental Surgeon to the National Dental Hospital, Great Portland Street, W., *vice* Mr. R. D. Pedley.

VAUGHAN, Alfred Pardoe, M.B., appointed Medical Officer of Health for the Shire of Doncaster, Melbourne.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: On Lachrymal Diseases. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. Bailey: On Anæsthetics.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Stephen Mackenzie: The Lettsomian Lectures on Anæmia: its Pathology, Symptoms, and Treatment. Lecture II.

##### TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 2 P.M.—Dr. Savage: On Hysteria, Delirium, Mania. Examination Hall, Victoria Embankment, 5 P.M.—Mr. Jonathan Hutchinson: On Special Forms of Lupus.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Delépine: Melanotic Sarcoma of the Liver. Mr. T. F. Chavasse: Diverticulum of the Oesophagus. Dr. S. Copeman: Haematoxylorhin in Urine. Dr. W. Hunter: Subacute Gastritis. Dr. S. West: Multiple Tubercular Tumours in Brain and Viscera. Mr. Stephen Paget: Imperforate Rectum. Dr. Job Collins: Hypertrophied Kidney. Dr. Rolleston: Mediastinal Tumour. Card Specimens: Mr. L. A. Dunn: Caries of the Scapula. Dr. Delépine: Charcot's Crystals and Leprosy.

ROYAL STATISTICAL SOCIETY, Lecture Theatre of the Museum of Practical Geology, 28, Jermyn Street, S.W., 7.45 P.M.—Inspector-General Robert Lawson: The Operation of the Contagious Diseases Acts, from their introduction in 1864 to their ultimate repeal in 1886.

##### WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Mitchell Bruce: Demonstration of Cardiac Cases. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: On Optic Neuritis.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.—President's address; Election of Council and Officers.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7 P.M.—Mr. R. H. Scott: On a Peculiar Development of Cirrus Cloud observed in Southern Switzerland. Colonel W. F. Badgley: On Dew. 8.15 P.M. Annual General Meeting.

##### THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Beevor: On the Anatomy of the Brain. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Voelcker: Demonstration of Pathological Specimens. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. Stoker: On Neuroses of the Larynx.

BRITISH GYNECOLOGICAL SOCIETY, 8.30 P.M.—Dr. R. T. Smith: On Two Cases of Tubercular Salpingitis. Introductory Address by President, Dr. Chapman Grigg.

NEUROLOGICAL SOCIETY, National Hospital for the Paralysed and the Epileptic, Queen Square, 8.30 P.M.—Annual meeting; election of officers; Address by the President-Elect, Dr. Brissowtow: On the Relation of Mind to Brain.

##### FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Mitchell Bruce: Demonstration of Pulmonary Cases.

CLINICAL SOCIETY OF LONDON.—Living specimens, 8 P.M.—Mr. Stephen Paget: A Case of Acromegaly. Dr. Balmanno Squire: A Case of Lupus which has recovered under treatment. President's address, 8.30 P.M. Papers.—Dr. Sidney Phillips: Two Cases of Typhoid Fever fatal at a late Period of the Disease without Ulceration of the Intestine. Mr. C. Mansell Moullin: Three Cases of Septicæmia due to Sewer Gas. Dr. Hale White and Mr. W. A. Lane: A Case of Stricture of the Pylorus following upon Hydrochloric Acid Poisoning, in which a modified Loretta's operation was performed.

##### SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Hospital, 11 A.M.—Dr. Percy Smith: Clinical Demonstrations. Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. Payne: On the Disease called Lichen.

#### BIRTHS, MARRIAGES, AND DEATHS.

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

##### BIRTHS.

ILLINGWORTH.—On January 9th, at Clayton House, Accrington, the wife of C. R. Illingworth, M.D., M.R.C.S., of a son.

TAYLOR.—On January 10th, at 9, Minster Yard, York, the wife of Edward Muscroft Taylor, of a son.

##### MARRIAGES.

FULLER—BERRY.—On January 7th, at the Parish Church, Cottingham, by the Rev. Canon Yates, Andrew Fuller, Surgeon of Bugbrooke, Weedon, to Beatrice, second daughter of Charles Berry, Esq., of Middleton.

HANLY—BRADLEY.—Thursday, January 8th, at St. Anne's Catholic Church, Aughton, by the Most Rev. Archbishop Scarisbrick, Dr. John Joseph Hanly, M.A., of Ormskirk, to Walburga Mary, fourth daughter of Mr. Joseph Bradley, Aughton, Lancashire.

##### DEATH.

HOPKINS.—January 8th, aged 60, John Walter Hopkins, M.R.C.S., L.R.C.P., Brunswick House, Leeds.

## 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*.—W. Th. F., 3.

**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, SOHO**. *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; (Obstetrical), W., 2.

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

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

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

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

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

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

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

**ST. GEORGE'S**. *Hours of Attendance*.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. *Operation Days*.—Th., 1; (Ophthalmic), F., 1.15.

**ST. MARK'S**. *Hours of Attendance*.—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days*.—M. Tu., 2.30.

**ST. MARY'S**. *Hours of Attendance*.—Medical and Surgical, daily, 1.45 o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutic, 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.

**ST. THOMAS'S**. *Hours of Attendance*.—Medical and Surgical, daily, except W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, except S., 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; (Gynaecological) Th., 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.

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

### QUERIES.

#### REPLACEMENT OF RETROFLEXED FUNDUS UTERI.

A MEMBER writes: I would like to ask some of my medical brethren who have a larger experience in gynaecology—(1) Can a Hodges's pessary be depended on of itself, when inserted without other measures, such as the use of the sound, to raise the retroflexed fundus? (2) Do they ever find it necessary or desirable to use chloroform or other anaesthetic when using a sound or adjusting a pessary? I have had many cases, but none of them presented the same difficulties. The patient, whom I saw for the first time a few days ago, is a widow who has had no children. The pelvis is deep, the fundus, difficult on that account to reach, is acutely flexed and seemingly pretty firm in its position, the vagina narrow, and os vagina very small, barely admitting the forefinger, and the patient is very sensitive to pain. Any expression of opinion which would aid me in the case I would be obliged for.

### ANSWERS.

#### "OUTSTANDING EARS."

SURGEON writes: In reply to Mr. H. Rainsford's (Kilburn Lane) query in the BRITISH MEDICAL JOURNAL of January 10th: With regard to treatment of "outstanding prominent ears in young lady patient," why not vivify the back of ears and skin on head opposite, or keep both in contact till union is effected?

#### BOOKS ON HYPNOTISM.

DR. R. MANSELL-JONES.—An answer to a similar question was published in the BRITISH MEDICAL JOURNAL of December 20th, 1890, p. 1455. It was there stated that Moll's work on *Hypnotism*, translated from the German, and published by Walter Scott (London), would be found a useful work in commencing the study of this subject.

#### ISOLATION AFTER DIPHTHERIA.

DRAZ.—In cases of diphtheria, even after the disappearance of all membrane in the throat or mouth, it is advisable to keep the patient in isolation for a week or longer, using disinfectant lotions during this period to gargle the throat and mouth. This course is especially advisable in the case of children before allowing them to return to school or mix with others of their family.

#### METHYLATED CHLOROFORM.

DR. JOHN ROSE.—The best methylated chloroform can be safely employed for producing artificial anaesthesia. The ready test of evaporating a few drops from the hand and noting whether any unpleasant odour remains will, with the best varieties, show that practically no odour persists. The Warrington chloroform recently introduced into the market is prepared without methylated alcohol, but by a process which enables it to be sold at a price which is, we believe, practically that of the methylated product. This chloroform is a reliable and not unpleasant smelling material.

#### NURSES' COSTUMES COMPETITION.

DR. R. F. COOK (Gateshead).—There have been two competitions held during the last twelve or fourteen months. The earlier one was for the most approved nurse's uniform; the later was an invalid jacket competition. Our correspondent probably has the former in his mind. A large number of hospitals sent dressed dolls for that competition, and the first prize was carried off by the Salop Infirmary; the second by the Radcliffe Infirmary, Oxford. The Charing Cross Hospital also showed dressed dolls, and they were actually the most approved of all; but inasmuch as the "show" was held at the Charing Cross Hospital, honour forbade the entering into the competition of the matrons and nurses of that institution. The competing dolls have been shown at several other hospitals, and are still in existence. They may be viewed, we are informed, on presentation of card at the office of *The Hospital*, 140, Strand, W.C.

## NOTES, LETTERS, ETC.

READERS of *Little Lord Fauntleroy* will hear with regret that the original of that fascinating creation died recently of consumption. He was the son of Dr. Swan M. Burnett, of New York, and had been brought to Europe by his mother, the popular novelist, in hope of a cure for his disease.

THE climate of the Outer Hebrides was not only 16 degrees warmer than that of London from December 10th to 24th, but it was also more equable. This warmth at the northern stations was felt also more or less on the east coast of Scotland. This difference was due to the effects of oceanic warmth, and not to the mere direction of the wind.

## CONSUMPTION OF QUININE IN AMERICA.

AN American contemporary states that while the annual supply of quinine for the whole world is estimated at 6,000,000 ounces, more than half that amount is consumed in the United States alone. Is it malaria or the fashionable craving for "pick me ups," of which a good deal has been heard lately, that is responsible for this large consumption of the drug?

## LAVATORIES IN RAILWAY CARRIAGES.

FOLLOWING the example of the Midland Railway, the directors of the Great Western Railway have decided to provide lavatories in connection with all classes on their long-distance trains. The travelling public will hail this change with satisfaction, and will hopefully expect its introduction on the other great lines of traffic. It is recommended alike by considerations of comfort and of health. To all it ensures a distinct gain in convenience, while for many sick and weak persons who may have to travel by rail, it signifies the satisfaction of a crying need.

## COLD BATHS.

Dr. J. FARRAR (Gainsborough) writes: Against the rather vigorous letter of Dr. W. Gordon Stables on this subject, in the BRITISH MEDICAL JOURNAL of January 10th (p. 90), and in support of his contention, it may perhaps interest your readers to peruse the following paragraph from the last edition of my little book on *Baths and Bathing*, recently published. It is mentioned to illustrate the fact that: "A man who has all his life been accustomed to the habitual morning dip, appears to be able to despise alike both cold water and the cold piercing blasts of winter." The paragraph runs as follows:

"I have in my mind at present a gentleman, aged 86, who habitually, summer and winter alike, takes his cold bath on first rising in the morning; and he has never yet suffered from any complaint that could fairly be attributed to this daily practice of cold bathing. He never wears an overcoat, in snow or rain, and no muffler; and he is able to take his daily morning walk, of at least three miles, no matter what the weather is like."

I may add that this gentleman is still living, and that during the present severe weather, when it has been cold enough to keep ordinary old men between the blankets, he is up before the sun, and still has his usual dip, having to break the ice before creeping in.

Of course, while this is safe in one who has all his life been accustomed to the daily cold bath, the result would be very different in other cases, where such a practice has been habitually neglected.

## WINTER BATHING IN THE SERPENTINE.

IN reference to an article on Cold Water Baths in the Serpentine in Winter in the BRITISH MEDICAL JOURNAL of January 3rd, a correspondent writes: It may be stated that the water itself in the spaces broken in the ice was found to have a temperature of 31° F. That of the air on the banks was then about 26° F. during the day it was tried, so that really the bathers were plunging into warmer water than the air. This, he adds, may therefore account for the stoicism and innocuousness of the bathing marvel.

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

(A) Dr. C. Aitken, Penarth; Professor J. Attfield, London; Dr. Athill, Dublin; Mr. F. Adsett, Worthing; Mr. W. Allen, Manchester; Dr. J. Adams, Eastbourne; Messrs. Allen and Hanbury, London. (B) Mr. Balding, Royston; Dr. F. Ballon, Leadville, Colo.; Dr. H. Barnes, Carlisle; T. M. Bonar, M.B., Probus; Dr. A. H. Benson, Dublin; Dr. P. Boobbyer, Nottingham; Messrs. Burroughs, Wellcome and Co., London; Dr. Berdoe, London; D. G. Braidwood, M.B., Halkirk; Mr. P. T. B. Beale, London; Mr. P. B. Bentli, Jersey; Mr. H. Bradburn, London; Mr. Bullen, Wakefield; Mr. G. Balfour, Wimbleton; Surgeon-Major Bourke, Secunderabad; Dr. R. Bell, Glasgow. (C) Surgeon W. J. Colborne, Gibraltar; Mr. J. B. Combe, Twyford; Dr. G. W. Crowe, Worcester; Mr. M. Calder, Greenock; Dr. G. Cowen, New Malden; Mr. W. J. Cant, Lincoln; Mr. H. Chambers, Nottingham; Dr. Ward Cousins, Southsea; Dr. H. E. Crook, London. (D) Mr. A. R. Douglas, Durham; Dr. Wm. Duncan, London; Mr. F. W. Dix, Rugby; Mr. G. D. Deeping, Southend; Denayer's Peptomoids and Extract of Meat Company, London; Messrs. Danielsson and Co., London; Mr. V. Dickinson, London; Messrs. W. and C. Davies, Brighton. (E) Dr. E. J. Edwards, London; Mr. H. T. C. Eagle, London. (F) Mr. J. A. Fox, Penzance; Dr. J. Farrar, Gainsborough. (G) Mr. L. M. Griffiths, Clifton; Mr. A. V. Griffiths, Fenton; J. Gibson, M.B., Greenwich; Mr. E. Goodall, Wakefield; Mr. R. Garden, Aberdeen; Fleet-Surgeon C. C. Golding, Southsea; Mr. W. Gregson, Southend. (H) Mr. P. Hutchinson, London; Professor V. Horsley, London; Mr. J. D. Hutchinson, Aberdare; Mr. H. M. Holt, Malton; Mr. J. P. Henry, St. Mary Cray; Dr. De Vere Hunt, Cardiff; Dr. Herman, London; Surgeon-General

Hassard, Dublin; Dr. C. Holman, Reigate; Mr. W. E. Holmes, Roscommon; Mr. W. B. Holderness, Windsor; Mr. F. R. Humphreys, London; Dr. H. Handford, Nottingham; Dr. A. Haig, London; Mrs. Haughton, London; Surgeon Hall, Forest Hill. (I) Income Tax Repayment Agency, London. (J) Mr. G. S. Johnson, London; Mr. W. Jones, Liverpool; Dr. E. H. Jacob, Leeds; Mr. R. K. Johnston, Dublin; Mr. W. H. Johnson, London. (K) Mr. E. M. Knapp, Ross; Mr. F. Kerslake, London; Dr. H. Ker, London; Surgeon R. Kirkpatrick, Edinburgh Castle. (L) Mr. J. R. Lunn, London; Mr. H. A. Lawson, Craiglockhart; Dr. Fletcher Little, London; Mr. J. Linton, Newcastle-on-Tyne; Dr. W. V. Lush, Weymouth. (M) Mr. R. Martyn, Exeter; Mr. A. W. S. McComiskey, Killough; Dr. C. A. MacMunn, Wolverhampton; Mr. A. H. Middleton, Dublin; Messrs. Murany et Cie., Paris; Mr. C. Moixham, Bury St. Edmunds; Miss H. McLintock, Church Stretton; Mr. J. Macready, London; Dr. C. W. Mansell-Moullin, London; Dr. R. Maguire, London; Mr. John Marshall, Coatbridge; Mr. E. Millais, London; Mr. Wm. Marriott, London; Miss A. McConnell, London; Medicus; Dr. Stephen Mackenzie, London; Messrs. Maclean and Sons, Edinburgh; Member. (N) Miss M. Nichol, London; Dr. D. Nicolson, Wokingham. (O) Mr. W. Odell, Torquay; Mr. J. Ostell, Carlisle. (P) Dr. C. E. Paget, Salford; Dr. H. Page, Redditch; Mr. D'Arcy Power, London; Dr. G. W. Potter, London; Mr. C. H. W. Parkinson, Wimborne; Mr. J. J. Powell, Bristol; Dr. Louis Parkes, London. (R) Mr. E. Richardson, Bedford Leigh; Dr. J. Rorie, Dundee; J. Rae, M.B., London; A. B. Rideal, M.B., Southborough; Dr. J. Rose, Chesterfield; Mr. J. M. Richards, London; Surgeon A. G. Reilly, St. George's, Bermuda; Dr. Rentoul, Liverpool; Mr. K. Roberts, Bishop's Lydeard. (S) Mr. W. T. Stead, London; E. H. Strong, M.B., London; Dr. Saundby, Birmingham; Dr. Sykes, Mexborough; Mr. F. Shapley, Sidcup; Mr. P. Swain, Plymouth; Dr. J. Lindsay Steven, Glasgow; The Secretary of the Sanitary Institute, London; Mr. Morton Smale, London; Mr. E. W. Sisson, Newcastle-on-Tyne; Miss Strange, Worcester; Mr. J. Sharples, Preston; The Secretary of the New South Wales Branch of the British Medical Association, Sydney; Mr. E. G. Stocker, Wedon; Mr. P. Selby, Newcastle-on-Tyne; Dr. W. T. Stoker, Dublin; The Secretary of Gresham College, London; The Secretary of the Society for the Prevention of Hydrophobia, London; The Secretary of the West London Medico-Chirurgical Society, London; The Secretary of the Royal Statistical Society, London; The Secretary of the National Health Society, London. (T) Mr. E. Tredinnick, Craven Arms; Mr. C. W. Thies, London; Dr. Thin, London; W. E. F. Thompson, M.B., London. (W) Mr. J. C. Worthington, South Lowestoft; Mr. J. S. Wood, London; Mr. N. J. Wise, Trowbridge; Mr. E. W. White, Birmingham; Mr. F. C. Wood, Nottingham; Mr. T. Walker, Camberley; Mr. C. Workman, Glasgow; Mr. J. West, London; Mr. W. Roger Williams, London; etc.

## BOOKS, ETC., RECEIVED.

A Textbook of Chemical Physiology and Pathology. By W. D. Halliburton, M.D., B.Sc. London: Longmans, Green and Co. 1891.

Aphorisms in Applied Anatomy and Operative Surgery. By Thomas Cooke, B.A., M.D. London: Longmans, Green and Co. 1891.

Hygiene and Public Health. By B. Arthur Whitelegge, M.D., B.Sc. London: Cassell and Co. 1890.

A Memorial of O. W. Wright, A.M., M.D. By J. S. Wright, M.D. Cambridge: The Riverside Press. 1890.

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