

symptoms, by a tendency to spread, and by irregular, liquescent infiltration of the lung tissue as presented at the *post-mortem* examination.

The localisation of pain in the region of the cæcum at the commencement struck me all the more forcibly at the time, as I had just seen another case of empyema of the right side, also due to influenza, which commenced almost exactly in the same way, except that the pain in the abdomen was much more intense, causing the muscles to contract in a tetanic manner; it was not until after twenty-four hours that thoracic symptoms appeared.

The difficulties of diagnosis in this case were unusually great—in fact they were never quite surmounted. It was only on the evening of the fifth day that the first indication of the nature of the illness presented itself. Then the empyema of the right side presented some difficulties following so rapidly on the pneumonia of the base, and being partly masked by this. After the empyema had been operated on and temperature reduced, pulse and respiration did not follow suit, the dyspnoea increased, without discernible cause at first, until the pericardial effusion was discovered. It was then found that the pericardium contained nearly two pints of thick pus, although there had been no pyrexia of any account for over eight days, and although there had never before been any symptoms pointing to an acute inflammation of the pericardium, in particular no delirium, no pain over the region of the heart. After this accumulation of pus had been emptied the temperature rose to 102°, and remained as high every consecutive evening without any cause being found for this.

How were we to account for the presence of pus in the pericardium, and how long had it been there? Evidently some time, and we looked upon it at first as the result of purulent pericarditis of a septic nature caused by the same poison as the pneumonia and empyema, and which had run its course with symptoms sufficiently indefinite to be masked by those of the initial pneumonia. When, however, despite all surgical interference, temperature did not come down, the suggestion presented itself that it might possibly have been a case of empyema of the left side, breaking through into the pericardium, and draining through this cavity. The presence of an area of dulness in the axilla, separated from the pericardial dulness by a zone of clear lung sound and which disappeared after evacuation of the pus, would seem to support this view, although not absolutely so, as I find Eichhorst quotes as a symptom of pericardial effusion slight impairment of the percussion note in the first and second intercostal spaces often preceding all other symptoms of pericarditis. The assumption of a collection of pus behind the pericardium, draining into it, becoming septic by the incision and inaccessible to the antiseptic washing, might explain the persistency of the pyrexia. No accumulation of pus could, however, ever be detected by percussion, and there was no *post-mortem* examination to clear up the doubt. Again, the pyrexia might have been of a septic nature caused by endocarditis giving rise to no symptomatic murmurs. But why should the temperature have risen just on the evening of operation had this been the case?

Gangrene of the orifice of the urethra was another interesting feature of the case. It was discovered quite accidentally by the nurse on the day following the incision into the pericardium, never having caused any trouble whatever. There was a black, dry, offensive ring round the urethra, the urine passing freely through its centre without pain. It fell off on the day preceding death. The child only once or twice wetted its bed towards the end of its life. I am strongly of the opinion that it was due to the use of antipyrin. I remember two cases of typhoid in women who were taking gr. xxx doses of antipyrin, where diphtheritic inflammation of the orifice of the urethra was present. Possibly it may only be caused in cases in themselves tending towards such an occurrence; but I remember a lady patient who was taking antipyrin for rheumatic pains complaining of severe pain during micturition for two days, which ceased when the antipyrin was discontinued, and which never returned afterwards. Naphthalin, I believe, also causes pain on micturition, and Mr. Humphreys, of the Bradford Fever Hospital, mentions two cases where beta-naphthol gave rise to similar trouble.

The antipyrin also caused vomiting when given by the

mouth, which was obviated by its administration by the rectum. Otherwise it acted very beneficially indeed, the effect being more evident at the bedside than it is possible to describe. It did not seem possible at the time that the child could have lived had we not been successful in lowering the temperature. Antifebrin caused a distinct collapse with perspiration, and did not give the same marked sense of comfort as the antipyrin. The consideration that antifebrin in some way alters the composition of the hæmoglobin—as indicated by the blue appearance of patients taking it—was another reason for preferring antipyrin in this critical case, although even very large doses in healthy persons do not seem to necessarily have a permanently injurious effect. A case is on record in which a student took 28 grammes, or nearly an ounce, and recovered after three days, whilst again doses of gr. viijss would seem to have had very marked ill effects in rare cases.

With regard to the operation little need be said. Removal of the fluid from the pericardium was absolutely indicated, and when this proved to be pus there was no chance of recovery except by making a free incision and draining. The incision was made in the fourth intercostal space, beyond the mammary artery, and, to use the words of Mr. Pridgin Teale, "the heart never seemed to come near either the trochar or the scalpel." It would only be in cases of old standing, in which adhesions of the pericardium might have formed, that one need fear injury to the heart. It would also seem that rapid evacuation of the contents of the sac may be followed by sudden death.

The admission of air into the pericardial sac, the irrigation with boric acid, carried out as it was with all precautions, never seemed to affect the heart's action in the least, and this case will, without doubt, go to prove that the dangers of surgical interference with the pericardium are no counter-indication, where it is for any reason indicated. In this respect it corroborates the two successful cases I have been able to find recorded. Rosenstein, of Leyden,<sup>2</sup> incised and drained the pericardium of a boy of 10 years. The wound was closed on the nineteenth day, and perfect recovery took place, the heart being left very little, if at all, hypertrophied, and presenting no signs of pericardial adhesions. West<sup>3</sup> was also successful in a case of a boy, aged 16, the patient having perfectly recovered in five weeks.

The rapidity with which these two cases, particularly Rosenstein's, recovered is very striking. It would hardly seem possible that in this time the pericardial sac could be obliterated by granulations gradually creeping over the heart from the base, as one might expect by analogy with the pleural cavity under similar conditions. In the case I have recorded there was certainly no obliteration of the pericardial sac of any extent after twenty-six days, nor did the pus diminish in quantity or thickness sufficiently to warrant the withdrawal of the drainage tube. The absence of a *post-mortem* examination is all the more deplorable, as it might have explained this, and given some idea as to the mode and rapidity in which one could expect a case of this sort to heal up.

## MEMORANDA:

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

#### THE PRESCRIPTION OF IRON IN ANÆMIA.

IN his interesting articles on Anæmia, Dr. Stephen Mackenzie discusses with some care and anxiety the proportions of alkali to be combined with sulphate of iron in Blaud's pill. Let me assure Dr. Mackenzie and your readers that these proportions are of no importance whatever, and that the alkali may be omitted without therapeutical loss and with much practical convenience.

For the last five years of my practice I ceased entirely to use the alkali, and my results were equally good. The mistakes and failures in treating adolescent and chlorotic anæmias are often due to the prevailing economy in the use

<sup>2</sup> *Berliner klinische Wochenschrift*, 1881.

<sup>3</sup> *Medico-Chirurgical Transactions*, referred to in the *BRITISH MEDICAL JOURNAL* of 1883.

of the iron. With five, or even ten, grain doses of citrate of iron little real progress may be made in many cases. No form of iron is so efficient as the sulphate, of which gr. j thrice daily is to be given for a week, then two grain doses for ten days, and so on till nine, or even twelve, grains are taken in the day. The drug should be gradually reduced in like manner, and the course should never be less than three months in duration, or relapses may occur. In obstinate cases the addition of  $\frac{3}{16}$  gr. of strychnine, or  $\frac{1}{4}$  gr. of phosphide of zinc are invaluable aids. Most patients require the inclusion of gr.  $\frac{1}{2}$  to  $\frac{1}{4}$  of extract of aloes to prevent the constipating effect of the sulphate, but Dr. Mackenzie rightly denies that constipation is the cause of chlorosis, or even generally coincident with it. This error is due to reasoning from an insufficient number of careful records.

Iron pills should be carefully made from the dried sulphate and not with gums, which by hardening make the pills insoluble. In any case it is better to order the pills to be freshly made every week, if not even more frequently. Patients who are unable to take pills are best treated with the saccharated carbonate of iron, of which three or four large teaspoonfuls may be given in the day.

Athenæum Club.

T. CLIFFORD ALBUTT.

#### ON THE OCCURRENCE OF "ANILINE BODIES" IN MICROSCOPIC SECTIONS.

I HAVE carefully read the papers by Dr. Russell and Dr. Edington in the BRITISH MEDICAL JOURNAL for December 13th, 1890, and January 17th, 1891, respectively. My attention was thereby directed to certain appearances I noticed in some sections recently under examination. To these appearances I give the old name of "aniline bodies," as they are shown by the use of more than one aniline colour. These remarks, unless otherwise stated, refer to sections made through the wall of the pharynx of a boy who died of tuberculosis. I stained sections of this tissue by Ehrlich's method of demonstrating the tubercle bacillus. This, indeed, I found; but was surprised to find also deeply-stained, globular, refractive bodies sparsely scattered through the tissue, more especially in the deeper layers. I drew the attention of a microscopic friend to these bodies, who said, "Oh, these are aniline bodies; if you use carbolised solutions you will not get them." It is very difficult to get clear solutions of aniline oil, even by repeated filtering; they are slightly opaque from presence of microscopic globules; this objection does not apply to solutions of carbolic acid which look perfectly transparent. Accordingly, I set to work, carefully following Dr. Russell's directions to the minutest detail, in the preparation of sections. I soon found "fuchsin bodies," neither very large nor very numerous, the largest, perhaps, measuring a little more than half the diameter of a red blood-disc. They occurred generally in the deeper layers of the pharynx, in the nucleated connective tissue between the muscles, sometimes appearing to lie in or on the cut end of a muscular bundle. I very rarely saw them within a cell, though once I saw a fusiform group of globules bounded by something like a cell-wall, within which was a nucleus scarcely stained. Sometimes the globule was surrounded by a clear vacuole concentric with it. Sometimes a fuchsin body would not occur for many microscopic fields; when they were found they were hardly ever single, but arranged in lines or groups of half a dozen or less. The appearances often strikingly resembled those depicted in Dr. Russell's coloured plate, but on a smaller scale. I may mention that all the stains were filtered, and that nothing was considered a "fuchsin body" that was not circular, or did not stand out with a clearly defined margin and homogeneous red structure. The fuchsin was turned out of everything except "fuchsin bodies," tubercle bacilli, and red blood corpuscles: the latter formed beautiful objects, looking like crumpled yellow discs with a narrow red rim. A second slide by Dr. Russell's method showed similar results. In a third I did not find the globules, and in a fourth too much fuchsin remained in the specimen for differentiation.

Curiously enough, in using Gram's method, my experience so far coincides with Dr. Russell's in that with it I obtained the most striking results. Not only were "aniline bodies" (purple) more numerous and larger, but they appeared to show an internal structure and mutual relations one with another. I saw at least one larger than a red blood disc, many about the same size, and innumerable lesser ones. The typical ones

were perfectly circular, with a well-defined margin. Most of the appearances depicted in Dr. Russell's Fig. 10 were well simulated. This especially applies to the internal structure, in which a process of segmentation appeared to be going on. Again, a broken granular sphere was often surrounded by a group of granules, as if it had shed its contents. And, again, a large individual and a small would be seen lying in contact suggesting gemmation. I did not, however, find a chain united by filaments. Viewed under low powers,  $\frac{2}{3}$  and  $\frac{1}{2}$ , these appearances might easily be mistaken for true histological elements; but on using a  $\frac{1}{2}$  (in which case the least turn of the screw alters the focus) my suspicion was excited; for when the "aniline bodies" were in focus the tissue elements were out, and *vice versa*.

I then went on to other trials with the same and other tissues. I found no "aniline bodies" on using logwood and eosine. I tried Gram's methyl-violet dissolved in pure water, but the result was inconclusive, as I did not sufficiently decolorise to get a good after-stain. In a sarcoma of testicle (Russell's method) I found no "aniline bodies." In a section of lung, stained methyl-violet-aniline, nitric acid, a few very opaque globules, evidently foreign. Lung, Ehrlich's method, no globules. A cover-glass preparation of urine, carelessly stained, globular and amorphous deposits, many of the former granular. Finally, I dropped ordinary methyl-violet-aniline solution filtered on a cover glass, and allowed it to dry. Under the microscope numerous globules were seen, either single, or two partially fused together; or, again, united by a narrow isthmus. Russell's fuchsin, similarly treated, gave like results.

I have tried, as far as possible, to describe what I found in my specimens, and do not feel competent to draw inferences from such scanty data. But I think I shall be justified in saying that it will behove all who wish to test the validity of Dr. Russell's views on the pathology of cancer, when using the methods he expressly recommends, to be on their guard lest they mistake coloured globules—whether droplets of aniline oil, degenerated protoplasm, or *tertium quid*, I know not—for pathogenic fungus.

Nottingham.

C. H. CATTLE, M.D.Lond., M.R.C.P.

#### THE TREATMENT OF DIPHTHERIA.

IN a note upon the treatment of diphtheria, which appeared in the BRITISH MEDICAL JOURNAL of January 24th, Dr. Knapp considered that the success of his procedure depended upon the antiseptic properties of a mixture containing iron, soda, and iodine. Without wishing for one moment to doubt the accuracy of his conclusions, I would venture to suggest that the remarkable efficacy of the remedy was due rather to the iron which it contained than to its salicine or iodine components.

The perchloride of iron has always enjoyed a high reputation as an empiric remedy for diphtheria, and it is now several years since its introduction into the London Hospital in a modified form led to a very considerable reduction in the mortality attending the disease. In the method to which I allude the mode of administration of the drug was modified in two important particulars—not only was the dose augmented and repeated every hour, but, at the same time, a few grains of chlorate of potash were added to the solution, with the view of encouraging the formation of the strongly antiseptic gas (euchlorine), which would dissolve in the mixture and exert a local action upon the seat of the disease. The formula runs as follows: Ferri perchlor., 3vj; pot. chlor., g. xl; glycerini, 3iv; aquæ, ad 3viij; M.

Whether the supposititious chemical action really takes place or not is uncertain, but no one who has had occasion to use the prescription in cases of diphtheria will deny that its effect upon the course of the disease is extraordinary. The mixture is administered every hour, day and night, the patient allowing the medicine to remain for a few seconds in contact with the throat before swallowing it, and refraining from drinking any fluid for at least ten minutes after the dose has been taken. For the rest, the treatment consists in the free exhibition of stimulants and of a highly nutritious diet. Sprays of sulphurous acid, quinine, antipyrin, and salicylate of soda appear to exert no influence whatever upon the course of the malady.

Under this system of treatment the course of events is fairly uniform; the membrane ceases to spread after the

lapse of a few hours, and has usually disappeared by the end of the second day. When this result has been effected, the medicine must be cautiously reduced in amount and in frequency of administration, but in no case should it be abruptly discontinued, since it has happened that in such cases the membrane has reappeared at the moment that the disease was supposed to have received its final dismissal.

I have before me the notes of twenty-two adult cases treated in this manner; of these twenty recovered and two died; seven of the successful cases suffered from subsequent paralysis. I might also remark that in one case, where tracheotomy was performed on account of laryngeal implication, the patient's life was undoubtedly saved by the persevering and energetic action of the house-physician, Dr. Daniells, who himself hourly applied the mixture to the diseased mucous membrane.

Persons suffering from diphtheria appear to be exceedingly tolerant of iron, as in no case was colic or constipation complained of, and in only three instances did vomiting ensue at the commencement of the treatment. In cases of infants the remedy is practically useless, the cases generally dying of exhaustion before the medicine has had time to take effect.

From the numerous facts at our disposal there can be no doubt that the administration of certain preparations of iron in large and repeated doses is capable of exerting a material influence upon the course of the disease; and it behoves us to determine by more extended trial the true value of its various antiseptic combinations in the treatment of so fatal a malady as diphtheria.

W. SOLTAU FENWICK, M.D., B.S.Lond., M.D.Strass.  
Harley Street, W.

#### DEATH UNDER CHLOROFORM.

As deaths from anæsthetics are always of some interest, the following case may be worthy of record:

On December 7th, after consultation with Drs. Berry and Watson, of Queenstown, Dr. Murray made an exploratory incision over the right hypochondrium of a lad, aged 17 years. Chloroform was administered on a small wire and lint mask by Dr. Watson, and was measured by a drop bottle. The total quantity used from first to last was 6 drachms.

Soon after the administration was begun there was a marked diminution in the number of pulse beats. Gradually, however, the pulse became stronger and the breathing regular. In about twenty minutes the lad's face suddenly became pallid, the pulse stopped at the wrist, and the breathing became irregular and gasping. Respiration continued spasmodically for fully a minute afterwards, and then ceased entirely. At once artificial respiration by Sylvester's method was begun and continued for over half an hour. Ether hypodermically, inhalation of nitrite of amyl, and the electric current were tried, but without success.

Death seemed to have been instantaneous from reflex paralysis of the heart. His heart had been auscultated previously by several medical men and by the anæsthetist prior to the administration, and nothing abnormal had been detected. For six months the lad had suffered from obscure attacks of colic, for which he had at intervals increasing doses of morphine administered hypodermically. No *post-mortem* examination was allowed.

JOHN K. MURRAY.  
WM. B. BERRY.  
L. WATSON.

Whittlesea, Cape Colony.

#### SOL. HYDRARG. PERCHLOR. IN CANCRUM ORIS.

In the BRITISH MEDICAL JOURNAL of January 3rd, Dr. Coward calls attention to the value of hydrarg. perchlor. in diphtheria. May not the action of the drug in this disease depend on its germicide properties, diphtheria having recently been found to be due to the presence of a bacillus? There is another serious affection which I have seen much benefited by the use of this drug. I allude to cancrum oris. Within the last few weeks two cases of this severe affection have been under treatment in this infirmary. In one case the right cheek was extensively ulcerated, and, what I believe to be rare, the tongue was also involved, the right half being one mass of gangrenous ulceration. The discharge was intensely foetid, pouring from the mouth as the child lay in bed. In both these cases sol. hydrarg. perchlor., 1 in 1,000, was used to swab over the ulcerated surfaces, of course taking all

due precautions. The effect was almost magical. In a fortnight both children (they were brother and sister) were perfectly well, a slight scar on the tongue alone remaining. Good living, tonics, etc., undoubtedly assisted these cures. These children infected each other, the elder being first attacked.

That there is a microbe in cancrum oris as well as in diphtheria, etc., is, probably, only a question of time to prove. If this be so, then the value of such a powerful germicide as the hydrarg. perchlor. in such cases must be evident.

The thanks of the profession are due to Dr. Coward for suggesting this treatment for diphtheria. I believe that if only a fair trial is given to this drug, whatever may be its *modus operandi*, the results will not be disappointing.

EDMUND RUNDLE, F.R.C.S.I.,  
Res. Surgeon, Royal Cornwall Infirmary.

#### MALARIAL CIRRHOSIS OF THE LIVER.

FROM the scant notice that this condition of liver receives in our textbooks, one surmises that it is a disease not frequently met with at home.

A case that came under my observation agreed rather with Dr. Cullingworth's experience in some of its clinical features than with those tabulated by Dr. Saundby. The main features were these: Only three months' exposure to malarial infection; well marked ascites, and anasarca of legs; relieved by tapplings; jaundice present but slight; liver diminished and contracted very much in size (verified). All other causes were carefully eliminated before arriving at the diagnosis. Duration of disease only two years.

Ilkley-in-Wharfedale. A. H. BAMPTON, M.Ch., M.D.

## REPORTS

ON

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

#### GUY'S HOSPITAL.

RUPTURE OF ISCHIO-RECTAL ABSCESS INTO SUBPERITONEAL  
AREOLAR TISSUE: DEATH.

(By W. ARBUTHNOT LANE, M.S., Assistant-Surgeon, Guy's Hospital, and Hospital for Sick Children.)

E. W., a woman, aged 45, was admitted on August 15th, 1890. For eight months she had been engaged in nursing her husband, who died of phthisis, and since his death a month before she had been completely prostrated. At frequent intervals during that month she had suffered from violent attacks of vomiting. On August 9th she felt so bad that she called in Dr. Herron, who found an abscess forming in the ischio-rectal fossa. This the patient would not have opened, but preferred that it should burst spontaneously.

On August 13th she fell down on trying to get out of bed, and within an hour she became much worse. When Dr. Herron saw her a short time after the accident he found that the swelling in the ischio-rectal fossa had almost completely disappeared, and that she had developed great pain, tenderness, and swelling commencing in the lower part of the abdomen and spreading upwards. He urged her to go into Guy's Hospital, as he considered it was not unlikely that the abscess had suddenly extended upwards, either beneath or into the peritoneal cavity. This she consented to do on the 15th. She was then in an extremely feeble condition, vomiting small quantities of bile-stained fluid at intervals. Her abdomen was uniformly distended and very tender, especially in its lower half. The wall did not move during respiration. A finger in the rectum could discern nothing beyond an induration in the ischio-rectal fossa, evidently the wall of the abscess previously observed. There was no redness of any portion of the abdominal wall. The patient appeared to have a peritonitis, which affected chiefly the lower half of the abdominal cavity. Hoping that the condition might be remediable, an incision was made in the middle line through the skin and aponeurosis below the umbilicus. A large collection of very foul-smelling pus was found extending over the outer surface of the peritoneal covering of the lower half

patients also see the same officer. The Medical Committee met every week, and sent up its recommendations to the weekly board. The nursing department was under the sole charge of the lady superintendent; under her was a night superintendent, who took duty at night. There were nine sisters, one to each floor; fifty staff nurses, twelve nurse probationers, fifteen lady probationers, and special nurses and male attendants from the outside were employed when required. The matron received £130 a year, with board and residence, and the sisters received £30 and uniform, with board and lodging, and they were entitled to gratuities and a pension after having served a certain period. The staff nurses commenced as probationers, and received for their first year £12. The lady superintendent engaged nurses subject to the approval of the weekly board. She could suspend but not dismiss. A nursing committee had been recently appointed. There had not been many complaints from the nurses. The matron went round the wards every day and saw every patient. She had from a month to five weeks' holiday. The sisters went on duty at 8 A.M. and left at 11 P.M., but were actually on duty about eleven hours. They had three weeks' holiday in the year. The staff nurses went on duty at 7.30 A.M. and remained until 9 P.M., but their actual work was about ten hours. They had sixteen days' holiday. The nurses did sweeping and dusting, but the ward maids did the more menial work. In case of emergency at night the sister would be summoned at once. The Witness added that there was a nursing institution in connection with the hospital, and nurses were sent out to the public who required trained nurses. They must have served two years. The institution was presided over by a sister, who was entirely engaged on that work. There was a profit derived from the institution, but it did not go to the funds of the hospital, but to the funds for building the institution.

The CHAIRMAN: With regard to the medical committee, there is no medical member on the weekly board?—Yes, that is so.

But, supposing a question arises in which a medical opinion might be worked out to a useful end, a subcommittee is appointed?—Yes; they would nominate delegates from the medical committee to meet the weekly board.

In answer to LORD KIMBERLEY, the WITNESS stated that, to obtain an appointment at the hospital, medical officers must belong to the Colleges of Physicians or Surgeons.

The CHAIRMAN: Have you known of any physician or surgeon excluded for not having the London qualification?—They would not be eligible to become candidates. The WITNESS further stated that £47,000 had been left for cancer wards. That sum could not be touched for any other purpose. It was a separate fund, towards which, however, legacies were left from time to time. The fund was not sufficient to maintain the cancer ward. The gross amount of the capital of the hospital was £252,786. The annual cost per occupied bed was £87 12s. 0½d. He estimated the cost of the out-patient department at £2,620 a year. It was impossible to take the cost of a patient except by estimate. The cost per bed at the Middlesex was larger than at St. George's. But the cancer beds added materially to the cost, probably half as much again. He thought that all the hospitals should, if practicable, render their accounts on the same basis. A central board of control of hospitals would be advantageous.

Mr. EDWARD FARDON, the Resident Medical Officer of Middlesex Hospital, stated that he received a salary of £200 a year, with board and lodging. He had the general medical supervision over the hospital so far as the sanitary arrangements were concerned. He was responsible for all the admissions to the hospital, and exercised general authority over the house-physicians in regard to their work in the wards, and kept a general supervision over the wards. He had been in that position for twelve years. In giving particulars of the relation of the hospital as to its situation with regard to the special and other general hospitals and infirmaries within a radius of a mile of the Middlesex, he stated that there were eight general and twenty-six special hospitals. Including Middlesex Hospital, the number of beds those institutions provided was a total of 2,050.

The CHAIRMAN: Then there are thirty-four hospitals within

a radius of a mile?—Yes; in addition to that there are a number of dispensaries and the Poor-law infirmaries.

With all this enormous amount of accommodation for the sick and assistance for the out-patient department, do you have to send away persons because you have no room for them?—Yes; the out-patient department is crowded. He did not think that an inquiry officer would be worth his pay, as he did not consider it possible for any one man with the enormous out-patient department of the hospital to make sufficient inquiries. The out-patient department he did not think was abused. The out-patient department was valuable for teaching purposes. It might be extended for consultative purposes.

The WITNESS, in answer to LORD KIMBERLEY, stated that, so far as instruction was required, it would be better if only a limited number of patients were admitted. The surplus cases over those necessary for instruction were only defensible on the ground of charity. Mr. Fardon continued that he was of opinion that there was no need for special hospitals to treat cancer patients. It was most desirable that there should be associated with every general hospital special departments. A certain number of midwifery cases were attended to outside the hospital by students, who, in their first few cases, were accompanied by an experienced medical man.

Mr. A. P. GOULD, the Dean of the School of Middlesex Hospital, in answer to LORD KIMBERLEY, stated that during the last twelve months there were 127 new students' entries, of whom 55 were general students, 7 dental students, and 66 occasional students. There were from 250 to 300 students in attendance at any one time. The payment for the full medical curriculum was £100 in one sum, or £125 if paid in instalments. The curriculum lasted for four years. The fees more than covered the whole expenses. The receipts were about £5,000, and the expenditure £2,000, so that there had been about £3,000 for division amongst the teachers. That was divided into 600 shares, the minimum being 10 guineas, and the maximum might be about £350.

Would you dissociate from the medical schools any portion of the teaching to a central body?—I think we could improve medical education in two or three directions. If, besides their ordinary education, students were grounded in chemistry, physics, and a little biology, and were familiarised with scientific methods, the whole medical curriculum would be improved. That might be done if the General Medical Council insisted upon chemistry and physics being a necessary part of the preliminary certificates. He did not consider that the out-patient department was abused to any large extent. There was a small out-patient department connected with the cancer ward; in the ward were twenty-six female and eight male beds. Patients suffering from cancer had to fill up certain forms, and were then put on a rota and were sent for as vacancies occurred. The cancer ward was, in fact, an asylum. He thought that special departments of general hospitals were better than special hospitals. Speaking generally, the special hospitals had not been so useful to medical education as special wards in general hospitals. There were some advantages in large children's hospitals, as the medical staff in such institutions obtained a wider experience as to the treatment of children.

The Committee then adjourned.

## ASSOCIATION INTELLIGENCE.

### BRANCH MEETINGS TO BE HELD.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The next meeting will be held, by the kind invitation of Dr. Adams, at Brooke House, Upper Clapton, on Thursday, February 19th, at 8.30 P.M. Dr. Hadden will give a clinical demonstration of several very interesting cases of Diseases of the Nervous System.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, N.E.

**STAFFORDSHIRE, AND SHROPSHIRE, AND MID-WALES BRANCHES.**—A joint meeting of the above Branches will be held at the Swan Hotel, Stafford, on Thursday, February 26th, at 3.30 P.M.—GEO. REID, M.D., Stafford.

**YORKSHIRE BRANCH.**—A meeting of the above Branch will be held at the Beckett Hospital, Barnsley, on Thursday, February 26th, at 3 P.M. Members intending to read papers are requested to communicate at once with ARTHUR JACKSON, Secretary, Sheffield.

## BOMBAY BRANCH.

A MEETING of the Bombay Branch was held on December 19th, 1890. Present: Drs. Maconachie, Banks, Weir, Mayer, and Peehey Phipson, with Dr. Collie, hon. secretary.

*New Member.*—Assistant-Surgeon Shunturam Venayek Kantak was elected member of the Association.

*Epithelioma of Cornea.*—Brigade-Surgeon MACONACHIE showed a case of epithelioma of the cornea in a woman aged about 30.

*Leprosy in a European Child.*—Surgeon COLLIE showed a case of leprosy in a European child aged 12½. The disease began as swellings of a purplish colour on the forefingers of both hands in November, 1889. These were first thought to be chilblains. In about six weeks, oblong dusky-coloured patches appeared over the ulna above each wrist. About the end of December patches appeared on both cheeks and the centre of the forehead. Two patches next appeared over each patella. The ears became dusky red about April. On admission to hospital there were nodular swellings the size of hazel nuts on the dorsal surface of the first phalanges of the fore and middle fingers of both hands, and oblong patches of a dusky hue, 3 inches by 1½ inch, above the wrist over the ulna on each forearm; these were raised considerable above the surrounding surface, and the left was markedly pitted. There were patches on both cheeks, nose, and forehead similar to those on the arms. Those over the patella were not so marked. The ears were swollen and dusky, and the mouth showed a tendency to a leonine expression. The ulnar nerves were thickened and tender, and inflammatory attacks recurred along the humeral portion of the nerves every two or three weeks, accompanied by fever and severe pain lasting two or three days. Anæsthesia was present in the affected areas. The lesions were remarkably symmetrical. The family history was good, except that there was a doubtful syphilitic taint on the father's side. There were children, older and younger, healthy; mother and all relatives healthy; no history of contact with affected servants or children. The patient was placed on antisyphilitic treatment, and improved markedly up to a certain point. The case being considered of a somewhat doubtful nature, the patient was shown to the members of the Leprosy Commission. Dr. Rake, with his great Trinidad experience, said the diagnosis could only be settled by microscopic examination; serum taken from the nodes on the fingers revealed the characteristic bacteria of leprosy.

*Restoration after Chloroform Asphyxia.*—Two cases of chloroform asphyxia treated successfully by prolonged artificial respiration were reported by Surgeon-Major BARTHOLOMEW, Civil Surgeon, Ahmedabad. (a) A patient, aged 31, thin and emaciated, had suffered eight years from vesical calculus. He was operated on, and the stone, weighing 5 ounces, extracted, when it was observed that respiration had ceased. Ether hypodermically and the usual remedies were used without effect, and artificial respiration (Sylvester's) continued for three hours before the patient took a long breath; the heart's action, though feeble, had not ceased. Six drachms had been given. (b) A patient, aged eighteen, had had five drachms given prior to enucleation. After the operation the breathing was observed to have ceased, and the patient could not be roused. Artificial respiration was carried on for one hour, and, on again giving a galvanic shock, the patient recovered consciousness.—Drs. PECHEY PHIPSON, BANKS, MACONACHIE, MEYER, and COLLIE cited instances in their experience of prolonged chloroform asphyxia.—Dr. MEYER mentioned that experimental physiology showed there was a danger of inducing "delirium of the heart" by prolonged use of electricity, and thereby superadding a serious complication which might in itself prove fatal. Frequently patients did not breathe for some time after artificial respiration, because the lungs had had such a large quantity of air thrown in as to do away with the physiological reflex stimulus to the respiratory centre.

*Specimens.*—Dr. MEYER showed a number of Microscopic specimens of the Microbes of different diseases.

## OXFORD AND DISTRICT BRANCH.

A GENERAL meeting of the Branch was held on January 30th in the Radcliffe Infirmary, Oxford. Mr. H. P. MALLAM, the President, was in the chair, and twenty-five members and two visitors were present.

*New Members.*—R. G. Lynam, M.B., and W. Dingan, M.B., were elected members of the Branch. C. M. Hendricks, M.B. (Bicester), W. Turrell, M.B. (Oxford), and J. H. Prall, M.R.C.S. (Bampton), were proposed as members of the Association and Branch; and T. H. Hill, M.R.C.S. (Oxford), as a member of the Branch.

*Koch's Treatment.*—Dr. COLLIER and Dr. BROOKS gave an account of Koch's treatment for tuberculous diseases. Cases were shown, and an interesting discussion ensued.

## BATH AND BRISTOL BRANCH.

THE third ordinary meeting of the session was held at the Museum and Library, Bristol, on January 28th, A. B. BRABAZON, M.D., President, in the chair. There were also present forty-three members and two visitors.

*Members.*—The following gentlemen were elected members: W. T. Maddison, M.D., Bristol; C. Hemming, M.D., Limpley Stoke.

*Communications.*—MR. NELSON C. DOBSON read a paper on a Series of Twenty-Five Abdominal Operations, which was discussed by Dr. SWAYNE, MR. GREIG SMITH, Dr. MARKHAM SKERRITT, and Dr. MICHELL CLARKE.—Dr. WILDING reported a case of Aneurysm of the Arch of the Aorta opening into the Trachea, and showed the specimen. Observations upon this communication were made by Dr. MARKHAM SKERRITT, Mr. MORTON, Dr. MICHELL CLARKE, Dr. GOODRIDGE, and Dr. SWAYNE.—MR. J. P. BUSH read a paper on a case of Intussusception treated by Operation, which led to remarks by Mr. A. W. PRICHARD, Dr. SHAW, Dr. ELLIOTT, and Mr. GREIG SMITH.—MR. C. F. MORTON exhibited specimens of blood taken from patients under treatment by Koch's method in the Bristol General Hospital, showing the presence of numerous large non-nucleated masses of protoplasm after the injections.

*List of Members: Correction in Army and Navy List, page 35.*—The word "dead" was inserted by mistake after the name of Surgeon H. C. L. Arnim, I.M.S., Shikapur, Sind. We much regret the error.

## SPECIAL CORRESPONDENCE.

## BERLIN.

*Name of Koch's Fluid.—Method of Dispensing it.*

THE new supply of Koch's lymph is sent out in bottles labelled "Tuberculin, Dr. Libbertz," so that, after having had all sorts of names, such as "Kochin," "Koch's fluid," etc., bestowed on it by amateur godfathers, the lymph may now be considered officially christened; not that the name itself is new—in No. 1,571 of the BRITISH MEDICAL JOURNAL, on page 299, a homeopathic "remedy" is spoken of—a dilution of phthisical sputum, which is called "tuberculin."

In No. 11 of the *Pharmazeutische Zeitung* Herr F. Lutze (Dr. Kade's Oranien-Apotheke, Berlin) makes some practical proposals to assist the dispensing of Koch's tuberculin. The dilution of tuberculin in accordance with the directions given on the bottles offers no difficulties where a large number of injections are made every day—for example, in hospitals where a comparatively large quantity of tuberculin is diluted at one time, and used up in a comparatively short space of time; but the general practitioner, who can only now and then make use of the liquid, and who must be economical of the expensive substance, is in a more difficult position. It is very rare for medical men to have to manipulate such minute quantities, and in most cases he will have to apply to a chemist to dispense the dilution for him. In view of this difficulty Herr Lutze has turned his thoughts towards finding a really practical method of dispensing tuberculin, which would place it within the reach of every general practitioner. He proposes to prepare tuberculin in exactly the doses used in practice, that is, beginning with 1 milligramme and increasing to 1 decigramme, each dose being dissolved in water and enclosed in a glass tube closed at the end by fusion. Herr Lutze has for years made use of this method for the preservation of sterilised subcutaneous injections, though he does not



co., pulv. rhei. co., pulv. ipecac. co., pill saponis co., pill ipecac cum scilliae, tinct. camph. co.

"3. Write a perscription for an adult. Tablespoonful doses, each perscription to contain a preperation of cocaine, strychnie, arsenic, acd. hydrocyanic dil.

"4. Name some of the specific uses of mercury, belladonna, opium, iron.

"5. Discuss the action of aconite and quinine in fever, and how would you perscribe them to produce the best effect from each?"—I am, etc., VERNON ARDAGH,

Medical Missionary, Church Missionary Society.  
Metlakatla, British Columbia.

## UNIVERSITIES AND COLLEGES.

### CAMBRIDGE.

DEGREES.—At the Congregation, on Thursday, February 5th, the following medical and surgical degrees were conferred:—M.B. and B.C.: Francis Wellford, B.A., Trinity (thesis, Tubercle of Kidney); Cuthbert Wyman, M.A., Trinity (thesis, Pernicious Anæmia); Alfred Featherstone Kellett, B.A., St. John's (thesis, Chronic Endometritis and its Local Treatment); William Wickham Simmons, B.A., St. John's (thesis, Ataxia); Harry Edward Smith, M.A., Gonville and Caius (thesis, Syphilitis and Perityphilitis); Thomas Greenwood Crump, B.A., Emmanuel (thesis, Purpura Hæmorrhagica); John Elsdale Molson, Emmanuel (thesis, Aneurysm of the Descending Thoracic Aorta); Edward Spencer Blaker, B.A., Cavendish (thesis, Opium Poisoning and its Treatment with Atropine).

FRANK FREDERIC SCHACHT, B.A., M.B., of Trinity College, has kept the Act for the degree of Doctor in Medicine (thesis, The Electrical treatment of Uterine Fibromyomata).

PROFESSOR NEWTON.—A portrait of A. Newton, F.R.S., Professor of Zoology and Comparative Anatomy, has been painted by Mr. C. W. Furse, and has been presented to the University by the Committee of Subscribers; it will probably be hung in the New Museums.

LECTURER IN INVERTEBRATE MORPHOLOGY.—Mr. S. J. Hickson, M.A., of Downing College, has been appointed to the Lectureship in the Advanced Morphology of Invertebrates, vacant by the resignation of Professor W. F. R. Weldon, F.R.S., now of University College, London.

DEMONSTRATIONS IN PHYSICS.—Mr. G. F. C. Searle, of Peterhouse, and Mr. S. Skinner, of Christ's, have been appointed Demonstrators of Experimental Physics at the Cavendish Laboratory.

BACTERIOLOGICAL COURSES.—In addition to the lectures announced by Professor Roy, and referred to in the BRITISH MEDICAL JOURNAL of January 31st, the following more advanced classes have been arranged for:—

A course of instruction by lectures and practical work on the Pathology of Epidemic and Infectious Diseases, with instructions in Bacteriological Technology, by Mr. J. G. Adami (Christ's) and Mr. E. H. Hankin (St. John's). This course is intended to meet the requirements of candidates for the Diploma in Public Health, and will be continued during the Easter Term and the Long Vacation. The date of commencement, fees to be charged, etc., will be announced later.

An advanced course of lectures on Bacteriology, including the Biology of Pathogenic and Non-Pathogenic Microbes, as well as the mode in which they act in producing infective diseases, the nature of acquired and natural immunity from infective diseases, etc., etc., by Mr. J. G. Adami (Christ's) and Mr. E. H. Hankin (St. John's). To be held twice weekly during the Easter Term, at such an hour as is found most convenient for those desiring to attend. No fee.

In connection with the above-mentioned elementary courses, Dr. A. Gamgee, F.R.S. (formerly Professor of Physiology in Owens College), has kindly consented to give a short elementary course of Pathological Chemistry, with lectures and practical work. The time of commencement will be arranged after the class has met. No fee.

LECTURES IN PUBLIC HEALTH.—During the ensuing long vacation Dr. Annington, University Lecturer, and medical officer of health for the borough of Cambridge, will give a series of lectures and demonstrations in public health, suitable for candidates for the Sanitary Science diploma. The following is an outline of the course:—

1. *Water Supply*.—1. Quantity, collection, storage, distribution, with explanations of the several methods and of the hydraulic and other calculations involved. 2. Quality, classification of potable waters, sources of impurities, methods of purification, effects of insufficient or impure supply.

II. *Principles of Ventilation*.—1. Impurities in Air: their sources and effects. 2. Quantity of air required, methods of ventilation, natural (Montgolfier's theorem), artificial, movement of air in closed spaces. 3.

Measurements of air currents (anemometer), measurements of cubic space.

III. *Meteorology and Climate*.—1. Exhibition of and explanation of meteorological instruments, thermometers, max. and min., barometers (use of Vernier), hygrometers of various forms (calculations of the dew point and relative humidity), wind gauge, rain gauge. 2. Explanation of meteorological charts and reports. 3. Relation of disease cycles to meteorological conditions.

IV. *Collection, Removal, and Disposal of Excreta*.—1. Composition and quantities of sewage. 2. Conservancy systems of dealing with sewage. 3. Water-carriage systems of dealing with sewage. 4. Construction of sewers with the hydraulics of drainage systems. 5. The several methods of sewage disposal.

V. *Characters of the Earth's Surface in Relation to Health Questions*.—1. Soils and building sites (dry, malarious, etc.), preparation of sites. 2. Geographical distribution of disease. 3. Watersheds, river basins, catchment areas, etc. Ordnance survey.

VI. *Dwellings*.—1. Construction of dwellings, hospitals and schools respectively, illustrated by diagrams and models of good and bad systems. 2. Interpretation and criticism of building plans.

VII. *Vital Statistics (their Calculation and Significance)*.—1. The census, method of estimating a population between census periods. 2. Birth rates, death rates, etc., their calculation and significance. 3. Methods of the actuary, construction of life tables (De Moivre's theorem). 4. Instruments and tables in aid of calculations.

VIII. *Examination of Unsound Food of all kinds*.—1. Character of sound and unsound food. 2. Causes and effects of unsoundness. 3. Animal plagues and parasites.

IX. *Micro-parasitic Diseases, their Origin, Propagation, and Prevention*.—1. Individual diseases. 2. Epidemics, their cycles and laws of advance. 3. Methods of tracing origin and course of any given outbreak.

X. *Unhealthy Occupations and the Diseases to which they give rise*.

XI. *Powers, Duties, and Responsibilities of Sanitary Authorities and their Officers, and the Legal Remedies placed at their disposal*.

### LONDON.

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION.—January, 1891. Pass List. Entire Examination.

*First Division*.—W. Dyche, B.A., Westminster Training and Yorkshire Colleges; T. H. Green, Guy's Hospital; R. Kay, Owens College and private study; J. A. Mawson, Yorkshire College; H. B. Shaw, Yorkshire College; A. H. Spicer, The Leys, Cambridge, and University College.

*Second Division*.—M. Cameron, London Hospital; C. L. Chevalier, St. Thomas's Hospital and Birkbeck Institute; H. J. Harris, B.A., University College; T. C. Last, St. Mary's Hospital; C. H. J. Lockyer, St. Thomas's Hospital, Birkbeck Institute, and private study; W. J. Oakes, B.A., private study; P. A. Palmer, St. Thomas's and St. Bartholomew's Hospital; G. H. Wheeler, B.A., private study.

*Chemistry and Experimental Physics*.—\*A. C. Bean, University College and private study; \*S. H. Belfrage, University College; \*W. M. Bergin, Clifton Laboratory; \*V. J. Blake, University College and private study; H. Cardin, Dulwich College; \*F. B. Carter, University College; \*W. E. Cross, Guy's Hospital and private study; E. C. Davenport, Mason College; \*A. Dimsey, University College and private tuition; \*S. R. Douglas, St. Bartholomew's Hospital; \*E. G. D. Drury, University College; B. Dyball, St. Thomas's Hospital and Birkbeck Institute; \*A. Earnshaw, King's College, Guy's Hospital, and Birkbeck Institute; \*W. D. Frazer, University College, Cardiff, and private study; F. H. Gervis, St. Paul's School and St. Thomas's Hospital; H. N. Goode, St. Thomas's Hospital and Birkbeck Institute; C. Hanks, private tuition and study; \*C. J. Harnett, Guy's Hospital; \*T. Hood, St. Bartholomew's Hospital and City of London College; \*D. Horwath, Mason and Queen's Colleges, Birmingham, King Edward's School, Aston, and private study; E. E. Lloyd, private tuition; \*L. F. Marks, private study; J. T. Marsden, Owens College and private study; \*S. H. Mason, Mason College and private study; \*J. C. Muir, The Leys School, Cambridge; \*W. P. Nicol, King Edward's High School, Birmingham; \*J. H. F. Nunn, St. Bartholomew's Hospital and Birkbeck Institute; \*A. J. Pedley, Mason College and King Edward's High School, Birmingham; \*N. H. Pike, Dulwich College; \*D. Rice, Guy's Hospital; \*E. L. M. Rusby, King's College; \*J. Shardlow, Firth College, Sheffield; \*F. A. Smith, St. Bartholomew's Hospital; \*L. A. Smith, London Hospital; \*J. C. Spillane, London Hospital; \*L. K. Thomas, King Edward's High School, Birmingham, and private study; C. R. Watson, St. George's Hospital and private tuition; H. C. Watt, University College, Liverpool; \*M. Wilks, University College; \*H. M. Wise, Guy's Hospital.

*Biology*.—\*W. B. Bennett, University College, Liverpool, and private tuition; \*L. W. Burrow, private study; \*J. E. G. Calverley, Dulwich College and St. Bartholomew's Hospital; \*C. F. Gordon, Dulwich College and St. Bartholomew's Hospital; \*J. A. K. Griffiths, University and Epsom Colleges; T. A. Hawkesworth, private study; Sindia Emily Hickson, University Colleges, London and Bristol; \*A. Hilton, Owens College and private study; G. P. James, University College, Aberystwith, and private study; A. D. Ketchen, University College; W. M. McDonald, St. Bartholomew's Hospital and private study; F. A. H. Michod, St. Mary's Hospital; C. H. Murray, Guy's Hospital and private study; \*H. A. Scott, Owens College; \*T. B. Sellors, Middlesex Hospital and private study; \*A. R. H. Skey, St. Bartholomew's Hospital; \*J. C. Smellie, St. Mary's Hospital; D. L. Smith, University College, Aberystwith, and Guy's Hospital; F. J. Smith, Owens College; \*G. U. Smith, King's College; \*P. M. Smith, Epsom College and St. Mary's Hospital; \*H. J. Spon, Guy's Hospital; \*J. R. Steinhäuser, Guy's Hospital; \*C. W. Stickland, St. Paul's School; \*T. M. Thomas, University College, Aberystwith, and Guy's Hospital; \*E. O. Thurston, private study; \*S. G. Tippet, St. Mary's Hospital and private study; \*T. H. Wells, private study and tuition; S. Whicher, University College, Aberystwith, and Guy's Hospital.

*Two Subjects of the Examination (under former Regulations).<sup>1</sup>\*—C. C. Clarkson (C., B.), St. Thomas's Hospital and University College; A. W. R. Cochrane (P., B.), St. Bartholomew's Hospital; Adèle I. De Steiger (C., P.), University and Bedford Colleges, London; W. H. Gray (P., B.), private tuition; T. Lambe (C., P.), University College and private study; E. Pratt (C., P.), St. Bartholomew's Hospital and Birkbeck Institute.*

*One Subject of the Examination (under former Regulations).<sup>1</sup>\*—W. E. N. Dunn (B.), St. Bartholomew's Hospital; H. W. Eldred (B.), St. Thomas's Hospital; E. J. Hynes (B.), London Hospital; H. F. Turner (C.), Guy's Hospital.*

<sup>1</sup> The subjects taken up by these candidates are indicated by initials after the names:—C.=Chemistry; P.=Physics; B.=Biology.

\* These candidates have now completed the examination.

### ROYAL UNIVERSITY OF IRELAND.

THE Senate of the Royal University met on Wednesday, February 4th, 1891. It was directed that henceforward the examination for the diploma for proficiency in the treatment of mental diseases shall be held every year.

The following examiners were appointed in the Faculty of Medicine:—Mental Science: J. I. Beere, M.A.; Wilfrid Ward. Natural Philosophy: John England, M.A. Chemistry: E. A. Letts, D.Sc. Biology: Rev. L. E. Baynard Klein, D.Sc. Anatomy: A. E. I. Birmingham, M.B. Materia Medica: F. J. B. Quinlan, M.D.; William Whitla, M.D. Medicine: Joseph F. O'Carroll, M.D. Surgery: W. Thornley Stoker, M.D., M.Ch. Midwifery: J. W. Byers, M.D.; A. J. Smith, M.B. Medical Jurisprudence: C. Y. Pearson, M.D.; M. F. Cox, L.K.Q.C.P.I. Ophthalmic Surgery: H. R. Swanzy, M.D.; D. D. Redmond, F.R.C.S. Sanitary Science: Sir Chas. A. Cameron, M.D. Law: R. B. Barry, B.A.; S. L. Browne, M.A.

### DUBLIN.

At the spring commencements (Comitia Verna) in Hilary Term, held according to custom on Shrove Tuesday, February 10th, 1891, in the Examination Hall of Trinity College, the following were among the degrees conferred by the University Caput in the presence of the Senate:

*Baccalaureus in Chirurgia*.—P. C. H. Ryan.

*Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetricia*.—G. P. Adamson, M. J. Bulger (*antea lic.*), G. Cole-Baker, F. W. Dobbin, R. M. Goings, J. G. Moyle, J. Ryan, T. Woulfe-Flanagan.

*Doctores in Medicina*.—C. E. McNaught, H. McQuade, W. A. Morton, J. Ryan, P. C. H. Ryan.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentleman having passed the necessary examinations, and having attained the legal age (25 years), was, at the ordinary meeting of the Council on February 12th, admitted a Fellow of the College, namely:

E. Deanesly, M.D.Lond., University College Hospital, Wincanton, Somerset, Diploma of Member dated June 24th, 1887.

CONJOINT EXAMINATION BOARD IN IRELAND OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.—The following candidates, who were successful at the Final Professional Examination held on January 26th and following days, have been duly admitted Licentiates of the Colleges—in Medicine and Midwifery at the Royal College of Physicians in Ireland; in Surgery and Midwifery at the Royal College of Surgeons in Ireland:

J. A. Burland, T. G. Dillon, A. N. Heron, A. H. Jacob, jun., J. Mackenzie, G. Moorhead, A. J. M'Munn.

In addition to the foregoing gentlemen, the following have completed the Final or Qualifying Examination:

A. N. D. Oakes, J. Pim.

The following have passed the specified group of subjects: *Medicine*.—M. F. Cahill, H. M. Cullinane, J. C. Ryan.

*Surgery*.—H. M. Cullinane, M. G. Dobbyn, M. L. Fischer, J. C. Ryan, J. A. Thompson.

*Midwifery*.—M. F. Cahill, M. G. Dobbyn.

SOCIETY OF APOTHECARIES OF LONDON.—Pass List, January, 1891. The following passed the First Examination in Chemistry, Materia Medica, Botany, and Pharmacy: Berne, D., Sydney University Graunge, E., Edinburgh Greaves, R. B., Sheffield Johnston, T. L., Edinburgh University and University College

The following passed in the subjects indicated—Materia Medica, Botany, and Pharmacy: Dodds, E., Sheffield Peers, T. H. P., Charing Cross Hospital

Materia Medica and Botany: Hunter, K. M., Royal Free Hospital Rider, F. K., Leeds Yorkshire College

### Pharmacy:

Rouse, F. R., University College

The following passed the Second Examination in Anatomy and Physiology:

Ashby, W., Guy's Hospital	Hudson, T. S. F., Birmingham Queen's College
Baird, G. H., Dublin Carmichael College	King, W. A., Charing Cross Hospital
Brabyn, G. W., St. Mary's Hospital	Marwood, A. E., Charing Cross Hospital
Chilcott, E. S., St. Mary's Hospital	Merry, S. R., Charing Cross Hospital
Clarke, S. A., Cork Queen's College and Middlesex Hospital	Netherton, J. C., Dublin Trinity College
Collin, T. S., Victoria University, Owens College	Robinson, C. St. H., St. Mary's Hospital
Gregson, F. A., Cambridge and Liverpool University College	Seller, J. D., St. Mary's Hospital
Francy, A. B., St. Mary's Hospital	Shotton, J. R., Leeds Yorkshire College
Grace, A. H., Bristol	Stott, J., Oxford and Victoria University, Owens College
Higginson, G., Cambridge and London Hospital	Welch, R. W. F., St. Thomas's Hospital
Howells, H., St. Thomas's Hospital	

The following passed in Anatomy:

Bayley C., Edinburgh University Douglas, G. E., St. Mary's Hospital

The following passed in Physiology:

Baldwin, A., Birmingham Queen's College Venis, H. C., Calcutta and St. Mary's Hospital

The following Candidates passed in Surgery:

Adams, T. H., London Hospital	Rutherford, G. J., Middlesex Hospital
Buss, W. L. W., Cambridge and Middlesex Hospital	Smith, S. C., Middlesex Hospital
Earle, R. A., Cambridge and Middlesex Hospital	Smyth, J. D. H., Belfast, Queen's College, and St. Mary's Hospital
Finch, E. J., St. Mary's Hospital	Stilwell, G. R. F., St. Thomas's Hospital
Irvine, R. A., Belfast, Queen's College, and Glasgow	Twist, J. F., Birmingham, Queen's College
Mayner, A. E., M.D., Bishops College, Montreal	Wrench, E. B., Cambridge and St. Thomas's Hospital
Parish, B. F., St. Mary's Hospital	

The following Candidates passed in Medicine, Forensic Medicine, and Midwifery:

Beck, C. A., Bonn University and Middlesex Hospital	Morris, R. B., Manchester, Owens College
Minter, L. J., King's College	Wilkinson, G., Cambridge and Middlesex Hospital

The following passed in Medicine and Midwifery:

Williams, G. C. W., St. Thomas's Hospital	Willock, E. H., St. Thomas's Hospital
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The following passed in Medicine:

Laver, P. G., St. Thomas's Hospital

The following passed in Forensic Medicine:

Coopland, H. C., St. Bartholomew's Hospital

The following received the Diploma of the Society, having passed in all the subjects required for registration:

Messrs. Adams, Beck, Buss, Finch, Irvine, Morris, and Wilkinson.

PRESENTATIONS.—The members of the Union Masonic Lodge, No. 105, Royal Arch Chapter, and Preceptory in connection therewith, have presented Dr. James Taylor, on the occasion of his marriage, with an address and Past Preceptor's Jewel, in appreciation of his many good qualities and services to Freemasonry.—Dr. Francis Brady, of Carnew, has been presented with an address by his friends in Carnew, county Wexford, on the occasion of his marriage.—The members and associates of the Chemists' and Druggists' Society of Ireland (North Branch), have presented their President (Sir J. Haslett) with an illuminated address for his recent services in connection with the passing of the recent Pharmacy Act Amendment measure.

A NEW NEUROLOGICAL JOURNAL.—A new German journal, specially devoted to neurology, is about to be published under the editorship of Professors Erb, Lichtheim, Schultze, and Strümpell. The characteristic feature of the new periodical, which will be entitled *Zeitschrift für Nervenheilkunde*, is intended to be the prominence that will be given to neurology in relation to general medicine rather than to mental disease. The supply of "neurological scientific material" will, it is stated, be unusually full and extensive.

THE SANITARY ASSURANCE ASSOCIATION.—The tenth annual meeting of this Association was held on February 9th, Sir Joseph Fayer, President, in the chair. A resolution, proposed by Surgeon-General Cornish, was adopted praying the Government to introduce into the Public Health Consolidation Bill clauses providing for the sanitary registration of houses. Surgeon-General Cornish was elected President, in succession to Sir Joseph Fayer.

## MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Friday, February 6th.

*Custody of Children Bill.*—On the motion to go into Committee on this Bill, Lord MORRIS said the provisions in Clause 1 were all that were required. Clause 3 especially went beyond what ought to be the purview of the Bill.—Lord THURLOW, Lord NORTH, the BISHOP of CARLISLE, and the EARL of MEATH defended the Bill.—Lord HERSCHELL said the Government considered the third clause a very necessary part of the Bill. It provided that when the Court was opposed to giving up a child, the onus of proof should rest upon the parent of showing that he was fit to be the guardian.—The Bill passed through Committee without material amendment.

Monday, February 9th.

*Custody of Children Bill.*—The report of amendments to this Bill was agreed to, and the third reading was fixed for Thursday.

Viscount CRANBROOK obtained leave to bring in an Elementary Education (Blind and Deaf) Bill.

*Physical Education in Schools.*—The EARL of MEATH has introduced in the House of Lords a Bill for the promotion of physical education in elementary schools. It proposes to impose on the school authority for every elementary school in any populous town the duty of making provision for instruction and practice of all scholars of both sexes in physical education.

HOUSE OF COMMONS.—Friday, February 6th.

*Police and Sanitary Regulations.*—Mr. STUART WORTLEY moved the appointment of the Police and Sanitary Regulations Committee.—The motion was agreed to, as was also an instruction moved by Mr. FOWLER directing the Committee not to insert in any Bill referred to them clauses relating to matters which are the subject of provisions in "The Infectious Disease Notification Act, 1889," "The Public Health Acts Amendment Act, 1890," or "The Infectious Disease Prevention Act, 1890."

Monday, February 9th.

*The Disease of "Yaws" in the Leeward Islands.*—In reply to Sir T. ESMONDE, Baron IL. DE WORMS said the medical officer of the public institutions in Dominica had been instructed to inquire into and report upon the disease of "yaws" in the Leeward and Windward Islands. The expenses of the inquiry would be paid out of the funds of the several islands in which it would be held.

Tuesday, February 10th.

*Factories and Workshops.*—Mr. MATTHEWS gave notice of a new Bill to amend the law relating to factories and workshops.

*Indian Hospital Corps.*—Sir W. FOSTER asked the Under Secretary of State for India whether it was the case that the men of the Indian Hospital Corps and bearer companies in war time received less rations than the Sepoy; were allowed only 10 lbs. weight of kit, against 33 lbs. allowed to the Sepoy; were entirely unarmed when in the field; and were rewarded only by a bronze medal, while the Sepoy received a silver one; and whether anything could be done to remedy these conditions.—Sir J. GORST said the statements in the question were substantially correct. The arrangements referred to were made by the military authorities in India, and the Secretary of State saw no ground for interfering with them.

## MEDICAL NEWS.

THE Countess of Cadogan has become Patroness of the National Pension Fund for Nurses in succession to the late Lady Rosebery.

THE German Emperor has given a sum of 20,000 marks towards the erection of a sanatorium in some "elevated healthy region of German East Africa." A German hospital has been built at Dar-es-Salaam.

AN asylum for female inebriates has just been opened at Bonn. The patients are divided into three classes, the payments being respectively from 3 to 5 mark, 1½ mark and 60 pfennigs a day.

SUCCESSFUL VACCINATION.—Mr. Beaven Rake, M.R.C.S.Eng., L.S.A., has for the ninth time in succession been awarded the Government gratuity for successful vaccination in the No. 2 District of the Fordingbridge Union.

PHARMACEUTICAL SOCIALISM.—It is stated that the German Social Democrats have proposed to the Reichstag that the Government should take the drug vending business altogether into its own hands, and should sell all medicines at cost price.

NEW SCIENTIFIC SOCIETIES IN AMERICA.—A new Society, entitled "The American Anthropometric Society," has lately been founded at Philadelphia under the presidency of Dr. J. Leidy, Professor of Anatomy in the University of Pennsylvania. Professor Virchow has been elected Honorary Vice-President. Another new Society is the "American Morphological Society," which has just been established at Boston.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. H. Obersteiner, of Vienna, formerly physician to the Archduke Maximilian (aged 71), and Dr. Ed. Michaelis, of Berlin (aged 66), well known as having been assistant and generally *fidus Achates* to von Graefe from 1851 to 1862, and the author of a *Dictionary of Diseases of the Eye*, which he dictated when he himself had lost his sight.

ILLUSTRATIONS of skin diseases have been sent us from Dr. Garden's dermatology clinic at the Aberdeen Royal Infirmary, reproduced from photographs by zincography by Angerer and Goeschl, of Vienna. The photographs in the first instance must have been excellent, and the success of the reproduction deserves all praise. There are thirty-four illustrations showing a variety of rare and well-known skin diseases. They will, we believe, be found useful both for teaching purposes and for practitioners.

PRESENTATIONS.—The retirement of Dr. Robert Lunan, of Blairgowrie, from the post of parochial medical officer has been chosen by his friends as a fitting occasion for the expression of their high appreciation of his professional services for a period of fifty-three years. This they have done by entertaining him at a public banquet, and presenting him with a massive silver dinner service, together with an illuminated address, Miss Lunan being the recipient of a diamond and pearl necklet.—Mr. William Blusson, M.R.C.S., who has practised in Edgware and Mill Hill for about twenty-eight years, has been presented by his friends and patients with a massive silver bowl on an ebonised stand, a handsome walnut sideboard, and a cheque for £140, as a mark of esteem on his leaving Edgware.—Dr. A. W. Hogg, of Huddersfield, who has been conducting a class in connection with the St. John Ambulance Society, 100 per cent. of which have successfully passed their examination, has been presented by them with a handsome marble timepiece with an appropriate inscription.

WHAT CONSTITUTES CRIMINAL NEGLIGENCE?—The inquest recently held at Oldham by Dr. Thomson, the coroner for the borough, raises the question to what extent a parent is justified in withholding from his child medical treatment which he is told may save his child's life, when without such treatment the illness is almost certain to have a fatal termination. In the case in question, Dr. Hodgson, who was in attendance, having recognised that the child was suffering from pleural effusion, proposed to puncture the chest to see whether the effusion was serous or purulent, and fully explained to the parents the nature of the case and the probable termination if the fluid, being purulent, was not removed. The father declined to allow anything to be done, and requested Dr. Hodgson to discontinue coming to see the child, though warned that the fluid might burst into the lungs and cause the child's death. Sixteen days later, Dr. Hodgson was summoned again to the child, and found it much emaciated and bringing up large quantities of pus, and shortly afterwards it died. Believing that the conduct of the father amounted to criminal neglect, he refused to give a certificate, and the case coming to the knowledge of the coroner, an inquest was held, with the result that, although it was made plain that the father knew the risk that was run, the jury refused to find him guilty of manslaughter. Has then a person not only a right to commit suicide by refusing a necessary operation on himself, but also to refuse to allow a necessary operation to be performed on another?

EXTENSION OF GUY'S HOSPITAL MEDICAL SCHOOL.—The Court of Governors of Guy's Hospital have acceded to the request of the medical staff for increased accommodation in the medical school. The existing carpenters' shops within the hospital grounds had fallen into such a dilapidated condition that it was necessary either at once to undertake very costly repairs or to rebuild them. The latter alternative being preferred, the Court decided to combine with it a considerable extension of the hospital and school. The proposed buildings comprise a dental department, consisting of a conservation room 110 feet long and 24 feet wide, with space for fifty operating chairs, to replace the existing room, which, though erected in 1889, is already too small for the needs of the dental school. Beneath the conservation room will be the dental laboratory, measuring 65 feet by 24 feet, in which thirty



students can work at one time; and beneath the laboratory will be the waiting rooms for male and female patients, with the necessary conveniences. Adjoining the conservation room will be a large lecture room intended for the dental lectures and for those on experimental physics. There will also be a smaller room for the exhibition of apparatus and for practical work in physics. Facing the conservation room, but at a lower level to avoid obstruction to light, will be a new chemical laboratory, to accommodate a hundred students working at one time, and adjoining the laboratory is a lecturers' room and a balance room. The old chemical laboratory will be used for classes in bacteriology, and for a course of practical work required for the diploma in Public Health. A new bacteriological laboratory, intended chiefly for advanced students and for research, is also included in the plans, and the building will be wired for the electric light.

### MEDICAL VACANCIES.

The following Vacancies are announced:

- ADDENBROOKE'S HOSPITAL, Cambridge.**—House-Physician. Salary, £65 per annum, with board, lodging and washing in the hospital. Applications to John Bonnett, Secretary, 23, St. Andrew's Street, Cambridge, by March 10th.
- BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN.**—Medical Registrar: double qualifications. Must not hold Poor Law, club, or paid dispensary appointment. Applications to the President and Committee by February 28th.
- BRIXTON, STREATHAM, AND HERNE HILL DISPENSARY.**—Resident House-Surgeon: unmarried: double qualifications. Salary, £150 per annum, with furnished apartments, attendance, coal, and gas. Applications to the Secretary, Water Lane, Brixton, by February 28th.
- BROWN ANIMAL SANATORY INSTITUTION.**—Professor-Superintendent. Salary, £250 per annum. Application by March 2nd to the Registrar of the University of London, Burlington Gardens, W., from whom full information respecting duties, etc., can be obtained.
- CENTRAL LONDON SICK ASYLUM DISTRICT.**—Assistant Medical Officer and Dispenser, unmarried. Salary, £100 per annum, with board and residence. Applications, on printed forms to be obtained to William Appleton, Clerk to the Managers, Clerks' Office, Cleveland Street, W., by February 14th.
- CHICHESTER INFIRMARY, Chichester.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications, with not more than five testimonials, to Eugene E. Street, Secretary, by February 21st.
- 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.
- COUNTY COUNCIL FOR THE COUNTY OF DERBY.**—Medical Officer of Health for the Administrative County of Derby. Salary, £600 per annum, with £200 extra for travelling and other expenses. Applications to N. J. Hughes-Hallett, Deputy Clerk to the Council, 40, St. Mary's Gate, Derby, of whom forms of application, etc., can be obtained.
- COUNTY DONEGAL INFIRMARY.**—House-Surgeon and Registrar. Salary, £80 per annum, with apartments and rations. Applications of Rev. J. S. McClintock, Honorary Secretary, Lifford, before March 1st.
- COUNTY OF LANARK.**—Medical Officer, under 45 years of age, must reside in or near Hamilton or Uddingston. Salary, £700 per annum, with travelling expenses and allowance for a clerk and office. Applications to W. Alston Dykes, County Clerk, Hamilton, by February 14th.
- DONCASTER GENERAL INFIRMARY AND DISPENSARY.**—House-Surgeon, unmarried, double qualifications. Salary, £100 per annum, with board and residence in the house. Applications to William Clark, Honorary Secretary, by February 19th. Election on March 3rd.
- EDENDERRY UNION (Edenderry Dispensary).**—Medical Officer. Salary, £145 per annum, and the usual fees. Applications to Garrett Tyrrell, Esq., Monasteries, Honorary Secretary. Election on February 14th.
- GENERAL HOSPITAL, Birmingham.**—Resident Medical Officer: must be Graduate in Medicine. Salary, £130 per annum, with residence, board, and washing. Applications to Dr. J. D. M. Coghill, House-Governor, by February 28th. Election on March 6th.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Surgeon to Out-Patients: must be F.R.C.S. Eng. Applications to William T. Grant, Secretary, by February 24th.
- GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN, Westminster, S.W.**—Surgeon: must be F.R.C.S. Eng. Applications to the Secretary by February 24th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.**—House-Physicians. Applications to Henry Dobbin, Secretary, by February 25th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.**—Surgical Registrar. Applications to Adrian Hope, Secretary, by February 24th.
- LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Board and lodging provided, but no salary. Appointment for six months. Applications to C. W. Carver, Honorary Secretary, by February 16th.

- LIVERPOOL ROYAL SOUTHERN HOSPITAL.**—Junior House-Surgeon: double qualifications. Salary, 60 guineas per annum, with board and residence. Applications to the Chairman of the Medical Board by February 23rd.
- NATIONAL DENTAL HOSPITAL, 149, Great Portland Street, W.**—House-Surgeon: must possess L.D.S. diploma. Salary, £50 per annum. Applications to Arthur G. Klugh, Secretary, by March 10th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Resident Medical Officer. Salary, £250 per annum, with furnished residence, double qualifications. Applications to the Honorary Secretary, Nelson Street, Newcastle-on-Tyne, by February 19th.
- NOTTINGHAM GENERAL HOSPITAL.**—Resident Medical Assistant: qualified men or fourth-year students. Appointment for six months. Board, lodging, and washing. No salary. Applications, stating age, with testimonials, to E. M. Keely, Secretary, by February 14th.
- NOTTINGHAM GENERAL HOSPITAL.**—Resident Surgical Assistant: qualified men or fourth-year students. Board, lodging, and washing. No salary. Applications to the Secretary, E. M. Keely, by February 14th.
- OWENS COLLEGE, Manchester.**—Demonstrator in Pathology: must devote his whole time. Stipend, £10 per annum. Applications to H. W. Holder, Registrar, by March 2nd.
- PAROCHIAL BOARD OF FETTERCAIRN.**—Medical Officer. Applications to D. Prain, Clerk to the Board, Fettercairn, by February 21st.
- ROYAL ACADEMY OF ARTS.**—Professor of Anatomy: professorship tenable for five years, the holder being eligible for re-election. Applications, with not more than four testimonials, to the Secretary, by February 21st.
- ROYAL VICTORIA HOSPITAL, Bournemouth.**—House-Surgeon and Secretary. Salary, £80 per annum, with board. Applications to H. G. Lys, Secretary (of whom particulars of the duties may be obtained) by March 4th.
- ST. THOMAS'S HOSPITAL.**—Surgeon: must be F.R.C.S. Eng. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by February 21st.
- SCARBOROUGH HOSPITAL AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Honorary Secretary, by February 14th.
- SOUTHERN HOSPITAL, Clifford Street, Manchester.**—House-Surgeon. Appointment for not less than six and not more than twelve months. Must reside near the hospital. Applications to Geo. Wm. Fox, 53, Princess Street, Manchester.
- UNIVERSITY OF GLASGOW.**—Six Examiners in Medicine. Annual fee, £20. Appointment for four years. Applications, with twenty printed copies of testimonials, to the Secretary of the Court, Alan S. Clapper-ton, 91, West Regent Street, Glasgow, by February 21st.
- WEST BROMWICH DISTRICT HOSPITAL.**—Assistant House-Surgeon. Board, lodging, and washing in the hospital. Appointment for six months. Applications to W. H. Laban, Secretary, by February 22nd.

### MEDICAL APPOINTMENTS.

- ASHDOWN, George William Wetton, M.D. Edin., M.R.C.S. Eng.,** appointed Medical Officer to the Tetbury Cottage Hospital.
- BERTHOE, Ellen Margaret Tinné, M.B. Lond.,** appointed Clinical Assistant to the New Hospital for Women, Euston Road, *vice* Miss M. M. Sharpe, L.R.C.P. and S.
- BERRYMAN, H. A., M.R.C.S., L.R.C.P.,** appointed Assistant House-Surgeon to the General Hospital, Birmingham, *vice* E. V. Gibson.
- BLUMBERG, Henry, M.D. Prague, L.R.C.P. Lond.,** appointed Honorary Medical Officer to the Southport Hydropathic Hospital.
- BOASE, Richard Davey, L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Honorary Surgeon to the West Cornwall Dispensary and Infirmary.
- BROCK, William John, M.B., C.M. Edin.,** appointed County Medical Officer for Caithness-shire.
- BULLOCK, Thomas William, M.R.C.S. Eng., L.S.A.,** reappointed Senior Surgeon to the Warwick Provident Dispensary and Cottage Hospital.
- CAMERON, James A., M.D., M.B., C.M. Edin.,** appointed by the Joint County Councils of Banff, Elginshire, and Nairnshire, Medical Officer of Health for the Three Counties.
- COLLINS, T. Tenison, L.R.C.P. and S. Edin., L.M. Rotunda,** appointed Medical Officer of Creagh Dispensary District, Ballinasloe Union.
- CRAWFORD, James, M.D., M.R.C.P. Lond., and Irel., L.M.,** appointed Honorary Physician-Accoucheur to the Farringdon General Dispensary and Lying-in Charity, *vice* I. Tanner, M.D., resigned.
- DAGGETT, H. L., M.B., B.C. Cantab., L.R.C.P. Lond., M.R.C.S.,** appointed House-Surgeon to the Ripon Cottage Hospital and Dispensary, *vice* Dr. Buxton.
- DAVIES, Sidney, M.D., M.R.C.S. Eng.,** appointed Medical Officer for the Parish of Plumstead.
- FOOTE, St. John T., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Third District of the Hollingbourn Union, *vice* J. J. Langston, L.R.C.P., resigned.
- FRY, J. F., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer for the First District of the Shepton Mallet Union.
- GIBSON, John Hutchinson, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Officer to the Aldershot District of the Farnham Union, *vice* W. W. Young.
- GRAHAM, John Thomas, M.D. Glas., M.R.C.S. Eng.,** appointed County Medical Officer for Perthshire.
- GRANT, Frederick William, M.D., C.M., B.Sc. Edin.,** appointed Visiting Physician to the Gray's Hospital, Elgin, *vice* W. Galletby, M.D.

GRANT, Ogilvie, M.B., C.M.Edin., appointed County Medical Officer for Inverness-shire.

GUNTHER, Theodore, M.D., appointed Medical Officer of Health to the Hampton Wick Local Board.

HALLIWELL, John, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to the No. 2 or Vale District of the Winchcomb Union, *vice* Dr. S. J. Campbell.

HUNTER, William Lovell, M.D., B.Ch.Dub., appointed Medical Officer of Health for the Pudsey Urban Sanitary District of the North Brierley Union, *vice* Dr. Wilson.

MAGGREGOR, Johnston, M.R.C.S., L.R.C.P., appointed Resident House-Surgeon and Apothecary to the Royal Orthopaedic Hospital, *vice* Mr. Arnold Lyndon, resigned.

MILLIGAN, William, M.B., C.M., appointed Honorary Assistant Physician to the Manchester Hospital for Consumption and Diseases of the Throat, *vice* Dr. Blore, resigned.

MONTGOMERY, H. M., M.D., M.B., C.M.Edin., reappointed Assistant Physician to the West Cornwall Dispensary and Infirmary.

MONTGOMERY, James Barclay, M.D.Glas., F.R.C.P.Lond., L.R.C.S.Edin., reappointed Physician to the West Cornwall Dispensary and Infirmary.

PERKIN, Robert Frederick Thornton, L.R.C.P.Edin., M.R.C.S., reappointed Visiting Surgeon to the Warwick Dispensary and Cottage Hospital.

POLLARD, Reginald, M.B., M.R.C.S., appointed Honorary Surgeon to the Torbay Hospital, *vice* Mr. H. Gordon Cumming, resigned.

POWERS, Charles Henry, L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Surgeon to the Cumberland Infirmary, Carlisle.

REYNOLDS, Ernest James, M.R.C.S., L.R.C.P., appointed Senior House-Surgeon to the Poplar Hospital for Accidents.

ROBERTSON, John, M.D.Edin., appointed Assistant to the Medical Officer of the County Borough of St. Helens.

SEMON, Felix, M.D.Berlin, F.R.C.P.Lond., Assistant Physician for Diseases of the Throat, St. Thomas's Hospital, appointed Physician.

SENIOR, A. W., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Manchester Southern Hospital, and to the Manchester Maternity Hospital.

SHIMELD, James, L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of Health for the Ilford Urban Sanitary District of the Romford Union.

SNEETH, Henry G., B.A., M.D., B.Ch.Dubl., appointed Medical Officer to the Heaton Norris (No. 2) District of the Stockport Union, *vice* — Bale, resigned.

SOUTHWELL, Charles H., Ph.C., appointed Public Analyst to the Administrative County of the Parts of Holland, Lincolnshire, *vice* Dr. Charles Graham.

STOKOE, B. T., M.B., B.S., appointed Resident Medical Assistant to the City Hospital for Infectious Diseases, Newcastle-on-Tyne, *vice* W. Tonge Smith, M.D.

STOPFORD, Robert, L.R.C.P.I., appointed Honorary Medical Officer of the Southport Hydropathic Hospital.

SUTTON, Frederick, M.R.C.S.Eng., L.S.A., appointed Medical Officer to the Raynard Cottage Hospital, Willingham.

SYMONS, John, M.R.C.S.Eng., L.S.A., reappointed Surgeon to the West Cornwall Dispensary and Infirmary.

TIBBETS, John, M.D.St.And., M.R.C.S.Eng., L.S.A., reappointed Medical Officer to the Warwick Provident Dispensary and Cottage Hospital.

WAITE, Henry, L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Upper and Lower District of the Bramley Union.

WILLIAMS, W. C., L.D.S., R.C.S., reappointed Honorary Dental Surgeon to the Warwick Provident Dispensary and Cottage Hospital.

WILSON, Andrew, M.B., C.M.Glas., appointed Assistant Surgeon to the Glasgow Eye Infirmary.

## DIARY FOR NEXT WEEK.

### MONDAY.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Jang: On Diseases of the Iris. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. R. H. Stewart: On Otorrhoea.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**, 5 P.M.—Professor B. Plowright: On Fungi in Relation to Plant Disease. Lecture I. Phytopathology in its General Aspect.

**MEDICAL SOCIETY OF LONDON**, 8.30 P.M.—(Clinical evening). Dr. Herringham: Asthma in a Boy. Mr. Paget: Strangulated Hernia: Gangrene of Bowel: Recovery with a Fistula. Dr. Ewart and Mr. Bennett: Dextrocardia (without transposition of other viscera) and Bronchiectasis: Pulmonary Incision and Resection of Rib for the Latter. Dr. Rivers (for Dr. Jackson): A Case of Treadler's Cramp. Mr. Edmund Owen: Amputation of both Mammas for Scirrhus. Sir Hugh Beavor: (1) Malformation of Heart, Defect of Ventricular Septum; (2) Defective Development of Abdominal Parietes, Respiration entirely Costal. Dr. Ewart: A Case of Situs Inversus Viscerum. Mr. Sheild: Loose Body in Knee-Joint of Unusual Size. Mr. Allingham: Case after Trephining. Dr. Campbell: Lupus Cases under Koch's Treatment. Dr. de Havilland Hall: (1) Raynaud's Disease; (2) Addison's Disease; (3) Bronchocele.

### TUESDAY.

**ROYAL COLLEGE OF PHYSICIANS**, 5 P.M.—Dr. Thorne: The Milroy Lectures on Diphtheria, its Natural History and Prevention. Lecture I.

**LONDON POST-GRADUATE COURSE**, Bethlem Hospital, 2 P.M.—Dr. Savage: On General Paralysis of the Insane. Epilepsy. Examination Hall, Victoria Embankment, 5 P.M.—Mr. Jonathan Hutchinson: On the Nature of Granuloma Fungoides and Allied Affections.

**ROYAL STATISTICAL SOCIETY**, Lecture Theatre of the Museum of Practical Geology, 28, Jermyn Street, S.W., 7.45 P.M.—Dr. A. Newsholme: The Vital Statistics of Peabody Buildings and other Artisans' and Labourers' Block Dwellings.

**PATHOLOGICAL SOCIETY OF LONDON**, 8.30 P.M.—Specimens: Dr. Job Collins: Hypertrophied Kidney with Dilated Pelvis. Mr. Stephen Paget: Imperforate Rectum. Dr. William Ord: Aneurysm of the Aortic Arch Opening into the Superior Cava. Mr. Bland Sutton: Cervical Teeth. Mr. B. Pitts: Columnar-celled Carcinoma of Humerus Secondary to Carcinoma of Rectum. Mr. J. R. Lunn: Carcinoma of Kidney. Mr. J. J. Clarke: Effects of Intrauterine Pressure on the Fetus. Mr. W. G. Spencer: Exophthalmic Goitre in a Girl causing Death by Asphyxia.—Card Specimens: Dr. W. Hadden: Carcinomatous Destruction of Esophagus Opening the Aorta. Mr. G. H. Makins: Spinal Meningocele Excised after Morton's Injection. Mr. S. G. Shattock: Fetus with Genu Recurvatum.

### WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M.—Dr. R. Maguire: On the Pulse, with Demonstrations. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: On Optic Atrophy.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**, 5 P.M.—Professor C. B. Plowright: On Fungi in Relation to Plant Disease. Lecture II. The Potato Disease.

**EPIDEMIOLOGICAL SOCIETY OF LONDON**, 8 P.M.—Dr. Louis C. Parkes: The Relations of Saprophytic to Parasitic Micro-organisms.

**ROYAL METEOROLOGICAL SOCIETY**, 25, Great George Street, Westminster, 7 P.M.

**ROYAL MICROSCOPICAL SOCIETY**, 20, Hanover Square, W., 8 P.M.

### THURSDAY.

**ROYAL COLLEGE OF PHYSICIANS**, 5 P.M.—Dr. Thorne: The Milroy Lectures on Diphtheria, its Natural History and Prevention. Lecture II.

**LONDON POST-GRADUATE COURSE**, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Buzzard: Selected Cases. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Montagu Lubbock: On Anomalies of Speech in Children and their Treatment. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. Stoker: On Chronic Glandular Disease of the Pharynx and Nasopharynx.

**MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND**, Bethlem Hospital, 4 P.M.—Dr. CLIFFORD ALLBUTT: Observations on the San Clemente Asylum at Venice. Dr. Savage: On the Plea of Insanity. Dr. Baker: Notes Descriptive of a New Hospital Villa recently erected in the Grounds of the York Retreat. Dr. Hyslop will show and describe Pathological Specimens.

**HARVEIAN SOCIETY**, 8.30 P.M.—Dr. Maguire: Demonstration of a Method for detecting Free Hydrochloric Acid in the Gastric Juice. Dr. Charles Theodore Williams: The Treatment of the Pyrexia of Phthisis.

### FRIDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M.—Dr. R. Maguire: On Pulmonary Cavities.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**, 5 P.M.—Professor C. B. Plowright: On Fungi in Relation to Plant Disease. Lecture III. The Heterocercal Uredinea.

### SATURDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Hospital, 11 A.M.—Dr. Percy Smith: Clinical Demonstration. Hospital for Diseases of the Skin, Blackfriars, 2 P.M.—Dr. Payne: On the Different Forms of Lupus.

## 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 Stamp with the notice not later than Wednesday morning, in order to insure insertion in the current issue.*

### BIRTH.

MAYNARD.—On Friday, the 23rd January, at The Hollies, Walton-le-Dale, Preston, the wife of Surgeon F. P. Maynard, M.B., I.M.S., of a daughter.

### MARRIAGES.

COCKRAN—SMITH.—On the 2nd inst., at St. Mary Magdalene's, Brighton, by the Rev. Canon Moore, Christopher Henry Cockran, physician and surgeon, of Caversham, Reading, to Lilian, second daughter of F. Gilliat Smith, Esq., (late) of The Oaks, Woodmansterne, near Epsom, Surrey.

MORTON—GOODCHILD.—On Saturday, February 7th, 1891, at St. Mark's Church, Hamilton Terrace, by the Rev. Canon Duckworth, D.D., assisted by the Rev. G. Ward Saunders, B.A., and the Rev. Edward Bate, B.A., Edwin Morton, M.D., son of the late Vicar of Wotton, Staffs., to Anne Emily, youngest daughter of the late John Goodchild, Esq., of Chelsea, and Barwell Court, Walton-on-Thames.

his duty to write to you, and accuse me (a) of inventing something already well known; (b) of claiming novelty in reference to the same; and (c) of plagiarism. I have disposed of his first accusation; as the second and third are dependent upon the first, I need say nothing about them.

In conclusion, I wish it to be understood that although I lay no claim to the invention of any splint, I consider that a certain amount of credit is due to me for having converted an unsatisfactory apparatus into a highly efficient and useful one.

## A WARNING.

Mr. E. NETTLESHIP (Wimpole Street, Cavendish Square, W.) writes: I shall be glad if you will allow me, through your columns, to warn others against a person calling himself a medical man and former student of St. Thomas's under the name of Charles Huttwaller, and cannot find that name in any of our books, and the only medical man of that name to be found on the *Register* or in the *Medical Directory* died in 1883. I think it right to trouble you with this letter, because the person I refer to is in possession of a sheet of note paper from my waiting room, stamped with my address, on which he appears, after leaving me, to have written my name, and the names of some of my colleagues previously visited, together with an exaggerated statement of the sum given to him by each, in reality only a few shillings. This paper he has, as I have since learned, been using in order to extort larger gifts from another colleague.

### PREVENTION AS WELL AS "CURE."

W. H. writes: While we recognise the efforts made lately towards the prophylactic and hygienic treatment of tuberculosis, yet Professor Koch's "cure" only intensifies the long-urged medical dictum, that, for some amelioration of consumption, cancer, and such germ diseases, it is not alone sufficient to improve the vital resisting force, or to starve the bacilli by cutting off their pabulum; but it is essential that the public be instantly roused to enact, that in such cases, the sputa, discharges, etc., should be carefully destroyed, and more especially that the corpse should be cremated instead of being consigned to the earth to be shortly after "imprisoned in the viewless winds and blown with restless violence round about the pendent world," along with other poisons not less dangerous to the living. Would that Sir Henry Thompson's paper on Cremation<sup>1</sup> was read in every school, college, and public library, and that thoughtful men would deserve well of future generations, by giving their attention to this most pressing, deadly subject, one far more important than the other "questions of the day."

**LETTERS, COMMUNICATIONS, Etc., have been received from:**

(A) Mr. H. W. Allingham, London; Mr. H. C. L. Arnim, Shikapur; Dr. L. Athill, Dublin; Dr. Arlidge, Stoke-on-Trent; Arbitrator; Dr. T. C. Allbutt, London; Dr. Atkinson, London. (B) Mr. Gilbert Barling, Birmingham; Dr. Clifford Beale, London; Messrs. J. B. Baillière et Fils, Paris; Dr. A. Burger, London; Mr. E. H. Buckell, Chichester; Mr. A. H. Benson, Dublin; Messrs. Baiss Brothers and Co., London; Mr. G. S. Bigg, London; F. C. B.; Mr. H. C. Burdett, London; Mr. H. Bradburn, Southport; Dr. J. W. Ballantyne, Edinburgh; Dr. Bridge Wilmslow; Dr. W. G. Barras, Govan; Mr. W. Boggett, London; Mr. W. Berry, Wigan; Dr. F. Barnes, London; Mr. C. J. Bond, Leicester; Dr. G. G. Bantock, London; Dr. P. Boobyler, Nottingham; Dr. Balding, Royston; The J. P. Bush Manufacturing Company, London. (C) Mr. F. Collins, Waustead; Dr. M. Cameron, London; Critic; Dr. J. M. Caw, Cupar; Dr. C. J. Cullingworth, London; Mr. J. Clare, Stoke-on-Trent; Dr. S. M. Copeman, London; Mr. Cassal, London; Mr. J. Chalmers, Bolton; Mr. W. R. E. Coles, London; Professor M. Charteris, Glasgow. (D) Mr. F. Dethridge, London; Dr. G. H. De'Ath, Buckingham; Mr. A. H. Dodd, West Brighton; Mr. J. P. Doyle, Dublin; Mr. W. O. Duncan, Edinburgh; Mr. H. de Silva, Aberdeen; Mr. Alban Doran, London; J. Dickinson-Leigh, M.B., Jarrow; Dr. C. Dukes, Rugby; Dr. W. Duncan, London; Delta; Dr. A. Duke, Dublin; The Dean of the Medical School, Guy's Hospital. (E) Mr. H. L. Evans, Goring-on-Thames; Mr. J. Ewen, Clifton; Mr. Edward East, London. (F) Mr. W. Adams Frost, London; Dr. T. Fulton, Saintfield; Surgeon E. D. Farnar-Bringinghurst, Secunderabad; Arthur Foxwell, M.B., Birmingham. (G) Mr. W. Gardner, Adelaide; Mr. A. G. P. Gipps, Gosport; Mr. E. F. Green, Putney; Mr. H. C. M. Gibson, Folkestone; Mr. J. Good, Robertsbridge. (H) Dr. J. Nevins Hyde, Chicago; Dr. P. Z. Hebert, London; Dr. G. E. Herman, London; Mr. C. Hogg, Lee; Dr. J. B. Hurry, Reading; Dr. W. Hill, London; Mr. J. Hadley, London; Mr. Nelson Hardy, Dulwich; Dr. J. B. Hellier, Leeds; Dr. W. D. Haslam, London. (I) Dr. F. Imbach, Liverpool; Mr. Alfred Illingworth, London. (J) Dr. R. Jardine, Glasgow; Dr. Macnoughton Jones, London; Mr. T. Vincent Jackson, Wolverhampton; Mr. Arthur Jackson, Sheffield; Mr. H. Lawford Jones, Bristol; Mr. R. S. Jayes, Glasgow. (K) Mr. H. Knight, London; Dr. G. C. Kingsbury, Blackpool; Messrs. Knight, Humphrey and Co., Liverpool; Mr. B. Kuhn, London; P. H. Kidd, M.B., Basingbourne; Mr. Alfred Kebbels, Flaxton. (L) Mr. W. W. Leigh, Treharis; Mr. C. B. Lockwood, London; Rev. F. Lawrence, York; Mr. G. R. Leeper, Ederney; Dr. A. G. Lawrence, Chepstow. (M) Mr. P. Musgrave, St. Jean de Luz; Dr. W. L. Morgan, Oxford; Medical; A. E. Maylard, M.B., Glasgow; J. Morrow, M.B., Bishop Auckland; Mr. A. McNabb, Newcastle-on-Tyne; Mr. E. Merck, Darmstadt; Dr. J. W. Moore, Dublin; Dr. T. More Madden, Dublin; Mr. S. B. G.

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BOOKS, ETC., RECEIVED.

Clinical Manual for India. By Deputy Surgeon-General C. Sibthorpe.  
Third edition. Madras: Higginbotham and Co.

Effekte der Nervenreizung durch intermittirende Kettenströme. Von Dr.  
Werigo. Berlin: August Hirschwald. 1891.

A Compend of Diseases of Children. By Marcus P. Hatfield, A.M., M.D.  
Edinburgh and London: Young J. Pentland. 1891.

The Elements of Ophthalmoscopic Diagnosis. By George A. Berry, M.B.  
Edinburgh and London: Young J. Pentland. 1891.

Transactions of the Ophthalmological Society of the United Kingdom.  
Vol. X. London: J. and A. Churchill. 1890.

A Compend of Gynecology. By Henry Morris, M.D. Edinburgh and  
London: Young J. Pentland. 1891.

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