

## REMARKS ON THE TREATMENT OF PURULENT PERICARDITIS.

By SAMUEL WEST, M.D., F.R.C.P.,  
Assistant-Physician to St. Bartholomew's Hospital.

DR. BRONNER, in a very interesting case which he records in the *BRITISH MEDICAL JOURNAL* of February 14th, makes one or two remarks which call for comment. He refers to the cases recorded by Rosenstein and myself, which, after the lapse of several years, remain still, as far as I know, the only two successful cases of operation in which recovery was complete, and he goes on to remark upon the rapidity of recovery in these words: "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."

It is dangerous to argue from analogy, especially when the analogy is imperfect. I point out in my original paper that an analogy cannot be fairly drawn between the pleura and pericardium, and that all the advantages are in favour of the pericardium, for the fluid in the sac is no sooner let out than the two layers of the pericardium come into close relation all over, and are therefore in a very favourable condition for rapid adhesion. The rapidity with which such adhesion may take place is demonstrated in a case to which I refer, also in the same paper, but which is reported by me more at length in the *Pathological Transactions* for 1885, p. 104, and of which a full clinical account is given in the *St. Bartholomew's Hospital Reports* for 1883, by Dr. Brinton and Dr. Collings. The case is one of pyæmia, and in this respect also resembles that of Dr. Bronner.

The pyæmia followed a severe fall. An abscess formed in the left shoulder, and subsequently in the right thigh. Left pleurisy developed, which was twice tapped and bloodstained serum removed. An incision was then made into the side; no fluid was found, but instead the pericardial sac was found distended, and this was opened with a bistoury from the wound in the side; twenty-four ounces of pus escaped with very great relief, but the child died fourteen days later. At the *post-mortem* examination, besides the signs of pyæmia mentioned, the left pleura was found divided into three separate compartments. The middle one only had been incised, and the other two contained serous fluid stained with blood. From the external incision the finger could be passed into the opening into the pericardium. This was empty of fluid, and adherent over the whole right upper and chief part of the posterior surface; the lower anterior with the apical portion of the posterior surface was not obliterated, and was covered with flakes of cheesy-looking pus. I think we may fairly conclude that within fourteen days all these adhesions had formed, that is, the greater part of the pericardium had become pretty firmly adherent, and I am inclined to think that more of it was only prevented from adhering by the frequent introduction of a tube which was passed into the opening to keep it free, even up to a short time before death. This fatal case goes far, I think, to establish rapid adhesion, which may occur, and explains the rapid recovery of Rosenstein's case and my own. To me rapidity of cure would be an argument in favour of the pericardium, and not against it, as Dr. Bronner seems to imply.

The dangers of surgical interference with the pericardium, to which Dr. Bronner refers, are, I think, greatly exaggerated. The only risk is that of wounding the heart, and, with care, this may be avoided. Exploratory punctures and paracentesis are, in my opinion, much more risky than incision, especially if the ordinary blunt aspirator needles are used. I have tapped the pericardium now several times, and without a single misadventure. On one occasion I was alarmed by getting nothing but a jet of blood. I at once removed the needle and, of course, drew off no fluid, but whatever it was that was done the patient was greatly relieved, and rapidly improved from the time of the puncture. The chief risk is that the diagnosis is incorrect, and the difficulties are in some cases considerable in distinguishing between a greatly distended heart and pericardial effusion. Even then it is not a clean puncture through the walls of the heart that is

dangerous, for this has frequently occurred as the result of accident, and has even been deliberately performed with the object of tapping a greatly distended cavity. What has produced the fatal result has been, not the clean puncture, but a laceration, as I once saw happen in the practice of a deceased surgeon. With proper care puncture of the pericardium may be performed without any real risk at all, and I have on more than one occasion made an exploratory puncture into it for the purpose of diagnosis, and never, as I have said, with any untoward result.

The dangers, again, of the rapid removal of fluid are, I believe, for the most part imaginary. In my own case, the incision was followed by a gush of pus which spurted out eight or ten inches from the chest; in a few seconds fully two quarts were evacuated, and that without any bad symptoms or even faintness; on the contrary, with immediate relief. In the series of cases I refer to in my paper on Paracentesis Pericardii, there are several in which many pints have been rapidly removed, and in all cases no mention is made of any bad symptoms.

Washing out the pericardium seems also to inspire as much fear in the minds of some writers as the washing of the pleura, and I believe with just a little real ground. In my case, the pericardium was many times washed out, and always without harm; and I may in passing say that, out of the very many times in which I have freely washed out the pleura, I have never experienced any one of the terrifying accidents to which reference is so often made. I believe that, with ordinary care, that procedure is absolutely without risk.

Though I have ventured to make these remarks and criticisms upon Dr. Bronner's case, I wish to congratulate him and those concerned on the skill with which the diagnosis was made and the operation carried out. It was only unfortunate that the nature of the case almost precluded hope of ultimately saving life.

I may take this opportunity of recording the fact that my patient, whose pericardium was opened, washed out, and drained, is at the present time perfectly well. He has developed into a full-grown man, above the average weight and height. Although the pericardium must be universally adherent, there are no physical signs to indicate this. Except for the scar, there is nothing whatever to indicate that he ever had anything the matter with him. He has been for years in active work, and is capable of any ordinary muscular work, and has been only as a matter of precaution cautioned against undertaking work which calls for violent muscular effort.

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

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### INTRAUTERINE ABSORPTION OF PLACENTA.

THE question as to the power which the mucous membrane of the uterus is able to exercise in the absorption of solid parts of placental tissue is one of which the solution is fraught with great difficulties, and is at the same time one of such importance as to warrant the publication of any contribution which appears to throw light upon it.

That such absorption does occur, and often to a large extent, and without hurtful effects to the maternal organism in those cases where the tissue remains aseptic, is undoubtedly true. In a case, for example, which came under my observation, and where I am certain a large piece of the placenta which was completely adherent to the fundus was left attached, the woman recovered without a bad symptom, although it is likely that some of the portion left would afterwards be discharged with the lochia. The following case, however, proves to my mind conclusively that under some circumstances the absorptive power of the mucous membrane of the uterus on the placental tissues is very great, and as such the case, I think, is worthy of note.

Mrs. S., aged 38, wife of a labourer and mother of three healthy children, on this occasion miscarried about the seventh month of her fourth pregnancy. For the past two months, judging from her own feeling and from the absence

of increased size as the period of gestation advanced, she had been of the opinion that the child she was carrying was dead.

The foetus was expelled with the bag of membranes entire; the whole capacity of the bag would be about a pint and a half. There was not the slightest sign of any placenta, but at the part where it should have been the end of the cord projected for half an inch from the outer surface of the bag, which at this point—the point where the placenta should have been—presented exactly the same appearance as that shown throughout the entire extent of their surface.

On opening the sac, about 10 ounces of dark-coloured amniotic fluid escaped. It was of a dark-brown colour, probably due to an admixture of blood, meconium, and exosmotic fluid from the foetus.

The foetus was well formed, not at all macerated, but of a sodden parchmented appearance, about 8 inches long, and with no other feature of significance. From its size it would be of the age of about five months, so that, taking the mother's reckoning as correct, it had been dead about two months.

The questions of importance are: What had become of the placenta, and was the death of the child due to its absorption? The end of the umbilical cord, which, as has been said, protruded from the membranes for half an inch, and then ended abruptly without any sign of ramification or division, presented no sign or appearance by which one might be led to conclude that it had ever been attached at all to an after-birth. But the latter must have been there at one time, and in all probability the death of the foetus and its absorption occurred simultaneously.

As far as my own knowledge goes, the case is unique, and is, I think, worthy of record; doubtless, however, the same must have occurred within the knowledge of many practitioners.

Cupar, Fife, N.B.

JAS. MATTHEW CAW, M.D. Ed.

**EXCISION OF THE SAC IN A CASE OF SPINA BIFIDA.** MRS. H., aged 36, was delivered of her eighth child on June 13th, 1890. The nurse drew attention to a projection on the child's back, which turned out to be a spina bifida. This was situated at the lower lumbar region, and was the size of a hen's egg. The most prominent part of the tumour was membranous and semitransparent in appearance, with leashes of blood vessels coursing over it. The gap in the bones was made out to be small, the tip of one's forefinger easily plugging it. Manipulation quite satisfied us that a pedicle was present. The child was healthy and strong, and everything pointed to a suitable case for operation.

The child being under A C E, Dr. Alfred Swann dissected two flaps of healthy skin from the sac, and placed a ligature of chromicised gut round the pedicle. After opening the sac and finding that no nerves were present, he tied his ligature, cut away the sac, and stitched up the flaps. The dressings were antiseptic. No leakage occurred, and the flaps united by first intention.

This child has also a hypospadias of moderate extent at the proximal end of the penis. Taken along with the spina bifida, this seems interesting, particularly when the family history shows no previous occurrence of either deformity.

Batley, Yorks.

J. STEWART, M.B., C.M.

#### A CASE OF HYDRONEPHROSIS, PROBABLY CONGENITAL.

I FIRST saw H. L. a few days before Christmas, 1890. His mother gave the following history. Ever since he was 2 years old he has wetted himself, at first in the daytime only, but latterly also at night. He complains every now and then of pain in the back and lower part of the stomach. The boy looked a little flabby, but was otherwise bright and intelligent. He had a long and fairly tight prepuce. The next day I examined him under chloroform. On passing in the sound there seemed to be a roughened condition, and a peculiar harshness of the lining of the bladder at parts, inasmuch that it made one uncertain as to whether there was or was not a stone. While he was still under the anæsthetic I circumcised him, thinking that perhaps the tight prepuce might partly account for the irritable bladder.

The chief thing noticeable after this slight operation was

that the wound never looked healthy, the parts remaining much swollen, but the incontinence was not so marked. On January 9th, 1891, he looked ill; temperature 103° in the evening, tongue slightly furred. On January 10th he began vomiting all his food. He slept quietly that night, but on the morning of the 11th he again began to vomit, it being now dark coloured, probably altered blood; he had symptoms of obstruction of the air passages; the right tonsil was swollen and sloughing; the heart was beating very slowly and irregularly; the pupils were semi-dilated, not acting well to light. The boy was dull but not unconscious, and he remained conscious until death took place the same afternoon. During the last twelve hours the amount of urine passed was much lessened, but there was never total suppression.

The *post-mortem* examination revealed the following condition of the urinary organs:—The urethra was normal. The bladder, which was about the size of a small orange, felt hard like a solid tumour. On cutting into it, its walls were about half an inch thick and very hard. The cavity was very much contracted, only holding 1½ ounce of fluid. The mucous membrane was white, thickened, and rough at parts. The muscle wall was pale pink; the ureters were much dilated, easily admitting my thumb; the pelves of the kidneys were enlarged. Both kidneys were 3½ inches in length and very soft. The right kidney was lobulated, the lobes being separated from one another as if there was commencing dilatation. The left kidney was not lobulated.

**REMARKS.**—This condition of the urinary organs in a child is, I believe, most rare, and is most probably congenital. The probable cause of death was partial suppression of urine due to the abnormal condition, although many of the symptoms pointed to a septic cause. I look upon the operation as a sort of "last straw," hastening on death, which apparently was inevitable at no distant date—I mean that it increased the amount of refuse to be got rid of by the kidneys, and that they, under the circumstances, were unable to meet the call made upon them.

As far as diagnosis goes, I do not know that one could be able to tell in future whether a case was or was not of this nature. Perhaps having seen a case of the kind the following symptoms might be a help—the age, the incontinence being at first only in the daytime, and, on sounding, the peculiar roughness of the mucous lining of the bladder.

Guernsey.

E. LAURIE ROBINSON.

#### TRISMUS INFANTUM.

ON December 27th, 1889, I was called to see an infant (female) 14 days old. On examination, I found the child's jaws slightly open, but otherwise fixed by strong muscular spasm, the arms rigid and straight, with the fingers flexed and the thumbs bent in the palms. Below the knees the legs were firmly flexed on the thighs and crossed. The distal phalanges of the toes were flexed; the big toes widely separated from the others. The muscles of the abdomen were rigid, and there was slight opisthotonos. The umbilical cord was stated to have fallen off on the fifth day, and when I saw it the wound was clean and almost healed. Up to 2 days old, the child is said to have been perfectly healthy, and took the breast well. After that there was some difficulty, and a bottle was procured. It was able to get a fair amount of nourishment in that way, until a day or so before I saw it, when the mother found the only way it could take nourishment was by the use of a teaspoon. In this way life was sustained until the child was 19 days old. Previous to the birth of the child, the mother had experienced considerable mental anxiety owing to nursing her child, who subsequently died of tuberculous meningitis.

The hygienic surroundings were not of the most perfect character, the house being rather dirty and badly ventilated upstairs. Hot baths and bromide with dill water was the only treatment adopted, with the exception of the child being wrapped in flannel.

The peculiarity of the case in my mind consists in the unusual time to which the child lived from the first approach of the serious symptoms, the rarity, as far as I can gather, in England, and the lack of any definite cause.

F. G. STEWART, M.R.C.P., L.S.A.

Wadebridge, Cornwall.

## ASSOCIATION INTELLIGENCE.

### LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

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

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

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

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

### BRANCH MEETINGS TO BE HELD.

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.

BATH AND BRISTOL BRANCH.—The fourth ordinary meeting of the session will be held at the Grand Pump Room Hotel, Bath, on Wednesday evening, February 25th, at half-past seven o'clock, A. B. BRABAZON, M.D., President. The evening will be devoted to a discussion on Lateral Curvature of the Spine, which will be opened by Mr. T. D. RANSFORD.—R. J. H. SCOTT and E. MARKHAM SKERRITT, Honorary Secretaries.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The next meeting of the above District will take place at Faversham on Thursday, March 12th, Dr. Boswell in the chair.—W. J. TYSON, Honorary Secretary, 10, Langhorne Gardens, Folkestone.

STIRLING, KINROSS, AND CLACKMANNAN BRANCH.—The next meeting of this Branch will be held in the Crown Hotel, Falkirk, on the afternoon of Tuesday, March 3rd, at 2.30. Members desirous of showing specimens, etc., are requested to communicate with the Honorary Secretaries, C. J. LEWIS and J. PEAKE.

### THAMES VALLEY BRANCH.

A MEETING was held at the Sun Hotel, Kingston, on Wednesday, February 11th, Dr. WADD, President, in the chair.—The minutes of the last meeting were read and approved.

*New Member*.—Mr. R. N. GOODMAN, M.B., of Kingston, was proposed and elected a member.

*Motion as to Election of President*.—The HON. SECRETARY then moved: "That before the annual election of office bearers the Council of the Branch shall select three members from whom the President shall be elected."—After a very brief discussion this was adopted.

*Midwives Registration Bill*.—The Midwives Registration Bill, consideration of which had been postponed from the last meeting, was discussed, and there was a considerable debate as to the bearing of the several provisions, the majority of those present being adverse to the Bill in its present form.

*Examination of Sputum*.—Dr. W. ESSEX WYNTER read a paper

"On the Examination of Sputum by Simple Methods for the purpose of Diagnosis." He suggested the following methods of investigation: (1) Throwing the sputa into water to allow bronchial casts to unfold, and portions of lung tissue to separate. As illustrations, he showed a bronchial cast from a case of plastic bronchitis, with well-marked laminations, and exhibiting ramifications down to the smallest bronchioles. And in another case a blood cast, which had been coughed up a few days before a fatal hæmorrhage from aneurysm. (2) Mounting a small piece of the denser part of the sputum without any reagent, by pressing it out between a slide and a cover glass, and examining under a low power of the microscope. In this way Dr. Wynter prepared and demonstrated elastic tissue in a case of phthisis, and pointed out the aid that could be obtained by recognising Cürschmann's spirals, hæmatoidin, various forms of crystals and fungi, and more rarely portions of cysts. (3) The demonstration of tubercle bacilli was effected in three minutes, as follows: (a) Crushing a small portion of purulent sputum between two cover glasses, sliding apart, and drying over a spirit lamp; (b) Passing the cover slips rapidly thrice through the flame to fix the preparation; (c) Placing two drops of Neelsen's solution on the dried surface and warming over the lamp till steam rises; (d) Washing off excess and decolorising in 25 per cent. solution of sulphuric acid; (e) Rinsing in water, counterstaining with a drop of methylene blue, drying, and mounting in cedar oil. The entire succession of processes did not occupy more than five minutes, and in many cases furnished much valuable information.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE fourth general meeting of this Branch was held in the Library of the Medical Institute on Thursday, January 15th, the President, Mr. ALFRED FREER, in the chair. The minutes of the last meeting were read, approved, and signed.

*Cases*.—Mr. JORDAN LLOYD showed a woman, aged 28, upon whom he had performed Lumbar Nephrectomy. She had suffered from lumbar pain and pyuria for two or three years. In February, 1889, she had developed a lumbar tumour. Nephrotomy was then performed, and an abscess of the kidney opened and drained; no calculi were found. A lumbar fistula resulted, which discharged freely; and, as the patient was losing ground gradually, the damaged kidney was removed. The tumour was intimately adherent to all surrounding structures. The patient made a complete and uninterrupted recovery.—Dr. SIMON showed a case of Ophthalmoplegia Externa and Interna in a woman, aged 51, who had had attacks of migraine all her life at monthly intervals. The pain was always followed by ptosis of the left eyelid, external strabismus, and dilatation of the pupil. Her mother had noticed these phenomena when she was six weeks old. The ophthalmoplegia had lasted only two or three days at a time until the present attack, which had persisted for three weeks, and was only just beginning to disappear.

*Specimens*.—Mr. MARSH showed the Left Carotid Arteries of a man, aged about 40, illustrating the condition sixteen hours after ligation in continuity of this vessel  $1\frac{1}{2}$  inch below the bifurcation. The operation was performed to arrest profuse hæmorrhage from the brain and meninges occurring after removal of a large clot when trephining for the relief of pressure symptoms in a case of compound fissured fracture of the skull. The internal and middle coats had been divided; there was no proximal clot, but, distally, a clot extended to the bifurcation of the vessel.

*Time of General Meetings*.—It was resolved: "That ordinary general meetings of this Branch be called for 4 o'clock."

*The late Dr. Strange*.—A vote of condolence with the family of the late Dr. Strange, of Worcester, who was a member of this Branch, was passed.

*Papers*.—Mr. T. F. CHAVASSE read a paper on a Case of Diverticulum of the Oesophagus. In the discussion which followed, Dr. EDGAR UNDERHILL, Dr. RATCLIFFE, Mr. LLOYD, Mr. MAY, Dr. DOUGLAS, and the PRESIDENT took part.—Dr. EDGAR UNDERHILL read a paper on Mollities Ossium. In the discussion which followed, Mr. TAYLOR, Dr. RATCLIFFE, Dr. SIMON, Dr. SUCKLING, Mr. MARSH, Mr. LLOYD, and Mr. MAY took part; and Dr. UNDERHILL replied.

company as soon as possible, and certainly within the time limited by the conditions. Was this notice given? If so, we cannot (in the absence of the policy) understand the reason of the company's refusal to pay. The case of *Patton v. The Employers' Liability Assurance Company (L. R., sc. 93, C. P. D.)* affords an illustration of the importance of notice. The policy therein was subject to a condition (*inter alia*) that in the event of any accident to the assured, he or his representatives should give notice thereof in writing to the company within ten days after its occurrence, stating the number of the policy, the nature of the injuries, place where and manner in which they were received, and extent of disablement; and also, within fourteen days after the accident, forward a written report from the assured's medical attendant of the facts of the accident, and nature and extent of the injuries received; and then the condition provided that unless it were complied with as to time and otherwise (time being of the essence of the contract), no person should be entitled to claim under the contract. The Court held that the omission to give notice within the prescribed time (even if death was instantaneously caused by the accident) was an answer to a claim made under the policy.

We mention this case to show the urgent necessity of notice, and in order that the conditions of the policy may be compared.

#### IS THE COUNTY RESPONSIBLE?

DELTA writes: I was called by a bystander to a drowning case, where I carried out Sylvester's method, &c., unsuccessfully. Sent my bill to the lad's father, who refuses to pay the fee (5s.), and says the county is liable.

\* \* We are not aware that the county can be made responsible in any case of this kind. The parish is liable when medical aid is rendered to a poor person at the request, or with the sanction, of the relieving officer or overseer. We have very little doubt in the case referred to that the law would imply a contract on the part of the father to pay the fee. If a child is under 14 years of age a parent is punishable by statute for neglecting to provide proper medical treatment for such child. Were it not for the attendant melancholy circumstances, we should feel inclined in these days of attempted repudiation of legal obligations to get the point in this instance determined through the medium of the county court as a caution to others. Should, however, our correspondent be induced to forego his just claim in view of the father's bereavement, he (the parent) should be made clearly to understand what, in our opinion, is his legal responsibility.

## UNIVERSITIES AND COLLEGES.

### CAMBRIDGE.

**ELECTORAL BOARDS.**—The following have been chosen as electors to the several professorships indicated:—Chemistry, Sir H. E. Roscoe; Anatomy, Professor Liveing; Botany, Dr. Vines; Zoology, Medicine (Downing), Sir G. M. Humphry; Physiology, Pathology, Surgery, Sir G. E. Paget.

### LONDON.

**INTERMEDIATE EXAMINATION IN MEDICINE.**—January, 1891. Pass list. Entire examination.

*First Division.*—H. G. Felkin, London Hospital; J. R. Hickinbotham, Queen's College, Birmingham; C. Paine, St. Mary's Hospital; F. J. Poynton, St. Mary's Hospital; H. C. Thomson, Middlesex Hospital; H. J. Walton, St. Bartholomew's Hospital.

*Second Division.*—C. Addison, St. Bartholomew's Hospital; M. Ashley, University College; J. A. Berlyn, Queen's College, Birmingham; R. H. Castellote, University College; R. F. Chance, St. Thomas's Hospital; D. W. Collings, St. Bartholomew's Hospital; H. G. Dain, Queen's College, Birmingham; H. Fox, Glasgow Royal Infirmary and Middlesex Hospital; B. H. Kingsford, St. Thomas's Hospital; R. C. Kirkby, Guy's Hospital; E. G. G. Little, St. George's Hospital; T. D. Manning, Guy's Hospital; Mary Ellen Rye, London School of Medicine for Women; S. R. Schofield, University College; W. S. H. Sequeira, London Hospital; W. Shears, St. Bartholomew's Hospital; G. N. O. Slater, Sheffield and St. Bartholomew's Hospital; K. B. J. Vickers, St. Thomas's Hospital.

#### Excluding Physiology.

*First Division.*—F. P. Piper, St. Mary's Hospital; C. M. Rhodes, St. Mary's Hospital; E. Sly, King's College.

*Second Division.*—E. L. Adams, Guy's Hospital; A. P. Allan, Guy's Hospital; H. K. Birley, Owens College; A. J. Edge, St. Bartholomew's Hospital; P. S. Eves, University College; C. F. Gross, King's College; G. F. Murrell, St. Bartholomew's Hospital.

#### Physiology only.

*First Division.*—L. A. Bidwell, St. Thomas's Hospital; A. G. Jones, Middlesex Hospital.

*Second Division.*—R. T. Bakewell, University College; L. W. Bathurst, St. Bartholomew's Hospital; A. H. Card, Guy's Hospital; W. H. Jewell, Guy's Hospital; G. Martyn, King's College; A. H. Minton, King's College; A. Paling, Middlesex Hospital; W. C. C. Park, Guy's Hospital; R. Smith, Owens College.

### ROYAL COLLEGE OF SURGEONS.

An ordinary Council was held at the College on February 12th, when the minutes of the last quarterly Council were read and confirmed.

On the recommendation of the Museum Committee, it was resolved that an honorarium be offered to Mr. B. T. Lowne, F.R.C.S., for revising the Teratological Catalogue of the Museum.

A report was received from the Laboratories Committee, in which it was stated that sixteen gentlemen were at present working, or had received permission to work, in the laboratories.

A letter was read from Mr. Arthur Milman, Registrar of the University of London, forwarding, by direction of the Senate, copies of the revised scheme for the reconstitution of the University, upon the basis of which the Senate propose to invite Convocation to concur in applying for a new charter.

It was proposed by Mr. Hill: "That members of the Council who desire to nominate Members of the College of twenty years' standing for election to the Fellowship by ballot in April shall submit such names at the meeting of the Council in December in each year, and that such names be circulated among the members of the Council before the meeting in January." This motion was seconded by Mr. Macnamara, and carried.

#### Opinion of Counsel as to Meetings of Fellows.

The following opinion of Council was submitted:

"We are of opinion that no legal objection exists which prevents the Council of the College granting the use of the College premises to either the Fellows or the Members for a meeting for purely consultative purposes, and that this course is equally open to the Council whether such meeting be summoned by the President or Council, or merely allowed to take place there with their permission or authority. It must, however, be distinctly understood that such meeting would in no sense be of any official or corporate character or efficacy, and nothing resolved or occurring thereat would in any way alter the rights of the College, or any one of its Members, whether Fellows or Members only. Any proposals to affect the interests of the corporation or any of its Members could only be discussed so as to have effect at a regularly assembled meeting of the whole corporate body.

"By-law XVII is, in our opinion, a purely prohibitive provision, designed to meet certain specified cases, and no inference can legitimately be drawn therefrom as to any inherent or implied power to summon or countenance any official or effectual meeting of Fellows only, or of Members as distinguished from Fellows. Nor do we find anything in the charters giving or implying such power.

"We must point out that if any such meeting of Fellows was either summoned or permitted on the College premises, it would not be consistent, or, in our opinion, reasonable to refuse similar facilities for a meeting of Members, either with or without the presence of the Fellows, who are, by the constitution of the College, necessarily Members, were such a meeting requested by a substantial number of the Members.

"The summoning or permitting such a meeting of Members would not, in our opinion, constitute any admission of any right of the Members to hold such a meeting on the College premises without summons or permission; but we think that to permit a meeting of any section of the College, except in the cases expressly provided by the charter and by-laws, would be unwise in view of the pending litigation before Mr. Justice Stirling. The refusal to call or allow such a meeting of Members, supposing one of the Fellows alone had previously been held, would be ground for comment and prejudice in the course of that litigation.

"It is for the Council to consider whether the end they presumably have in view—namely, to take the sense of the body of Fellows—cannot as well be attained by some less formal method, either by private meeting elsewhere than on the College premises, or by circular, neither of which courses seems to us open to the same objections as the one suggested.

"RICHARD E. WEBSTER,

"Temple."

"JOHN R. PAGET."

The following gentlemen having passed the necessary ex-

aminations, and having conformed to the by-laws and regulations, were admitted Members of the College:

Addison, Wm. Bragg, L.R.C.P.Lond., Caius House, Batterssea Sq., W.  
 Adler, M., L.R.C.P.Lond., 6, St. Stephen's Ter., Albert Sq., Clapham.  
 André, James E. F., L.R.C.P.Lond., Hurst Road, Horsham, Sussex.  
 Austin, Reginald F. E., L.R.C.P.Lond., General Hospital, Bristol.  
 Barrett, A. K., L.R.C.P.Lond., 24, Addison Terrace, Notting Hill, W.  
 Blackman, C. J., L.R.C.P.Lond., 8, Chatsworth Villas, Stockwell Park.  
 Bloomer, Frederick William, L.S.A., Russell Street, Wednesbury.  
 Blucke, H. F. S., L.R.C.P.Lond., 3, Gloucester Road, Regent's Park, N.W.  
 Bowker, C. S., L.R.C.P.Lond., 42, Albert Street, Regent's Park, N.W.  
 Burt, William Charles, L.R.C.P.Lond., "Courtfield," Enfield.  
 Chambers, William F., L.R.C.P.Lond., 75, Ladbroke Grove Road, W.  
 Chapman, G. W., L.R.C.P.Lond., 10, Richmond Terrace, Clapham, W.  
 Chater, Arthur Reginald, L.R.C.P.Lond., 72, Kensington Park Rd., W.  
 Clark, W. A., L.R.C.P.Lond., 130, St. Paul's Rd., Camden Square, N.W.  
 Clarke, Edwd. A., L.S.A., 122, Astley Rd, Dukinfield, near Manchester.  
 Clift, Hugh, L.R.C.P.Lond., 7, Tresillian Crescent, St. John's.  
 Coombe, T. S., L.R.C.P.Lond., 53, St. Quintin Avenue, N. Kensington.  
 Coventon, Charles Arthur, L.R.C.P.Lond., Bowes Park, N.  
 Cowell, Alfred R., L.R.C.P.Lond., Nevern Ho., Crown Hill, Harlesden.  
 Crosskey, Roger, L.R.C.P.Lond., 28, Bromley Grove, Shortlands, Kent.  
 Curtis, Henry Jones, L.R.C.P.Lond., 171, Stanhope Street, N.W.  
 Daniel, William Patrick T aylor, L.R.C.P.Lond., 15, St. Charles Sq.  
 Dodds, Matthew, L.R.C.P.Lond., Chase Side, Southgate.  
 Dow, John Hardman, L.R.C.P.Lond., Green Bank, S. Shore, Blackpool.  
 Drake, Ernest Charles, L.R.C.P.Lond., 204, Brixton Hill, S.W.  
 Dryland, Leslie Winter, L.R.C.P., Kettering.  
 Duer, Sidengham Unwin, L.R.C.P.Lond., 22, Harewood Square, W.  
 Duffy, Patrick Joseph, L.R.C.P.Lond., The Meads, New Fillibbrook Road, Leytonstone.  
 Evans, Percy, L.R.C.P.Lond., 2, Foxton Villas, Richmond, Surrey.  
 Farquharson, Wm. G. Robertson, L.R.C.P.Lond., 12, St. Mary's Sq., W.  
 Field, Frederick Arthur, L.R.C.P.Lond., 23, Woburn Place, W.C.  
 Forde, Thomas Arthur M., L.R.C.P.Lond., 49, Park Rd., West Dulwich.  
 Freeland, Reginald Stilwell, L.R.C.P.Lond., 18, Buckland Crescent, W.  
 Gamgee, Leonard Parker, L.R.C.P.Lond., 6, Stirling Place, Edgbaston.  
 Godfrey, Clarence G., L.R.C.P. Edin., 3, Houghton Road, Amptill Sq.  
 Gordon, Harry, L.R.C.P.Lond., 244, Wellington Road, Stockport.  
 Graham, Michael, L.R.C.P.Lond., 8, Great College St., Westminster.  
 Graham, John Henry Porteus, L.R.C.P.Lond., Wallasey, Cheshire.  
 Green, Charles Albert, L.R.C.P.Lond., Didsbury College, nr. Manchr.  
 Green, Percy A., L.R.C.P.Lond., St. Simon's Vicarage, Morpeth St., E.  
 Greenwood, Richd. E., L.R.C.P.Lond., 1, Lansdown Pl., Brunswick Sq.  
 Griffiths, Gilbert H., L.R.C.P.Lond., 3, Abercromby Terrace, Liverpool.  
 Grimshaw, John, L.R.C.P.Lond., 50, Cranmer Road, Forest Gate.  
 Gyton, Walter George, L.R.C.P.Lond., 30, Sankey Street, Warrington.  
 Harwarden, Samuel, L.R.C.P.Lond., 88, Brood Green, Croydon.  
 Haydon, Thomas Horatio, L.R.C.P.Lond., 50, Mount Ararat, Richmond.  
 Hemming, Charles Harold, L.R.C.P.Lond., 117, Old Street, E.C.  
 Hewitson, John G., L.R.C.P.Lond., 260, Westgate Rd., Newcastle-on-Tyne.  
 Hird, Frederick Robert, L.R.C.P.Lond., Walton, near Wakefield.  
 Howard, Arthur Walters, L.R.C.P.Lond., 33, Bolsover Street, W.  
 Hutchinson, Cyril G., L.R.C.P. Irel., 349, Moseley Road, Birmingham.  
 Kellock, Thomas Herbert, L.R.C.P.Lond., 51, Lambeth Palace Rd., S.E.  
 Kidd, Archibald, L.R.C.P.Lond., Farncombe, Godalming, Surrey.  
 Langston, Thos. A. O., L.R.C.P.Lond., 29, Broadway, Westminster, S.W.  
 Levick, Harry Driffield, L.R.C.P.Lond., 51, Lambeth Palace Road, S.E.  
 Lewis, Frederick, L.R.C.P.Lond., Henfield, Sussex.  
 Lovell, Charles Petre, L.R.C.P.Lond., 68, Gloucester Gardens, W.  
 Low, Vincent Warren, L.R.C.P.Lond., Thames View, Staines.  
 Lukmani, Budrudin A., L.R.C.P.Lond., 54, Bonner Road, Victoria Park.  
 Mactavish, James William, L.R.C.P.Lond., 201, Victoria Street, S.W.  
 Manwaring, Edward E., L.R.C.P.Lond., 6, Albany Vils., West Brighton.  
 Marder, Nicholas, L.R.C.P.Lond., 104, Guilford Street, W.C.  
 Masterman, Ernest William G., L.R.C.P.Lond., 23, Percy Circus, W.C.  
 Mayor, John B., L.R.C.P.Lond., The Beeches, Lavenshulme, Manchr.  
 Mills, Yarnold Hubert, L.R.C.P.Lond., 153, Wilberforce Road, N.  
 Morris, Edwin Haigh Grant, L.R.C.P.Lond., 47, Jamaica Road, S.E.  
 Morris, James John Nixon, L.R.C.P.Lond., 30, Munster Square, N.W.  
 Mulvany, Thomas Edward, L.R.C.P.Lond., 381, Holloway Road, N.  
 Norgate, Robert Henry, L.R.C.P.Lond., 13, Cotham Road, Bristol.  
 Nynlasy, Arthur John, L.R.C.P.Lond., 3, Houghton Pl., Hampstead Rd.  
 Ord-Mackenzie, Stuart Allan, L.R.C.P.Lond., 37, Belsize Park Gardens.  
 Penny, Herbert Lloyd, L.R.C.P.Lond., College Green, Gloucester.  
 Pernet, George, L.R.C.P.Lond., 54, Great Ormond Street, W.C.  
 Perrine, Edmund K., M.D. Philadelphia, 31, Keppel St., Russell Sq.  
 Powell, Thomas Morgan Jones, L.R.C.P.Lond., The Elms, Swansea.  
 Pritchard, Eric Law, L.R.C.P.Lond., 12, Alwyne Place, Canonbury.  
 Quinby, Edward Melville, L.R.C.P.Lond., 11, Belvidere Rd., Liverpool.  
 Reeks, Henry, L.R.C.P.Lond., 62, Clova Road, Forest Gate.  
 Reynolds, A. E., L.R.C.P.Lond., Highcroft, Shepherd's Hill, Highgate.  
 Rogers, Leonard, L.R.C.P.Lond., Hartley, Plymouth.  
 Rogers-Tillstone, John M., L.R.C.P.Lond., 26, Myddleton Square, E.C.  
 Ronaldson, Robert Miller, L.R.C.P.Lond., 34, Bernard Street, W.C.  
 Round, John Cornwell, L.R.C.P.Lond., Sydenham Hill, S.E.  
 Rows, Richard Gundry, L.R.C.P.Lond., Helston, Cornwall.  
 Rygate, Henry Bertram, L.R.C.P.Lond., New South Wales.  
 Samways, Daniel West, L.R.C.P.Lond., The College, Guy's Hospital.  
 Senior, Arthur W., L.R.C.P.Lond., Chorlton-cum-Hadly, Manchester.  
 Senior, Robert Wilks, L.R.C.P.Lond., 2, Abbeville Rd., South Balham.  
 Shirliff, Edward Dickinson, L.R.C.P.Lond., Holybrook Ho., Reading.  
 Smith, Henry, L.R.C.P.Lond., Rose Hill, Basingstoke.  
 Souby, Charles Ernest, L.R.C.P.Lond., Middlesex Hospital, W.  
 Stalker, James, L.R.C.P.Lond., Elders Street, Scarborough.  
 Stephens, Reginald, L.R.C.P.Lond., 23, Percy Circus, W.C.  
 Sturdee, Alfred William, L.R.C.P.Lond., 19, Highbury Place, N.  
 Sturge, William Howard, L.R.C.P.Lond., St. Luke's Hospital, E.C.  
 Summers, Thomas Collyer, L.R.C.P.Lond., 78, Mile End Road, E.  
 Thompson, Arthur H., L.R.C.P.Lond., 7, Mount Vernon, Hampstead.  
 Twyford, Walter, L.R.C.P.Lond., 49, Nelson Street, Manchester.

Tyler, Edwin Joseph C., L.R.C.P.Lond., St. Thomas's Hospital, S.E.  
 Waring, John Alfred, L.R.C.P.Lond., Bridge House, Harrow.  
 Weldon, Stawell, L.R.C.P.Lond., 159, Victoria Street, S.W.  
 Whitfield, Arthur, L.R.C.P.Lond., Eskdale, The Park, Wimbledon.  
 Wightman, John Prest, L.R.C.P.Lond., 15, Station Road, Finchley.  
 Wilks, Joseph Henry, L.R.C.P.Lond., 40, Westernholme Rd., Sheffield.  
 Willey, Thomas, L.R.C.P.Lond., 13, Upper Hornsey Rise, N.  
 Williams, David John, L.R.C.P.Lond., 30, Rutland St., Hampstead Rd.  
 Winslow, Walter, L.R.C.P.Lond., The College, Guy's Hospital, S.E.  
 Wyman, Cuthbert, L.R.C.P.Lond., Red Brae, Putney Hill.  
 Young, John, L.R.C.P.Lond., 6, Dean Street, Borough.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH: SURGICAL ESSAY PRIZE.—The surgical essay prize of thirty-five guineas has been awarded by the College to Mr. Harold Jalland Styles, M.B., F.R.C.S.E., 5, Castle Terrace, Edinburgh, for his essay on "Contributions to the Development, Anatomy, Pathology, and Surgery of the Breast." The prize was open to all Licentiates and Fellows of the College, except Fellows who were members of the President's Council, and candidates had the selection of any surgical subject.

## OBITUARY.

### JOSEPH PARRISH, M.D.

DR. JOSEPH PARRISH, who died recently at Burlington, New Jersey, was of English descent. He was the son of a well-known Quaker physician, was born at Philadelphia on November 11th, 1818, and practised successively in his native city and at Burlington. For a time he was a member of the American Sanitary Commission; and, on the day after General R. E. Lee's surrender, he in person established a branch at Richmond, furnishing hospital stores for the opposing armies. He afterwards visited the chief cities of the South, inspecting the schools of the Freedmen's Commission. In 1866, in Pennsylvania, he established a Citizens' Association for, among other objects, the reclamation of inebriates; and in 1867 opened, as President, the Sanitarium of that State. In 1870 Dr. Parrish founded the American Society for the Cure of Inebriates, of which he was President for many years prior to his decease. In 1872 he gave valuable evidence on the curability of inebriety before Dr. Donald Dalrymple's Committee of the House of Commons.

Dr. Parrish paid many visits to England, attended the Dublin meeting of the British Medical Association, and was entertained at a reception by the President and Council of the English Society for the Study of Inebriety. He was the author of several works, among which was *Alcoholic Inebriety*, and edited various medical journals in the United States. Since 1876 he had devoted himself mainly to the treatment of inebriates under his own roof, which work is carried on by his brother and nephew.

Dr. Parrish's death will be mourned by a wide circle of friends on both sides of the Atlantic.

### C. R. CROSSLEY, M.R.C.S., L.S.A., J.P.

MR. C. R. CROSSLEY, of Leicester, whose death occurred on January 9th, at the age of 67, was born at Ashby-de-la-Zouch in 1824. He commenced the study of medicine as an articled pupil under the late Mr. Kirkland, afterwards completing his professional education at the Derby Infirmary and Guy's Hospital. In 1851 he settled at Leicester, and in 1861 he was elected surgeon to the infirmary. Having held that position for twenty-five years, he retired in 1886. He was also a certifying surgeon under the Factory Acts for many years. He took a keen interest in the public affairs of Leicester, the Municipal Council of which he entered in 1863. His services to the Conservative party were recognised in 1867 by the public presentation of a handsome épergne and service of plate. In 1867 Mr. Crossley was appointed a justice of the peace for the borough, and later his name was added to the commission of the peace for the county. In 1876 he was elected to fill the civic chair.

Mr. Crossley for years had a very large practice, and was very popular with his patients. His death has caused general regret among all classes of the population.



he has failed to provide himself with a proper written warranty of the genuineness of the article he sells, still has his remedy against the person who has supplied the article to him. The dairyman there, too, had entered into a contract with a farmer for the supply of milk, guaranteed to be pure. The milk was adulterated, and the dairyman having no written guarantee with his can, was himself convicted and fined £2 and costs. He then brought an action against the farmer for consequential damages, and recovered a verdict for £20, which the judge aided as far as he could by allowing costs on the higher scale. Such a verdict will be a substantial solatium for having been fined, and will go far to reinstate the plaintiff's reputation as an honest tradesman, which had probably been somewhat damaged by the fact of his being convicted of selling adulterated milk. It will also be effective as a deterrent to the farmer, who will no doubt find that the expenses of the trial consume the profit made by adulterating his milk, unless he has carried on such a practice with impunity for a considerable period.

These cases are instructive as showing both that the adulteration Acts are enforced in some parts of the country, and also that it is possible to make the persons really in fault responsible for the consequences of their misdeeds.

#### INFECTIOUS DISEASE NOTIFICATION ACT.

WE have received the following letter with reference to the case briefly reported in the *BRITISH MEDICAL JOURNAL* of February 14th, 1891, p. 386:

SIR,—In consequence of the prosecution of Dr. Gilchrist by the Bolton Rural Sanitary Authority for not notifying a case of typhoid fever forthwith, a meeting of the medical profession was held on the 13th instant. It was the general opinion of those present that the medical officer of health, in making a clinical examination of the patient, went beyond his instructions, and violated professional courtesy. It was deemed by all that it was a great hardship for the doctor that the present state of the law prevented him from entering the witness box. With a view to remedy this evil, a unanimous resolution was passed to the following effect: "That it be a recommendation from this meeting to the Parliamentary Bills Committee of the Association to take such steps as they may deem needful to secure the insertion in the Infectious Diseases Notification Act of a special clause empowering the medical man to give evidence in his own defence."—I am, etc.,

NORMAN MCLEISH.

#### ANNUAL MEDICAL VISITS TO PAUPER LUNATIC ASYLUMS.

O. B. writes: I am appointed by the guardians to accompany them in their official visit, as their medical officer, once a year to the lunatics in two asylums, one being sixteen miles off, the other thirty-five; second-class return fare is allowed. It takes the whole morning to go to the nearer asylum and back, and the whole day to the further one. What would be a fair charge to make in each case?

\*\* We think that one guinea, in addition to the railway fare allowed, for the shorter journey, and two or three guineas for the longer journey, would be a fair charge.

#### HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns, including London, which have an estimated population of 10,010,426 persons, 6,321 births and 3,818 deaths were registered during the week ending Saturday, February 14th. The annual rate of mortality in these towns, which had declined from 27.8 to 19.8 per 1,000 in the preceding six weeks, was 19.9 during the week under notice. The rates in the several towns ranged from 14.2 in Leicester, 15.5 in Portsmouth, 16.1 in Wolverhampton, and 16.3 in Halifax to 25.3 in Cardiff and in Blackburn, 25.8 in Derby, and 28.5 in Preston. In the twenty-seven provincial towns the mean death-rate was 20.3 per 1,000, and exceeded by 0.9 the rate recorded in London, which was 19.4 per 1,000. The 3,818 deaths registered during the week under notice in the twenty-eight towns included 340 which were referred to the principal zymotic diseases, against numbers declining from 404 to 332 in the preceding three weeks; of these, 93 resulted from whooping-cough, 77 from measles, 52 from scarlet fever, 50 from diphtheria, 36 from diarrhoea, 32 from "fever" (principally enteric), and not one from small-pox. These 340 deaths were equal to an annual rate of 1.8 per 1,000; in London the zymotic rate was 1.4, while it averaged 2.1 per 1,000 in the twenty-seven provincial towns, and ranged from 0.7 in Portsmouth, 0.9 in Cardiff, and 1.0 in Derby and in Oldham to 3.3 in Plymouth and in Blackburn, 3.4 in Preston, 3.5 in Salford, and 3.6 in Huddersfield. Measles showed the highest proportional fatality in Brighton, Halifax, Huddersfield, Blackburn, and Bristol; scarlet fever in Plymouth, Preston, and Bradford; and whooping-cough in Salford, Plymouth, Birkenhead, and Huddersfield. The mortality from "fever" showed no marked excess in any of the large towns. Of the 50 deaths from diphtheria recorded during the week in the twenty-eight towns, 29 occurred in London, 4 in Sheffield, 3 in Manchester, 3 in Salford, 2 in Norwich, and 2 in Birkenhead. No death from small-pox was registered during the week, either in London or in any of the provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday, February 14th. These hospitals contained 1,250 scarlet fever patients on the same date, against numbers steadily declining from 2,024 to 1,288 at the end of the preceding fourteen weeks: 90 new cases were admitted during the week, against 99, 93, and 92 in the

previous three weeks. The death-rate from diseases of the respiratory organs in London was equal to 5.6 per 1,000, and was below the average.

#### HEALTH OF SCOTCH TOWNS.

IN eight of the principal Scotch towns 784 births and 574 deaths were registered during the week ending Saturday, February 7th. The annual rate of mortality in these towns, which had been 24.9 and 26.4 per 1,000 in the preceding two weeks, declined again to 21.9 during the week under notice, but was 2.1 per 1,000 above the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Greenock and Leith, and the highest in Glasgow and Paisley. The 574 deaths registered in these towns during the week under notice included 57 which were referred to the principal zymotic diseases, equal to an annual rate of 2.2 per 1,000, which exceeded by 0.5 the mean zymotic rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Glasgow, Dundee, and Perth. The 259 deaths registered in Glasgow included 9 which were referred to whooping-cough, 6 to scarlet fever, and 4 to diphtheria. Three fatal cases of diphtheria were recorded in Dundee, and 2 in Edinburgh. The death-rate from diseases of the respiratory organs in these Scotch towns was equal to 6.2 per 1,000, against 5.0 in London.

During the week ending Saturday, February 14th, 872 births and 561 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 26.4 and 21.9 per 1,000 in the preceding two weeks, further declined to 21.4 during the week under notice, but exceeded by 1.5 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Greenock and Perth, and the highest in Edinburgh and Glasgow. The 561 deaths registered in these towns during the week under notice included 50 which were referred to the principal zymotic diseases, equal to an annual rate of 1.9 per 1,000, which slightly exceeded the mean zymotic rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Edinburgh, Glasgow, and Paisley. The 272 deaths registered in Glasgow included 7 which were referred to diarrhoea, 5 to whooping-cough, 4 to measles, 3 to scarlet fever, and 3 to diphtheria. Three fatal cases of scarlet fever were recorded in Edinburgh, and 6 of measles in Paisley. The death-rate from diseases of the respiratory organs in these Scotch towns was equal to 5.3 per 1,000, against 5.6 in London.

#### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, January 31st, the deaths registered in the sixteen principal town-districts of Ireland were equal to an annual rate of 30.6 per 1,000. The lowest rates were recorded in Armagh and Lisburn, and the highest in Lurgan and Kilkenny. The death-rate from the principal zymotic diseases averaged 1.4 per 1,000. The 221 deaths in Dublin were equal to an annual rate of 32.6 per 1,000 (against 37.1 and 38.4 in the preceding two weeks), the rate for the same period being 22.1 in London and 24.6 in Edinburgh. The 221 deaths in Dublin included 6 which were referred to the principal zymotic diseases (equal to an annual rate of 0.9 per 1,000), of which 4 resulted from typhoid fever, 1 from measles, and 1 from diphtheria.

In the sixteen principal town-districts of Ireland, the deaths registered during the week ending Saturday, February 7th, were equal to an annual rate of 26.0 per 1,000. The lowest rates were recorded in Wexford and Cork, and the highest in Drogheda and Lisburn. The death-rate from the principal zymotic diseases averaged 1.9 per 1,000. The 180 deaths in Dublin were equal to an annual rate of 26.6 per 1,000 (against 38.4 and 32.6 in the preceding two weeks), the rate for the same period being 19.0 in London and 19.9 in Edinburgh. The 180 deaths in Dublin included 7 which were referred to the principal zymotic diseases (equal to an annual rate of 1.0 per 1,000), of which 3 resulted from different forms of "fever," 2 from whooping-cough, 1 from scarlet fever, and 1 from diphtheria.

## INDIA AND THE COLONIES.

#### INDIA.

LEPROSY IN BENGAL.—In the Triennial Report of the Working of the Charitable Dispensaries under the Government of Bengal for the years 1887, 1888, and 1889, recently published in Calcutta, it is stated that out of 255 dispensaries scattered throughout the province there were in 1889 only 57 at which no case of leprosy had been under treatment. The report adds that, judging from a comparison of the census returns of 1872 with those of 1881, there is reason to fear that the disease is increasing in many localities, for out of 40 districts in Bengal, the returns of the census show that it had increased in 35 while it had diminished in 5 only in those ten years. While recognising that the establishment of leper retreats would do much good, it is pointed out that the expense would be enormous, because the census of 1881 shows that there were in British India alone 131,968 lepers. In the Madras Presidency the official report shows that 4,371 cases of leprosy were treated in the dispensaries during 1889.

PRESENTATION.—The members of the Yeadon Branch of the St. John Ambulance Association, on February 9th, presented Dr. Russell McLean with a beautiful Parisian timepiece, in appreciation of his services in lecturing to them last year. The presentation was made by Mr. Jonathan Peate, J.P.

## MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Thursday, February 13th.

*The Custody of Children Bill.*—This Bill was read a third time and passed.

Friday, February 13th.

*The Condition of London Streets.*—Lord DE ROS called attention to the dangerous and disgraceful condition of the streets of London during the recent severe weather, and urged that, if possible, some uniform and effective system of regulating the paving and cleansing of the thoroughfares should be adopted before another winter.—Lord MEATH pressed for the early introduction of the promised Bill for establishing district councils in lieu of the existing vestries, and suggested that only by placing those bodies under the central control of the County Council could the evils now complained of be remedied.—Lord SALISBURY, on the other hand, doubted whether the substitution of district councils for the vestries would insure perfect uniformity in such matters as paving, and he desired much longer experience of the working of the London County Council with limited powers before arming them with despotic authority.—The subject then dropped.

Monday, February 16th.

*Elementary Education (Blind and Deaf) Bill.*—Viscount CRANBROOK moved the second reading of this Bill, and said its object was to ensure that blind and deaf children, wherever capable of being instructed, should receive an education like other children in the country under the Bill; they would be sent to institutions which already existed throughout the country for the benefit of persons so afflicted.—Lord HERSHELL regretted that the Bill made no provision for dealing with idiots or imbeciles.—Lord NORTON objected to the fees for educating these children being the same as would be charged in ordinary schools, as the instruction must necessarily be much more expensive.—Lord EGERTON said the Royal Commission over which he presided recommended that the fees should not be greater in the case of these afflicted children, because they did not wish to impose a burden on parents so unfortunately situated.—The Earl of POWIS supported the Bill.—Viscount CRANBROOK, in reply, said the subject of the education of imbeciles and idiots was one which required a good deal of thought. There was room for much more benevolence in this direction, and perhaps, also, for contributions on the part of the State, to which he had no personal objection.—The Bill was read a second time.

Tuesday, February 17th.

*Duties of Medical Officers of Health.*—The Earl of DUNRAVEN inquired as to the powers and duties of a medical officer of health appointed by a County Council under Section 17 of the Local Government Act, 1888. It appeared to him to be very difficult to gather from the Local Government Act what were the powers of medical officers appointed by the County Councils, or what powers the County Councils themselves had. He also moved for a return of the medical officers appointed and the Councils appointing them; and also for a return showing the representations, if any, made to the Local Government Board under Section 19 of the Act, and the results of such representations. He did not imagine the return would be very voluminous.—Earl STANHOPE observed that this seemed to be a very practical question, and hoped the Government would be disposed to give the return.—Lord THRING agreed that the section required some amendment.—Lord HENNIKER, in replying, said that it was quite true that under the 17th section of the Local Government Act of 1888 the County Councils had the power to appoint one or more medical officers of health within their jurisdiction. Special appointments had been made, and there was no obligation whatever on the part of any of the Councils to report to the Local Government Board as to any appointments they made; therefore they had no list at the offices of the Local Government Board of the medical officers of health appointed. The statute did not in any way prescribe the duties which were to be performed by those officers; neither had the Local Government Board any power whatever to define their duties. In each case the duties must be such as the County Council might lay down when making the appointment. He had no objection to grant the returns for which the noble lord asked.—The motion was agreed to.

HOUSE OF COMMONS.—Tuesday, February 17th.

*Indian Factory Legislation.*—Mr. W. H. SMITH, in reply to Mr. MACLEAN, announced that legislation would be proposed immediately by the Government of India to amend the Indian Factory Act. The provisions of the Bill would follow, speaking generally, the recommendations of the International Labour Conference at Berlin, with this limitation that it was proposed to raise the age for the employment of young children from 7, at which age they were now employed, to 9 years.

*Insurance of Infant Life in Scotland.*—Mr. J. P. SMITH introduced a Bill for the registration of insurances on the lives of children in Scotland, which was read a first time.

*Consolidation of the Metropolitan Public Health Acts.*—Mr. W. H. SMITH, in reply to Mr. D. THOMAS, said the Government hoped to introduce within the next few days Bills to amend and consolidate the laws relating to public health in the metropolis, but they did not anticipate that the time at their disposal would enable them to deal this session with these laws outside the metropolis. The Government would be glad if they were able, by the progress of other business, to propose legislation this session in connection with district councils, but it entirely depended on the progress of public business.

**CONSUMPTION IN SCHOOLS.**—The Michigan State Board of Health has decided that "any person or pupil known to be affected with pulmonary consumption should be excluded from all public schools, colleges, and other institutions of learning until such person or pupil is so far recovered from consumption that no cough or expectoration occurs."

## MEDICAL NEWS.

THE King of Denmark has bestowed the Cross of Knighthood of the Dannebrog Order on Dr. Koch's son-in-law, Professor Pfuhl.

PROFESSOR SATTLER, of Prague, has received a "call" to succeed the late Professor Coccia in the chair of Ophthalmology at Leipzig.

COPENHAGEN is said to be suffering from a visitation of small-pox. Up to the present time, most of the cases have been of a mild type. Animal lymph is chiefly used for vaccination in the Danish capital.

THE Lord Mayor has consented to preside at a festival dinner in aid of the Royal National Hospital for Consumption, Ventnor, to be held at the Whitehall Rooms on April 13th, and will be supported by the Sheriffs of London.

THE grand jury at the Kent Assizes, on February 16th, found a true bill against Charles Lyddon, who is charged with the murder of his brother, Dr. Lyddon, at Faversham. The case has been remitted to London.

DR. BRIDGES and Mr. R. Hedley have been appointed by the Local Government Board to hold an official inquiry into the complaints against the management of the Eastern (Homerton) Hospital of the Metropolitan Asylums Board.

A VERDICT of £20 damages has been given against a chemist who supplied ammonia when sal volatile was asked for. The plaintiff, an actress, was said to have been prevented from following her engagements for nine days as a result of the mistake.

FIRE AT A HOSPITAL.—A portion of St. Mary's Hospital at Rochester, New York State, was burned down at midnight on February 15th; 250 patients and nineteen nuns were in the building at the time of the outbreak, but all were fortunately saved.

THE Hospitals Association have, by permission of the Gresham Committee of the Mercers' Company, established an ambulance station within the portico of the Royal Exchange. This is the fiftieth station the Association has established in the metropolis and the fourth in the City of London.

CONGRESS ON MENTAL DISEASES.—The annual Congress of the "Alienists of France and the French-speaking Countries" will meet this year at Lyons on Monday, August 3rd. The following is the programme so far as at present arranged: 1. The part played by Alcoholism in the Etiology of General Paralysis, introduced by Dr. Brun. 2. The Legal Responsibility and Sequestration of Persons suffering from Delusions of Persecution, by Dr. Henry Coutagne. 3. Care of Epileptics, by Dr. P. Lacour. All communications should be addressed to Dr. Albert Carrier, 13, Rue Laurencin, Lyons.

RARITY OF VENEREAL DISEASE AMONGST WORKMEN IN PARIS.—Some statistics have recently been published by Dr. L. Fiaux, in the *Gazette des Hôpitaux*, which would appear to prove that venereal disease is remarkably rare amongst workmen in the French capital. Dr. Fiaux examined a number of new hands on the Northern Railway of France, chosen from every type of skilled and unskilled labourer. Between September 1st, 1888, and June 30, 1890, 2,488 adult males passed under his observation. Two-thirds were bachelors, aged from 20 to 40; the remaining third were married and aged from 25 upwards. One-fifth of the total had resided under one year in Paris. Out of the 2,488 workmen, the total amount of venereal disease appeared to be three cases of gonorrhœa and one of chancroid, with suppurating bubo. Between July 1st and December 31st, 1890, Dr. Fiaux examined 752 workmen applying for labour on the railway, classified as above. The total of venereal disease was two cases. The first was gonorrhœa, in a single man, a stoker aged 29. The second case was the same disease, with severe phimosis; the patient, aged 26, was also a bachelor, and a stoker. One of these patients had contracted his malady in a *maison de tolérance*. Not one instance of syphilis was detected. The above statistics contrast very favourably with what might be collected from bodies of British workmen.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Albert P. Scott, Professor of Anatomy in the University of Bishop's College, Montreal; Dr. E. C. Harwood, of New York, a member of the Committee of the New York Neurological Society which did so much to improve the treatment and study of insanity in the United States; and Dr. Hermann Quinke (aged 83), formerly on the staff of the Charité, and one of the leading members of the older generation of medical practitioners in Berlin.

**MEDICAL "SECTARIANISM."**—An American paper states that an agitation for the abolition of "sectarian medical teaching" in the State University is being promoted in Michigan, presumably among the representatives of homeopathy and the numerous other heterodox "pathies" which seem to flourish in the free air of the great republic more luxuriantly than in the effete monarchies of the Old World. Petitions are being circulated by medical men, and hundreds of names have already been secured. "Sectarian medical teaching" is distinctly "good," as Polonius would say.

### MEDICAL VACANCIES.

The following Vacancies are announced:

- ADDENBROOKE'S HOSPITAL, Cambridge.**—House-Physician. Salary, £85 per annum, with board, lodging and washing in the hospital. Applications to John Bennett, 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.
- CHELTENHAM GENERAL HOSPITAL.**—Junior House-Surgeon: unmarried: double qualifications. Salary, £40 per annum, with board and apartments. Applications to Lieutenant-Colonel Croker-King, Honorary Secretary and Treasurer, by February 21st.
- 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.
- COUNTY DONEGAL INFIRMARY.**—House-Surgeon and Registrar. Salary, £80 per annum, with apartments and rations. Applications to Rev. J. S. McClintock, Honorary Secretary, Lifford, before March 1st.
- 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.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Casualty Officer, and to act as Registrar and Assistant Anaesthetist. Must reside in immediate neighbourhood of the hospital. Honorarium, 50 guineas per annum. Applications to William T. Grant, Secretary, by February 21st.
- 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.
- LEEDS UNION.**—Assistant Medical Officer and Dispenser: unmarried: not more than 35 years of age: double qualifications. Salary, £100 per annum, with board, washing, apartments, and attendance. Applications (on forms to be obtained on application) to John King, Clerk, Union Offices, East Parade, Leeds, by February 24th.
- 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.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—House-Surgeon: double qualifications. Salary, 50 guineas per annum, with board and residence at the Hospital. Applications to the Secretary by March 2nd.
- LUTTERWORTH UNION.**—Medical Officer for the No. 6 District of this Union. Salary, £20 per annum, with usual extra medical fees. Applications to Thos. C. Bodycote, Clerk to the Guardians, Lutterworth, by March 2nd.

**MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer for the Convalescent Hospital at Cheadle; must not be more than 25 years of age; unmarried; double qualifications. Salary, £150 per annum, board and residence. Applications to the Chairman of the Board by March 4th.

**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.

**NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-on-Trent.**—Assistant House-Surgeon. Board, apartments, and washing provided. Applications to R. Hordley, Secretary, by March 2nd.

**OWENS COLLEGE, Manchester.**—Demonstrator in Pathology: must devote his whole time. Stipend, £140 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 MATERNITY CHARITY.**—Obstetric Physician for the Eastern Division: must be Fellow or Member of the Royal College of Physicians of London, and must reside in the division. Applications to J. Long, Esq., the Charity's House, 31, Finsbury Square, E.C., by February 28th.

**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. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, W.C.**—House-Surgeon. Board and residence provided. Applications to St. Vincent Mercier, Secretary.

**ST. THOMAS'S HOSPITAL.**—Assistant Physician: must be Fellow or Member of the Royal College of Physicians of England. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by February 28th.

**ST. THOMAS'S HOSPITAL.**—Surgeon: must be F.R.C.S.Eng. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by February 21st.

**SALFORD UNION.**—Visiting Medical Officer and Two Resident Assistant Medical Officers for the Union Infirmary: double qualifications. Salary, £150 per annum for the first, and £130 per annum each for the latter, with furnished apartments in the Infirmary. Applications, endorsed "Visiting Medical Officer" or "Assistant Medical Officer," to T. H. Bagshaw, Clerk to the Guardians, Union Offices, Eccles, New Road, Salford, by February 24th.

**UNIVERSITY OF GLASGOW.**—Six Examiners in Medicine. Annual fee, £30. 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 23rd.

### MEDICAL APPOINTMENTS.

- BEVILLE, F. W., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Skin Department, St. Thomas's Hospital, from March 3rd.
- BERRY, Edmund, L.R.C.P., L.F.P.S.Glas.,** reappointed Medical Officer of Health to the Leyland Local Board.
- BLYTH, Alex. Wynter, M.R.C.S.Eng., L.S.A.,** appointed Professor of Hygiene to the College of State Medicine, *vice* Dr. W. R. Smith, resigned.
- BRUNSKILL, Ralph R., M.B., C.M.Dub.,** appointed Medical Officer to the Carlisle Dispensary, *vice* Dr. Graham, resigned.
- BYHAM, Wm. Louis, L.R.C.S.Édin., L.R.C.P.Édin.,** appointed Surgeon to the Johnson Hospital, Spalding, *vice* Dr. Morris, resigned.
- CAMPBELL, John, M.A., M.D., M.Ch., and M.A.O.Roy. Univ., M.R.C.S.Eng.,** appointed Honorary Assistant Surgeon to the Belfast Hospital for Sick Children, *vice* J. St. Clair Boyd, M.D., M.Ch., resigned.
- CARTER, W. R., B.A.Cantab., L.R.C.P., M.R.C.S.,** appointed Resident Accoucheur to St. Thomas's Hospital from March 3rd.
- COLLIER, Horace, F.R.C.S., L.R.C.P.,** appointed Resident Medical Officer and House-Physician to the Hospital for Sick Children, Great Ormond Street, *vice* J. F. Bays, M.D.
- CONNOLLY, Charles Hamilton, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health for the Urban Sanitary District of the Wood Green Local Board.
- CRAWFORD, James, M.D.Durh., M.R.C.P.Lond.,** appointed Honorary Physician-Accoucheur to the Farringdon General Dispensary and Lying-in Charity, *vice* Dr. John Tanner.
- DAVIES, Sidney, M.A., M.D.Oxon., D.P.H.Camb.,** appointed Medical Officer of Health for Plumstead.
- EMRYS-JONES, A., M.D.,** appointed Honorary Ophthalmic Surgeon to the Ardwick and Sale Industrial Schools, Manchester.
- FORDE, T. A. M., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Skin Department, St. Thomas's Hospital, from March 3rd.
- FOX, J. A., L.R.C.P.Lond.,** appointed Honorary Surgeon to the West Cornwall Dispensary and Infirmary.
- GORDON, Collin, M.B., C.M.Édin.,** appointed Senior House-Surgeon to the Ingham Infirmary and South Shields and Westoe Dispensary, *vice* Mr. George Berwick.
- GRIFFITH, W. S., M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.,** appointed Assistant House-Surgeon to St. Thomas's Hospital from March 3rd.



**HARPER, J. R., L.R.C.P., M.R.C.S.,** appointed Assistant House-Surgeon to St. Thomas's Hospital from March 3rd.

**HAYDON, T. H., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Ear Department, St. Thomas's Hospital, from March 3rd.

**HICHENS, Frank, M.D., M.B., B.S.Lond., M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer for the Stithians District of the Redruth Union.

**HODGSON, Victor, M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the Scarborough Hospital and Dispensary, *vice* A. C. Dutt, B.A., M.B. Cantab.

**HUNTER, Wm., M.D.Edin., M.R.C.P.Lond.,** appointed Assistant Physician to the London Fever Hospital, Liverpool Road, N.

**KEMPE, Arthur, M.D.Brux., M.R.C.P.,** reappointed Medical Officer of Health, Exeter Port Sanitary Authority for one year.

**KING, A., L.R.C.P., M.R.C.S.,** appointed Resident House-Physician to St. Thomas's Hospital from March 3rd.

**LEVICK, H. D., L.R.C.P., M.R.C.S.,** appointed Senior Obstetric Clerk to St. Thomas's Hospital from March 3rd.

**LOW, H. M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.,** appointed Non-Resident House-Physician to St. Thomas's Hospital from March 3rd.

**LOVELL, C. P., M.A.Oxon., L.R.C.P., M.R.C.S., L.S.A.,** appointed Non-Resident House-Physician to St. Thomas's Hospital from March 3rd.

**LYONS, Algernon Wilson, M.B.Lond., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Assistant Medical Officer to the City of London Lunatic Asylum, near Dartford, Kent.

**McFADYEN, Duncan, L.R.C.S.Edin.,** appointed one of the Medical Officers to the Inverness Parochial Board.

**MACRINNON, Nicol, M.B., C.M.Aberd.,** appointed Medical Officer to the Parochial Board of South Uist, *vice* Dr. MacLachlan, resigned.

**MILLAR, W. H., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Throat Department, St. Thomas's Hospital, from March 3rd.

**MORRIS, Edwin, M.D., F.R.C.S.,** appointed Honorary Consulting Physician and Surgeon to the Johnson Hospital, Spalding.

**MORTON, C. A., F.R.C.S.Eng.,** appointed Pathologist to the Bristol Hospital for Sick Children and Women.

**NAPIER, A. D. Leith, M.D., M.R.C.P.,** appointed Physician to the Out-patient Department of the Chelsea Hospital for Women, *vice* Dr. Rutherford.

**PHILLIPS, Sidney, M.D., M.R.C.P.Lond.,** appointed Physician to the London Fever Hospital, Liverpool Road, N.

**POWELL, Lionel Louis, L.R.C.P.Edin., M.R.C.S.Eng.,** reappointed Medical Officer for the Ashfordby District of the Melton Mowbray Union.

**REES, Oswald, M.B., C.M.Glas.,** appointed Junior House-Surgeon to the Macclesfield General Infirmary, *vice* J. A. Cooke, M.R.C.S.

**ROUILLARD, L. A. J., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.,** appointed House-Surgeon to St. Thomas's Hospital from March 3rd.

**SAYRES, A. W. F., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Ear Department, St. Thomas's Hospital, from March 3rd.

**SHEARER, D. F., B.A., B.M., B.Ch.Oxon.,** appointed House-Surgeon to St. Thomas's Hospital from March 3rd.

**SOMERVILLE, John, F.R.C.S., L.R.C.P.Edin.,** appointed Certifying Surgeon for the Macclesfield District, *vice* Dr. Fernie, deceased.

**STOKES, W. G. G., B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.,** appointed House-Surgeon to St. Thomas's Hospital from March 3rd.

**THOMSON, Wm. Tweeddale, L.A., M.B. and C.M.Edin.,** appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

**TOLLER, S. G., L.R.C.P., M.R.C.S.,** appointed House-Surgeon to St. Thomas's Hospital from March 3rd.

**TOSSWILL, J. Cecil, M.B., C.M.Edin.,** appointed House-Surgeon to the Central London Ophthalmic Hospital, *vice* W. Kent-Hughes.

**UMNEY, W. F., L.R.C.P., M.R.C.S.,** appointed Resident House-Physician to St. Thomas's Hospital from March 3rd.

**USHER, C. H., B.A., M.B., B.C.Cantab.,** appointed Clinical Assistant in the Throat Department, St. Thomas's Hospital, from March 3rd.

**WALPOLE-SIMMONS, Edward, M.D.Durh., M.R.C.S.Eng., L.S.A.,** appointed Physician to the Worcester General Infirmary, *vice* Dr. William Strange, deceased.

**WHITBY, Charles J., B.A., M.B.Cantab.,** appointed Resident Physician to the West of England Hydropathic Establishment, Limpley Stoke Bath.

**WILBE, Haydock, M.D.Durh., L.R.C.P.Lond., M.R.C.S.,** appointed Medical Officer to the St. John's Wood and Portland Town Provident Dispensary.

**WILDE, Leonard, M.D., D.P.H., M.R.C.S., L.R.C.P.,** appointed Assistant Medical Officer of Health for Croydon Borough.

**WILLAN, George Thos., M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer to the No. 2 District of the Melton Mowbray Union.

## DIARY FOR NEXT WEEK.

### MONDAY.

**LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn:** On Affections of the Orbit. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. McNeill Whistler: Demonstration of Cases.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor W. Watson Cheyne:** On the Pathology of Tuberculous Diseases of Bones and Joints. Lecture I.

**MEDICAL SOCIETY OF LONDON, 8.30 P.M.—The adjourned discussion on Dr. Douglas Powell's paper on Angina Pectoris will be opened by Sir Walter Foster, M.P.**

### TUESDAY.

**LONDON POST-GRADUATE COURSE, Bethlem Hospital, 2 P.M.—Dr. Savage:** On Alcoholic Insanity. Examination Hall, Victoria Embankment, 5 P.M.—Mr. Jonathan Hutchinson: On Herpes in its Relation to Syphilis.

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

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. R. Barwell:** On Rachilysis: its Object and its Method. Mr. J. H. Hutchinson: On Measles as a Cause of Endocarditis, being an account of four cases in which organic mitral murmurs developed during the course of the disease.

### WEDNESDAY.

**LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. C. T. Wilson:** Cases of Phthisis Treated by Koch's Method. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Q. Silcock: On Intraocular Growths.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor W. Watson Cheyne:** On the Pathology of Tuberculous Diseases of Bones and Joints. Lecture II.

**HOSPITALS ASSOCIATION, Westminster Hospital, 8 P.M.—Dr. Richard Greene (Northampton):** On Hospitals for the Insane and Clinical Instruction in Asylums.

**HUNTERIAN SOCIETY, 8 P.M.—Dr. J. L. W. Thudichum:** On Urochrome: its alleged Derivation from the Pigments of the Blood and Bile, and on the Bearing of the Alkaloids and Extractive Acids of the Urine in Gout and Pyemia. Mr. F. R. Humphreys: On Permanganate of Potash as a Test for the Colouring Matter of the Urine.

### THURSDAY.

**LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Mr. R. Brudenell Carter:** On Ocular Symptoms in Nervous Diseases. 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 the More Common Forms of Disease of the Nose.

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

**BRITISH GYNECOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Dr. Dunbar Hooper (Melbourne):** A Case of Pelvic Hamatocoele treated by Abdominal Section. Special meeting to consider and pass rules and regulations for examination of obstetric nurses.

### FRIDAY.

**CLINICAL SOCIETY OF LONDON, 8 P.M.—Living Specimens:—Mr. E. Hurry Fenwick:** Three Cases of Hydatids of the Kidney. Mr. Stanley Boyd: A Case of Thiersch's Method of Skin Grafting. Mr. Pearce Gould: A Case of Fracture of the Ulna. Mr. Balmanno Squire: Serpiginous Rodent Ulcer of the Face of Seventeen Years' Duration. Dr. Stephen Mackenzie: A Case of Multiple Lipomata. Adjourned discussion on Cases of Removal of the Vermiform Appendix. Paper:—Mr. Pearce Gould: Case of Simultaneous Gangrene of Both Feet from Syphilitic Disease; amputation through knee-joints; recovery.

**LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton 4 P.M.—Mr. C. T. Williams:** Clinical Demonstrations.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor W. Watson Cheyne:** On the Pathology of Tuberculous Diseases of Bones and Joints. Lecture III.

### 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 Vegetable Parasitic Diseases of the Skin.

## BIRTHS, MARRIAGES, AND DEATHS.

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

### BIRTH.

**DICKMAN.**—On February 11th, 1891, at Buntingford, Herts, the wife of Henry Dickman, M.B., of a daughter.

### MARRIAGE.

**GODLEE-SEEROHM.**—On February 12th, at Hitchin, Rickman John Godlee, F.R.C.S., of Wimpole Street, W., second son of the late Rickman Godlee, Esq., of Lincoln's Inn, to Juliet Mary, eldest daughter of Frederic Seerohm, Esq., of Hitchin.

### DEATH.

**JAMES.**—Mary James, widow of the late Dr. James, of Aberystwith, at the residence of her son, J. Brindley James, Esq., on Wednesday, February 11th, 1891.

will show whether in the process of cure an apparently local, is transformed into a decidedly constitutional, disease.

As yet, the results of what must still be regarded as experimental research can scarcely be sufficient to decide the point as to whether a person apparently cured by Professor Koch's method ought to marry. This is a social question that must crop up sooner or later.

Should the celebrated doctor be successful—as everyone hopes—in giving the world a successful means of checking phthisis in its early stages, it will go far to prove that the Christiania professor was not very far wrong in seeking to check a foul disease by loathsome treatment, and will lead to further researches in the same direction, to discover a remedy for syphilis, a disease that can scarcely be considered secondary to phthisis in its far-reaching effects.

#### THE SPECIFIC GRAVITY OF THE BLOOD IN DISEASE.

DR. S. MONCKTON COPEMAN (Physiological Laboratory, St. Thomas's Hospital), writes: In my report on this subject, which recently appeared in the *BRITISH MEDICAL JOURNAL*, I find I unwittingly misrepresented a point of some importance relating to the work of Mr. Lloyd Jones on the specific gravity of the blood. In speaking of the composition of the fluids used by Dr. Sherrington and myself, I quote from the *BRITISH MEDICAL JOURNAL* of 1888, vol. II, p. 1,345, the statement of Lloyd Jones that his solutions consisted of glycerine and water, but on referring to his paper in the *Journal of Physiology*, I find that he recommends in addition the use of some antiseptic, such as thymol or corrosive sublimate. Such addition is most essential, as otherwise the specific gravity of the solutions is liable to considerable alteration in the course of time, which is the reason for my laying stress on the matter. I freely admit that I ought not to have been satisfied with a reference to one of Mr. Lloyd Jones's articles only, and beg to offer him a sincere apology for my unintentional error.

#### WOOD WOOL SPONGES.

T. HENDERSON POUNDS, F.R.C.S. Eng. (Derby) writes: Having been hitherto dissatisfied with the ordinary artificial sponges in general use, I have for some time past been experimenting with different sponge substitutes, with the aim of getting a cheap, antiseptic, and highly absorbent sponge. I find that Hartmann's wood wool enclosed in a layer of sublimate gauze is far and away the best substance I have tried. I may mention that both wood wool and gauze are impregnated with 0.25 per cent. of corrosive sublimate.

#### FRENCH MEDICAL PAPERS.

FROM a publisher's catalogue recently issued it appears that there are no fewer than 145 medical newspapers and magazines published in Paris alone. This series does not include five serials on veterinary medicine and nine on pharmacy, nor several purely biological reviews; five provincial papers at least are mentioned in this list. A small journal can be "run" very cheaply in Paris, and a band of medical men or even a single physician or surgeon may maintain a paper for the advancement of their views.

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

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#### BOOKS, Etc., RECEIVED.

The Yearbook of Treatment for 1891. London: Cassell and Co.  
Psychologie de l'Idiot, et de l'Imbécile. Par le Dr. Paul Sollier. Paris: Felix Alcan. 1891.  
Mikrophotographischer Atlas der Bakterienkunde. Von Dr. Carl Fraenkel und Richard Pfeiffer. Neunte und zehnte Lieferung. Berlin: August Hirschwald. 1891.  
Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1890. Washington: Government Printing Office. 1890.  
Our Baby. By Mrs. Langston Hower. Bristol: John Wright and Co. 1891.  
The Intracranial Circulation and its Relation to the Physiology of the Brain. By James Cappie, M.D. Edinburgh: James Thin. 1890.  
The Barbarity of Circumcision. By Herbert Snow, M.D. London: J. and A. Churchill. 1890.  
Body, Parentage, and Character in History. By Furneaux Jordan, F.R.C.S., London: Kegan Paul, Trench, and Co. 1890.  
Saint Bartholomew's Hospital Reports. Edited by W. S. Church and W. J. Walsham, F.R.C.S. Vol. XXVI. London: Smith, Elder, and Co., 1890.

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