

pleural and pericardial surfaces about the same time, but formation of pus took place sooner in the pleural cavity than in the pericardial. I have observed this sequence in other cases.

I think it must be a rare event for pus to make its way from the pleural sac into the pericardial, as has been suggested by Dr. Bronner. I had under my care some time ago a boy, aged 7, who had 10 ounces of pus within the pericardium, and there were good grounds for believing from the history of the case that the pus had been there nearly three months. If the pericardium can so successfully retain pus probably it will still more successfully resist the invasion of pus.

In the case of R. A. recovery was much less rapid than in the cases reported by Rosenstein and West, but in this case the presence of an open empyema of the left side may partly account for the delay in the adhesion of the pericardium.

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

### PUERPERAL PNEUMONIA.

PNEUMONIA is a very rare and a very grave complication of the puerperal state. That it is rare may be gathered from the fact that Grisolles, who has directed attention to the subject, was able to collect only fifteen cases, and that it is dangerous, by the statistics, which show that of these fifteen eleven ended fatally. The report of the Collective Investigation Committee, which deals with more than a thousand cases of acute pneumonia, does not include one intercurrent with pregnancy; and there is a singular absence of pneumonia among pregnant women in the recorded epidemics of this disease. Even in two volumes of the *Medical Digest* reference to a single instance of puerperal pneumonia is not to be found, but possibly in the third instalment of this interminable work Dr. Neale has indexed the condition. Four cases were reported in the BRITISH MEDICAL JOURNAL in 1889; one patient died, the others recovered, but all presented serious and severe symptoms. Dr. Angel Money has reported<sup>1</sup> from the wards of University College Hospital a case of pneumonia complicating parturition, but as in this instance purulent pericarditis—which possibly was the first factor in the morbid process—existed, the case can hardly come into the category of puerperal pneumonia, pure and simple.

The following example of puerperal pneumonia is remarkable chiefly for the absence of acute or serious symptoms. The patient was a primipara, aged 32. She complained of violent headache and short hacking cough. No rigor had occurred. There was no rise of temperature, and the pulse was not over 80. The urine was free from albumen. She was exceedingly nervous and despondent. No evidences of pneumonia were observed for two days, when she complained of stabbing pain under the right breast, and began to expectorate copious rusty-coloured sputa. On this day the temperature rose to 102° F., and the pulse to 100, but throughout the remainder of her illness temperature and pulse were scarcely affected.

Two days later I was able to detect definite physical signs of pneumonia. An area of well-marked tubular breathing was then found near the seat of pain. The temperature was now 99° and the pulse 80. Next day labour at full term set in, and, finding the head in the cavity of the pelvis, I at once gave chloroform and delivered with forceps, the operation lasting about three minutes only owing to the great elasticity of the perineum, which allowed the head to pass without the slightest laceration. The placenta followed quickly. Immediately after delivery the general condition was excellent, and twelve hours later the pulse rate was 76, and the temperature 99.2°. Loud pleuritic friction, which lasted several days, was heard, after the lung consolidation was resolved, over the same area. The mother made an uninterrupted recovery, and the infant showed no signs of transmitted pneumonia.

Broadstairs.

THOS. F. RAVEN, M.R.C.S., L.R.C.P.

### AN EFFECTUAL AND EASY METHOD OF PLUGGING FOR EPISTAXIS.

Cut a ribbon of lint 7 inches in length and 1 in width. Place this on a table with one end at the edge of it. Take a director and place it on one half of its length, with a probe placed in its groove; now fold the other free half of the lint over both probe and director. Grasp the whole firmly and pass them through the nostril downwards and backwards as far as they will go. Liberate the probe from the director and press its point backwards, so as to prevent the lint following the director during its extraction. By a rotatory motion the probe itself can then be easily withdrawn. The lint may remain twelve or eighteen hours before it is removed. It is highly important to arrest epistaxis as speedily as possible, as it is often so profuse that life may be endangered; the aged may never be able to recoup the loss of blood.

Sutherland Avenue, W.

H. A. RAWLINS, M.R.C.S.

### A CHARACTERISTIC ORGANISM OF CANCER.

Of late pathologists have devoted much attention to the finding of a specific organism of carcinoma. In our own country, as the reports of the Pathological Society will show, allusions have on several occasions been made to these protozoic organisms found in carcinoma. Jonathan Hutchinson, jun., I think, was the first to draw the attention of the Society to these bodies. He investigated especially cases of so-called Paget's disease of the nipple. Lately a paper was read by Dr. Russell, who describes such monerous organisms in carcinoma, and considers them to be "characteristic."

Against such a view, I feel myself justified to raise a decided protest. I have, of course, not seen Dr. Russell's specimens, but, from his clear description and illustrations, have no doubt that his organisms are absolutely identical with those demonstrated at Berlin, and with what I have seen at other times previous to the Congress.

These organisms—whether we call them protozoa, or psorospermiae, or sporocysts, or what not—occur, and even frequently, in other diseases, even in apparently healthy tissues.

1. Kölliker years ago found them in and amongst the tissues of the skin, under healthy and diseased (not carcinomatous) conditions.

2. In rodents these organisms are very common, and not infrequently found in large masses, especially in the liver, but also in the intestines. They react beautifully to Gram's method of staining. However, in most cases they apparently do not affect the general condition of the animal, or cause any local disturbance histologically to be compared with carcinoma. While working in Koch's laboratory I found that most rats, guinea-pigs, or rabbits were affected in this manner.<sup>1</sup>

3. In and between the fasciculi of the pig's muscle they are not infrequently found. Here, again, they apparently cause no trouble. In Oscar Israel's *Practicum* a good illustration is given; and Virchow, when discussing actinomycosis, never fails to demonstrate the psorospermiae in the pig's muscle to his listeners. It was in his laboratory that I first became familiar with these monadines. The objection may be raised that these are different species. However, having seen and studied them, and having benefited by their comparison with the specimens of others, I do not consider this objection valid as far as the microscope can decide. The artificial cultivation of them has as yet not succeeded.

4. Dr. D. Cunningham, in Part I of the *Scientific Memoirs by the Medical Officers of the Army of India*, gives a lucid and well-illustrated description of a peculiar parasitic organism in the tissues of a Delhi boil. Anyone reading this paper will at once perceive that here we have the same protozoon, which reacts to aniline dyes in the same way as Dr. Russell's "characteristic organism of cancer." Dr. Cunningham's drawings should be compared with the coloured plate appended to Dr. Russell's paper. Dr. Cunningham's "sporocysts" are absolutely identical with the specimens shown at the Berlin Congress, and, as far as I can see, with Dr. Russell's fuchsine bodies.

5. In ordinary chronic ulceration I have from time to time observed the same organisms.<sup>2</sup>

<sup>1</sup> Cf. also Baumgarten, vols. i and ii.

<sup>2</sup> Cf. also Dr. Russell's paper.

6. Identically the same bodies as described by Dr. D. Cunningham were also found by Dr. Bomford in cases of rhinoscleroma.<sup>3</sup> This statement was corroborated by Dr. Cunningham (personally, in conversation); and he also endorses further statements by Dr. Bomford—namely, that the same organisms are found.

7. In elephantiasis Arabum. Dr. Bomford<sup>4</sup> says: "Precisely similar forms are constantly present in elephantiasis Arabum, in small number and of small size, it is true, in the ordinary fibrous condition of the disease, but abundant and of every variety and form, just as in rhinoscleroma, in some unusually cellular specimens of elephantiasis.....They were also undeniably present, although they were not very conspicuous, in two distinct cases of carcinomatous tumour from the same hospital, one of the face and the other of the breast; and Dr. Gibbons, of the Medical College, Calcutta, has found them in a papilloma at the orifice of the urethra." Dr. Cunningham fully concurs with me that the bodies found in the specimens of rhinoscleroma were identical with those of the Delhi boil.

8. Dr. Bomford mentions Dittrich, of Prague, as having found these bodies, which he calls "Mikuliczsche Zellen" (=psorospermiae), not only in rhinoscleroma, but also in leprosy and glanders. As far as leprosy is concerned, I can fully corroborate this statement.

9. Lastly, similar organisms have been described in *molluscum contagiosum*, apparently of the same nature as the psorospermia found in rodents.<sup>5</sup>

We see, then, that these monadinae occur in many morbid and apparently normal conditions. Can we in the face of this consider them "characteristic organisms of carcinoma?"

A. A. KANTHACK, B.A., B.Sc., F.R.C.S.,  
Calcutta. Member of the Leprosy Committee.

## REPORTS

ON

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

#### ST. VINCENT'S HOSPITAL, DUBLIN.

##### RESECTION OF THE PROSTATE GLAND FOR ENLARGEMENT CAUSING RETENTION OF URINE.

(By R. F. TOBIN, F.R.C.S.I., Surgeon to the Hospital.)

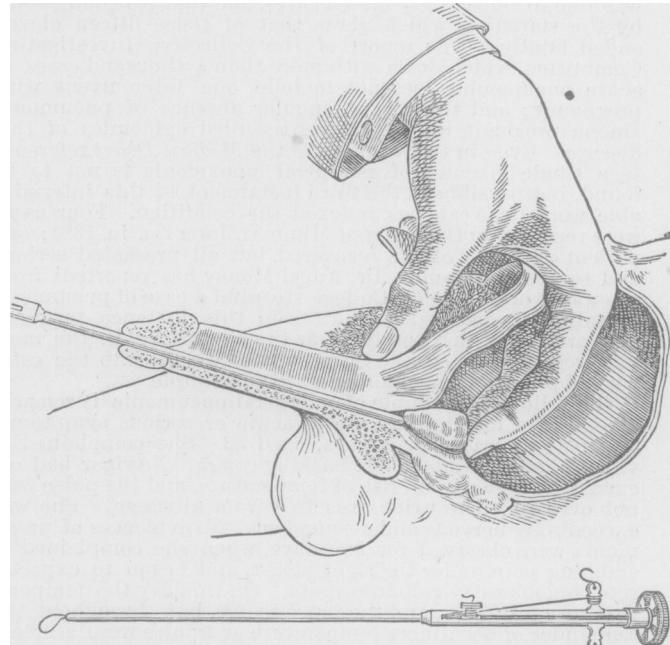
CLINICAL and pathological experience has, I think, settled the following points: First, that there may be considerable enlargement of the prostate without any stoppage of urine; secondly, that when there is permanent retention, it is due in nearly all cases to a prominence which, when pressed upon by the urine, closes the internal orifice of the urethra. It follows that to do away with the obstruction it is necessary to remove as much of the gland as is in the way and no more. This can, I think, best be done in the manner adopted by me for the relief of the patient whose case I here relate.

J. K., aged 60, was admitted on May 3rd, 1890, into the hospital, for retention of urine due to an enlarged prostate. For eleven years he had suffered more or less from this ailment, and had been treated for it both by me and my colleagues. On the last of these occasions, about four years ago, I made a digital examination of his bladder through a perineal incision; but not being able to ascertain thereby anything more definite than what was already known—that there was an enlargement of the prostate—I used the incision merely to drain the bladder and cure thereby a cystitis that was then adding greatly to his suffering. The history of the years that intervened between that operation and his admission on this present occasion is the ordinary one of a poor man who cannot make water without the use of an instrument; a rough catheter and a raw urethra sketch it sufficiently.

When admitted he was emaciated and in a bad state of health; there was a tendency to the formation of bed sores on every prominence; the urine was foetid; he had hourly

calls to micturate, and could do so only through an instrument, the passage of or retention of which gave intense pain.

The following operation was performed on May 9th. A suprapubic cystotomy having been done in the usual way, a digital exploration showed the middle and left lobes of the prostate to be much enlarged. The enlargement was a ridge about an inch in height and an inch at its base, surrounding and overlapping two-thirds of the urethral orifice. Although the whole appeared to be one mass, it was only so by contact, for the finger could be passed between the lobes. The instrument used to shave off this protuberance was an *écraseur* extemporised in this way. A wire doubled and bent to a suitable curve was passed through the urethra into the bladder; a silver catheter was then slipped up along it, but its point, instead of being passed into the bladder, was made to impinge against the urethral obstruction. Next the double wire lying in the bladder was opened out into a loop and slipped over the enlarged middle lobe, and was kept imbedded round its base by means of two fingers passed through the abdominal incision. While this wire was being made to cut its way through the part it encircled, the inserted fingers, helped by the point of the catheter, which was depressed to the spot it desired to reach, regulated its direction. I was surprised how little resistance there was to its progress. As the lateral lobe was not of a shape to be encircled by the wire, it was necessary to divide it into two by nicking it deeply with scissors. Each half was then dealt with as had been the middle lobe.



The surface left was found to be smooth, and to slope into the urethra. There was little or no bleeding. Copious irrigation with warm boracic lotion, and a partial bringing together of the edges of the wound (the low vitality of the patient gave no prospect of immediate union) completed the operation. Throughout its performance my colleagues, Mr. McArdle and Mr. Patteson, gave me, as they always do, most valuable assistance and suggestions. The chief points noted during the subsequent progress of the case were sloughing of cellular tissue in the immediate neighbourhood of the abdominal incision, extension of the bed sores noted as existing when admitted, uræmic delirium for ten days, with a large amount of albumen in urine—about one-sixth. These complications notwithstanding, the patient made a good recovery. Most of his urine passed away through an india-rubber tube to a vessel alongside his bed. What urine overflowed was absorbed by large peat moss cushions placed under the patient. The house diaphoretic mixture, containing liq.

<sup>3</sup> *Scientific Memoirs by the Med. Off. of the Army of India*, Part v, 1890.

<sup>4</sup> *Loc. cit.*

<sup>5</sup> Cf. also Dr. Russell's paper.

## 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.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting of the session will be held at the Town Hall, Walthamstow, on Thursday, March 19th, at 8.45 P.M. A paper on Rest and Food in the Treatment of Anaemia and Anorexia Nervosa will be read by J. F. Goodhart, M.D. Visitors will be welcomed.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, N.E.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—The next meeting will be held at Pontypridd on Wednesday, April 15th. Mr. Emil Behnke will give an address on the Nature and Treatment of Stammering and Stuttering. Members desiring to read papers, etc., are requested to send titles to Dr. Sheen, Cardiff, before March 30th.—A. SHEEN, M.D., Cardiff; D. ARTHUR DAVIES, M.B., Swansea, Honorary Secretaries.

GLOUCESTERSHIRE BRANCH.—The next ordinary meeting will be held at the General Hospital, Cheltenham, on Tuesday, March 17th, at 7.30 P.M., under the presidency of Dr. Watters. Agenda: A discussion will be opened by W. R. Buckell, Esq., Cheltenham, on Antiseptics in Relation to Surgery.—G. ARTHUR CARDEW, Honorary Secretary.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.—An ordinary general meeting of the Branch will be held at 1, Crown Street, Aberdeen, on Wednesday, March 18th, 1891, at 8 o'clock P.M., the President, Dr. Gardon, in the chair. Business: 1. Minutes, etc. 2. Ballot for the admission of Dr. P. J. Howie (Strathdon), as member of the Branch. 3. Remarks on 19 cases treated by Koch's lymph, by Dr. Fergusson (Banff). 4. Exhibition of action of fluorescein in the diagnosis of corneal ulcers, by Dr. McKenzie Davidson. 5. Notes on a case of traumatic papillitis, by Dr. George Ferdinand (Aberdeen). 6. Exhibition of renal calculus, by Dr. MacGregor. 7. Note on harmless passage of sharp body through the alimentary canal of a child, by Dr. Beveridge.—J. MACKENZIE BOOTH and C. THISELTON URQUHART, Honorary Secretaries.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.—A joint meeting of the above Districts will be held at the Grand Hotel, Brighton, on Wednesday, March 25th. Mr. Seymour Burrows will preside. Meeting at 3.30 P.M., dinner at 5.30 P.M. Charge 6s., exclusive of wine. Mr. A. G. Mossop will read short notes on a case of Double Serpiginous Ulcer cured by Scraping. Dr. A. J. Richardson will show some patients who have been under Dr. Koch's Cure for Tuberculosis. Gentlemen who desire to contribute papers or cases are requested to write to one of the Honorary Secretaries—W. AYTON GOSTLING, West Worthing; or T. JENNER VERRALL, Brighton.

SOUTH-EASTERN BRANCH: WEST SURREY DISTRICT.—The next meeting of this Branch will be held at Guildford on Thursday, April 2nd. Mr. C. J. Sells in the chair. Members willing to bring forward cases or papers please communicate with the Honorary Secretary, J. P. A. GABB, M.D., Guildford.

BORDER COUNTIES BRANCH.—A meeting of this Branch will be held at Carlisle at 3 P.M. on Friday, March 20th, when the following papers will be read:—Dr. Mason (Windermere): A Case of Strangulated Obturator Hernia; Recovery. Dr. Palm (Wigton): On a Fatal Case of Purpura Haemorrhagica with *Post-Mortem* Appearance. Dr. T. Kay Tomory (New Abbey, Dumfries): On the Treatment of Whooping-Cough by Ouabain. Dr. Hamilton (Hawick): On Treatment by Hypnosis. Dr. Thomson (Penrith): A Case of Symmetrical Gangrene, with photograph. Messrs. Richardson and Co., of Leicester, will show specimens of recent drugs and preparations.—JAMES ALTHAM, M.B., Honorary Secretary, Penrith.

## LEEWARD ISLANDS BRANCH.

THE first annual meeting of this Branch was held in St. John's, Antigua, on January 22nd.

*Election of Officers.*—The following officers were elected: President: Dr. W. H. Edwards (Antigua). Vice-Presidents: Dr. A. G. McHattie (Antigua), Dr. W. Branch (St. Kitts). Honorary Secretary: Dr. G. E. Pierrez (Antigua). Honorary Treasurer: Dr. A. Edwards. Members of Council: Dr. J. Freeland, senr. (Antigua), Dr. A. Boon (St. Kitts), Dr. Williams (Dominica), Dr. C. Edwards (Nevis), Dr. J. S. Gabriel (Antigua). The chair was taken by Dr. McHATTIE, in the absence in England of the President. Drs. Boon and Williams were elected Island Secretaries for St. Kitts and Dominica respectively.

*Inaugural Ceremony.*—The Council Chamber was placed at the disposal of the Association by His Excellency Sir William F. Haynes-Smith. The opening ceremony was attended by the Governor and Lady Haynes-Smith, the Bishop and Mrs. Branch, Justice Baynes, the Attorney-General, and numerous ladies and gentlemen.

*The Chairman's Address.*—Dr. A. G. McHATTIE delivered an address, in which he congratulated the members present on the formation of the Branch, which, he said, would promote a greater interest among them in their profession, and it would form a bond of union between them that would strengthen their hands in the carrying out of any general object for the benefit of the profession or the communities in which they may reside. He then dwelt upon the subject of medical ethics, in which he pointed out several instances of unprofessional conduct he had noticed in the country, and concluded by pointing out that if the medical profession, the minority as well as the majority, would accept the golden rule and follow it to the letter in their dealing with each other, and always, under every circumstance, do to others as they would that others should do to them, the evils of which he had spoken would be rendered almost impossible, confidence would be restored in their own ranks, and their profession would soon command the respect and esteem of the public, and take its legitimate position in every community.—A vote of thanks to Dr. McHattie, proposed by Dr. NICHOLLS and seconded by Dr. ARTHUR EDWARDS, was carried unanimously.

*The Governor's Address.*—Sir WILLIAM F. HAYNES-SMITH, K.C.M.G., Governor of Leeward Islands, delivered an address, in which he expressed his pleasure in being able to take part in the inauguration of the Leeward Islands Branch of the British Medical Association. He said that more than one sixth of the total revenue of the colony was now expended on the maintenance of the Government Medical Service, and of the Government hospitals and asylums of the country, that great efforts were being made to improve the buildings, and to train a staff of skilled nurses and attendants. He especially recommended that attention should be given to the study of leprosy. The Government, he said, proposed to submit the question of compulsory segregation of leprosy to the consideration of the general Legislature, and he hoped that no opportunity would be allowed to pass by for the investigation which appeared to afford even a reasonable prospect of yielding a further knowledge of the disease. The disease of yaws was one which demanded investigation, and he mentioned that Dr. Nicholls had already been appointed to conduct a special investigation, both in the Leeward and Windward Islands, and in the Island of Tobago.—On the motion of Dr. NICHOLLS, seconded by Dr. J. FREELAND, a vote of thanks to the Governor was adopted.

*Demonstration.*—A demonstration of microscopical specimens, including bacilli of tuberculosis, leprosy, and anthrax was given by Dr. PIERREZ, who also exhibited the electric light for the examination of the throat.

*Members Present.*—After the general meeting an ordinary meeting was held, the members present being: Vice-Presi-

dent, A. G. McHattie, M.D.; *Honorary Secretary*, G. E. Pierz, M.D., C.M.; *Honorary Treasurer*, A. E. Edwards, F.R.C.S.; and Messrs. H. A. A. Nicholls, M.D., F.L.S. (Dominica); J. S. Gabriel, M.R.C.S. (Antigua); F. J. Freeland, M.D. (Antigua); J. Freeland, sen., M.R.C.S. (Antigua); A. Mackie, M.B., C.M. (Antigua); G. H. Mapleton, M.B., C.M. (St. Kitts); W. H. Fretz, L.R.C.P. and S. (St. Kitts); A. C. Gomes, M.R.C.S. (Antigua); and William Branch, M.B., C.M. (Montserrat).

*Medical Reports.*—A suggestion by the GOVERNOR that all papers and discussions of interest to the colonies should be published in pamphlet form at the Government expense was considered, and it was resolved to accept the Governor's offer, and Dr. Nicholls was elected editor.

*Resolutions.*—Resolutions on the following points were adopted, and have been transmitted to the Governor: (1) On the necessity of having properly trained midwives. (2) On the necessity for a proper hospital for the reception of surgical cases in Montserrat. (3) Instructing the Honorary Secretary to order copies of Styrap's *Code of Medical Ethics*; and (4) with regard to leprosy as follows: “Whereas leprosy prevails in different degrees of intensity in the Leeward Islands, and whereas some difference of opinion exists in regard to the causes and treatment of the disease: Resolved, that it is most desirable to institute a Government inquiry into the various questions relating to the cause, degrees of prevalence, and cure of the disease. Resolved, further, that a copy of this resolution be forwarded by the Honorary Secretary of this Association to His Excellency the Governor, for transmission to Her Majesty's Principal Secretary of State for the Colonies, and to the Leprosy Investigation Committee.” This was moved by Dr. PIERZ, seconded by Dr. F. J. FREELAND, jun., supported by Dr. NICHOLLS, and carried unanimously.

*Papers.*—Papers were subsequently read. On Strychnine Poisoning, by Dr. A. EDWARDS; On Bilious Remittent Fever, by Dr. J. FREELAND; On Endemic Fevers of Dominica, by Dr. NICHOLLS; On Dysentery, by Dr. NICHOLLS.

*Adjourned Meeting.*—The adjourned meeting was held on January 26th, when the following papers were read: On Serofula in Dominica, by Dr. JOHN ARMSTRONG; On the Education of Midwives in the Leeward Islands, by Dr. BOON; On Six Months' Surgery in Montserrat, by Dr. M. P. DUKE.

*Further Adjourned Meeting.*—A further adjourned meeting was held on January 27th, when the following papers were read: By Dr. McHATTIE: On Bilious, Remittent and Yellow Fever; by Dr. BOON: On the Treatment of Infantile Diarrhoea. A paper by Dr. BOON, On Treatment of Elephantiasis Scroti, was taken as read.

#### GLOUCESTERSHIRE BRANCH.

An ordinary meeting was held at the General Infirmary, Gloucester, on Tuesday, February 17th, 1891, under the presidency of Dr. WATTERS. The minutes of the last meeting were read and confirmed.

*Communications, etc.*—Dr. WATTERS read notes on the Treatment of Ingrowing Toenail, and a discussion followed.—Mr. E. D. BOWER made some remarks on the Treatment of Nasal Polypi, which was followed by a discussion.—Mr. CARDEN exhibited a specimen of Spindle-celled Sarcoma removed from the male breast, and showed some sections under the microscope.

#### BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the session was held at the Grand Pump Room Hotel, Bath, on February 25th, A. B. BRABAZON, M.D., President, in the chair. Thirty-eight members were present.

*New Members.*—The following gentlemen were elected members of the Association and the Branch: P. P. Johnson, M.B., C.M. Edin., of Yatton, J. B. Webb, M.R.C.S. and L.R.C.P., of Sheffield, and H. L. Ormerod, M.R.C.S., L.R.C.P., of Westbury-on-Trym.

*Lateral Curvature of the Spine.*—Mr. T. D. RANSFORD opened a discussion on lateral curvature of the spine, which was continued by the PRESIDENT and Drs. SPENDER, GOODRIDGE, MICHELL CLARKE, MARKHAM SKERRITT, and Messrs. GREIG SMITH, PAGAN LOWE, MUNRO SMITH, LANSDOWN, R. J. H. SCOTT, SWAYNE, and CARR.

STIRLING, KINROSS, AND CLACKMANNAN BRANCH. A MEETING of this Branch was held in the Crown Hotel, Falkirk, on March 3rd. Dr. HALDANE, President of the Branch, presided, and there were also present Drs. Peake, Linton, Hight, Smith, Wickham, Cribbes, and Lewis. Apologies for absence were intimated from Drs. Oswald, Leslie, Spence, Macpherson, and Kirkwood.

The minutes of last meeting were read and approved.

*New Members.*—It was announced that the following gentlemen had been elected members of the Branch: Drs. Ferguson (Alloa), Smith (Falkirk), and Baird (Bonnybridge).

*Sale of Poisons Bill.*—A letter was read from the Parliamentary Bills Committee of the Association forwarding a memorandum on the Sale of Poisons Bill. This was read to the meeting, and it was resolved that as more time was required for its proper consideration the Branch should in the meantime offer no suggestions on the subject to the Parliamentary Bills Committee.

*Direct Representation on General Medical Council.*—A discussion on the increase of direct representation on the General Medical Council was postponed, in the absence of Dr. Macpherson, who was to have introduced it.

*Communications.*—Dr. PEAKE delivered an address on the Treatment of Wounds, and advocated a more general use of dry dressings in all kinds of wounds, referring to burns treated in this way and exhibiting a new form of protective tissue and gauze recently introduced by Dr. Crawford Renton, of Glasgow. In the discussion which followed all the members present took part, and Dr. Peake was thanked for his address.—Dr. LEWIS read a short paper on Ureometry, maintaining its value to the general practitioner, and exhibited the simple ureometer of Doremus and Thursfield, made by Messrs. Southall, Birmingham, and the method of using it was demonstrated.—Dr. HALDANE referred to the subject of Jaundice, and recommended highly the use of the mistura agrimoniae co. in obstinate cases. Dr. Haldane also related particulars of certain anomalous cases of Typhoid Fever.

*Annual Meeting.*—It was resolved to hold the annual meeting of the Branch in June at Bridge of Allan.

## SPECIAL CORRESPONDENCE.

### BERLIN.

*The Cantharidin Treatment of Tuberculosis.*—Professor Pfuhl.—*Society for Nursing the Sick and Wounded in War.*

THE meeting of the Berliner Medicinische Gesellschaft on March 4th was entirely taken up by a discussion on Liebreich's cantharidin remedy, and demonstrations in connection with it. Stabsarzt Landgraf Dr. Lublinski, and Professor P. Fraenkel gave an account of their experiences with cantharidin. They were all three unanimous in their opinion (with which Professor Liebreich entirely coincided) that the point of importance which had to be ascertained was whether the remedy can and does make its way to a diseased spot in the body, there exercising or at any rate leading up to, a therapeutic action. They all came to the conclusion that this was the case. Professor Liebreich said he had been repeatedly asked whether his remedy was a specific or not, and that the answer depended upon the sense attached to the word “specific.” If the word were taken to mean a remedy that, when used in a certain disease, exercised a therapeutic action on the affected part, then cantharidin could be called a specific. But if by the word was meant a remedy with a beneficial action on one disease alone, then cantharidin could not be called a specific, as its therapeutic action would probably be found to extend to other diseases besides tuberculosis.

Professor Pfuhl, director of the chemical and hygienic laboratory of the Friedrich-Wilhelm Institute, has been granted a year's leave from his duties, so that he may be able to assist his father-in-law, Professor Koch, in his further researches on tuberculosis.

On the evening of Thursday, March 5th, the large concert hall of the “Philharmonic” presented a curious spectacle; 600 young men from all parts of Prussia—members of the Society for Volunteer Nursing of the Sick and Wounded in War—stood up to show what they had learnt in the healing

Certain books and entries have also to be kept and made, as laid down in the rules of the Commissioners in Lunacy. There are frequent independent visits of inspection to insane patients thus boarded.

## DUTIES OF CONSULTANTS

W. F. B. (Ireland) asks for an answer to the following: A. is attending a young man, being the usual medical attendant of the family. He asks B. to meet him in consultation. The case being an uncommon one, A. and B. request the assistance of C., who performs a necessary operation and relieves the patient. The latter goes away for change of air, and returns in about six months greatly improved. The father of the patient then writes to B., asking him to take charge of the case. Does B. violate any rule of etiquette in taking up the case?

\*.\* The ethical duty devolving upon "W. F. B." in the case in question is, in our opinion, clearly laid down in the following extracts from the *Code of Medical Ethics*, Chapter ii, Section 4, Rule 12, and Section 5, Rule 9:

"N.B.—Should the practitioner who has been called in consultation be subsequently requested to take sole charge of the patient, he should courteously but firmly decline."

"When a practitioner is called into, or consulted by a patient who has recently been, or still may be, under the care of another for the same illness, he should on no account interfere in the case, except in an emergency: having provided for which, he should request a consultation with the gentleman in previous attendance, and decline further direction of the case except in consultation with him. If, however, the latter refuse this, or has relinquished the case, or if the patient insist on dispensing with his services, and a communication to this effect be made to him, the practitioner last consulted will be justified in taking charge of the case—on assuming which, however, he should satisfy himself that such intimation has been given by the patient or family, etc."

## A NEW USE FOR A THESIS.

J. A. J.—In responding to "Dr. J.'s" strictures on our recent decision in his case, as reported in the BRITISH MEDICAL JOURNAL of February 7th, we may note that, in the fulfilment of the duties of "so responsible a position" as that to which he alludes, it has always been our wish and determination to act impartially, regardless of all conflicting personal interests of her than those of the profession; and such, we would add, was the guiding principle in the case adjudicated upon. If, however, he is dissatisfied therewith, it is open to him to appeal to his University; in view of which we are prepared to hand over to the authorities thereof the correspondence which has been submitted to us in relation to the case. Meanwhile we deem it right to observe that our judgment in the matter did not justify Mr. H. in "requesting a personal written apology," as alleged, nor in seeking "to damage young Dr. J.," than which, under the circumstances, there could not well be a more professionally immoral proceeding.

## LABELS.

L.R.C.P.—Although the label submitted for our opinion is less objectionable than that on which we commented in the BRITISH MEDICAL JOURNAL of February 25th, the same principle in a minor degree applies thereto; and "L.R.C.P." will, in our opinion, act judiciously in discontinuing it, more especially as the object in view can be readily attained by placing a neatly-printed card in a conspicuous position in the waiting or consulting room, notifying his home hours for the reception of patients.

## ADVERTISING CARDS.

W. D. H.—If our correspondent had been a constant and observant reader of the Medico-Ethical column he could not have failed to note that the subject-matter of his communication has been repeatedly under review, severely criticised, and condemned.

Desirable, alike in the interest of the public and of the faculty as is the suppression of the professionally immoral practice of advertising low fees, etc., through the medium of cards or otherwise, the only effective remedy that points itself to our mind for such a degrading procedure is, as we have repeatedly pointed out, the persistent enforcement of the disciplinary laws of the respective colleges of which the offending practitioner is a member, and to the presidents of which we would suggest that W. D. H. should forward one of the cards in question, with a brief and courteous protest against the unprofessional proceeding, signed by himself and two or three other practitioners, with the view not only to emphasise it, but to avert the possible contingency of the step being ascribed to personal jealousy.

## MEDICO-PARLIAMENTARY.

## HOUSE OF COMMONS.—Thursday, March 5th.

*London Public Health Bills*.—Mr. MATTHEWS, in reply to Mr. S. BUXTON, said he hoped to proceed in the Standing Committee with the Factory and Workshops Bill before Easter, and the Public Health (London) Law Amendment Bill, and the Public Health (London) Law Consolidation Bill, to be introduced by the President of the Local Government Board, would be in possession of the House before much progress could be made with the Factory and Workshops Bill.

Tuesday, March 10th.

*Leprosy in India*.—Sir J. FERGUSSON, in reply to MR. CONYBEARE, said there was no certain information as to the increase of leprosy in India.

Lepers were counted at the census of 1881, but the results of the census taken last month were not known. The Commission now sitting would doubtless consider the question of the connection which had been stated to exist between insufficient salt and the prevalence of leprosy.

*Fever in India*.—Sir J. FERGUSSON, in reply to MR. CONYBEARE, said the statistics of deaths in India, which would be found in the statistical abstract, did not show a progressive increase in each year in the total number of deaths, nor in the number of deaths from fever, and the latter depended in great measure upon the season. It should be remembered that the system of registration of vital statistics was being steadily improved, and that, as it improved, an increase of the registered deaths might be expected. Sanitary reforms were attempted in India so far as the means and sentiments of the native people permitted. In rural tracts progress was necessarily slower than in towns. The subject was engaging the constant attention of the Secretary of State and Government of India.

## UNIVERSITIES AND COLLEGES.

## CAMBRIDGE.

EXAMINATIONS.—The following dates have been announced:

	Names sent in.	Corrected List.	Certificates sent in.	Examination begins.
First M.B.				
Part I .....	May 25th	June 5th	June 4th	June 9th
Part II .....	" "	" "	" "	" "
Second M.B.				
Part I .....	" "	June 11th	June 10th	June 15th
Part II .....	" "	5th	4th	9th
Third M.B.				
I and II .....	April 29th	May 8th	May 6th	June 12th
M.C. ....	" "	12th	11th	15th

DEGREES.—At the Congregation on Thursday, March 5th, the following degrees were conferred:—M.B.: Robert Henry Cordeux, B.A., Caius (thesis, Conditions modifying the Forms of Cutaneous Eruptions); Laurent Antoine John Rouillard, Caius (thesis, Acute Intestinal Obstruction); Ernest Blechynden Waggett, B.A., Caius (thesis, the Developmental Origin of some Diseases of the Nervous System); Michael Grabham, M.A., St. John's (thesis, Associated Ocular Palsies); Thomas Herbert Kellock, M.A., Emmanuel (thesis, Empyema); William Stokes Griffith, M.A., Trinity Hall (thesis, Psoriasis). B.C.: Messrs. Grabham, Waggett, Cordeux, Griffith, and Kellock. M.D.: Arthur Templer Davies, M.B., B.A., Trinity (thesis, Albuminuria in apparently Healthy Persons).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentleman, having previously passed the necessary examinations, and having now attained the legal age (25 years), was, at an ordinary meeting of the Council on the 12th inst., admitted a Fellow of the College:—Caddy, A., L.R.C.P.Lond., of St. George's Hospital. Diploma of Member dated August 4th, 1887.

## OBITUARY.

## RICHARD MIDDLEMORE, F.R.C.S.ENG.

On the 1st of this month, at The Limes, Bristol Road, Birmingham, died Richard Middlemore, F.R.C.S., the accomplished and erudite ophthalmologist. He was a descendant, through the Hawkesley branch, of the ancient and distinguished family of Middlemore, lords of the manor of Edgbaston, and possessors of other manors and great estates in the counties of Worcester and Warwick.

He was born on October 12th, 1804, and so was in his 87th year. At the age of 16 he was apprenticed to a surgeon of wide local reputation, Mr. Chawner, of Lichfield. In 1823 he entered as a student at St. Bartholomew's Hospital, and had for fellow students the following well-known Birmingham men: Dr. Corrie, Dr. James Johnston, Mr. Frederick Ryland, and Mr. Edwin Bartleet, all of whom have long predeceased him. During his period of dressership for Mr. Vincent he was frequently called upon to dress for Mr. Abernethy, and he prided himself on the fact that he not only never got a

scolding from Mr. Abernethy but received several invitations from him to dine at Bedford Row.

On leaving London he carried a warm recommendation from Mr. Abernethy to Mr. Hodgson, who was then surgeon to the General Hospital, Birmingham, and by far the most distinguished surgeon in the Midlands.

For three years he acted as dressing pupil to Mr. Hodgson, and for more than ten years afterwards as his friendly assistant. His chief friend at St. Bartholomew's was the present Sir Richard Owen, K.C.B., a friendship which continued warmly cemented during his life.

After leaving St. Bartholomew's he maintained a friendly correspondence with most of his teachers, and especially with William Lawrence. Writing a year or two ago, he said, mentioning Mr. Lawrence, "his reference to my writings in the various medical journals afforded me a degree of encouragement, which, after a lapse of nearly sixty years, I think of with feelings of the deepest gratitude and pleasure."

Mr. Middlemore engaged in general practice with an especial leaning towards surgery and ophthalmology, stimulated probably in these respects by the example of Mr. Hodgson.

In 1823 the Birmingham Eye Hospital was founded, and in 1828 he was appointed assistant-surgeon, in 1828 full surgeon, and in 1849 he joined the consulting staff. In 1831 he won the Jacksonian Prize, and in 1835 he published his greatest work, *A Treatise on the Diseases of the Eye and Its Appendages*, which he built upon the foundation of his prize essay. Of this work it may justly be said that it presented, with the greatest accuracy and completeness, all that was valuable in theory and practice in the ophthalmic science of the period. So thoroughly was this recognised by contemporary ophthalmologists, that it was spoken of as "the most complete treatise on diseases of the eye with which we are acquainted;" as "constituting in itself almost a complete library of ophthalmology," and as "a work which will even be of standard authority and reference."

In 1836 he issued a prospectus of a journal of ophthalmology, but it fell through for want of support from publishers and the profession.

From his earliest days he was a steady contributor to the medical journals. His writings attracted attention on the Continent, and his name is now frequently seen mentioned by those who are dealing with the history and growth of ophthalmology.

He was active in his practice as well as in his scientific and literary work. It was no unusual thing for him to be engaged upon magazine and review work for a great part of the night, and for him to begin the seeing of free patients early, after a snatch of breakfast, and continue this till 10 o'clock, then to see his private patients till 3, after which he would enter his carriage and drive to Lichfield or Leamington, or other distant town, to consultation, taking a hasty meal on the way.

Besides being a very active practitioner, he was a willing and acceptable teacher. His courses of lectures were well attended and of intrinsic merit. He remained in active practice till 1879, when he completed his 75th year; and so great was his love of his work that he would have remained still longer in it if he could have satisfied himself that he was doing justice to his patients. To the day of his death he maintained his interest in his work, and regretted his inability to do more for his profession than he had done.

In 1877 he founded a triennial prize in ophthalmology in connection with the British Medical Association, a body which, from its earliest existence, had always his warmest support.

In 1888 he made a grant of £1,000 to endow a course of post-graduate lectures in ophthalmology in connection with the Birmingham and Midland Eye Hospital, the scene of his early labours. In 1890 he gave £2,000 to the Birmingham Asylum for the Blind, an institution which he laboured earnestly as early as 1838 to establish. The interest of this gift he devoted to helping those who, having been educated in the institution, might be prevented starting a useful life by want of books, or tools, or instruments.

Throughout the whole of his life his earnest love for and devotion to his profession, and his generous unostentatious sympathy, endeared him to those associated with him. Conscientious in his relations with his professional brethren,

modest, never seeking notoriety, simple, kind, generous, sensitive to a fault, always maintaining a high standard of professional life, he has furnished his survivors an example which we shall do well to follow. Of him and his teaching it may well be said, "Memoria bene redditæ vite sempiterna."

## INDIA AND THE COLONIES.

### INDIA.

LAHORE.—The Albert Victor Memorial Hospital for Europeans at Lahore is rapidly approaching completion. The institution, which is said to be much needed, will accommodate fifty patients.

BOMBAY.—Mrs. Pechey Phipson, M.D., of Bombay, has recently been elected a Fellow of the Bombay University.

INCREASED IMPORTATION OF BEER.—Sir Wilfrid Lawson might with advantage turn his attention to British India, if the following official statistics, which refer to malt liquors alone, are correct. The number of barrels of beer and ale exported to British India was, in 1885, 42,635; in 1886, 49,397; in 1887, 50,409; in 1888, 61,571; and in 1889, 70,504.

VACCINATION IN THE PUNJAB.—The *Indian Medical Record* of February 1st, states that Dr. Dyson, Deputy Sanitary Commissioner of the Punjab, is carrying out some experiments at Amritsar on vaccination and the transmission of lymph. The Sanitary Commissioner of Madras is said to have discovered that lymph can be kept for a long time if mixed in a particular way with lanolin. Dr. Dyson is trying to improve on these results, and it is possible that his researches may lead to the abolition of arm to arm vaccination. Dr. Dyson also hopes to be able to remove the objections entertained by orthodox Hindus to the use of lymph taken directly from the calf by substituting for it lymph from donkeys and lambs.

OPIUM DENS IN MADRAS.—The abuse of opium and *ganja* by "hedonists" (to use the term which Professor Wilson applied to De Quincey) of all ages in Madras is said to be very great. There are houses in the city which carry on the trade almost the whole day and night; some devotees of these narcotics live almost exclusively by smoking their favourite poison, eating food but rarely. As many as thirty-four persons have been found in one room, each man with his hookah, and nearly crazed with the effects of it. The smokers include men of all classes from the Brahmin to the pariah, and of all ages from over 70 down to 10. It is stated that one boy of 12 has been in the habit of indulging this fatal taste ever since his sixth year.

A LABORATORY OF SCIENTIFIC MEDICAL RESEARCH.—Lord Harris formally opened, on February 17th, at the Grant Medical College, Bombay, the Avabai Bhownuggree Home for Nurses, and the Framjee Dinshaw Petit Laboratory of Scientific Medical Research, in the presence of a large and representative gathering of European and native ladies and gentlemen. Among those present were Sir Raymond West; Surgeon-General Pinkerton; Sir Jamsetjee Jejeebhoy, Bart., C.S.I.; Sir Dinshaw Manockjee Petit, Bart.; Mr. Phipson and Dr. Pechey-Phipson; Brigade-Surgeon A. N. Hojel; Brigade-Surgeon Wellington Gray; Surgeon-Majors Maconachie, Arnott, Barry, Crimmin, Meyer, and Childe; Dr. Temperly Gray. Mr. Framjee Dinshaw Petit observed that the late Governor of India had suggested that an institution which would impart and advance the requisite knowledge and experience of the virtues of Indian drugs was necessary for the cultivation of medical science; and he, Mr. Petit, being anxious to aid the accomplishment of this project, thought it a favourable opportunity to offer a sum of Rs. 75,000 to enable the Government to erect a suitable building, with the necessary accommodation and appliances.

### NEW SOUTH WALES.

In the Legislative Council of New South Wales the Medical Bill was, on the motion of the Hon. J. M. Creed, read a third time on December 11th, and forwarded to the Legislative Assembly with the usual message. It was read the first time in the Legislative Assembly, and after some opposition the second reading was fixed for December 19th. Since then the Bill has lapsed from want of time to pass it through last session.

## MEDICAL NEWS.

MR. A. C. KNIGHT, a Sixth-Form scholar at Epsom College, has obtained an open Classical Scholarship at Oriel College, Oxford, value £80.

THE Duke of Connaught will preside at the dinner on behalf of the funds of the North-Eastern Hospital for Children, Hackney Road, on May 15th.

BEQUESTS TO MEDICAL CHARITIES.—Under the will of the late Mr. Jacob Vincent, of Highbury Place, the London Fever Hospital, Islington, and the Seamen's Hospital Society, Greenwich, receive £100 each.

LITHOLAPAXY.—At the meeting of the Medical Society of London on Monday, March 16th, Surgeon-Major Keegan, of Indore, will read a paper on Litholapaxy in Children, and demonstrate his instruments and collection of calculi.

MEDICAL PRACTITIONERS IN PARIS.—The number of medical practitioners in Paris is stated to be 2,200. As the population of the French capital is 2,800,000, this gives a proportion of about 1 medical man to every 1,000 inhabitants.

AN epidemic of typhus fever has broken out at Moscow among soldiers employed in the transport of prisoners. In a detachment of 160 men, 60 were attacked within a few days. Up to the present only 2 deaths have occurred.

TYPHOID FEVER IN THE FRENCH ARMY.—During 1890 the typhoid mortality in the whole French army was 49 per cent. less than in the previous year. In the military Government of Paris the diminution was 75 per cent. This satisfactory result is attributed to the measures adopted by the Minister for War for the purification of the water supply to barracks.

PROPOSED MEMORIAL TO DR. ARMITAGE.—A proposal is under consideration for raising a memorial to the late Dr. T. R. Armitage, whose excellent work on behalf of the blind is well known. The memorial will take the form of a fund to be expended in cheapening the publications and extending the useful work of the British and Foreign Blind Association, which Dr. Armitage founded.

PAISLEY INFIRMARY.—The Directors of Paisley Infirmary have been offered £1,000 towards the urgently needed additions and improvements, on the understanding that these will be immediately proceeded with. The offer has been made by a townsman, who for the present wishes his name withheld, through Dr. Fraser, the senior physician to the hospital.

HYGIENIC CONGRESS.—At the last meeting of the Court of Common Council of London, it was resolved to give a *conversazione* in Guildhall in connection with the forthcoming International Congress of Hygiene and Demography, in August next, at an expense not exceeding £2,000, and Mr. Alderman Knill, Mr. J. Beck, and Mr. Deputy Halse were appointed delegates to attend the meetings of the Congress.

MEDICAL APPOINTMENTS IN CARRICKFERGUS.—The various appointments vacant through the death of Dr. J. W. Patrick have now been filled up. Dr. Killen has been appointed medical officer of the Carrickfergus dispensary district, urban sanitary authority, and medical officer under the Factory Acts. Dr. McAllister has been appointed medical officer to the Antrim Artillery, to the Coastguards, and to the Royal Irish Constabulary.

FIRE AT A HOSPITAL.—An outbreak of fire occurred on Sunday last at Stannes House, the Bowden Branch of the Manchester Hospital for Consumption. There were but two patients in the old portion of the building, which was the seat of the fire, and these were speedily removed. Some of the male patients rendered signal service in assisting to extinguish the flames. Much damage was done to the building and lower rooms.

HOSPITAL SATURDAY FUND.—Contributions are now being received by this fund from about 4,000 workshops and other industrial centres, from which over £15,000 was paid in last year, in addition to £5,000 collected on Hospital Saturday. The cost of organising and extending the weekly collection in

workshops, etc., in the metropolis has been considerable, but it is now possible to make economies which will result in an annual saving of £500.

NATIONAL PENSION FUND FOR NURSES.—The report presented at the fourth annual general meeting of this fund was of a very satisfactory character. It showed that, since the commencement of the fund, 1,475 policies had been issued for pensions, and 309 policies in the sickness branch. The investments amounted, in December 1890, to £73,766; the Donation Bonus Fund to £40,000. During the year a savings' bank scheme had been introduced; also a general scheme of federation had been prepared, the object of which was affiliation with the hospitals.

AN inquiry, directed by the Local Government Board, into allegations of maladministration of the Eastern hospitals, Homerton, was opened by Mr. Hedley and Dr. Bridges, at the offices of the Metropolitan Asylums Board, on March 3rd. Evidence was given by a patient to the effect that the food supplied was of an inferior quality, and the clothes in bad condition. On the following day, Miss Halkin, who had been at a hospital for four years, gave evidence to the effect that the food was of bad quality, instancing especially bread and milk. The inquiry was continued on March 5th and 9th, when further evidence was given by Miss Halkin and certain patients.

THE GUINNESS TRUST.—The first annual report of the trustees, Lord Rowton, Mr. Ritchie, M.P., and Mr. Plunket, Q.C., M.P., has been issued. The value of the securities handed to the trustees by Sir Edward Guinness to provide dwellings for the poorer classes in London and Dublin amounted to £250,000, of which £200,000 was allocated by him to London and £50,000 to Dublin, under separate trust deeds. In London three sites have been purchased situated in Walworth, Bethnal Green, and Clerkenwell. Lord Cadogan has also presented to the trustees a site in Chelsea. Buildings are in course of erection on the Walworth, Bethnal Green, and Chelsea sites at an estimated cost, including the prices paid for the two sites purchased, of £100,000. These will contain about 1,300 rooms, and, it is hoped, will be ready for occupation in the summer of 1891. In Dublin a site has been leased in Thomas's Court, near the Meath Market, on which 120 tenements for families will be built at an estimated cost of £7,000. These, it is hoped, will be ready for occupation this year.

## MEDICAL VACANCIES.

The following Vacancies are announced:  
BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—House-Surgeon, Board, lodging, fuel and light provided. Applications endorsed on envelope—"House-Surgeon," to the Honorary Secretary, by March 23rd.

BETHLEHEM HOSPITAL, S.E.—Two Resident Clinical Assistants; double qualifications. Apartments, rations, and attendance provided. Applications, endorsed "Clinical Assistants," to the Treasurer by March 25th.

BOROUGH AND PORT OF PLYMOUTH.—Medical Officer of Health. Salary as Urban Medical Officer, £400 per annum; and as Port Medical Officer, £100 per annum; must be under 45 years of age. Applications to the Town Clerk, Guildhall Buildings, Plymouth, by March 19th.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Medical Officer. Salary, £80 per annum, with board and residence. Applications to A. C. Davies, Secretary, by March 31st.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Clinical Assistant. Must be qualified. Fee of £23 3s. for three months. Forms of applications and regulations to be had at the hospital. Applications to the Board of Management.

COUNTY ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer, unmarried. Salary, £100 per annum to commence with, furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

DENTAL HOSPITAL OF LONDON.—Four Demonstrators. Honorarium, £50 per annum. Applications to Morton Smale, Dean, by March 16th.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Obstetric Physician. Applications to William T. Grant, Secretary, by March 21st.

HEREFORD COUNTY AND CITY LUNATIC ASYLUM.—Hereford.—Assistant Medical Officer. Salary, two guineas per week, with board, attendance, and washing. Applications to the Medical Superintendent.

JAFFRAY SUBURBAN BRANCH OF THE GENERAL HOSPITAL, Gravelly Hill, near Birmingham.—Resident Medical Officer: double qualifications. Salary, £150 per annum, with board, residence, and washing. Applications to Dr. J. D. M. Coghill, House Governor, by March 25th. Election on April 3rd.

KING'S COLLEGE, London.—Demonstratorship of Physiology, vacant at Easter. Applications to J. W. Cunningham, Secretary, from whom full particulars can be obtained.

KING'S LYNN HOSPITAL.—House-Surgeon and Secretary. Salary, £80 per annum rising to £100, with board, lodging, and washing. Applications to the Chairman of the Weekly Board by March 24th.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon; double qualifications. Salary, £70 per annum, with residence and maintenance in the house. Applications to the Chairman of the Committee by March 23rd.

LODDON AND CLAVERING UNION, Loddon, near Norwich.—Medical Officer for No. 4 District; will be also appointed Public Vaccinator. Salary, £55 4s. per annum and fees. Applications to James Cole Copeman, Clerk to the Guardians, by March 16th.

METROPOLITAN ASYLUMS BOARD.—Clinical Assistant for South-Eastern Fever Hospital, New Cross Road, S.E. Double qualifications. Board, lodging, and washing provided. Applications to the Medical Superintendent at the hospital, of whom further particulars can be obtained.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Officer; double qualifications. Salary, £120 per annum. Applications to the Honorary Secretary by March 23rd.

NORFOLK AND NORWICH HOSPITAL, Norwich.—Physician. Applications to Howard J. Collins, Secretary, at least fourteen days before the election, which takes place on April 25th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—Junior House-Surgeon; double qualifications. Appointment for nine months at a salary of £5 per month. Applications to Alfred Dixon, Secretary, 27, Clement's Lane, E.C., by March 14th.

ROYAL BATI HOSPITAL AND RAWSON CONVALESCENT HOME, Harrogate.—House-Surgeon and Secretary; unmarried. Salary, £80 per annum, with board, lodging, and washing. Applications endorsed "Applications" to the Chairman of the Committee by April 1st.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Junior Resident Medical Officer; double qualifications. Board and residence provided in the Hospital. Applications to Conrad W. Thies, Secretary, by March 18th.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.—Resident Medical Officer; double qualifications. Salary, £70 per annum, with board and residence. Applications to R. Garrard Kestin, Secretary, by March 24th.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge, S.E.—Anaesthetist and Registrar. Appointment for one year; honorarium, seventy guineas. Applications, with not more than three testimonials, to the Secretary, R. Garrard Kestin, by March 24th.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Regent Street, W.—Surgeon. Must be F.R.C.S.Eng. Applications to the Secretary.

ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road, N.W.—Honorary Physician: must be M.R.C.P. Lond., or a graduate of Medicine of one of the universities of Great Britain or Ireland, and not practising pharmacy. Applications to H. Peter Bodkin, Honorary Secretary, 23, Gordon Street, Gordon Square, by March 21st.

ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, Henrietta Street, Covent Garden, W.C.—House-Surgeon; must be M.R.C.S. Appointment for six months. Honorarium, 25 guineas, board, lodging, and washing. Applications to Walter E. Scott, Secretary, by March 14th.

ST. THOMAS'S HOSPITAL, S.E.—Resident Assistant Physician. Applications to E. M. Hardy, Treasurer's Clerk, by March 28th.

TEIGNMOUTH, DAWLISH, AND NEWTON DISPENSARY AND CONVALESCENT HOME.—House-Surgeon; double qualifications. Salary, £10 per annum, with board and lodging. Applications to the Honorary Secretary by March 21st.

TOWNSHIP OF MANCHESTER.—Assistant Medical Officer for the Workhouse at Crumpsall. Double qualifications; unmarried. Salary, £100 per annum, with furnished apartments, fire, light, washing, and attendance. Must reside in the workhouse, and devote his whole time to the duties. Applications, endorsed "Assistant Medical Officer," to George Macdonald, Clerk to the Guardians, Poor Law Offices, New Bridge Street, Manchester, by March 18th.

TOWNSHIP OF MANCHESTER.—Visiting Surgeon for the Workhouse Infirmary at Crumpsall. Salary, £160 per annum. Will be required to attend the workhouse at least four days in each week. Applications, endorsed "Visiting Surgeon," to George Macdonald, Clerk to the Guardians, Poor Law Offices, New Bridge Street, Manchester, by March 18th.

UNIVERSITY OF LONDON.—Examiners in the following departments: Two in Comparative Anatomy and Zoology, salary, £120 each; Two in Medicine, salary, £150 each; Two in Surgery, salary, £150 each; Two in Anatomy, salary, £150 each; Two in Physiology, salary, £120 each; Two in Obstetric Medicine, salary, £75 each; Two in Materia Medica and Pharmaceutical Chemistry, salary, £100 each; Two in Forensic Medicine, salary, £50 each. Present examiners are re-eligible. Applications to Arthur Milman, M.A., Registrar, Burlington Gardens, by March 31st.

WEST BROMWICH DISTRICT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing in the hospital. Applications to the Secretary, W. H. Laban, by March 17th.

WEST HAM UNION.—Assistant Resident Medical Officer for the Workhouse. Salary, £100 per annum, with usual extra fees. Applications (on specified forms to be obtained at the Clerk's Office) to Fred. E. Hilleary, Clerk's Office, Union Workhouse, Union Road, Leytonstone, E., by March 18th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Board and lodging provided. Applications to R. J. Gilbert, Secretary Superintendent, by March 19th. Election on March 23rd.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Assistant Surgeon. Must be F.R.C.S. of London, Edinburgh, or Dublin. Applications to R. J. Gilbert, Secretary Superintendent, by April 2nd. Election on April 6th.

### MEDICAL APPOINTMENTS.

ADAMS, W., F.R.C.S., appointed Consulting Surgeon to the Great Northern Central Hospital, Holloway Road.

ALLEN, James D. C., M.B., C.M.Ed., appointed House-Surgeon to the Wirral Children's Hospital, Birkenhead.

ARMSTRONG, James, L.R.C.P., L.R.C.S.Ed., appointed Medical Officer for the Workhouse and District. Medical Officer to the Brampton Union, Cumberland, *vice* Dr. T. A. Wotherspoon, deceased.

BERRY, Frederick Charles, B.A., M.D., M.B., B.Ch.Dub., reappointed Medical Officer of Health for Lynton.

COKE, Wm. Harriett, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Ashton Local Board.

COOKE, Robert Thos. E. B., L.R.C.P., F.R.C.S.Eng., M.R.C.S.Eng., re-appointed Honorary Consulting Medical Officer to the Royal Northern Sea Bathing Infirmary, Scarborough.

DE BUTTS, Stanley, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Chichester Infirmary, *vice* Mr. C. Butler, resigned.

EVANS, Maurice Griffith, M.D.Aberd., L.R.C.P.Lond., M.R.C.S.Eng., appointed Consulting Physician to the Brecon County and Borough Infirmary.

FULLER, Andrew, L.R.C.P.Eng., M.R.C.S.Eng., appointed Certifying Factory Surgeon to districts comprising Heyford, Stowe, Muscot, Bugbrooke, and Dodford (Weedon).

GILLET, Jermyn F., B.A., M.B., B.C.Cantab., appointed Assistant House Surgeon to the North Staffordshire Infirmary and Eye Hospital, *vice* Mr. C. S. Woodd.

GRACE, Henry, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Kingswood Urban Sanitary District of the Keynsham Union.

HARPER, J. Maurice, M.R.C.S.Eng., appointed Honorary Medical Officer to the Eastern Dispensary, Bath, *vice* Mr. H. G. Terry, F.R.C.S.Eng., resigned.

HICKMAN, Herbert Vigers, L.R.C.P.Lond., M.R.C.S.Eng., appointed Ophthalmic Assistant to Guy's Hospital.

HINDE, S. L. L.S.A., appointed House-Surgeon to the London Temperance Hospital, Hampstead Road, N.W.

HODGSON, Victor, L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Surgeon to the Scarborough Hospital and Dispensary.

HODSON, Thomas, L.R.C.S.Eng., L.S.A., appointed Medical Officer and Public Vaccinator to the Sixth District of the Chelmsford Union, *vice* Clement Winstanley, deceased.

JAMIES, Robert Wyatt, M.A.Aberd., M.B., C.M.Eng., reappointed Medical Officer of Health to the Ashby-de-la-Zouch Rural District.

JOHNSON, Raymond, M.B., B.S.Lond., F.R.C.S.Eng., appointed Surgeon to the out-patients, Great Northern Hospital, Holloway Road, *vice* H. Percy Dean, M.B.

KYLE, Thomas Wm., M.D., Q.U.I., reappointed Medical Officer of Health to the Ashby-de-la-Zouch Rural District.

LANGSTON, T. A. Ollivant, L.R.C.P.Lond., M.R.C.S.Eng., appointed Surgeon Royal Mail steamship *Spartan*.

LOVE, Jaskern, M.D., M.B., C.M.Glas., appointed Aurist to the Deaf and Dumb Institution, Longside, Glasgow.

LUND, Theodore, M.B., B.S.Durh., appointed Surgeon and Secretary to the Royal Victoria Hospital, Bournemouth.

LYCETT, John Allan, M.D.St.And., L.R.C.P.Lond., M.R.C.S.Eng., appointed Acting Surgeon to the Hospital for Women, Chapel Ash, Wolverhampton.

MALCOLM, W. A., M.B., C.M.Eng., appointed Casualty Officer to the Great Northern Central Hospital, Holloway Road.

MORTON, Charles A., F.R.C.S.Eng., appointed Registrar to the Bristol General Hospital.

SAVAGE, Thomas, M.D.St. And., L.R.C.P.Lond., appointed Honorary Consulting Surgeon to the Hospital for Women, Chapel Ash, Wolverhampton.

SAWYER, Jas. Albert Frederick, L.R.C.P., L.R.C.S.Irel., reappointed Medical Officer of Health to the Clevedon Local Board.

SMITH, C. Robert, B.A., M.B.Cantab., M.R.C.S.Eng., appointed Acting Surgeon to the Hospital for Women, Chapel Ash, Wolverhampton.

SMITH, Frederick J., B.A.Oxon., M.R.C.P.Lond., M.R.C.S., appointed Assistant Physician to the Royal Hospital for Diseases of the Chest, City Road, *vice* Dr. Edward Stewart.

STEWART, W., M.D.Glas., L.R.C.P.Lond., appointed Medical Superintendent, Damaree Hospital, New Zealand.

SYMINGTON, William, M.B., C.M., appointed Medical Officer of Health to the Brampton Union Rural Sanitary Authority, *vice* Dr. T. A. Wotherspoon, deceased.

TAYLOR, John Wm., M.D.St. And., M.R.C.S.Eng., reappointed Honorary Consulting Medical Officer to the Royal Northern Sea Bathing Infirmary, Scarborough.

TAYLOR, J. W., F.R.C.S.Eng., appointed Consulting Surgeon to the Hospital for Women, Chapel Ash, Wolverhampton.

VERNON, Arthur Heygate, L.R.C.P.Lond., F.R.C.S.Eng., appointed Honorary Surgeon to the Boscombe Hospital and Provident Dispensary.

WEBB, Frank, L.R.C.P. Lond., M.R.C.S. Eng. appointed House-Surgeon to the Doncaster Infirmary, *vice* Mr. T. Lund, resigned.

WILLIAMS, Chas. Roberts, M.B., C.M. Edin., reappointed Medical Officer to the Ashby-de-la-Zouch Local Board.

WOOD, Wm. Dyson, L.R.C.P., L.R.C.S. Edin., L.S.A., reappointed Medical Officer of Health for the Combined Districts, Thame.

WORBOYS, Thos. Sanders, M.R.C.S., L.R.C.P., appointed Medical Officer and In-door Dispenser to the Leeds Union, *vice* Jos. Buck.

### DIARY FOR NEXT WEEK.

#### MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Edmund Owen: A Fatal Case of Litholapaxy in a Child. Surgeon-Major Keegan, of Indore: Litholapaxy in Children, illustrated by specimens of Calculi and by various Instruments.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.—Mr. T. Charters White: New Method of demonstrating Cavities in Dental and Osseous Tissues.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. Stewart: On Secondary Sexual Characters, and some new Additions to the Museum. Lecture IV.

#### TUESDAY.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. Broadbent: The Lumleian Lectures on Structural Diseases of the Heart from the Point of View of Prognosis. Lecture II.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Lauriston Shaw: Malignant Disease of the Oesophagus. Mr. A. A. Bowby: Symmetrical Periostitis with Peculiar Formation of New Bone. Dr. A. F. Voelecker: Scurvy Rickets. Dr. S. West: Liver with Two Hydatids, the sacs communicating, but not the cysts. Mr. A. E. Barker: Malignant Polypus of Nose. Dr. Galloway: Syringomyelia. Mr. E. Solly: Myeloid Tumour of Tibia with Secondary Growths. Mr. J. Hutchinson, jun.: Syphilitic Disease of Occipital Lobe with Perforation of Cranium. Mr. Roger Williams: Median Supernumerary Nipple in Male. Card Specimens:—Dr. S. West: Plastic Bronchitis. Mr. Edgar Willett: Secondary Scirrhus of Bone. Dr. A. F. Voelecker: General Peritonitis after Perforation of Verniform Appendix.

#### WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. Stewart: On Secondary Sexual Characters, and some new Additions to the Museum. Lecture V.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 8 P.M.—Dr. Edward F. Wilboughby: A Retrospect of the Successive Epidemics of Cholera in Europe and America, from 1829 to 1889.

#### THURSDAY.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. Broadbent: The Lumleian Lecture on Structural Diseases of the Heart, from the point of view of Prognosis. Lecture III.

#### FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. Stewart: On Secondary Sexual Characters, and some new Additions to the Museum. Lecture VI.

### 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.

AMBLER.—March 7th, at Amthill, the wife of Mr. Richard Ambler, L.R.C.P., etc., of a son.

#### MARRIAGES.

FASKEN—NEGUS.—March 3rd, at St. Andrew's, West Kensington, by the Rev. Bernard Spink, E. R. Drummond, surgeon, R.N., youngest son of the late William Fasken, Deputy Inspector-General, R.N., to Lucy, youngest daughter of the late Fysher Negus, Deputy Inspector-General, R.N.

RODEN—JOPP.—At St. Andrew's Church, Aberdeen, on March 4th, by the Rev. J. Myers Danson, M.A., Percy Austin Roden, M.B., second son of S. S. Roden, M.D., Droitwich, Worcestershire, to Minnie Abercrombie, youngest daughter of Keith Jopp, M.D., Aberdeen.

#### DEATH.

PIERSON.—On January 29th, at Shelabagh, Khojak Pass, Baluchistan, of typhoid fever and pneumonia, Alfred Henry Pierson, surgeon, Indian Medical Service, eldest son of the late Henry C. Pierson, of the India Office.

NATIONAL ASSOCIATION OF MEDICAL COLLEGES IN AMERICA.—The following gentlemen have been elected to form the Committee on Organisation and By-laws of the National Association of Medical Colleges in the United States: Dr. P. H. Millard, of St. Paul, Chairman; Dr. William Osler, of Philadelphia; and Dr. Samuel Logan, of New Orleans. This Committee will report to the general meeting of the Association which is to be held at Washington.

### HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.

CENTRAL LONDON OPHTHALMIC. *Operation Days.*—Daily, 2.

CHARING CROSS. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.

CHELSEA HOSPITAL FOR WOMEN. *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.

EAST LONDON HOSPITAL FOR CHILDREN. *Operation Day.*—F., 2.

GREAT NORTHERN CENTRAL. *Hours of Attendance.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.

GUY'S. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Soho. *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.

KING'S COLLEGE. *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.

LONDON. *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.

METROPOLITAN. *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.

MIDDLESEX. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1. S., 2; (Obstetrical), W., 2.

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

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

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

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

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

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

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

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

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

ST. MARY'S. *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; (Consultations, M., 2.30). *Operation Days.*—Tu., 1.30; (Orthopaedic), W., 11; (Ophthalmic), F., 9.

ST. PETER'S. *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.

ST. THOMAS'S. *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological), Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.

THROAT, Golden Square. *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.

UNIVERSITY COLLEGE. *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days.*—W. Th., 1.30; S., 2.

WEST LONDON. *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.

WESTMINSTER. *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

**APOMORPHINE AS AN EMETIC.**  
MR. VERNON JONES, M.B., B.Ch. Dublin (Bedford Square) writes: In view of Dr. Murrell's valuable paper on the therapeutics of apomorphine I should like to state that I have found it unsuitable as an emetic in alcoholic poisoning. In two cases I gave one-tenth of a grain hypodermically, and in both these supervened marked symptoms of collapse, whilst the emetic action was not satisfactory, the vomiting being feeble and incomplete, in fact the stomach was in neither case properly emptied. I believe I am not alone in this experience. So that though apomorphine is undoubtedly the best and speediest emetic in suitable cases it is decidedly contra-indicated in alcoholic poisoning, which is disappointing, for at first sight nothing seems more suitable than a hypodermic emetic when the patient is insensible and cannot be roused to swallow. Of course I am aware that Dr. Murrell was treating of apomorphine simply as an expectorant, otherwise I have no doubt he would have reminded us of the pitfall.

#### DRINK AND INSANITY IN NORWAY.

FROM statistics given by the late Dr. Dahl, in his work *Spirituous Liquors as Causes of Disease and Death in Norway*, it appears that the number of cases of insanity attributed to drunkenness has shown a gradual diminution in recent years. Thus, while among the admissions to the Ganstadt Lunatic Asylum at Christiania, between 1856 and 1880, drink was alleged to be the principal, if not the only, factor in 13.7 per cent., the proportion fell to 2.4 per cent. for the period 1886-88. In the other Norwegian asylums the percentage of cases of insanity attributed to alcoholism was 8.4 per cent for 1872-75, and 3.5 for 1886-88. In Denmark, where the consumption of brandy is said to five times as great as in Norway, there is also a decrease, though not nearly to the same extent, the percentage of drunkards among lunatics having been 11.9 for 1872-75, and 10.3 for 1886-88. Not less notable is the diminution of alcohol as a cause of death in Norway. Of 10,000 deaths recorded in 1853-55 alcoholism or delirium tremens was returned as the cause in 33.8 per cent., while in 1881-5 the percentage had fallen to 10.1, and in 1886-88 to 6.9. The statistics of suicide are said to show similar results. English travellers who, following an illustrious example, would rather see men free than sober, have no doubt, often chafed under the ultra-paternal restrictions on the sale of ardent liquors in Norway, but these figures bear eloquent testimony to the beneficial effect of such legislation on public health.

#### A LARGE FEE.

PROFESSOR GRUBE, of Clarkow, has received a fee of 5,000 roubles (nearly £800), besides travelling expenses, for an operation which he performed on a rich fishmonger of Astrachan. Dr. Grube was in Astrachan one day and one night.

#### A MEDICAL COUNTESS.

THE Countess Wanda von Szawinska has just taken the degree of Doctor of Medicine in the University of Geneva. The learned lady is said to intend to practise her profession in her native country, Poland.

#### THE OLDEST INHABITANT OF ST. PETERSBURG.

A. S. BOLOLIN, a retired tea merchant, who was literally the "oldest inhabitant" of St. Petersburg, recently died at the age of 106. Since 1819 the deceased centenarian had constantly resided in the Russian capital, and he had never had a day's illness. He died of mere old age, in the full possession of all his faculties.

#### LETTERS, COMMUNICATIONS, ETC., RECEIVED FROM:

(A) W. Allen, M.B., Hawkshead; Dr. M. Aldridge, St. Ann's Hill, Cork; Mr. R. André, Bushey; Professor J. Attfield, London; Dr. Arlidge, Stoke-on-Trent; Mr. R. Ambler, Ampthill; R. Arthur, M.B., London; Mr. G. Abbott, Tunbridge Wells; James Allen, M.B., Birkenhead. (B) Dr. George Buchanan, Glasgow; J. M. Barbour, M.B., London; Dr. L. Brunton, London; Dr. W. G. Barras, Govan; Mr. G. Bate, London; Dr. J. S. Bolton, Nottingham; Dr. G. A. Ballingall, St. Leonards-on-Sea; Mr. F. F. Burghard, London; Dr. H. T. Bewley, Dublin; Mr. A. Bellings, London; Mr. W. P. Barrett, Folkestone; Mr. T. G. Bayliss, Levenshulme; Dr. Balding, Royston; Mr. Ernest Birt, London; J. F. Bon, M.B., Salop; Dr. Cresswell Baber, Grasse; Dr. J. Mackenzie Booth, Aberdeen; Dr. John Brown, Bacup. (C) Mr. S. W. Coombs, Worcester; Mr. J. Craven, Thurso; C. H. Clabburn, M.B., Ketton; Mr. J. W. Carr, London; Messrs. T. Christy and Co., London; Cheir-ergon; Mr. A. Claxton, London; Mr. W. R. E. Coles, London. (D) Mr. A. C. Dove, London; Dr. G. Dock, Galveston, Texas; Mr. G. M. Dent, Southport; Mr. E. Duke, St. Leonards; Mr. Alban Doran, London; Mr. F. A. Davis, London; Mr. L. F. Dods, Weydon; Mr. E. Da Silva, Halifax; Dr. C. Digby, Hednesford. (E) Enquirer; Editor of *The News Paper*, London; Mr. E. W. Emstage, Holswoth. (F) Dr. D. J. Flynn, Cork; Dr. H. Fox, London; Dr. W. S. Fenwick, London; Mr. E. R. D. Fasken, London. (G) P. Rhys Griffiths, M.B., Cardiff; Mr. E. Goodall, Wakefield; Dr. J. W. B. Gunning, Bethulie, O.F.S.; Mr. T. L. Gunn, New York; Mr. L. U. Gill, London; Dr. J. P. A. Gabb, Guildford; Dr. L. G. Guthrie, London. (H) Mr. H. Nelson Hardy, London; Mr. A. C. Hartley, Liscard; Mr. G. H. R. Holden, Birmingham; Dr. D. Hooper, London; Mr. C. Hirsch, South Hampstead; Dr. Holmes, Radcliffe; Honorary Rank; Half Pay; Dr. H. A. Hare, Philadelphia; Mr. Victor Hodgson, Scarborough; Mr. G. H. Hawkins-Amble, Kirkburton; Mr. Wm. Hall, Leeds; Mr. H. Hind, South Cave; Dr. G. H. Hume, Newcastle-on-Tyne; Dr. A. H. Hassall, San Remo; Mr. H. V. Hickman, London. (I) Dr. C. R. Illingworth, Accrington; I. M. S.; Mr. J. A. Irvine, Liverpool. (J) Mr. R. S. Jaynes, Kirkburton; Mr. W. R. Jones, Senny Bridge; Mr. Jacobson, London; Mr. R. Johnson, Lon-

don. (K) Mr. J. Knight-Coutts, Manchester. (L) Mr. C. A. S. Ling, Brightlingsea; Mr. J. R. Lunn, London; Mr. T. Langston, London; Dr. C. J. Lewis, Stirling. (M) Mr. J. Y. W. Macalister, London; Dr. Mickle, London; M.B.; F. W. Mann, M.B., Edinburgh; Mr. F. L. Millburn, London; Member; Mr. St. V. Mercier, London; Mr. Wm. Marriott, London; Mr. J. MacMunn, Crouch End. (N) J. B. Nias, M.B., London. (O) Mr. D. C. Lloyd Owen, Birmingham; Dr. T. Oliver, Newcastle-on-Tyne; Dr. Henry O'Neill, Belfast; Mr. E. A. Onyon, Eye; One who Subscribes to Charities; Dr. C. Orton, Florence; Mr. A. G. Osborn, Dover; Surgeon A. O'Connor, Newbridge. (P) Mr. R. W. Pendleton, Hove; Dr. C. B. Plowright, King's Lynn; Mr. H. H. Pain, Bromley Park; Mr. O. Pritchard, London; Mrs. E. Pritty, Ipswich; Persevere; Mr. G. F. Pink, London; Dr. Philpots, Parkstone; Dr. R. W. Pendleton, West Brighton; Dr. Louis Parkes, London; Persona. (Q) Mr. R. W. Quennell, Brentwood. (R) Dr. J. A. Rigby, Preston; Dr. R. Ruttle, Accrington; Registrar of the General Medical Council; Mr. C. E. Richardson, Manchester; Mr. B. Roth, London; Messrs. Root and Co., London; Dr. R. R. Rentoul, Liverpool; Mr. A. W. Mayo Robson, Leeds; Dr. George Reid, Stafford; Mr. W. G. Rushbrooke, London; Sir Wm. Roberts, London. (S) Dr. J. T. Skrimshire, Holt; Dr. R. J. H. Scott, Bath; Secretary of the London Sanitary Protection Association; Mr. E. A. Slaughter, Brighton; Dr. W. A. Shillito, Wolverhampton; Mr. W. J. Smith, London; Rev. T. N. Hart Smith, London; Mr. R. R. Sleman, London; Mr. C. W. Shaw, Bethulie, O.F.S.; Dr. Alfred Sheen, Cardiff; Mr. J. R. Salter, London; Senior Medical Officer; Dr. C. S. Sherrington, London; Mr. A. Sutton, Beccleigh, Queensland; Subscriber; Dr. W. R. Smith, Edinburgh; Mr. J. Bland Sutton, London; Mr. J. H. Sealy, Kilbrittain; Mr. W. G. Spencer, London; Dr. Graham Steel, Manchester; Secretary of the West London Medicof-Chirurgical Society; Mr. E. Noble Smith, London. (T) Mr. W. Tibbles, Nottingham; Dr. J. J. Tuohey, Dublin; C. H. Taylor, M.B., Derby; Dr. Thorne Thorne, London; Mr. A. P. Thayer, Wiesbaden; Mr. G. Turner, Broxbourne. (U) Dr. Upatowski, London; Dr. C. T. Urquhart, Aberdeen. (V) Mr. T. Jeuner Verrall, Brighton; Vive ut Vivas; Messrs. Vert, Abud, and Moul, London; Dr. E. Videnich, Pola. (W) Dr. O. Wood, London; Mr. J. Walker, London; Dr. Samuel Wilks, London; Messrs. Waters and Son, London; Mr. E. Wood White, Birmingham; Dr. F. H. Walmsley, King's Langley; Mr. James West, London; Dr. E. Willoughby, London; Sir H. Trueman Wood, London. (X) X. Y. Z. (Y) Dr. G. E. Yarrow, London, etc.

#### BOOKS, ETC., RECEIVED.

Manual of Clinical Diagnosis. By Dr. Otto Seifert and Dr. Friedrich Müller. Translated by W. B. Canfield, A.M., M.D. Second English Edition. New York and London: G. P. Putnams' Sons. 1890.

The Pocket Pharmacopoeia. By C. E. Armand Semple, B.A., M.B.Cantab. London: Baillière, Tindall, and Cox.

Lectures on Diabetes. By Robert Saundby, M.D. Bristol: John Wright and Co. 1891.

Surgery. By C. W. Mansell Moullin, M.A., M.D.Oxon. London: J. and A. Churchill. 1891.

Transactions of the American Orthopaedic Association. Vol. III. Philadelphia: Published by the Association. 1890.

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