

sciatic pains, especially on the left side, which compel her to walk lamely. Her left hand measures  $8\frac{1}{2}$  inches in length and is  $8\frac{3}{4}$  inches round the knuckles; the second joint of left forefinger is  $3\frac{1}{4}$  inches in circumference; no women's gloves or boots fit her; she wears  $8\frac{3}{4}$  boots. She can now close her hand and make a fist. Both radius and ulna are enlarged, so are the malleoli and head of tibia. The vertebrae appear normal in size, but the sternum is certainly larger than normal; the pelvis also is certainly larger, the ileum feeling most massive. She says she "hardly had any hips before." She has had dyspareunia for two years; the vaginal orifice appears contracted spasmodically, though it allowed the passage of the finger, when the os tincae and the canal of the vagina appeared normal. She had slight eczema of external auditory meatus, but no appreciable enlargement of the ears. She complains of great sensitiveness over the lower cervical and first dorsal vertebrae. A playful slap on the shoulders has often produced unconsciousness. She cannot bear the least noise; a sudden noise as of a door slamming will often act like a blow.

I can elicit no family history of gout, syphilis, or tubercle. Her father is still living; her mother died at 68; brothers and sisters are healthy. Her intelligence is clear, and quite above the average of women in the lower stratum of midland rural life. She presents no deterioration of faculty save that of sight. The thyroid is enlarged, and I believe the thymus also. I may here be permitted to point out the most noteworthy features of this particular case:—

1. The stoppage of catamenia.
2. The enlargement of extremities without pain.
3. Pain in the head (vertex without enlargement).
4. The eye symptoms: R, atrophy; L, temporal hemianopsia.
5. The abnormal sensitiveness to sound.
6. The tenderness and sensitiveness over her cervical and upper dorsal regions.

I think that we have here enough to point to derangement of a neurotrophic character, of the precise characters of which we are as yet, I fear, ignorant. The atrophy and hemianopsia certainly favour Dr. Marie's views respecting an enlarged pituitary body.

The only drug which I have found to give her any relief has been exalgine, in doses of 3 grains repeated every eighth hour. This almost completely relieves the migraine, and has given her great ease from the sciatic pain.

## MEMORANDA:

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

#### PERITYPHLITIS COMPLICATING TONSILLITIS.

THIS case is of interest, as it bears on the connection between these two complaints.

Mrs. F., aged 63, taken with the ordinary signs of acute tonsillitis on November 5th last. She was very bad for a week, suffering from great weakness. The left tonsil was especially affected, and the glands along the front border of the left sterno-mastoid were swollen and tender for some fourteen days. On November 19th she complained of severe intermittent pain along the brim of the pelvis on the right side to the anterior superior spine. There was great tenderness along the region of the transverse colon, and the flanks were dull to percussion. On the 21st there was a well-defined tumour  $1\frac{1}{2}$  inch in diameter, whose edge was  $\frac{1}{2}$  inch from the anterior superior spine; it was dull to percussion. The pain extended to the front of the right knee, and she had some trouble in micturating. On the 22nd, as previously, she complained much of the free perspiration, and now had erythema of the face and forehead. Up to December 1st she suffered from pain down the leg; the tenderness lasted till November 27th. She suffers from aortic regurgitation and stenosis, is liable to attacks of acute bronchitis, and was attended by me in 1887 for acute tonsillitis.

F. ROWLAND HUMPHREYS, L.R.C.P.Lond.

Queen's Crescent, N.W.

### ANALYSIS OF THE FREQUENCY OF SYMPTOMS OCCURRING IN 50 CASES OF GERMAN MEASLES.

| Age.           | Invasion.            | Appearance of rash in. | Order of first appearance of rash. | Duration of rash. | Duration of sore throat. |   |
|----------------|----------------------|------------------------|------------------------------------|-------------------|--------------------------|---|
| No. of cases.  |                      |                        |                                    |                   |                          |   |
| Up to 12 years | No invasion          | 12 to 24 hours         | Head                               | 24 hours          | 21 to 48 hours           | Enlargement of neck glands subsequent to appearance of rash |
| 12 to 20 "     | Malaise              | 24 to 36 "             | Body                               | 17 to 24 "        | 48 to 72 "               |   |
| 20 to 25 "     | Nausea               | 36 to 72 "             | Limbs                              | 9 to 14 "         | 72 to 120 "              |   |
| 25 to 30 "     | Vomiting             | After 3 days           | Simultaneously over all parts      | 1 to 4 days       |                          |   |
| 30 to 35 "     | Sore throat          |                        |                                    |                   |                          |   |
| 35 to 40 "     | Enlarged neck glands |                        |                                    |                   |                          |   |
| 40 to 45 "     | Rigors               |                        |                                    |                   |                          |   |
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This epidemic was evidently of mild type. The throat symptoms were mild in all cases. The rash appeared to be thicker and darker in proportion to age. In no case did the rash assume definitely the crescentic form seen in measles. In young fair patients having a mild attack the rash appeared particularly like that of scarlatina at its commencement, and was in some cases accompanied by a temperature of  $103^{\circ}$  F. One case ushered in by rigors and other severe symptoms, in which the rash did not appear for three days, remained four days and did not assume a crescentic form, may have been measles, but occurred in a house with other cases of r6theln. Enlargement of the neck glands will be seen to be a valuable diagnostic point.

Illednesford.

CECIL DIGBY, M.D.

### CO-EXISTENCE OF SCARLET FEVER AND

#### CHICKEN-POX.

On January 9th last, I was asked to see L. N. and G. N., both suffering from well marked symptoms of scarlet fever. They both had a temperature of over  $102^{\circ}$ , sore throat, typical tongue and rash, L. having been taken ill on January 7th, and G. on the 8th.

On January 10th, F. N., another brother was attacked. The three children were isolated, the remaining child of the family not contracting the disease. The fever ran an ordinary and favourable course, peeling commencing freely around the neck, chin and chest, in L. and G., on my visit to them on January 14th. On January 16th my attention was especially directed to G., who was said to have been feverish and complaining of headache, sickness, and general malaise on the morning of the previous day (15th), a few ill-defined spots appearing on his body in the evening, but who at the time of my visit presented all the characteristics of a severe attack of chicken-pox. Not only had he a very numerous crop of vesicles all over his body, scalp, and face, but on his tongue and soft palate, causing considerable difficulty in deglutition. He, however, recovered, together with his brother and sister, without any other unfavourable symptom, differing in no respect from them, except that in his case the peeling process was rather delayed.

On January 28th, or exactly thirteen days after G., F. was attacked with chicken-pox, the sister up to the present escaping. The children I found had been attending a public elementary school in which there had certainly been one if not more cases of scarlet fever, and several of chicken-pox, and had doubtless contracted both diseases there, G. probably catching the chicken-pox on the 2nd, and scarlet fever on or about the 5th.

It must remain a matter of conjecture how far the fact of having the specific poison of one disease in the system affected the course or seriousness of the other; it is plain that having one disease did not prevent him catching another; the second disease (scarlet fever) remaining as in the other children of the "benign" type.

The chicken-pox, on the other hand, was decidedly severe, especially if judged by the character of F.'s attack (which did not develop until eighteen days after the scarlet fever, and was mild and with slight eruption), but whether this

severity was due to any incompatibility of the presence of the two germs, or is only consistent with the lessened vitality or resisting power caused by having just recovered from an acute disease, it is difficult if not impossible to say.

Lydd. RICHARD BEVAN, D.P.H. and L.R.C.P.Lond.

#### EMPHYEMA OF THE ANTRUM.

As to the etiology, etc., of the above disease, experience teaches me that the dental factor so widely supported by no means fulfils the promise we might hope for in aiding us to a diagnosis. On the other hand, a case of nasal polypus inveterately recurring after operation, and more especially co-existent with hypertrophy of the middle turbinate bone would certainly make me suspicious of antrum disease. There is one other indication added to the above, namely, the existence of a line of white, creamy exudation lying along the middle turbinate bone, which I rely upon as of some diagnostic value in this connection. In such cases, treatment of the antrum disease fulfils every expectation that can be hoped for. I need not refer here at length to the excellent service the electric light offers in clearing up the diagnosis, not only of disease of the antrum, but also of the frontal sinus, implication of which no doubt gives rise to disease of the nasal mucosa situated higher up, leading thus to the formation of polypus equally obdurate to treatment if the sinus affection is overlooked. The use of the electric light in the mouth and one placed over the frontal sinus in the usual way is one easy of application, and fairly reliable. As to the form of procedure in empyema of the antrum, a considerable aperture from the canine fossa made first with a small trephine worked by the dental engine and then enlarged with forceps gives every satisfaction. In this way the floor of the sinus is reached with precision, and any necessary manipulation or illumination is easy. A large drainage tube lies securely in the cavity effecting its purpose, and is kept in position there by the upper lip without inconvenience to the patient. It need not be remarked that perforation through the alveolus leads to an entrance into the antrum situated above the floor of this cavity, and thus, amongst other things, to imperfect drainage.

Newcastle-on-Tyne.

WM. ROBERTSON, M.D.

#### TAPPING THE VENTRICLES.

As regards tapping the ventricles of the brain, I remember a case occurring many years since in my practice in which tapping was resorted to about six times. The child was six months old, and had fallen from the nurse's arms, in descending a stone staircase, upon the head, whereby the cranium was fractured.

The first operation was performed a few weeks after the receipt of injury, owing to convulsions setting in, the fontanelles being greatly distended from fluid. A fine trochar and cannula were introduced, and a few ounces of fluid evacuated with considerable relief to the patient. After a while it became necessary to repeat the operation; altogether six tapings were required. At length the child succumbed from exhaustion. The case was recorded and comments made thereon.

Bournemouth.

SPENCER SMYTH, M.D., F.R.C.S.

#### TREATMENT OF DIPHTHERIA.

A GREAT deal has been said lately in favour of the use of liq. hydrarg. perchlor., and in fact there seems to be quite a rush to this most powerful and often dangerous drug. I would suggest that those who at present use the bichloride should add to it just enough iodide of potassium or sodium to form the biniodide dissolved in the iodide. They will then have even better results than they at present obtain. There will be much less risk to the patient. They will be using a much more powerful germicide. Whereas the bichloride tends to accumulate in the system, and may, from some cause, become suddenly absorbed, causing symptoms of mercurialism, the biniodide is, on the other hand, very rapidly eliminated.

My experience of the use of the biniodide has been quite in accordance with that of Dr. C. R. Illingworth, who introduced it, and the thanks of the profession are certainly due to him for his untiring endeavour to bring its use forward.<sup>1</sup>

Frizinghall, Bradford. A. HANBURY FRERE, M.B., C.M.

<sup>1</sup> Abortive Treatment of Specific Febrile Disorders. Lewis and Co.

## REPORTS

ON

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

#### GREAT NORTHERN HOSPITAL.

A CASE OF PRESUMED RUPTURE OF THE URETER FROM EXTERNAL VIOLENCE; LAPAROTOMY; CURE.

(Under the care of Mr. HERBERT W. ALLINGHAM.)

F. R., aged 16, was admitted into the hospital on Friday, July 22nd. Four days before admission, while he was wheeling a barrow, it struck the kerb and caused the handle to strike him violently in the abdomen on the left side. He was unable to work for an hour or so after. The next day at mid-day the pain had become so severe that he went home to bed. On the third day after the accident he was sick once and shivered. The fourth day after the accident he was admitted and was found in the following condition: The belly wall was rather tense and slightly tympanitic, rather more tender on the left than on the right side. There was also a bruise above the abdominal wall on the left side, about the level of the umbilicus. Deep respiration caused pain, and the breathing was greatly thoracic. The urine was acid and loaded with urates, no blood or albumen, nor was there any evidence of his having passed blood. The bowels had not acted since the injury. Temperature was 102° F., pulsation 120, respirations 36. The aspect was anxious: the tongue fairly moist but dirty. In the evening of the day of admission the bowels acted, stools loose and plentiful, no blood. The next day, the 24th, he was in about the same condition and passed only 14 ounces of urine in 24 hours. On July 25th the patient seemed worse, he had lost his colour, the face was more anxious, in fact every symptom was aggravated, for he had much more pain and the pain was paroxysmal, being chiefly referred to the left side of the abdomen, no pain passing to the testicle, and that organ was not retracted. The abdominal walls were very tense and tender, so that it was impossible to make a thorough examination.

In the afternoon of the 25th, four days after admission, and eight since the accident, I had a consultation with my friend Dr. Burnet, and we agreed that in order to make a thorough examination chloroform had better be given. We saw that the boy was seriously ill, his temperature varying from 103° F. to 101° F. since admission, and the lesion being evidently abdominal. Under chloroform we found that there was greater resistance on the left than on the right side and moreover there was greater dullness on deep percussion on left side of the abdomen and loin than on the right side. No definite tumour could be felt, although a peculiar crepitus was noticed on deep pressure towards the left kidney from the front.

On rectal examination high up I could feel a sausage-like swelling on the left side and rather towards the front; this was outside the rectal tube. With these symptoms I decided to at once operate, not knowing whether he had injured some gut and had local peritonitis or whether the ureter had been injured and had then become distended. The chloroform was continued, and a vertical incision about 3 inches in length was made in the left linea semilunaris and the peritoneum opened. I then pushed the small intestines towards the right, and kept them there with a sponge, and on lifting up the descending colon saw and felt a large sausage-shaped tumour, covered with peritoneum, extending from the kidney right down to the pelvis exactly in the course of the ureter. The swelling was very tense, in fact could have been very easily ruptured. The kidney and its pelvis, as far as I could make out, were not distended.

This state of affairs I showed to Dr. Burnet, Mr. Faulkner, and Mr. Lang, who were present at the operation. At first I was at a loss what to do, whether to aspirate the tumour from the front or open it from the loin; but I soon decided on the latter procedure. Accordingly the abdominal wound was closed with sponges, the patient was pulled to the edge of the operating table and I pushed a scalpel into the loin, direct-

away with medical certificates will result in many children being set to work who are certain to suffer thereby. The Faculty therefore instruct the Dean to communicate with the members of Parliament for the University and the city, and to urge upon them to use their influence to prevent the said clause being passed."

#### SOCIETY OF MEDICAL OFFICERS OF HEALTH.

At the annual meeting of the North Western Branch of the Society of Medical Officers of Health, held at Manchester on March 20th, Dr. Barr, of Bury, drew attention to Clauses 18 and 19 in Mr. Matthews's Factories and Workshops Bill. After some discussion, it was resolved that it was desirable that the following words should be added to Clause 18, which deals with the employment of women after childbirth: "Without a certificate of fitness from the certifying surgeon of the district." As to Clause 19, there were, he said, in Lancashire and Yorkshire last year 139,000 half-timers, and over 300,000 full timers, that is to say children over 13 years of age. It was found that there were some 1,319 children per annum who had been returned as not physically fit for work. The diseases from which they suffered included scarlet fever, measles, whooping-cough, small-pox, etc., and skin and blood diseases. These young persons were now to be left to the tender mercies of millowners and employers, and to the will of their parents in the matter. He considered that Clause 19 ought to be omitted. Dr. Kenyon, Chester, seconded the resolution. Dr. Niven, Oldham, observed that the whole drift and tendency of modern life was towards socialistic restrictions of the people from doing harm to themselves, and to withdraw a restriction such as it was now proposed to do would probably be to injure the public health.

#### SOCIETY FOR PREVENTION OF CRUELTY TO CHILDREN.

The Central Committee of the National Society for the Prevention of Cruelty to Children has presented a petition to the House of Commons against Clause 19, which it describes as retrograde and contrary to public interest.

#### EVIDENCE OF REJECTIONS.

Dr. John Barr, M.B., Certifying Surgeon (Rishton, Blackburn), writes: In Clause 19 of his Factory Bill, Mr. Matthews proposes to abolish the office of certifying factory surgeon; and, if our services are to be retained, an immediate and united effort must be made by certifying surgeons everywhere throughout the country. An appeal has been made by the Association of Certifying Surgeons, and circulars have been sent to hundreds of certifying surgeons, asking them to send to the Secretary of the Association a list of rejections made by them in their various factories. And with what result? Although there are nearly 1,200 certifying surgeons in the country, yet only 37 have taken the trouble to send lists of rejections. This carelessness is disheartening, when we consider how our opponents are using every possible means for our extinction. If our office is abolished, it will certainly be in a great measure due to the apathy of the mass of certifying surgeons themselves. The Standing Committee who have the Bill in hand do not meet again till April 9th, so there is still time for useful action. I would urge all certifying surgeons to do two things: (1) send at once to the Secretary of the Association (Dr. Holmes, "Ouslehurst," Radcliffe, near Manchester) a list of cases rejected during the past five years; and (2) bring all the pressure they can to bear on members of Parliament to oppose Clause 19 of the Factory and Workshops Bill.

#### LIST OF AUTHORS AND OTHERS WHO HAVE PRESENTED BOOKS TO THE LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

##### FOURTEENTH LIST.

Presented by the WIDOW of the Late Dr. R. C. R. JORDAN, Manchester.

- ANDRAL. Clinique Médicale, translated by Spillan. 1836.  
 " Précis d'Anatomie Pathologique. 3 vols. 1829.  
 ARMITAGE. Hydropathy as Applied to Acute Disease. 1852.  
 BEALE. On Life and Vital Action in Health and Disease. 1875.  
 BELL (Sir C.). The Hand, Bridgewater Treatise. 1833.  
 " A System of Dissections. 1798.  
 BILLING. First Principles of Medicine. 5th edition. 1849.  
 BIRMINGHAM (Report of the Health of). 1881.  
 BOWMAN (W.). Lectures on the Parts Concerned in the Operations on the Eye. 1849.  
 BOWMAN (J. E.). Practical Handbook of Medical Chemistry. 1850.  
 BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW. 7 vols.  
 BRITISH PHARMACOPOEIA. 1885.  
 BURNS. Principles of Surgery. 1838.  
 CARPENTER. Principles of Human Physiology. 1853.  
 CHAPLAIN. Elements of Chemistry. 3 vols. 1795.  
 CHRIST CHURCH MUSEUM, OXFORD. Synopsis of Physiological Series. 1853.  
 CHURCHILL (Fleetwood). On the Principal Diseases of Females. 1844.

- CLOQUET. System of Human Anatomy. 2nd edition. 1831.  
 CULLEN. First Lines of the Practice of Physic. 4 vols. 1784.  
 " " " " A new edition. 4 vols. 1796.  
 DANIELL. An Introduction to the Study of Chemical Philosophy. 2nd edition. 1843.  
 DEATHS IN BOMBAY DURING 1853. Government Report.  
 DONOVAN. Treatise on Chemistry. 1839.  
 EARLE. On Flooding after Delivery. 1865.  
 ELLIS. Demonstrations of Anatomy. 1840.  
 GRAVES. A System of Clinical Medicine. 1843.  
 GREGORY (J.). Conspectus Medicinæ Theoreticæ. Editio Octava. 1830.  
 " (W.). Outlines of Chemistry. Part II, Organic. 1845.  
 HILLIER. Diseases of Children. 1868.  
 HOLDEN. Human Osteology. 4th edition. 1869.  
 JOHNSON (Geo.). Diseases of the Kidneys. 1852.  
 KIRKE'S HANDBOOK OF PHYSIOLOGY. 1863 and 1867.  
 MILLER. Principles of Surgery. 2nd edition. 1850.  
 MÜLLER. Embryology, with the Physiology of Generation. 1848.  
 NIEMEYER. Textbook of Practical Medicine. Revised edition. 2 vols. 1880.  
 PALMER. Popular Illustrations of Medicine. 1829.  
 PARNELL. Elements of Chemical Analysis. 1842.  
 PEREIRA. Elements of Materia Medica and Therapeutics. 3rd edition.  
 QUAIN. Elements of Anatomy. 4th Ed. 1837.  
 RADCLIFFE. Vital Motion as a Mode of Physical Motion. 1876.  
 RANKING. Half-Yearly Abstract of the Medical Sciences. 7 vols.  
 REYNOLDS. Epilepsy, its Symptoms and Treatment. 1861.  
 SALT. Medico-Electric Apparatus, and How to Use It. 1877.  
 SHARPE. Treatise on the Operations of Surgery. 10th edition. 1782.  
 SMITH (Priestley). Glaucoma, its Causes, Symptoms, etc. 1879.  
 SOUTH. Translation of Otto's Pathological Anatomy. 1821.  
 SQUIRE. Manual of Diseases of the Skin. 3rd edition. 1885.  
 SYDENHAM SOCIETY'S PUBLICATIONS:—  
 Annals of Influenza.  
 Hasse's Pathological Anatomy.  
 Hewson's Works.  
 Kölliker's Human Histology. 2 vols.  
 Louis on Phthisis.  
 Rokitansky's Pathological Anatomy. 4 vols.  
 Romberg on the Nervous System. 2 vols.  
 Sydenham: Opera Omnia.  
 Unza and Frochaska on the Nervous System.  
 TATE. Treatise on Hysteria. 1830.  
 TIBBITS. Handbook of Medical Electricity. 1873.  
 TODD. Clinical Lectures. 2nd edition. 1861.  
 TODD AND BOWMAN. Physiological Anatomy and Physiology of Man.  
 TOYNBEE'S MUSEUM, Catalogue of. 1857.  
 VOGEL. Pathological Anatomy of the Human Body. 1847.  
 WILSON, ERASMUS. Diseases of the Skin. 3rd edition. 1851.  
 WINSLOW. Structure of the Human Body. Translated by Douglas. 1749.  
 WRIGHT. Pathological Researches on Death from Suffocation. 1850.  
 And other volumes.

## ASSOCIATION INTELLIGENCE.

### COUNCIL. NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 15th day of April next, at 2 o'clock in the afternoon.

### 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.

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.

**WEST SOMERSET BRANCH.**—The spring meeting will be held at the Railway Hotel, Taunton, on Thursday, April 9th, at 5 o'clock: dinner at 5.30. The subject settled by the Council to be discussed after dinner is, "What, in your opinion, is the best method of disposal of the dead in England?" Members intending to read papers or to be present at the dinner are requested to communicate with W. M. KELLY, M.D., Honorary Secretary.

**METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.**—A meeting will be held on Friday, April 3rd, at the Lyric Hall, Ealing Broadway. The chair will be taken by Sir William MacCormac, surgeon to St. Thomas's Hospital and President of the Branch, at 8.30 P.M. Business: 1. Minutes of preceding meeting. 2. A Clinical Demonstration of Typical Orthopaedic Cases and their Treatment, by Mr. Noble Smith F.R.C.S.Ed.—C. A. PATTEN, Honorary Secretary.

**MIDLAND BRANCH: LINCOLNSHIRE DISTRICT.**—A meeting will be held at Louth on Thursday, April 16th. Members desirous of reading papers, exhibiting cases, etc., are requested to communicate, before Monday, April 6th, with W. A. CARLINE, M.D., Honorary Secretary.

**SOUTHERN BRANCH: SOUTH WILTS DISTRICT.**—The next meeting will be held at the Bath Arms, Warminster, on Wednesday, April 1st, at 3.45 P.M. Business. Mr. Sharpin: A paper on the Antiseptic Treatment of Wounds. Mr. Kingscote: Three Cases of Pyelitis. Mr. Wilcox and Mr. Davis: Cases in Surgery. Mr. Manning will move a resolution respecting the working of the Lunacy Act of 1890. Dinner at 6 P.M.; tickets (not to include wine) 5s. Members intending to be present are requested to communicate with H. J. MANNING, Honorary Secretary, Laverstock, Salisbury.

**SOUTHERN BRANCH: SOUTH-EAST HANTS DISTRICT.**—The next ordinary meeting will be held on Thursday, April 9th, at 4.30 P.M., at the Grosvenor Hotel, Queen's Gate, Southsea. Gentlemen desirous of exhibiting specimens or reading papers are requested to communicate with the Honorary Secretary, J. WARD COUSINS, Southsea.

**SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.**—The next meeting of this District will take place on Thursday, May 28th, at Gravesend, Mr. O. R. Richmond in the chair. Gentlemen desirous of reading papers or exhibiting specimens are requested to inform the Honorary Secretary of the District, Mr. A. W. Nankivell, St. Bartholomew's Hospital, Rochester, not later than May 2nd, 1891. Further particulars will be duly announced.

**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 should communicate with the Honorary Secretary, J. P. A. GABB, M.D., Guildford.

**SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.** A MEETING of the above District was held at the Cottage Hospital, Faversham, on March 12th, Dr. BOSWELL in the chair.

**Communications.**—Dr. ALEXANDER read Notes of Three Cases of Lupus, in which he advocated the local treatment by salicylic acid ointment.—Dr. HALSTEAD read Notes of Two Cases of Orbital Abscess.—Dr. FREDERICK EASTES read a paper on the Medical Defence Union. Many cases were quoted in which the Union had been useful either to the profession at large or to individual members. At the close of the meeting nine members showed their approval of the Union by joining its ranks.—Mr. WHITEHEAD read Notes of a Case of a Boy, aged 14, who accidentally shot himself in the left axilla: the gun was loaded with four pieces of fence wire and two stones. The wire was removed at the time, and the stones came away subsequently. The scapula was broken in several places. Seven hours after the injury serious hæmorrhage came on, and the third part of the subclavian artery was tied. With the exception of a stiff shoulder-joint, the boy made a perfect recovery.

**Luncheon, etc.**—The members present were entertained by Dr. BOSWELL at his house in East Street at luncheon between 1 and 2, and again at tea between 5 and 6. At the latter a vote of thanks was passed to him for his warm hospitality.

#### BRITISH GUIANA BRANCH.

THE quarterly general meeting of this Branch was held on January 8th, at the Colonial Hospital, under the chairmanship of Dr. R. GRIEVE, President. There were also present: Drs. Wallbridge, Veendam, Anderson, Williams, Hill, Delamere, Ozzard, Godfrey, Ozanne, Barnes, Law, Neal, Egan, Kennard, and Rowland (Secretary).

**Presidential Address.**—The minutes of the last meeting having been read and confirmed, the PRESIDENT congratulated the society on its position. Of the 43 original members, 7 had resigned from one cause or another, 1 had left the colony, and they had lost by death 6 during the four years. That made

15 who had left the society. The number that had joined was 13, so that they had 2 fewer than in 1886. During the year the meetings had been held regularly once a quarter. Passing then to the health of the colony, he said the year 1890 began favourably, and continued most satisfactory until the middle of July, when suddenly the amount of sickness increased rapidly. He exhibited charts which showed that the ill-health of the colony—which he was told by practitioners who had been in the country for a great many years was greater in the later part of last year than it had been in their recollection or knowledge—was dependent, not upon any very extraordinary increase of ordinary diseases, but upon the prevalence at the same time of two epidemic diseases, measles and influenza. Up to the end of the year the outbreaks of those epidemics persisted, and though they had decreased very much, they had not yet completely disappeared from the colony, and now there were cases which showed that influenza was producing effect upon the health of the colony until the present. Measles was gradually disappearing. The President concluded by referring to Koch's treatment of tuberculosis.

**Vote of Thanks.**—Dr. GODFREY proposed, and Dr. WALL-BRIDGE seconded, a vote of thanks to the President, which was heartily accorded.

**Paper.**—Dr. ROWLAND read a paper on Artificial Feeding. After some remarks on artificial food, nutrient enemata, etc., he said that in ulceration of the intestines milk alone was the diet; also in enteric fever, where fatal hæmorrhage had followed disobedience to the medical instructions—the last case he had seen being that of a young man who had eaten some grapes unknown to the nurse, death following a few hours after from hæmorrhage. At the New Amsterdam Hospital he treated all cases of diarrhoea with a purely milk diet, which was necessary for months when there was chronic ulceration of the intestines. In such cases the only other substance permissible was raw beef juice prepared after the method of the famous French physician Trousseau. In the milk it might be necessary to give some flavouring matter, and for that purpose no more than two ounces of brandy or whisky might be advantageously used. There was often considerable difficulty in persuading patients to live on such a diet. Some other points in connection with artificial feeding he would reserve for a future occasion.—The paper was discussed by Dr. LAW, Dr. GODFREY, and the PRESIDENT; and Dr. ROWLAND replied.

## BRITISH MEDICAL ASSOCIATION.

### FIFTY-NINTH ANNUAL MEETING.

THE fifty-ninth Annual Meeting of the British Medical Association will be held at Bournemouth on Tuesday, Wednesday, Thursday, and Friday, July 28th, 29th, 30th, and 31st, 1891.

**President:** WILLOUGHBY FRANCIS WADE, B.A., M.B., F.R.C.P., J.P., Senior Physician, Birmingham General Hospital, 27 Temple Row, Birmingham.

**President-elect:** JOHN ROBERTS THOMSON, M.D., F.R.C.P., Consulting Physician, Royal Victoria Hospital, Bournemouth, Monckchester, Bournemouth.

**President of the Council:** WITHERS MOORE, M.D., F.R.C.P., Consulting Physician, Sussex County Hospital, Burgess Hill, Sussex.

**Treasurer:** HENRY TRENTAM BUTLIN, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital.

An Address in Medicine will be delivered by THOS. LAUDER BRUNTON, M.D., F.R.S., Lecturer on Materia Medica and Therapeutics at St. Bartholomew's Hospital, London.

An Address in Surgery will be delivered by JOHN CHIENE, M.D., F.R.C.S.Ed., Professor of Surgery at the University of Edinburgh.

An Address in Public Medicine will be delivered by EDWARD COX SEATON, M.D., Lecturer on Public Health at St. Thomas's Hospital, London.

The scientific business of the meeting will be conducted in nine Sections, as follows, namely:

**A. MEDICINE.**—**President:** P. H. PYE-SMITH, M.D., F.R.S.  
**Vice-Presidents:** WILLIAM GEORGE VAWDREY LUSH, M.D.; THOMAS BARLOW, M.D. **Honorary Secretaries:** WM. FRAZER,

M.D., "Elmhurst," Madeira Road, Bournemouth; H. MONTAGUE MURRAY, M.D., 27, Savile Row, W.

**B. SURGERY.**—*President*: JOHN WARD COUSINS, F.R.C.S. *Vice-Presidents*: J. D. G. DOUGLAS, M.D.; WM. WATSON CHEYNE, F.R.C.S. *Honorary Secretaries*: A. GUNTON TURNER, M.R.C.S., "Holmwood," Bournemouth; A. A. BOWLBY, F.R.C.S., 43, Queen Anne Street, W.

**C. OBSTETRIC MEDICINE AND GYNÆCOLOGY.**—*President*: W. J. SMYLY, M.D. *Vice-Presidents*: ALLAN MCLEAN, M.D.; A. H. G. DORAN, F.R.C.S. *Honorary Secretaries*: H. A. LAWTON, M.R.C.S., 74, High Street, Poole, Dorset; MONTAGU HANDFIELD-JONES, M.D., 24, Montagu Square, Hyde Park, W.

**D. PUBLIC MEDICINE.**—*President*: J. BURN RUSSELL, M.D. *Vice-Presidents*: H. F. PARSONS, M.D.; JOHN COMYNS LEACH, M.D. *Honorary Secretaries*: C. H. W. PARKINSON, M.R.C.S., Wimborne Minster; P. W. G. NUNN, L.R.C.P., "Maplestead," Christchurch Road, Bournemouth.

**E. PSYCHOLOGY.**—*President*: P. MAURY DEAS, M.B. *Vice-Presidents*: HENRY JOHN MANNING, M.R.C.S.; D. NICOLSON, M.D. *Honorary Secretaries*: P. W. MACDONALD, M.D., Dorset County Asylum, Dorchester; WILLIAM HABGOOD, M.D., Belmont, Sutton, Surrey.

**F. PATHOLOGY.**—*President*: W. HOWSHIP DICKINSON, M.D. *Vice-Presidents*: KINGSTON FOWLER, M.D.; W. RUSSELL, M.D. *Honorary Secretaries*: W. G. SPENCER, M.B., 35, Brook Street, Grosvenor Square, W.; E. HYLIA GREVES, M.D., Rodney House, Poole Road, Bournemouth.

**G. OPHTHALMOLOGY.**—*President*: N. C. MACNAMARA, F.R.C.S. *Vice-Presidents*: ROWLAND W. CARTER, M.D.; MALCOLM M. MCHARDY, F.R.C.S. Ed. *Honorary Secretaries*: J. B. LAWFORD, M.D., 55, Queen Anne Street, W.; BERNARD SCOTT, M.R.C.S., "Hartington," Poole Road, Bournemouth.

**H. DISEASES OF CHILDREN.**—*President*: J. F. GOODHART, M.D. *Vice-Presidents*: T. W. TREND, M.D.; T. B. SCOTT, M.R.C.S. *Honorary Secretaries*: SIDNEY PHILLIPS, M.D., 62, Upper Berkeley Street, W.; DENNIS C. EMBLETON, L.R.C.P., "St. Wilfred's," Michael's Road, Bournemouth.

**I. THERAPEUTICS.**—*President*: WM. VICARY SNOW, M.D. *Vice-Presidents*: SIDNEY COUPLAND, M.D.; A. G. BARRS, M.D. *Honorary Secretaries*: CHRISTOPHER CHILDS, M.D., 2, Royal Terrace, Weymouth; JOHN ROSE BRADFORD, M.D., 52, Upper Berkeley Street, W.

*Honorary Local Secretary*: JAMES DAVISON, M.D., "Walderslow," Bournemouth.

#### PROGRAMME OF PROCEEDINGS.

TUESDAY, JULY 28TH, 1891.

9.30 A.M.—Meeting of 1890-91 Council.

11.30 A.M.—First General Meeting. Report of Council. Reports of Committees; and other business.

4 P.M.—Sermon by the Right Rev. the Lord Bishop of Winchester.

8.30 P.M.—Adjourned General Meeting from 11.30 A.M. President's Address.

WEDNESDAY, JULY 29TH, 1891.

9.30 A.M.—Meeting of 1891-92 Council.

10 A.M. to 2 P.M.—Sectional Meetings.

3 P.M.—Second General Meeting. Address in Medicine by Dr. T. LAUDER BRUNTON, F.R.S.

THURSDAY, JULY 30TH, 1891.

9.30 A.M.—Meeting of the Council.

10 A.M. to 2 P.M.—Sectional Meetings.

3 P.M.—Third General Meeting. Address in Surgery by Professor J. CHIFFEY.

7 P.M.—Public Dinner of the Association.

FRIDAY, JULY 31ST, 1891.

10.30 A.M. to 1.30 P.M.—Sectional Meetings.

3 P.M.—Concluding General Meeting. Address in Public Medicine by Dr. EDWARD C. SEATON.

SATURDAY, AUGUST 1ST, 1891.  
Excursions.

**LITERARY INTELLIGENCE.**—The German Gesellschaft für Kinderheilkunde has published the *Transactions* of its eighth meeting held in connection with the sixty-third meeting of German naturalists and physicians at Bremen. This is the first time that the society has published its *Transactions* separately. The volume, which is edited by Dr. E. Pfeiffer, of Wiesbaden, contains papers by Thomas on Scarlet Fever, and by Ranke and Steffen on the Treatment of Laryngeal Diphtheria, besides communications by Flesch, Hochsinger, Meinert, Dreier, Mayer, and others. The publisher is J. F. Bergmann, of Wiesbaden.

## CORRESPONDENCE.

### THE LONDON DEATH-RATE.

SIR,—The table published in the BRITISH MEDICAL JOURNAL for March 14th, giving the true death-rates of London for 1890, is deserving of careful study. The few remarks which, with your permission, I propose to make upon it, are put forth in a spirit of inquiry, and in the hope that they may elicit comments from skilled statisticians.

The death-rate of London for 1890 was 20, which contrasts favourably with 24.4, the rate for 1861-70, and 22.5, the rate for 1871-80. But is the "London" of 1861-70 in any way comparable with the "London" of 1890? The population has risen in the thirty years, 1861-90, from 2,800,000 to 4,400,000, while the population in the central districts (i.e., the night population), has decreased by about 100,000. These figures show that about 1,700,000 of the inhabitants of the "London" of 1890 are living in newly-developed districts and in new houses.

If we examine the death-rates of some of the central districts for the past year, it will be found difficult to extract much satisfaction from them. Thus:—

| District.                      | Population. | Death-rate. |
|--------------------------------|-------------|-------------|
| St. George's-in-the-East ..... | 46,055      | 34.6        |
| Holborn .....                  | 29,395      | 32.4        |
| Whitechapel .....              | 66,446      | 28.8        |
| St. Saviour's, Southwark.....  | 26,938      | 28.2        |
| St. George's, Southwark.....   | 60,404      | 27.0        |
| London City.....               | 35,636      | 26.9        |
| Stepney.....                   | 58,975      | 26.9        |
| St. Giles .....                | 38,698      | 26.5        |
| Westminster .....              | 54,537      | 26.3        |
| Strand .....                   | 28,489      | 25.2        |
| Shoreditch .....               | 125,284     | 24.8        |
| St. Luke's.....                | 52,000      | 24.7        |

Total..... 622,857

Here, then, is a city in a ring fence, with 622,857 inhabitants, and larger than any other city in the country, except the "London" of which it constitutes the centre. In this city in 1890 there occurred 17,248 deaths, which gives a death-rate of 27.7.

In Fulham, Marylebone, St. Pancras, Clerkenwell, St. Martin's, Bethnal Green, Mile-end, Newington, St. Olave's, Bermondsey, Woolwich, and Rotherhithe, with a population of over 1,100,000, the death-rate ranged from 24.2 as a maximum, to 20.3 as a minimum.

The able compiler of the table from which I am quoting states that his figures are the result of a "complete distribution of deaths occurring in the public institutions of London among the various sanitary districts in which the patients had previously resided." "By this means alone," he says, "can trustworthy data be secured upon which to calculate reliable rates of mortality." In this way the deaths of persons who come from the country to die in London are eliminated; but, I would ask, is any allowance made for those who fall ill in London, and go out of it to die?

The birth-rate of London was the lowest on record (29.1). Compared with the average birth-rate of 1877-86, this gives us a deficit of over 23,000 births for the year. In Kensington, St. George Hanover Square, St. James Westminster, Hampstead, St. Martin's, Strand, City, and Lewisham, the birth-rate was under 25; and in St. Martin's, the Strand, Holborn, and the City, the deaths exceeded the births. It is generally admitted that the population of London is largely recruited by selected adults imported from the country, and that London contains less than its due proportion of persons under 15 and over 60. In order that the death-rate can be appreciated at its true value, or be compared with that of other places, a very careful correction for age-distribution is essential.

A very disturbing factor in the calculation of the London death-rate, and for which no allowance is possible, is to be found in the seasonal fluctuations of population. What is the difference between the population when "everybody" is in town (say June) and when "everybody" is away (say the last two weeks in August)?

The large death-rate of 1890 in the central districts of Lon-



ment to remove. In the latter case—that of a paying patient in a district asylum—the documents are somewhat different, and there are two medical certificates, or a certificate signed by two medical men.

Another method deals with dangerous patients. These, if apprehended and brought before two justices, and certified by the nearest available medical officer of the dispensary district to be dangerous, may, by warrant under the hands and seals of the said justices, be directed to be taken by the police authorities, to the asylum for the county or town. There are provisions for their removal from the asylum by friends, which provisions are extremely loose and ill-guarded in practice.

## MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Friday, March 20th.

*Custody of Children Bill.*—The House agreed to the Commons's amendments to this Bill.

HOUSE OF COMMONS.—Thursday, March 19th.

*Custody of Children Bill.*—This Bill passed through Committee.

*Friendly Societies.*—The CHANCELLOR of the EXCHEQUER, in answer to Mr. H. VINCENT, said a Bill was in preparation for carrying into effect some of the recommendations of the Select Committee of 1889.

*Hospital Medicines in Ireland.*—Mr. E. STANHOPE, in answer to Mr. J. F. O'BRIEN, said the recent competition for the supply of drugs and medicines had reference to the whole army, including the force in Ireland. The contract for the supplies in Ireland, estimated at about £1,700 a year, would, as a result of the competition, remain with the Apothecaries Hall at Dublin.

*London Water Supply.*—The following motion, moved by Mr. RITCHIE, was agreed to: "That it be an instruction to the Committee on the London Water Commission Bill that they have power to inquire into all matters connected with the nature, price, management, sources, and sufficiency of the water supply of London and its suburbs, and to insert in the Bills such provisions in connection therewith as in their judgment are expedient."

Friday, March 20th.

*New Bills.*—Leave was obtained to introduce the following Bills, which were brought in and read a first time:—Sir J. Lubbock: Bill to confer power upon the London County Council with respect to the supply of water.—Sir H. Roscoe: Bill to amend the Pharmacy Acts.

Monday, March 23rd.

*The Consumption of Chlorodyne.*—Mr. H. SMITH asked the Secretary of State for the Home Department whether his attention had been drawn to the large consumption of chlorodyne, especially among women, and the grave evils which resulted from the practice; whether the fact of chlorodyne being a patent medicine and protected by a stamp exempted it from the operation of the Sale of Poisons Act; and whether the Government would take into consideration the expediency of classing chlorodyne with other narcotics, and only allow it to be sold under the same restrictions. —Mr. MATTHEWS said he received last year a representation from a coroner's jury that some restriction should be placed on the sale of chlorodyne. He forwarded this representation to the Privy Council Office, which was the department concerned. The answer to the second paragraph depended upon the proper construction of Sections 16 and 17 of the Act, to which he referred the hon. member. Section 2 of the Pharmacy Act, 1868, prescribed the manner by which any article might be added to Schedule A of that Act—namely, by a resolution of the Council of the Pharmaceutical Society. The hon. member should address any representation to that Society in the first instance.

*Baby Farmers' Advertisements.*—Mr. CHANNING asked the Home Secretary whether his attention had been called to the evidence in several recent baby farming cases, in which convictions had been obtained for manslaughter; whether it appeared that the children were largely obtained by means of advertisements in daily and weekly newspapers published in London and the provinces; and whether he would take into consideration the advisability of legislating with a view to control or prevent the insertion of such advertisements. —Mr. MATTHEWS observed that the evidence in these cases showed that children were obtained by means of advertisement. He did not see his way to legislative interference with these advertisements, which did not invite to anything necessarily illegal. Neither the Infant Life Act of 1872, nor the amending Bill of last year, which was considered by a Select Committee of this House, proposed to control or prevent the insertion of such advertisements, which were, moreover, found by the police to be a useful clue to the whereabouts of the baby-farming establishments.

## OBITUARY.

RICHARD G. H. BUTCHER, F.R.C.S.I., M.D.DUB.  
(HON. CAUSA.).

MR. RICHARD G. H. BUTCHER, of Dublin, died at Sandymount, near that city, on March 21st, in his 71st year. For several years he had retired from practice owing to ill-health, but in his time he filled a prominent place in the surgical profession, and his death will be very generally regretted.

Mr. Butcher was born at Danesfort, Killarney, on April 19th, 1819, his father being an admiral in the Royal Navy. He was the fifth son, and his elder brothers also arrived at great distinction in their several professions. The first became a

Fellow of Trinity College, and afterwards Bishop of Meath; the next a captain in the navy; the third a major-general; and the fourth a colonel in the marines.

The subject of this notice received his preliminary education in Cork, and then came to Dublin, where he joined the Peter Street School of Anatomy, and subsequently he went to London, where he studied under Sir Astley Cooper. He became a member of the English College of Surgeons in 1838, and in 1841 joined the Irish College, of which he became a Fellow in 1844, under the new charter, and President in 1866-7. For several years he was surgeon to the Mercer's Hospital, but on his being made Lecturer on Operative Surgery in Trinity College he joined the staff of Sir Patrick Dun's Hospital, where he remained up to the period of his retirement.

Mr. Butcher was a very copious writer, detailing his cases with great elaboration. Coming into practice just as many of the brilliant surgeons of the period in Dublin were passing away he rapidly passed to a position of great eminence and popularity, so that his practice became very extensive and he was able to accumulate a considerable fortune. He was a very energetic surgeon, and he helped to resuscitate the operation of excision of the knee by the successes, although numerically few, which he was able to record. It was in connection with this operation and the resection of other joints that he devised the saw which is now known by his name. His collection of casts and specimens was very good, and some years ago he presented it to the College of Surgeons, where it now is.

Although he had for so long withdrawn himself from the active work of the profession Mr. Butcher still took an interest in what advances were being made. In some branches, including ovariotomy, he had worked enthusiastically at an early date under circumstances less encouraging than we now have. He was one of the surgeons of his time whose work and name were best known, and he has left behind him a reputation which will not soon be forgotten.

## INDIA AND THE COLONIES.

### INDIA.

"MADRAS VACCINE PASTE."—Vaccination with animal lymph has a further difficulty to contend with in India, that is the hot climate. It has been shown that stored animal lymph cannot be trusted to retain its efficacy for more than a few days at the longest. In order to use this lymph it has been necessary for the vaccinator either to perambulate the district with calves, or else for a much larger number of animal vaccine institutions to be organised than hitherto, a procedure entailing of course great expense. If neither of these courses is followed and the lymph is obtained from a distant place, the percentage of failures in the vaccination is of course greatly increased. Under these circumstances, Surgeon-Major W. G. King, Acting Sanitary Commissioner for Madras, has lately conducted a series of experiments on the possibility of mixing the vaccine lymph with some preservative that will retard or prevent its putrefaction, and will not at the same time impair its activity. With this object Dr. King has tried a variety of substances, such as glycerine, boroglyceride, vaseline, etc., and finally lanolin. His conclusions, embodied in a Government report, are as follows: In a tropical climate the storage of lymph in capillary tubes is untrustworthy; even when they are surrounded with non-conducting media it is only exceptionally that such lymph will retain its efficacy for more than three days. Specimens of lymph mixed with glycerine were inoperative after seven days. The addition of boroglyceride enabled the lymph to be preserved for fifteen days, but many of the specimens had deteriorated, and hence this method was found to be too uncertain for use. Dr. King next experimented with the pulp of the vaccine vesicle instead of with the lymph. If the pulp was mixed with glycerine and distilled water to the consistence of mucilage, the resulting mixture was inoperative after some nine or twelve days. When, however, lanolin was used instead, the pulp resisted deterioration much longer; if the lanolin was mixed with the vesicle pulp in the proportion of one of the latter to four of the lanolin, the "paste" will retain its efficacy for forty days. Dr. King recommended the

paste to be made with pure lanolin, and of three strengths: No. 1 of the strength of 1 to 4, capable of lasting forty days; No. 2, 1 to 6, lasting three weeks; and No. 3, 1 to 10 of lanolin lasting fifteen days. He is inclined to think, however, that perhaps the most diluted paste only is requisite, and that the failures observed with it after a fortnight were due to too little of it having been used. Dr. King concludes his report [Government of (1890) Madras Local and Municipal] with directions for the preparation, storage, and transport of the "paste."

**LEGISLATIVE COUNCIL.**—The Age of Consent Bill and the Factories Act Amendment Bill have been passed by the Indian Legislative Council. The former Bill raises the age of consent to 12 years, and provides that only a magistrate of the highest class shall take cognisance of offences under the Act. The Factories Bill, as amended, provides that no children below the age of 9 are to be employed in factories, and all persons below the age of 14 are to be treated as children in certain industries. Great interest was manifested by the public in the proceedings of the Council, and its decisions were awaited anxiously by a large gathering, mostly composed of native gentlemen.

**NEW LUNATIC ASYLUM IN BOMBAY.**—His Excellency the Governor has had placed at his disposal the sum of Rs.1,00,000, to be applied to the construction of a new lunatic asylum for females in Bombay. In accepting this munificent gift his Excellency expresses himself as pledged to proceed at the earliest possible moment with the erection of a new asylum.

#### HONG KONG.

**COLLEGE OF MEDICINE.**—His Excellency Li Hung Chang has consented to become patron of the College of Medicine for Chinese, Hong Kong. The College is now entering its fourth year and shows every sign of continuing to flourish.

**BEARER COMPANY.**—At the recent review of the troops, naval and military, held on the occasion of the celebration of the jubilee of Hong Kong (it being now fifty years since it was ceded to Great Britain) two detachments of stretcher-bearers, consisting of the students of the College of Medicine, marched past with the local artillery volunteers. Their pretty uniform excited admiration, and they were complimented on their appearance and work by the General commanding.

**EPIDEMIC OF INFLUENZA.**—Influenza has been very prevalent in Hong Kong, all varieties met with in England being present. Dengue fever, bronchial catarrh with fever, and epidemic fever are some of the names which have been frequently applied, all in harmony with the conflicting opinions met with throughout the world. The following are some of the diseases which accompany it: Sore throat, varying from severe catarrh to malignant ulceration; jaundice to a slight and to a marked extent; torticollis; hepatitis and perihepatitis; typhilitis; fever, with bright rose rash, sometimes accompanied by, but frequently without, sore throat; basal pneumonia. The usual course of disease is as follows: Fever for three days, varying from 100° to 104°, with aches and pains, headaches, cough, with but little or no coryza. Fourth day, temperature normal. Fifth day, relapse. Sixth day, temperature normal, but the cough continues for three weeks longer. A few children and persons suffering from lung troubles have succumbed.

#### BRITISH COLUMBIA.

**LEPROSY.**—While the Chinese were being driven out of their quarters in Victoria, British Columbia—the ground being required for the erection of a market—six lepers in a filthy state were found concealed. There is great complaint at the apathy of the authorities.

#### NEWFOUNDLAND.

**DIPHTHERIA.**—During the past two years there have been 2,499 cases of diphtheria in St. John's, Newfoundland. As the population of the city is 30,000 the proportion of persons attacked by the disease was about 1 in 12. The rate of mortality was 1 in 5 of those attacked.

**THE King of Italy** has given 160,000 lire (£6,400) to the city of Turin, on the occasion of his birthday, towards the erection of a hospital for infectious diseases.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### SOUTH CHARITABLE INFIRMARY, CORK.

At a recent special meeting of the trustees to receive the annual report, it was stated that the hospital was in a high state of efficiency, and last year 979 patients were treated in the wards and 12,198 at the extern department. The trustees being of opinion that the nursing arrangements might be improved, entered into arrangements with the Dublin Nursing Institution for the complete nursing of the hospital, and as a result it has supplied three skilled lady nurses and seven partially trained probationers to assist them in their duties, the result so far being very satisfactory. The expenditure last year has been considerably over the income, the result being that a sum of about £600 had to be taken from the reserve to make up the deficiency. An appeal has been made for the sum required—namely, £600—and a fair amount already subscribed.

The question of amalgamating the North and South Infirmarys has, for some reason or other, been dropped, which is a matter to be regretted, inasmuch as the working expenses—payment of officials, etc.—would be very much less than for two separate institutions if amalgamation were to take place, and in all probability the single amalgamated hospital would be more efficient than two separate institutions.

### ABERDEEN SICK CHILDREN'S HOSPITAL.

The annual report of this institution states that there were treated in the hospital during 1890 484 patients. The daily average number of patients in the hospital was 55, and the average stay of each patient was 41 days. During the summer season 54 children were under care at the various convalescent cottages connected with the institution. Mr. Charles McDonald, Froghall Granite Works, Aberdeen, has generously given to the hospital a villa at Culter, which cannot fail to form a most valuable convalescent home. Of the 484 patients the results were: cured, 313; improved, 71; removed at desire or unfit, 22; died, 25; remaining December 31st, 1890, 53.

## UNIVERSITIES AND COLLEGES.

### OXFORD.

**EXAMINATIONS IN MEDICINE AND SURGERY, 1891.**—The Regius Professor of Medicine gives notice that the final examination for the degree of Bachelor of Medicine will commence on Monday, June 1st, at 9.30 A.M., in the Examination Schools. The examination for the degree of Master in Surgery will take place on Thursday, June 11th. The first examination for the degree of Bachelor of Medicine will commence on Monday, June 22nd, at 9.30 A.M. The Secretary of the Boards of Faculties gives notice that he will be in attendance at his office in the Clarendon Building on Saturday, May 16th, from 9.30 to 10.30 A.M., and from 2 to 3 P.M., for the purpose of receiving names of candidates for the second examination for the degree of M.B.; on Wednesday, May 27th, from 2 to 3 P.M., for the purpose of receiving names of candidates for the examination for the degree of M.Ch.; and on Saturday, May 30th, from 9.30 to 10.30 A.M., and from 2 to 3 P.M., for the purpose of receiving names of candidates for the first examination for the degree of M.B. Names, with the statutable certificates and fees, may be sent to him by letter at any time not later than the above-mentioned days.

### EDINBURGH.

**UNIVERSITY COURT.**—At the last meeting of the University Court, Lord Stormonth Darling took his seat on his appointment as Lord Rector's Assessor. The Financial and Statistic Reports for 1889-90 were approved, and ordered to be transmitted to the Secretary for Scotland. Amongst the other items of business that came up were the draft ordinances for Science Degrees in the Department of Public Health, sent back to the Court as revised by the Senatus and Draft

Ordinances Committee. They were formally approved of. The Court also expressed its approval of the proposal of the University Field Committee to acquire ground for cricket and football.

**STUDENTS' REPRESENTATIVE COUNCIL.**—At the statutory meeting, an invitation from the students at Lausanne for delegates from the Council to be sent to celebrate the transformation of the Academy there into a University was read; the Executive recommended that the importance of the matter did not call for an acceptance. Notice was received from the Senatus stating that the Editorial Committee of the Students' Council would have the same facilities for obtaining information as was granted to the general press. It was agreed to memorialise the Universities Commission to take steps to have Saturday examinations abolished in the Faculty of Medicine. A proposal to have a students' summer excursion to St. Andrews was well received. It was reported by the committee in charge of *The Student*, the journal of the Council, that there was a sum of £9 at their credit.

#### GLASGOW.

THE Winter Session of the Medical Schools of Glasgow University closes on March 27th current. The examinations for Degrees in Medicine begin on the 31st, and go on for about ten days. For the first examination there are 84 candidates, for the second 93, and for the third 75.

#### VICTORIA.

**FACULTY OF MEDICINE.**—Second Examination.

*First Division.*—H. Ainsworth, Owens College; E. L. Compston, Owens College; R. S. Hardman, Owens College; P. McDougall, Owens College; D. Seaton, Yorkshire College; W. W. Stoney, Yorkshire College; P. Thompson, Owens College.

*Second Division.*—R. Alcock, Owens College; H. C. Cadman, Owens College; D. H. Cheetham, Owens College; E. A. Goulden, Owens College; E. Harrison, Owens College; S. H. House, University College; J. Jones, Owens College; A. Leigh, Owens College; E. S. Miller, University College; J. P. Nixon, University College; G. M. Y. Whittingham, Owens College; R. L. Wood, University College.

**Distinguished in Anatomy.**

H. Ainsworth, Owens College; P. Thompson, Owens College.

**Final Examination (Part I).**

G. F. Chadwick, Owens College; J. G. Clegg, Owens College; S. Crawshaw, Owens College; A. J. Edwards, Owens College; A. Harris, University College; S. R. Knight, University College; R. W. Marsden, Owens College; G. Stowell, Owens College; J. H. Taylor, Owens College; J. H. L. Tylecote, Owens College; W. H. Waddington, Owens College; W. B. Warrington, Owens College.

**Final Examination (Part II).**

*First Division.*—H. A. Beaver, University College; W. Griffith, Owens College.

*Second Division.*—J. H. Bailey, Owens College; S. H. Fairrie, University College; W. J. Howarth, Owens College; C. K. Rawes, Owens College; F. Robinson, Owens College.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF IRELAND.**

—The following is the official statement of the results of the Conjoint Examinations held in January and February, 1891:—**Final Examination:** Total number examined, 21; passed 10, including two who entered for a portion of the examination only; rejected, 11. **Diploma in State Medicine:** One candidate presented himself and passed. **Supplemental Examination in Physics:** Total number examined, 39; passed 27, including one candidate in Mechanics; rejected, 12.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

DURING the week ending Saturday, March 21st, 6,343 births and 4,196 deaths were registered in twenty-eight of the largest English towns, including London. The annual rate of mortality in these towns, which had declined from 24.1 to 22.1 per 1,000 in the preceding three weeks, further fell to 22.9 during the week under notice. The rates in the several towns ranged from 12.6 in Derby, 16.5 in Birkenhead, 17.0 in Derby, and 17.4 in Nottingham to 29.2 in Portsmouth, 29.5 in Preston, 33.5 in Huddersfield, and 36.0 in Blackburn. In the twenty-seven provincial towns the mean death-rate was 23.1 per 1,000, and exceeded by 2.8 the rate recorded in London, which was 20.3 per 1,000. The 4,196 deaths registered during the week under notice in the twenty-eight towns included 449 which were referred to the principal zymotic diseases, against 470 and 413 in the preceding two weeks; of these, 181 resulted from measles, 117 from whooping-cough, 52 from diphtheria, 39 from "fever" (principally en-

teric), 38 from diarrhoea, 22 from scarlet fever, and not one from small-pox. These 449 deaths were equal to an annual rate of 2.3 per 1,000; in London the zymotic rate was 1.8, while it averaged 2.7 per 1,000 in the twenty-seven provincial towns, and ranged from 0.5 in Derby and in Hull, 0.6 in Wolverhampton, and 0.8 in Brighton and Sunderland to 4.6 in Salford and Huddersfield, 6.1 in Portsmouth, and 10.4 in Blackburn. Measles showed the highest proportional fatality in Bristol, Plymouth, Leeds, Huddersfield, Portsmouth, and Blackburn; and whooping-cough in Huddersfield, Liverpool, Leicester, and Salford. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. Of the 52 deaths from diphtheria in the twenty-eight large towns, 33 occurred in London, 5 in Manchester, 3 in Salford, 2 in Liverpool, and 2 in Newcastle-upon-Tyne. No fatal case of small-pox was recorded last week in any of these large towns; two small-pox patients were under treatment in the Metropolitan Asylum Hospitals, and one in the Highgate Small-pox Hospital on Saturday, March 21st. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on the same date was 1,126, and showed a further decline from recent weekly numbers; 91 new cases were admitted during the week, against 87 and 64 in the preceding two weeks. The death-rate from diseases of the respiratory organs in London was equal to 6.5 per 1,000, and slightly exceeded the average.

#### HEALTH OF SCOTCH TOWNS.

IN eight of the principal Scotch towns, 826 births and 676 deaths were registered during the week ending Saturday, March 21st. The annual rate of mortality in these towns, which had increased from 21.4 to 26.2 per 1,000 in the preceding five weeks, declined again to 25.9 during the week under notice, but exceeded by 4.0 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 Leith and Aberdeen, and the highest in Paisley and Glasgow. The 676 deaths registered in these towns included 73 which were referred to the principal zymotic diseases, equal to an annual rate of 2.8 per 1,000, which exceeded by 0.5 the mean zymotic death-rate in the large English towns. The highest zymotic rates were recorded in Glasgow and Paisley. The 330 deaths registered in Glasgow included 19 which were referred to whooping-cough, 10 to measles, 3 to scarlet fever, and 3 to diphtheria. Thirteen fatal cases of measles were recorded in Paisley, and 4 of whooping-cough in Leith. The death-rate from diseases of the respiratory organs in these Scotch towns was equal to 7.4 per 1,000, against 6.5 in London.

#### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, March 14th, the deaths registered in sixteen of the principal town-districts of Ireland were equal to an annual rate of 26.9 per 1,000. The lowest rates were recorded in Drogheda and Dundalk, and the highest in Armagh and Lurgan. The death-rate from the principal zymotic diseases averaged 2.0 per 1,000. The 190 deaths in Dublin were equal to an annual rate of 28.1 per 1,000 (against 29.4 and 28.2 in the preceding two weeks); the rate for the same period being 20.7 in London and 22.3 in Edinburgh. The 190 deaths in Dublin included 8 which were referred to the principal zymotic diseases (equal to an annual rate of 1.2 per 1,000), of which 4 resulted from typhoid fever, 3 from whooping-cough, and 1 from diarrhoea.

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

**WAVERTREE** (Population, 14,500). — *Measles: Hospital required.*—There is not much of general interest to be gathered from Dr. H. Harvey's report for 1889. A brief record of the incidence of zymotic disease shows that there was no undue prevalence of infectious sickness, except, perhaps, of measles. The death-rate for the year—16.0 per 1,000—shows an increase of 2.0 per 1,000 upon the rate of 1888, but a favourable feature of the mortality is the decreasing percentage of infantile deaths. There was one death from typhus fever. Hospital accommodation for infectious cases is specially needed for this district.

**HARTSMERE RURAL.** — *Cerebro-Spinal Fever: Influenza.*—Dr. E. G. Barnes reports that the death-rate of 1889—15.0 per 1,000—is about the same as that of 1888, and compares very favourably with that of former years, the average of the ten years 1870-79 being 18.0 per 1,000, and of the nine years 1880-88 being 15.8 per 1,000; and it is also considerably lower than the general death-rate in rural districts in England and Wales in 1889. The mortality from zymotic diseases was much below the average of former years. The infant mortality (as shown by the proportion of deaths of infants under one year to total deaths and to registered births, and by the proportion of deaths under five years of age to the total deaths) is in all cases satisfactorily below the average also. For 1890 the death-rate was 17.8 per 1,000. Small-pox was entirely absent, there were a few cases of scarlet fever and of diphtheria and five cases of enteric fever. An outbreak of cerebro-spinal fever occurred in the parisk of Oakley in July, 1890, there were ten cases and one death, all in children under 10 years of age. The result of an exhaustive inquiry showed the probably infectious nature of the malady, but its origin was not satisfactorily traced. Influenza also



variously attacked this district in January, 1890. Four deaths were attributed to it, but no estimate could be formed as to the number of cases. The water supply of this district evidently requires the Sanitary Authority's serious attention. A good amount of continuous sanitary work is carried on in this district.

#### HEALTH REPORTS AND THE LIBEL LAW.

M. O. H.—We are advised that the report of a medical officer of health to the sanitary authority which employs him is *prima facie* privileged, and no action could be maintained against the medical officer for anything contained in it, unless it could be shown that defamatory statements in it were made not *bona fide* but maliciously. If such a report is read at a meeting of the local authority for whom it is made, the publication of such report in a newspaper is privileged under Section 4 of the Law of Libel Amendment Act, 1888. Statements reflecting on the sanitary condition of a town which is a holiday resort are so much matters of public interest, that we hardly think a jury would give damages against the person who made them, even where he was not protected by privilege.

## MEDICAL NEWS.

THE Duke of Westminster will preside at the annual meeting of the Church of England Burial, Funeral, and Reform Association on June 2nd.

AN exhibition of apparatus, models, methods, etc., relating to the hygiene and training of children, is to be held at Milan in May next.

IT is announced that a club has been formed in the Johns Hopkins University, Baltimore, for the study of the history of medicine.

UNQUALIFIED ASSISTANTS.—At an inquest recently held at West Bromwich, the Coroner (Mr. E. Hooper) expressed his intention to hold an inquest in every case where an unqualified man gave a certificate of death.

MEDICAL MAGISTRATE.—Mr. Alfred Sutton, M.R.C.S. Eng. L.S.A., Government Medical Officer of Health at Beenleigh, Queensland, has been appointed a Justice of the Peace for the Colony of Queensland.

IN view of the present prevalence of small-pox in Vienna, the Superior Sanitary Council has called the attention of the executive authorities to the necessity of taking steps to secure more general and more efficient vaccination and revaccination among the inhabitants.

LEITH HOSPITAL.—At a meeting of the Board of Management of Leith Hospital, held on March 19th, Dr. Alice McLaren was appointed resident medical officer. Miss McLaren was a distinguished student of the London School of Medicine.

EPIDEMIOLOGICAL SOCIETY.—At the meeting of this Society, on March 18th, 1891, Dr. Edward F. Willoughby gave an interesting retrospect of the successive epidemics of cholera in Europe and America from 1830 to 1890. A brief discussion ensued, in which Sir William Moore, Mr. Shirley Murphy, Inspector-General Lawson, and the President (Dr. J. Ewart) took part.

AFTER a trial, extending over four days, at the Central Criminal Court, Charles Lyddon, the medical student charged with the wilful murder of William Reeks Lyddon, L.R.C.P. Edin., L.R.C.S.I., his half-brother, by the administration of poison, was found "not guilty." Dr. Stevenson, in his evidence, said "the result of his analysis pointed to a large dose of morphine having been taken by the deceased, and this accounted for the death."

TRANSACTIONS OF THE INTERNATIONAL MEDICAL CONGRESS.—We are requested to state that arrangements have been made with Mr. Kolckmann, of 2, Langham Place, for the sale of the *Transactions* of the Tenth International Congress (Berlin). Members can receive them free on payment of a nominal sum for carriage. Country members can have theirs forwarded on application. Non-members can obtain them at the net price at which they are published in Berlin.

DEVON AND EXETER MEDICO-CHIRURGICAL SOCIETY.—A meeting of this Society was held at the Devon and Exeter Hospital, on March 20th, Dr. Woodman, Vice-President, in

the chair. Two new members were elected, and two others proposed for election at the April meeting. Mr. C. E. Bell read an interesting paper on Trephining the Skull, and gave particulars of four cases operated on by him. A discussion followed, in which many members present took part. Dr. Blomfield showed microscopic sections illustrating the pathology of the lung. The next meeting of the Society will be held on April 17th.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.—A meeting was held at Sheffield on February 20th, 1891, under the presidency of Dr. James Braithwaite. Specimens were shown by Dr. Keeling, Sheffield, Dr. Sinclair, Manchester, and Mr. Laver, Sheffield. Dr. Helliier, of Yorkshire College, read a paper on three cases of pelvic abscess treated by abdominal section in the Hospital for Women and Children at Leeds. Dr. Burton, of Liverpool, introduced a discussion on the electrical treatment of uterine fibroids. The discussion was adjourned to the next meeting of the Society.

PRESENTATIONS.—On March 20th, at Westminster Medical School, Mr. James Black, Lecturer on Anatomy, was presented with a handsome marble clock bearing an exquisitely wrought plate with the following inscription: "Presented to James Black, Esq., B.A., M.B., F.R.C.S., etc., as a token of esteem and gratitude from his Anatomy Class, Westminster Hospital, 1889-91."—Dr. George McMurdo Brown, of Tunstall, formerly assistant surgeon to the Lodges of Shepherds at Hanley, has been presented by them with a purse of gold and an illuminated address as a token of esteem.

DIPHTHERIA AT MILAN.—Diphtheria appears to be becoming increasingly prevalent in Milan. A report of Dr. Dell'Acqua, Chief Municipal Physician, shows that while the mean monthly number of cases of diphtheria in 1890 was 49, the number of cases notified during the present year up to February 24th was 108. Of these only 15 occurred in 12 of the 58 schools of the commune, and these were distributed in such a way as to negative the idea that the spread of the disease is due to the schools.

NEW MEDICAL JOURNALS.—A periodical devoted to orthopaedic surgery, entitled *Deutsche Zeitschrift für orthopädische Chirurgie*, has recently appeared. The editor is Dr. Hoffa, of Würzburg, who will have the collaboration of most of the leading representatives of orthopaedic surgery in Germany. The publisher is F. Enke, of Stuttgart.—The first number of a new Spanish medical journal—*El Heraldico Medico-Farmacéutico*—has just appeared at Madrid. The editor is Dr. Pi y Arsuaga.

BEQUESTS.—The following sums have been bequeathed to medical charities under the will of the late Mrs. Entwistle, of Tunbridge Wells and Tamworth:—Tamworth Cottage Hospital, £200; Surgical Aid Society, London, £200; Queen's Hospital, Birmingham, £200; Women's Hospital, Birmingham, £150; Eye Hospital, Birmingham, £150; National Hospital for the Paralysed and Epileptic, Queen Square, £200; Hospital for Sick Children, Great Ormond Street, £200—all free of legacy duty.

COMBE LECTURES IN SCOTLAND.—Dr. Andrew Wilson concluded his labours as Combe Lecturer by the delivery of closing lectures on "Health" at Mossend, Saltcoats, Denny, and Markinch. The previous lectures of the session were delivered at Derby, Bathgate, Newmilns, and Strathaven. The object of the lectures, given free to each town under the auspices of the trustees of George Combe, is that of providing plain instruction in the laws of health, personal and public. For the past nine years Dr. Andrew Wilson has lectured in nearly all the principal towns in Mid and Southern Scotland, and large and enthusiastic audiences welcome the instruction he provides and illustrates. Each town receives eight systematic lectures in each course; and this form of instruction, by presenting to the people a story, as it were, in eight chapters, is most successful in interesting public audiences in sanitary matters. At Saltcoats and Mossend Dr. Wilson was the recipient of presentations, given in recognition of the ability with which he discharged his duties as Combe Lecturer.

**MEDICAL TEACHING IN THE UNIVERSITY OF MADRID.**—To judge from a letter which appears in one of the Spanish medical papers, the medical students of San Carlos, the Medical Faculty of the University of Madrid, have just reason to complain of the indifference to their interests displayed by the authorities who rule the destinies of that seat of learning. Of twenty-four chairs, no fewer than twelve are vacant; and as among these are the Chairs of Histology, Anatomy, Physiology, Pathology, Medicine, Clinical Medicine, Surgery, and Operative Surgery, it will be admitted that as regards nearly all the more important parts of the medical curriculum the Madrid students are at present like a flock without a shepherd. The duties of the vacant chairs are indeed discharged after a fashion by substitutes, but even these are continually changing, and sometimes, it is alleged, are so little familiar with the subject on which they are supposed to give instruction, that they are driven to borrow a hint from certain sacred orators, and read discourses "conveyed" bodily from the pages of a textbook. Even of the chairs which are not vacant, four are, according to the authority from which we are quoting, filled by men who are too old, too infirm, or too busy to discharge the duties of their office efficiently. Under these circumstances it is not surprising to learn that the Madrid Medical Faculty is becoming a vanishing quantity, and that students are seeking the more bracing air of provincial schools.

### MEDICAL VACANCIES.

The following Vacancies are announced:

- BOROUGH LUNATIC ASYLUM, Portsmouth.**—Clinical Assistant for six months; qualified. Board, rooms, lodging, washing, and attendance provided. Applications to the Medical Superintendent.
- BRADFORD CHILDREN'S HOSPITAL.**—House-Surgeon; double qualifications; not over 30 years of age. Salary £80 per annum, with board, residence, and washing. Applications to C. V. Woodcock, Secretary, Albany Buildings, Market Street, Bradford, by April 11th.
- BRIDGWATER INFIRMARY.**—House-Surgeon. Salary, £80 per annum. Applications to Mr. John Coombs, Honorary Secretary, by April 10th.
- BURTON-ON-TRENT FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.**—Junior Medical Officer. Application to Abraham Blant, Secretary, Shobnall Road, Burton-on-Trent.
- CANCER (FREE) HOSPITAL, Fulham Road, S.W.**—Assistant-Surgeon; must be F.R.C.S., and reside within the four mile radius. Applications to the Chairman of the House Committee by April 18th.
- CHARING CROSS HOSPITAL MEDICAL SCHOOL.**—Demonstrator of Physiology. Honorarium £100 per annum. Applications to Stanley Boyd, Dean, by April 20th.
- CHARING CROSS HOSPITAL.**—Surgical Registrar. Salary £40 per annum. Applications to Arthur Reade, Secretary, by April 6th.
- 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.
- COUNTIES OF MIDLOTHIAN, WEST LOTHIAN, AND PEEBLES.**—Medical Officer. Salary £600 per annum, besides travelling expenses. Applications to the County Clerk, County Buildings, Edinburgh, by April 4th, from whom full particulars can be obtained.
- 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.
- COUNTY ASYLUM, Shrewsbury.**—Junior Assistant Medical Officer, not over 27 years of age. Salary £100 per annum, and £8 in lieu of beer, with board, lodging, and washing. Applications to the Medical Superintendent by April 4th.
- DEACONESSES INSTITUTION AND HOSPITAL, Tottenham.**—Resident House-Surgeon. Salary, £90 per annum, with board and residence. Applications to the Secretary by March 31st.
- EAST SUFFOLK AND IPSWICH HOSPITAL, Thorofore, Ipswich.**—House-Surgeon; double qualifications; unmarried. Salary £100 per annum, with board, lodging, and washing. Applications to the Secretary, by April 1st.
- GUY'S HOSPITAL DENTAL SCHOOL.**—Two Anaesthetists. Applications to the Treasurer, Guy's Hospital, S.E., by April 6th.
- HULME DISPENSARY, Manchester.**—House-Surgeon. Applications to Dr. F. H. Collins, Honorary Secretary, Medical Committee, by March 31st.
- JAFFRAY SUBURBAN BRANCH OF THE GENERAL HOSPITAL, Gravely 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 28th. Election on April 3rd.
- KENT COUNTY ASYLUM, Chartham, near Canterbury.**—Junior Assistant Medical Officer. Salary, £125 per annum, with furnished apartments, board, and attendance. Applications to Allen Fielding, Solicitor, Canterbury, by April 6th.
- KING'S COLLEGE, London.**—Demonstratorship of Physiology, vacant at Easter. Applications to J. W. Cunningham, Secretary, from whom full particulars can be obtained.
- LONDON LOCK HOSPITAL, Harrow Road, and 91, Dean Street, W.**—Registrar. Applications to the Secretary, by April 6th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—House-Physician (M.R.C.S.Eng.) for one year. Salary at the rate of £80 per annum for the first and £70 per annum for the second six months. Applications to the Secretary, by March 31st.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—House-Surgeon (M.R.C.S.Eng.) for one year. Salary at the rate of £80 per annum for the first and £70 for the second six months. Applications to the Secretary, by March 31st.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—Assistant House-Surgeon (M.R.C.S.Eng.) for six months. Applications to the Secretary, by March 31st.
- 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.
- ONGAR UNION.**—Medical Officer and Public Vaccinator for Fourth District. Salary £83 per annum, with usual fees. Applications to Charles Smith, Clerk's Office, Town Hall, Ongar, Essex.
- PADDINGTON INFIRMARY, 285, Harrow Road, W.**—Resident Clinical Assistant. Board and residence. Honorarium of twelve guineas at end of six months' satisfactory service. Applications to the Medical Superintendent.
- QUEEN'S COLLEGE, Birmingham.**—Professor of Medicine. Applications to Professor B. C. A. Windle, Dean of the Faculty, by May 16th.
- ROYAL BATH HOSPITAL AND RAWSON CONVALESCENT HOME, Harrogate.**—Resident Secretary and Dispenser. Salary, £80 per annum, with board, lodging, and washing. Applications endorsed "Application" to the Chairman of the Committee by April 8th.
- ROYAL BATH 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 COLLEGE OF PHYSICIANS, Pall Mall East, London.**—Milroy Lecturer. Applications to the Registrar by April 8th, of whom all information can be obtained.
- ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, S.E.**—Honorary Surgeon. Applications to the Committee of Management by March 28th.
- ROYAL VICTORIA PATRIOTIC ASYLUM FOR GIRLS, Wandsworth Common, S.W.**—Medical Officer. Salary £100 per annum. Applications to Secretary, Royal Commission Patriotic Fund, 53, Charing Cross, S.W., by April 9th.
- ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.**—Resident Medical Officer, double qualifications. Salary, £105 per annum, with furnished apartments, attendance, coals, and gas. Applications to Frank Stokes, Secretary, by April 4th.
- ST. MARY'S HOSPITAL, Paddington.**—Surgeon. Appointment for five years. Applications to Thomas Ryan, Secretary, by April 6th.
- ST. THOMAS'S HOSPITAL, S.E.**—Resident Assistant Physician. Applications to E. M. Hardy, Treasurer's Clerk, by March 28th.
- SALFORD UNION.**—Assistant Medical Officer for the Union Infirmary; double qualifications. Salary £130 per annum, with furnished apartments. Applications, endorsed Assistant Medical Officer, to T. H. Bagshaw, Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by April 7th.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.**—Assistant House-Surgeon; double qualifications. Applications to the House-Surgeon, by April 4th.
- STOCKPORT INFIRMARY.**—Qualified Assistant to House-Surgeon. Appointment for six months, with board and residence. Applications to the Honorary Secretary, by March 31st.
- 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 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.
- WORCESTER COUNTY AND CITY LUNATIC ASYLUM.** Third Assistant Medical Officer, unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Cooke, the Asylum, Powick, near Worcester, by April 2nd.
- YORK LUNATIC ASYLUM.**—Assistant Resident Medical Officer. Salary £100 per annum, with board, washing, and attendance. Applications, addressed to the Committee, under cover to the Secretary, R. D. Horne, by April 6th.

### MEDICAL APPOINTMENTS.

- ALEXANDER, Peter, L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Whitley and Monkseaton Urban Sanitary District of the Tyne-mouth Union.
- ANDERSON, William, L.R.C.P. Lond., F.R.C.S. Eng.**, appointed Professor of Anatomy at the Royal Academy of Arts.
- BARWISE, Sidney, M.B. Lond., M.R.C.S. Eng., L.S.A.**, appointed Medical Officer of Health for Derbyshire.
- BATE, H. H., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Biddenden District of the Tenterden Union.

**BEVERIDGE, Alex. Thos. Gordon, M.A., M.B., C.M. Aberd.,** appointed Medical Officer to the Aberdeen General Dispensary.

**BLACK, Alexander, M.B., C.M., F.R.C.P. Edin.,** appointed Surgeon to the Ear and Throat Dispensary, Edinburgh, *vice* Dr. Maxwell Ross.

**BRIALTY, E. H. J., L.D.S. Eng.,** appointed Demonstrator to the Dental Hospital of London.

**CALCOTT, Lewis B., M.R.C.S. Eng., L.S.A.,** reappointed Medical Officer of Health for the Oundle Rural and Urban Districts.

**CHAMBERS, Dr.,** appointed Public Vaccinator to Clerkenwell (Holborn Union).

**CLARE, John, L.R.C.S. Edin., L.S.A.,** appointed Medical Officer of Health for the County Borough of Hanley.

**COLYER, Arthur, L.D.S. Eng.,** appointed Demonstrator to the Dental Hospital of London.

**CULLIN, Richard B., L.R.C.P., L.R.C.S. Edin.,** reappointed Medical Officer of Health for Tiverton.

**DA COSTA, Francis X., F.R.C.S. Eng., L.R.C.P. Lond.,** appointed House-Surgeon to St. Peter's Hospital for Stone and Urinary Diseases, *vice* J. Penny, L.R.C.P., resigned.

**DANIELL, G. H. S., M.B., B.C. Cantab.,** appointed House-Surgeon to Guy's Hospital.

**DOLAMORE, W. H., L.D.S. Eng.,** appointed Demonstrator to the Dental Hospital of London.

**ELLIOT, Edmund, L.R.C.P., L.M. Edin., M.R.C.S. Eng.,** appointed Medical Officer for the Bromsgrove Union.

**EMERSON, D. N. B., B.A., M.B., B.Ch., B.A.O. Dub.,** appointed Senior Resident Medical Officer to Victoria Dock District Dispensary, *vice* C. H. Burtchall, resigned.

**FAWCETT, J., M.B., B.Sc. Lond.,** appointed House-Physician to Guy's Hospital.

**FREW, William, M.D. Edin.,** appointed Physician to the Kilmarnock Infirmary, *vice* Dr. McVail.

**GABRIEL, A., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Borough of Donolly, Victoria, Australia, *vice* Dr. Manson, resigned.

**HARRIS, John Russell, M.D. Brux.,** appointed Medical Officer of the Bear Yard Workhouse, Strand Union.

**HART, F. J. Lorimer, M.B. Edin., C.M., L.M.,** appointed Honorary Assistant Medical Officer to the Home and Infirmary for Sick Children, and South London Dispensary for Women, Lower Sydenham, S.E., *vice* R. H. Gwynn, M.R.C.S., resigned.

**HAWKINS, Herbert P., M.B., M.R.C.P. Lond., M.R.C.S. Eng.,** appointed Assistant Physician to St. Thomas's Hospital.

**HILL, Thos. Eustace, M.B., C.M., B.Sc. Edin.,** appointed Medical Officer of Health for the County Borough of South Shields.

**HOCKRIDGE, Thomas Granville, M.D., C.M. Montreal, M.R.C.S. Eng.,** appointed Medical Officer for the Holborn Guardians for the South District of Clerkenwell, *vice* Dr. Hudson, resigned.

**HORDEN, J. O., M.B., C.M., L.R.C.S., L.R.C.P., L.M.,** appointed Honorary Physician to the Brondesbury and West Hampstead Crèche, *vice* F. A. Hill, M.D., resigned.

**HUIE, Henry Greville, M.B., C.M.,** appointed Resident Physician to the Sick Children's Hospital, Edinburgh, from May 1st.

**JAMES, F. Percy R., L.R.C.P.I.,** appointed Medical Officer of the Fourth District of the Hunslet Union.

**LANSDOWN, Francis Poole, M.R.C.S. Eng., L.S.A.,** reappointed Surgeon to the Bristol General Hospital.

**LISTON, L. H., M.R.C.S., L.R.C.P. Lond., L.S.A.,** appointed Assistant Medical Officer to Coton Hill Hospital for the Insane, Stafford, *vice* J. Herbert Walker, M.A. Oxon., M.R.C.S., L.R.C.P., resigned.

**LITTLETON, Philip Richard, M.R.C.S. Eng.,** reappointed Medical Officer of Health to the Ashbourne Local Board.

**MCALISTER, James, L.F.P.S., L.M. Glas.,** appointed Honorary Consulting Surgeon to the Kilmarnock Infirmary.

**MCALISTER, William, M.B., C.M. Glas.,** appointed Surgeon to the Kilmarnock Infirmary, *vice* Dr. James McAlister, resigned.

**MACDONALD, Dr.,** appointed Medical Officer of Health to the Ayrshire County Council.

**MCOSCAR, John, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A.,** appointed District Medical Officer to the Chinnor Parish, Wycombe Union.

**MORRISON, C. S., L.R.C.P., L.R.C.S. Edin.,** appointed Assistant Medical Officer to the Hereford County and City Lunatic Asylum, *vice* Dr. E. Morris, deceased.

**MORTON, Edwin, M.D. Edin.,** appointed Medical Officer of Health for the Redditch Urban Sanitary District of the Bromsgrove Union.

**NASMYTH, Thos. Goodall, M.D., C.M., D.Sc., F.R.S. Edin.,** appointed Medical Officer of Health for the County of Fife.

**PEAKE, Wm. Pemberton, L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the No. 4 District of the Leicester Union.

**REYNOLDS, Ernest Septimus, M.D. Lond., M.R.C.S. Eng.,** appointed Superintendent Medical Officer at the Royal Infirmary, Manchester.

**RICHARDS, J. S., M.B., B.S. Lond.,** appointed Assistant House-Physician to Guy's Hospital.

**ROSS, Maxwell, M.A., M.B. Edin.,** appointed Medical Officer of Health for the County of Dumfries.

**RUDOLPH, R. B., M.B., C.M.,** appointed Resident Physician to the Sick Children's Hospital, Edinburgh, from May 1st.

**RUSSELL, James Wm., M.A., M.B., B.C. Cantab.,** appointed Medical Officer to the Birmingham Eye Hospital.

**SCOTT, Patrick, M.B. Cantab.,** appointed Physician to the Miller Hospital and Royal Kent Dispensary, Greenwich, *vice* Dr. Thomas Creed, resigned.

**SHERRINGTON, Charles S., M.A., M.B. Cantab.,** appointed Professor-Superintendent to the Brown Animal Sanitary Institution, *vice* Victor Horsley, M.B., F.R.S., resigned.

**SMITH, J. Percy, M.R.C.S., L.R.C.P., and L.D.S. Eng.,** appointed Demonstrator to the Dental Hospital of London.

**SPACKMAN, Coniston, L.R.C.P. Edin., M.R.C.S. Eng.,** appointed Medical Officer to the Union and No. 1 District of Faringdon, *vice* F. C. Spackman, M.R.C.S., resigned.

**STYLE, Frederick Wm., L.R.C.P. Lond., M.R.C.S. Eng.,** reappointed Medical Officer of Health for Hucknall Huthwaite.

**SUNDERLAND, Oliver, L.R.C.P., L.M. Edin., M.R.C.S. Eng.,** reappointed Medical Officer of Health for the Bexley Urban District of the Dartford Union.

**SWAYNE, F. G., M.B., B.C. Cantab.,** appointed House-Surgeon to Guy's Hospital.

**SYKES, John Herbert, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Officer to the Workhouse at Crumpsall of the Township of Manchester, *vice* Arthur E. Giles.

**THOM, James M., M.B., C.M. Edin.,** appointed Medical Officer and Bursar of Trinity College, Glenalmond.

**THOMSON, Theodore, M.B. Lond., L.R.C.P., L.R.C.S. Edin.,** reappointed Medical Officer of Health for Sheffield.

**TYNDALE, Wentworth R., M.B., C.M. Aberd., M.R.C.S. Eng.,** reappointed Medical Officer of Health for the Hampton Urban Sanitary Authority of the Kingston-on-Thames Union.

**VERNON, Richard, M.D., C.M. Glas., L.S.A.,** appointed Medical Officer of Health to the Audley Local Board.

**WALLACE, Edward Jas., M.D., M.B., C.M. Glas.,** appointed Honorary Physician to the Royal Portsmouth, Portsea, and Gosport Hospital.

**WEBB, Chas. Frere, M.D. Durh., F.R.C.S. Edin.,** reappointed Medical Officer for the First District of the Basingstoke Union.

**WEBBER, H. A., M.B., B.Sc. Lond.,** appointed House-Physician to Guy's Hospital.

**WELCH, John Burges, M.B. Lond., M.R.C.S. Eng.,** reappointed Medical Officer of Health for the Handsworth Urban Sanitary District.

**WILEY, Arthur Ormsby, L.R.C.P. Edin., L.R.C.S.I.,** appointed Medical Officer for the Rural Sanitary District of the Knaresborough Union.

**WISE, Nicholas Vincent, L.R.C.P., L.R.C.S. Irel.,** appointed Medical Officer of Health for Trowbridge.

## DIARY FOR NEXT WEEK.

### WEDNESDAY.

**OBSTETRICAL SOCIETY OF LONDON, 8 P.M.**—Specimens will be shown by Mr. Targett, Mr. Alban Doran, Dr. William Duncan, and others. Mr. John W. Taylor: Case of Extrauterine Pregnancy at Full Term; Removal of Child and Placenta by Abdominal Section; Recovery. Dr. W. S. A. Griffith: (1) Case of Obstructed Labour in which a Large Fibroma of the Ovary was mistaken for the Head of an Extrauterine Fetus; (2) Case of Extrauterine Gestation, the Sac being situated in the Right Broad Ligament; Pregnancy advanced to the early part of the Fourth Month. Mr. Marmauke Shield: Case of Extrauterine Gestation associated with Sloughing of the Abdominal Wall, and attempted Extrusion of a Matured and Putrid Fetus near the Umbilicus.

### THURSDAY.

**HARVEIAN SOCIETY OF LONDON, 8.30 P.M.**—Dr. Guthrie: On a case of Post-hemiplegic Spasm. Dr. Seymour Taylor: On Bradycardia; the Slow Heart.

### FRIDAY.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8 P.M.**—Mr. Percy Dunn will show some pathological specimens. Papers.—Dr. Alderson: A case of Attempted Suicide by Chloroform. Mr. Swinford Edwards: Observations on Lithotrity, with a series of forty cases.

## BIRTHS, MARRIAGES, AND DEATHS.

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

### BIRTHS.

**BRUNTON.**—On March 22nd, at Otlands Park Hotel, Weybridge, the wife of T. Lauder Brunton, M.D., F.R.S., of 10, Stratford Place, of a son.

**ROBERTS.**—On March 20th, at 261, Glossop Road, Sheffield, the wife of Sidney Roberts, M.A., M.B., B.C. Cantab., M.R.C.S., of a son.

### MARRIAGE.

**DUNLOP—DUNCAN.**—On March 19th, in St. Giles's Cathedral, Edinburgh, by the Very Rev. James Cameron Lees, D.D., Dean of the Thistle, James Craufurd Dunlop, M.B., M.R.C.P.E., to Mary Isabella, elder daughter of J. M. Duncan, advocate.

### DEATHS.

**BRUNTON.**—On March 24th, at Otlands Park Hotel, Weybridge, the infant son of T. Lauder Brunton, M.D., F.R.S., of 10, Stratford Place, W.

**DE LISLE.**—On March 20th, at Hclouan, Cairo, Albert De Lisle, M.R.C.S., L.R.C.P., son of the late Albert De Lisle, of Teignmouth, aged 26.

**EDMONDS.**—On March 16th, at No. 11, Peckham Grove, Camberwell, S.E. John William Edmonds, L.S.A. Lond., aged 74, from diabetic coma.

health on board a small ship infected with small-pox, having on board twenty blacks with confluent small-pox—six of whom died—twenty to twenty-five others with dry crusts all over the body, with seven deaths before their arrival at the quarantine station, all packed in a small space between decks, is perhaps the most crucial test ever witnessed of preservation by vaccination."

#### A "RECORD" IN TWIN-BEARING.

NAPOLEON, in answer to Madame de Staël, said the greatest woman that ever lived was in his opinion the one who had borne most children. On this principle he would no doubt have given a conspicuous niche in the temple of Fame to the American lady whom, according to the *New York Medical Record* of February 21st, Dr. M. H. Turner, of Hammondsville, New York, lately delivered of a fifth pair of twins. The citizens of the great republic seem to be somewhat disappointed at the result of the recent census; it is to be hoped that they will duly honour the prolific matron who is certainly doing her share in the work of doubling the population.

#### PARACENTESIS PERICARDII.

SURGEON-MAJOR MATRICE SMITH, I.M.D., writes: With reference to the interesting case of pyo-pericarditis related by Dr. Hermann Bronner, in the *BRITISH MEDICAL JOURNAL* of February 14th, I venture to bring to notice that in addition to the two cases of incision and drainage of the pericardium on account of purulent distension which are cited by him as being the only successful ones on record, a third case was detailed by Dr. Dickinson, at a meeting of the Clinical Society, somewhere about two years ago. This case was under Dr. Dickinson's care at St. George's Hospital, and the chief point about it, in addition to its successful termination, was that the site selected for incision was to the right of the sternum and at a somewhat lower level than in Dr. Bronner's patient. The case will, I believe, be found recorded among the *Transactions* of the Clinical Society.

#### ASCARIS LUMBRICOIDES.

DR. WM. W. SHRUBSHALL (English Methodist Mission, Tientsin, China), writes: On reading in the *BRITISH MEDICAL JOURNAL* (just to hand) of October 25th Dr. Bryden's note on "Curious Symptoms produced by *Ascaris Lumbricoides*," I am reminded of a case recently seen at my dispensary. Similar symptoms to those described by Dr. Bryden are of common occurrence here, and by no means considered curious; the natives speak of such an attack as "chung tzu teng," that is, "worm-pain," and their facility in diagnosis is not to be wondered at in a country of which it is said that every native becomes the habitat of worms at some period of his life.

The case I am about to mention is a curiosity, so far as my experience goes, even in this worm-frequented country. Chang Shih Fa, 9 years of age, was brought by his father to the out-patient department. The boy complained of pain in his bowels, loss of appetite, constipation alternating with diarrhoea, frequent nausea, but no vomiting. Temperature was slightly raised, and for several nights the father said the lad had been hot and restless. On examination, the abdomen was found very protuberant, and in the umbilical region, about an inch to the left of umbilicus, was an area of dulness, painful on pressure. It was ten days since he first noticed hardness and pain in this region. I gave him powders containing santonin and pulv. scam. co.

So far there is nothing curious about the case. In a week he returned, saying that two large worms had been vomited, about a dozen passed *per anum*, and that a small sore had burst at the navel and a worm about eight inches in length had "come out" there. The father confirmed the patient's statement, asserting that he saw the worm before it had left the abdominal wall. I examined the umbilicus, and found a minute opening, through which, on pressure, a little clear fluid exuded, but there were no signs of active inflammation. The boy stated that previous to the bursting of the "small sore" he had had great pain and tenderness at the navel. He lost a very few drops of blood after the worm had passed out. The previous symptoms had almost entirely subsided, and he went away with another dose of santonin to complete the cure.

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#### BOOKS, Etc., RECEIVED.

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