

the latter. By this means the manometer not only indicates the pressure but also acts as a safety-valve; for as soon as the mercury is forced down the shorter arm of the U tube to the bend at the bottom, the water coming from the tube S flows past the mercury column up the longer tube of the manometer J, and thus the pressure is relieved. Any tendency the mercury column may have to be carried bodily up the tube J by the advancing water can be decreased by inserting into J a thin glass thread. This decreases the stability of the mercury column and renders the passage of the water more easy. I ordinarily work with enough mercury in the manometer to form a column 300 millimètres high; consequently, on opening the tap the pressure slowly rises to this limit and stays constant. By adding to or removing the mercury the pressure can be increased or diminished at will. It is obvious that the two india-rubber corks in the tubulure bottle must be firmly wired in. When testing the apparatus it is advisable to first fill it with water by turning on the tap T while the funnel F is open; then, on closing the lower opening at F, the pressure will begin to rise.

I owe my best thanks to Professor Roy for many valuable suggestions relating to various practical details of this apparatus.

MEMORANDA:

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

TAPPING THE VENTRICLES.

DR. LOWSON'S remarks upon the importance of drainage after tapping induce me to record a case.

A. H., a boy, aged 3 years, had hydrocephalus from the age of nine months, slowly increasing, but not interfering with intellectual development. The parents consulted me in May, 1890. I found the head markedly affected, with a circumference of 24 inches, and the anterior fontanelle enlarged and visibly pulsating.

I tried the derivative effect of mercurials with chloral and bromide for the sleeplessness and pain from which the child suffered and for a time with benefit; but he then became so much worse that I urged the parents to submit to tapping the ventricles.

On June 29th I passed a Southey's trocar through the anterior and outer corner of the anterior fontanelle, downwards and inwards deeply, the child having first been anaesthetised. On reaching the ventricle a jet of clear serous fluid spouted fully two feet from the cannula. Two ounces were withdrawn, and a collared cannula was then inserted, to which tapes could be attached. The dressing employed was a 1 in 2,000 solution of the biniodide of mercury on lint, covered with gutta-percha tissue, and occasionally changed by the mother of the patient.

The drain continued for a few days, but in about a week's time the cannula was forced out by the healing process. The bulging of the anterior fontanelle was replaced by marked depression, and the child recovered without a bad symptom.

Accrington.

C. R. ILLINGWORTH, M.D.

MYXŒDEMA IN THIBET.

A THIBETAN, suffering from myxœdema, died in Camp Gnatong, Sikkim, on November 17th, 1888. This man was taken prisoner after an engagement with the Thibetan army. The *post-mortem* appearances were as follows: Extremities much enlarged. A depression was easily made by pressure on the skin, disappearing at once when the pressure was removed. Over the chest this effect was extremely well marked. On dividing the skin a gelatinous substance was found, separating the former from the subjacent tissues. A considerable amount of serous fluid came from the wound. The thyroid gland was greatly enlarged, extending from the lower maxilla to about an inch under the sternum. The normal structure of the gland, as far as could be ascertained, was absent. Its place was taken by fibrous tissue. There was great congestion of the vessels of the neck and head, caused by pressure of the gland. Gelatinous tissue was found also on dividing the skin of

the neck; serous fluid came from the wound. The face was much swollen, especially about the eyes.

Another prisoner, presenting the appearance of myxœdema, was also seen. The thyroid gland could not be felt. A cystic tumour, about the size of a pigeon's egg, was situated near the normal position of the left lobe of the gland. This man was liberated and returned to Thibet.

Sixty-three Thibetan prisoners were examined by Surgeon I. K. Close, Indian Medical Service, and myself, as to the condition of the thyroid gland in each. The result of this examination is shown in the attached table.

Result of Examination of Sixty-three Thibetan Prisoners as to Condition of Thyroid Gland, on December 24th, 1888.

	Slightly Enlarged.	Moderately Enlarged.	Greatly Enlarged.	Total.
Right side	2	—	—	2
Left side	7	1	—	8
Both sides	9	3	3	15
Reduced in size both sides	—	—	—	2
Normal	—	—	—	36
				63

H. A. CUMMINS, M.D., Surgeon M.S.
Camp Gnatong, Sikkim.

PUERPERAL PNEUMONIA.

On Saturday, January 3rd, 1891, I received an urgent message to see Mrs. P., aged 29, who was in her seventh month of pregnancy, and was thought to be in labour. Since December 31st she had been feeling very ill, with a troublesome cough, repeated shivering fits, bad headache, and pain in the right side.

On arriving I found her sitting upright in bed, with a very drawn and anxious expression; her face was dusky and her extremities cold. She complained of acute stabbing pain in the right axilla, intensified on coughing and taking a deep breath; she had a short dry frequent cough, and no expectoration.

On examination I found a few scattered dry *râles* over the right base, behind and in the axilla; harsh breath sounds at seat of pain; normal vocal resonance and fremitus; slight impairment of note on percussion in right axilla; no rub; pulse small, compressible, 112; respirations shallow, 46; *alæ nasi* working; temperature in axilla 101.2°; tongue dry, covered with thick white fur; no motion of bowels for three days; no vaginal discharge and no abdominal pain. The uterus reached one inch above the umbilicus. I ordered milk diet; poultices to right side; calomel, grs. 4; and a mixture of vin. ipecac., spirit amm. co., spirit. etheris, syrup. toluatan.

January 4th. Orthopnoea very marked, patient leaning forwards on her knees; patch of dulness, tubular breathing, and fine crepitations in right axilla; pain in side very acute; temperature 102°; pulse small, weak, 140. Ordered brandy, 6 ounces.

From this time the patient went from bad to worse in every way. On the 5th the physical signs of pneumonia had spread all over the right base, up to the fourth rib behind. On the 6th she had a patch of dulness at the left base, and on the 7th the left base was dull up to the sixth rib behind, and covered with fine crepitations, while all over the right base bubbling *râles* had almost entirely replaced the fine crepitations. At this time there was profuse expectoration of muco-purulent blood-stained sputa. On the eighth I had increased the brandy to 24 ounces per diem, and the patient seemed to be dying, though quite intelligent and conscious. She had no abdominal pain till the 9th, when she was taken rather suddenly at about 10.30 p.m. with fairly strong bearing-down pains and slight discharge of blood and water. On the 10th, at 12.30 a.m., a dead child was born, the placenta following immediately, and there was very little hæmorrhage. Afterwards she seemed to rally for a little time, but soon got unconscious, and died at 5.30 a.m. on January 10th, the eleventh

day of the disease. She had not felt the movements of the child since the 9th.

The prognosis was very grave, almost hopeless, from an early period in the case, and I believe that it was only the large amount of brandy and other stimulants which kept the patient alive for the last two days. I had anxious doubts all through the case as to the advisability of inducing labour, to give the mother some slight hope of recovery; but her asthenic condition, coupled with the knowledge that the child was not viable, deterred me from doing so. Medical literature gave me no help, for which reason I am induced to send the case for publication.

Bristol.

H. F. DEVIS, M.R.C.S., L.R.C.P.

SCARLET FEVER AND CHICKEN-POX.

ON February 20th I was called to see E. B., aged 9 years, and G. B., aged 2½ years. I found them both suffering from a very severe form of scarlet fever, with well marked diphtheritic patches on the tonsils, and discharge from nostrils, with enormously enlarged cervical glands. Both the children had been taken ill on the 18th, within an hour or so of each other, with headache and sickness, followed by sore throat. The rash appeared on the following day.

In the same bed as G. B. I found a third child, F. B., aged 6 years, who, to all appearances, was in good health, but was kept in bed, as it was thought that as she had been sleeping with her sister she was not likely to escape infection. I had her removed at once, and placed in a room by herself. On the 22nd G. B.'s illness terminated fatally. On the 24th I was asked to see F. B., who was feverish, with headache, and had been sick during the night. On careful examination there was no sore throat or rash to be seen. There were, however, a few scattered spots of an indefinite character about her body. The next day it was evident the child was suffering with chicken-pox. On the 26th a third child was attacked with scarlet fever, and later on a fourth.

The only children in the house who escaped were F. B., who had been exposed to infection of scarlet fever for forty-eight hours, and an infant three months old. It is necessary to add that F. B. has never had scarlet fever. This case is unlike that reported by Dr. Richard Bevan in the *BRITISH MEDICAL JOURNAL* of March 28th, where scarlet fever and chicken-pox co-existed. In Dr. Bevan's case the exposures to infection of the two diseases were within a few days of each other, while here the exposure to scarlet fever must have been some ten or twelve days after chicken-pox was contracted. Whether this fact explains the difference of behaviour I do not know.

Walthamstow.

ST. CLAIR B. SHADWELL.

COEXISTENCE OF MEASLES AND CHICKEN-POX.

THE publication of Dr. Bevan's letter in the *BRITISH MEDICAL JOURNAL* of March 28th respecting the coexistence of varicella and scarlatina induces me to record the co-existence of measles and chicken-pox.

A boy returned on February 2nd to a school where measles had broken out; he developed the rash of varicella on February 14th, and that of measles on February 17th, the rash in both diseases being profuse, and attended, in the case of the latter, with a temperature of 104.2° and slight bronchopneumonia.

The source from which chicken-pox sprang could not be discovered, but the boy was exposed to the infection of measles on February 4th or 5th, making the interval to the appearance of rash 13 or 12 days, which barely exceeds the average of incubative and prodromal periods together. In the cases, however, of seven other boys who had just recovered from measles, the interval from infection to the first appearance of pocks was 16 days in four cases, 17 to 19 days in one, and 19 days in two others. Thus it appears that an attack of measles just previously prolonged the incubation stage of chicken-pox, and that directly proportionate to the severity of the measles in the several cases.

From these particulars it appears that the rash of measles is not delayed in a subject already infected with chicken-pox, but whether the fact of having taken measles delayed the eruption of varicella I am unable, from want of information, to determine. However, from the above particulars it may be inferred that the incubation of the latter is prolonged through

the influence on the system of an antecedent attack of measles.

Newbury.

W. T. PARKER DOUGLAS, M.B.

LACTATION IN INFANTS.

SEEING a few cases of the above lately recorded in the *BRITISH MEDICAL JOURNAL*, it may not be uninteresting to some of your readers to know that nearly all of the children in this country, both male and female, have at birth developed breasts. The development is greater in the negro than in other races. When they are about two days old the mothers are in the habit of drawing off the secretion, which to all appearance is like milk; this they continue to do for four or five days, but sometimes to as many weeks, when the secretion ceases spontaneously. I am unaware whether this is the case in other tropical countries or not.

CHARLES J. LYONS,

Colonial Medical Service, Corazal, British Honduras.

REPORTS

ON

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

GUY'S HOSPITAL.

EXCISION OF THE LARYNX.

(Under the care of W. ARBUTHNOT LANE, M.S.)

H. A., aged 51 years, was admitted in February, 1891, suffering from carcinoma of the larynx. As the upper aperture of the larynx was almost completely covered by a flexed condition of the epiglottis, but a small portion of the growth could be seen, and that only very imperfectly. The mucous membrane covering the inner aspect of the left arytenoid cartilage was infiltrated, and the cartilage itself did not move. The right arytenoid moved freely, and a portion of the false cord on that side was seen to be free from growth. At times, and with much difficulty, the surface of an ulcer which occupied the position of the left cord could be observed momentarily. There was a lump as big as a marble beneath the left sternomastoid. It could be moved freely laterally, but not from above downwards, suggesting that it was adherent to adjacent structures, probably the sheath of the large vessels. The man had been under observation for three or four weeks, but would not for some time be induced to come into the hospital. He was at last persuaded to do so, but only with a view of being watched. He would not give his consent to any operative interference. During the time that he was in the hospital the dyspnoea from which he had suffered for about five months became more marked, and on one occasion in particular so severe as to cause him much distress. On the following day, his breathing being still very difficult, he consented to be operated on. The operation was performed without any delay. The trachea was opened, a Trendelenburg's cannula inserted, and the larynx removed without any difficulty. Since the growth did not extend beyond the upper aperture, the mucous membrane covering the larynx posteriorly was preserved intact. The mass beneath the sternomastoid was exposed. It was found impossible to remove it, as it was firmly adherent to the surrounding structures. It was, therefore, incised, and its soft contents carefully removed with a sharp spoon. The internal jugular vein was infiltrated by the growth, and formed, with other adjacent structures, a portion of the wall.

Feeling that owing to the extent and adhesions of this secondary growth the patient could not live for any considerable time, and that it would be useless to attempt to obtain any sort of voice, it was determined to make the rest of his life as comfortable as possible, and to save him from any of the inconvenience which so frequently follows excision of the larynx from the passage of food, saliva, or serous discharge into the trachea, as well as from the risks of pulmonary complications which result from the same. For these reasons the mucous membrane which had been separated from the larynx was carefully sutured to the hyoid bone and

FACTORY LEGISLATION.

UNIVERSITY OF GLASGOW.

THE Senatus Academicus of the University of Glasgow have forwarded to Mr. James A. Campbell, M.P., for presentation to Parliament a petition against the above Bill, setting forth that the certificate of fitness for employment of children and young persons in factories and workshops is a valuable safeguard, that the requirement of it is in accordance with other legislative enactments for the protection of the young, and that its abolition (as proposed by the 19th clause in the present Bill) would be a retrograde step.

THE SILK TRADE.

ON March 24th Mr. Matthews received a deputation of representatives of the silk trade of England on the subject of the employment of children. Mr. Bromley-Davenport, M.P., said that they desired to protest against the proposed amendment raising the limit of age for the employment of children from 10 to 12 years. If some check were considered necessary to prevent the children being injured by the carelessness or neglect of employers, or by the greed of parents, he suggested that that check should be provided, not by raising the limit of age, but by strengthening the hands of the factory inspectors, by giving them power to reject unhealthy children. In his reply, Mr. Matthews said that he felt confirmed in the view that the raising of the age was not advisable. He recommended the deputation to take an early opportunity of making its opinion known to the Standing Committee on Trade.

LAUNDRIES.

At the first meeting of the Standing Committee on Trade for the consideration of the Factories and Workshops Bill it was agreed, on the motion of Mr. Fenwick, to bring laundries within the scope of Clause 1, which gives the Home Secretary summary powers of sanitation where it has been neglected by the local authorities.

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.

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.

THAMES VALLEY BRANCH.—The next meeting will be held at the Talbot Hotel, Richmond, on Wednesday evening, April 15th. A paper will be read by E. Marcus Gunn, M.B., on Eye Symptoms in their Bearing on General Medicine. Members willing to read papers or contribute cases are requested to communicate with the Honorary Secretary, CHARLES C. SCOTT, St. Margaret's, Twickenham.

OXFORD AND DISTRICT BRANCH.—The next meeting will be held on Friday, April 24th, in the Radcliffe Infirmary, Oxford, at 3.15 o'clock in the afternoon. Gentlemen are requested to give notice of papers, cases, etc., to W. LEWIS MORGAN, the Honorary Secretary, 42, Broad Street, Oxford, on or before Friday, April 10th.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held, by the kind invitation of Dr. Adams, at Brooke House, Upper Clapton, on Thursday, April 16th, at 5.30 P.M. Dr. Stephen Mackenzie will show patients illustrating various interesting forms of skin diseases. Visitors will be welcomed.—J. W. HUNT, 101, Queen's Road, N.E., Honorary Secretary.

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.

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.

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.

SOUTH-EASTERN BRANCH: EAST AND WEST SUSSEX DISTRICTS.

A CONJOINT meeting of the above Districts was held at the Grand Hotel, Brighton, on March 25th, under the presidency of Mr. SEYMOUR BURROWS.

Communications.—Dr. RICHARDSON showed three patients under treatment by Tuberculin. The first, a Child with Lupus of the Cheek of some years' duration, showed characteristic necrotic spots on the patch, but there had not at present, after ten injections, been any decrease in the affected area. The second patient, a man aged 30, with Caseous Pneumonia, had received twenty injections. There were bacilli in the sputum before treatment, but there were none now to be seen. The third, a lad with Rapid Phthisis, had shown no marked improvement after seventeen injections.—Mr. Mossor related a Case of Serpiginous Ulcer of Both Corneæ, cured by scraping.—Dr. HOLLIS read notes of a Case of Diaphragmatic Hernia.—Dr. WHITTLE showed a specimen of Cystic Disease of the Testis.—Dr. STARLING related a Case of Cerebral Tumour, presumed to be a gumma, in which the patient, after becoming almost paralysed with impaired hearing and double open neuritis, so far recovered as to be doing light work. The treatment was salivation followed by potassium iodide in half-drachm doses every four hours.

Next Meeting.—It was agreed to hold the next meeting at Hastings.

BOMBAY BRANCH.

A GENERAL meeting of this Branch was held on February 13th, 1891, Surgeon-General PINKERTON in the chair. The following members were present: Brigade-Surgeons Banks, Wilson, Maconachie; Surgeon Meyer, and Assistant-Surgeon S. V. Kantak, with Surgeon M. Collie, Honorary Secretary.

New Members.—The minutes of the last meeting having been read and confirmed, Brigade-Surgeon Wilson, A.M.S., and Surgeon-Major Lowdell, I.M.S., were elected members of the Branch and Association.

Vesical Calculus as a Cause of Prolapse of Uterus.—Two cases were communicated by Surgeon-Major BARTHOLOMEUSZ, in which the presence of vesical calculi was the cause of prolapse of the uterus, the prolapse disappearing on the removal of sixteen calculi in one case, and calculi weighing $3\frac{1}{2}$ drachms in the other: dilatation of the urethra was the procedure followed in both cases.—Dr. MEYER mentioned one case in his experience where there was prolapse of the bladder, anterior wall of the vagina and uterus due to the presence of calculi. A mesial incision was adopted in this case, which did well, the prolapse disappearing with the aid of a pessary.—Brigade-Surgeon BANKS said he preferred the mesial incision to dilatation of the urethra in vesical calculus in the female.

Mycetoma.—Two cases of mycetoma, one of the hand and one of the foot, were communicated by Assistant-Surgeon NANAVATTY. Both resembled melanotic sarcoma or epithelioma.

Tetanus.—A case of tetanus supervening on chronic ulcer of the leg of six months' standing was communicated by Assistant-Surgeon NANAVATTY. No active exciting cause could be traced. The patient recovered under chloral hydrate and bromide treatment, belladonna having been previously tried without effect.

Stokes-Gritti Amputation.—Surgeon COLLIE showed the temperature chart of a case in which a "Stokes-Gritti" amputation was performed on the supravention of pyæmic symptoms on osteomyelitis. Pyæmic symptoms having been well marked for five days before the patient assented to amputation, and purulent changes having begun in the knee-joint, it was anticipated the operation would not do well. However,

the temperature gradually and steadily fell from 104° F. before the operation to normal on the fourth day after. With a falling temperature the dressings were not changed, but on the fourth day, when it was normal, the outer dressings were found to be stained, and on their removal about four ounces of pus escaped from the tubes; union was well advanced everywhere. Although numerous abscesses and erythematous inflammations frequently occurred, the case eventually did well, neither the portion of the patella left nor the femur becoming affected.

Congenital Lipoma of Cheek.—Surgeon W. H. BURKE communicated notes and showed the specimens and microscopic sections of a congenital lipoma of the cheek in a child 2 years of age. At birth a small growth was observed over the right malar bone, which gradually increased until it attained a length of 1½ inch; it was conical and bony at the base, but soft and movable in all directions. It became turgid and erect when the child cried or when tickled; when quiescent it lay on the cheek. Circumferentially it measured 2½ inches at the base and 2 inches at the apex. A small opening existed at the apex down which a silver wire could be passed. On removing it the base was found to consist of unusually hard ivory-like bone, in the centre of which was a small pit, lined with what appeared to be fibrous tissue, which communicated with the air by the duct. There was no communication with the malar bone proper. There was no history of similar growths amongst the families of the parents. There were no abnormally placed nipples. The sections made by Professor Windle, of Birmingham, showed the distal part to consist chiefly of fatty tissue containing some muscular striæ and ill-defined glandular tissue. The blood vessels were numerous.

SPECIAL CORRESPONDENCE.

SHEFFIELD.

Nursing at the Workhouse Infirmary.—Poisoning by "Fish Liver."
—The Price of Quinine.

THE proposed alterations in the management of the infirmary of the Sheffield Workhouse, whereby the infirmary matron is to have the control of the nurses, and as far as possible of the sick in the wards under the supervision of the medical staff apart from the master and matron of the workhouse, is to come into force. The project has been discussed over and over again, but has ultimately received the approval of a majority of the guardians.

A singular series of cases of apparent poisoning is reported from Kilnhurst. Two families, numbering ten persons, have suffered. They had purchased "fish liver" from the same hawker, and to this article of diet the symptoms of irritant poisoning appear to be due.

The drug question has cropped up again at the Rotherham Workhouse in a manner not very agreeable to the guardians. It may be remembered that they had been paying 12s. 6d. an ounce for quinine. The auditor has now allowed the sum of 8s. for the 4 ounces supplied, and disallowed the remainder, £2 2s., because the trade price of Howard's quinine at the time payment was made was only 1s. 10d. per ounce, or 1s. 9d. per ounce if a larger quantity was purchased. The sum disallowed was surcharged on three of the guardians.

CORRESPONDENCE.

THE MIDWIVES BILL.

SIR,—In order to show the necessity of insisting by legislation upon the training of all women who call themselves midwives, I have frequently drawn attention to the following figures: The average mortality of women in childbirth is 1 in 200. The average mortality of women attended at their own homes by the trained midwives of lying-in hospitals is 1 in 600. These round numbers have been attacked in front, flank, and rear, but for the purpose they are quoted they still remain impregnable. Dr. Woods thinks the ordinary average mortality is more than 1 in 200, and in support of this he states that ten prominent obstetricians had an average death-rate of

1 in 116 confinements—a very good average for men who, owing to their prominence, must have had many difficult cases to deal with. But if it can be proved that the average mortality is more than 1 in 200, this rather improves my position, for it magnifies the contrast between the ordinary and trained midwives' death-rates. Dr. Woods also doubts whether my figures relating to the death-rate attending the practice of trained midwives are correct. Returns from the five largest metropolitan lying-in hospitals, the details of which have already been printed in the *BRITISH MEDICAL JOURNAL*, show that my average of 1 in 600 is too low—that the death-rate is 1 in 729. I assure Dr. Woods the returns forwarded me are accurately stated, and if he still doubts, he must fight it out with the secretaries of the charities.

My opponents do not fail to see the importance of the figures I have published, for they prove (1) that trained midwives can attend ordinary labours not only with safety to the public, but with an exceptionally low death-rate; (2) that if women in ordinary labour were attended by trained midwives the valuable lives of hundreds of mothers would annually be saved; (3) that the safety of women in childbirth would be promoted by the legal prohibition of anyone assuming the title of midwife who has not been previously trained.

The report of the Committee of the Royal College of Physicians of London, expressing the conviction that legislative action is desirable in order to secure the due education, examination, and registration of midwives, and suggesting a Parliamentary Select Committee, is most satisfactory. Surely Government cannot refuse the appointment of this Committee, for it is demanded by both sides. We who are in favour of legislation court the minutest investigation of the subject. All that is wanted to enable legislators to see their way to passing a Midwives Bill is "more light."—I am, etc.,
Upper Wimpole Street, W. JAMES H. AVELING.

THE LATE MR. EDWARD BELLAMY.

SIR,—I have been watching the *BRITISH MEDICAL JOURNAL* week by week, expecting to see a proposal that something be done to perpetuate the memory of Mr. Edward Bellamy. When I say that personally I am indebted to Mr. Bellamy for much kindness and help, I am but echoing the feelings of many other old Charing Cross students, who would I am sure be only too glad to subscribe for the purpose mentioned above.

With the sanction of the hospital authorities, a scholarship might be founded, or a painting or memorial tablet placed in the school. I trust you will allow me to use your columns as a means of suggesting this, and that some abler and more influential pen than mine will take the matter up before it is too late. Thanking you in anticipation,—I am, etc.,
24, Southernhay, Exeter. J. M. ACKLAND.

PROPOSED RECONSTITUTION OF THE UNIVERSITY OF LONDON.

SIR,—As one of the signatories to the criticism on the scheme for the above, it strikes me as odd that Mr. Eastes, M.B., should choose to complain in the columns of the *BRITISH MEDICAL JOURNAL* that the circulation of this criticism is premature. More than a month ago you and your contemporary, the *Lancet*, published the full text of this scheme, which apparently has not yet been officially communicated to Convocation.

On January 20th I had the honour to move in Convocation a resolution requesting the communication of the Senate's scheme to the members of that house, which was carried by an overwhelming majority. Moreover, I have before me a letter from the registrar, dated so long back as November 22nd of last year, stating that the scheme was about to be transmitted to Convocation, pending a reply from the provincial colleges. We have been informed that this extraordinary delay in transmission to the one body which possesses the right of vetoing the scheme was due to its not having assumed a final shape. I have yet to learn what emendations have been made during the past three months.

The man in the street has been in a position to purchase for sixpence a copy of this "confidential" scheme any time during the past month; moreover, the "*ex parte* statement of the fifty-six opponents" which shocks Mr. Eastes ex-

considering all the points raised by Mr. Bond, and refused to grant a rehearing except for fresh evidence. It is however open, as one of the judges observed, to the police or anyone else to indict anyone on a criminal charge if they think they have enough evidence; and in the interests of forensic medicine we should certainly like to see a full discussion respecting the possibility of the accidental production of such a wound as was found in this case.

ALLEGED LIBEL ON A LEEDS SURGEON.

At the West Riding Assizes, Dr. McKane, of Leeds, sought to recover damages from Mr. F. Denison for libel. The alleged libel complained of arose out of the case of George Smith, of the Loyal Good Intent Lodge, who, whilst suffering from pneumonia and wearing poultices on his chest travelled from Sheffield to Leeds, and died after a short illness. The defendant was Smith's employer, and the libel complained of arose out of a letter addressed to the secretary of the Good Intent Lodge, alleging neglect on the part of the plaintiff. An investigation committee was formed and went into the case, exonerating Dr. McKane from any neglect. The defendant now stated that the expression he made use of in the letter was one which he felt he could not justify, and he sincerely regretted that in a hasty moment he was led to express that opinion. The judge said that the defendant had acted very wisely in doing as he had done. He was glad that medical men were so jealous of their reputation. In his experience, next to our clergy, there was no class of men who were more conscientious and more benevolent than medical men.

PUBLIC EXHIBITIONS OF HYPNOTISM.

DR. ALFRED CARPENTER (Croydon) writes: Absence from home prevented my attention being drawn to the announcement in the daily journals that I was present at the Hotel Métropole when a degrading exhibition of mental defects was openly shown. I have repudiated the act in the daily journals. I can only account for the adoption of my name as a revenge for my having denounced such public exhibitions in a paper which I read at the Church Congress at Hull in the autumn of last year. Of course I was not present at the exhibition in question.

A NEW USE FOR A THESIS.

A. H. H.—In closing (which, in the interest of the profession and the disputants alike, we feel constrained to do) the prolonged discussion between Mr. H. and Dr. J. relative to the distribution of the latter's graduation "thesis," we willingly accede to the request of the former to record his emphatic denial of the allegation that he had in any way sought "to locally damage young Dr. J.," and, moreover, that, in submitting the case for our opinion, he had acted simply in the interest of the faculty and of the public.

THE OWNERSHIP OF PRESCRIPTIONS.

A CORRESPONDENT informs us that the question of the ownership of prescriptions has been settled by law in New York, Massachusetts, and a few other States. In all the cases it has been decided that the druggist is the owner of the prescription. The following is the text of a judicial pronouncement lately delivered on the subject: "The question before the Court appears to be very simple indeed. A patient applies to a physician and receives from him certain advice for which he tenders a fee. The physician hands a piece of paper to the patient, purporting to be a written order for certain goods called drugs, which order is filled by a merchant or apothecary. The payment of the fee and the delivery of the goods or drugs terminates the verbal contract, and the druggist keeps the prescription as an evidence that the contract has been fulfilled so far as he is concerned. The druggist can, if he so please, on his own responsibility renew the drugs, for he is but a merchant, and has a perfect right to sell drugs to any one and in any shape. He need not keep the prescription, nor is he bound to give a copy; but should error occur, he has no protection in case of suit." It is said that some time ago a decision in the same sense was given by the judge of a court in Berlin.

** The opinion here quoted does not seem to be sound; the patient receives the prescription in return for the fee which he gives to the physician, but he is under no obligation to give up the prescription to the druggist. He is bound to show it to him or else he cannot get the drugs he wants, but the document belongs to the patient, who could if he chose enforce its return by action. A publisher might as well claim to keep an author's manuscript as evidence that he had correctly printed it, as a druggist to keep the prescription as evidence that he had fulfilled his contract to supply the drugs ordered of him. Such a claim on the part of a tradesman against his customer is not recognised as valid by English law, whatever may be laid down by the courts of other countries.

ADVERTISEMENTS IN NEWSPAPERS.

NEMO AND M.B.—With the view to avoid, alike for the reader and the writer, the wearisome repetition of advice on one and the same subject, we would, in response to their communications, refer our correspond-

ents to the advisory comments which appeared in the *BRITISH MEDICAL JOURNAL* of March 14th, page 611, under the heading of "Advertising Cards," and, in relation to the therein suggested protest to the diploma-granting authorities, would recommend them merely to substitute the newspapers in which the reprehensible advertisements appeared for the cards. With regard to the attitude which had better be assumed by the profession in Paisley towards one who so flagrantly ignores the traditional and honourable customs of the faculty, and seeks to obtain practice through the medium of advertising in the local papers, we are unwilling—in view of the fact that Dr. S. is evidently, from the date of his diplomas, a novice, and not improbably *de facto* ignorant of his real ethical duties—to suggest the extreme measure of repudiating his anticipated visit of courtesy to the resident medical men, but rather that one or more of the elder leading practitioners should courteously call his attention to his exceptional procedure in announcing his advent through the columns of a newspaper. This would be an act of true fraternal kindness, and probably tend to avert further unethical proceedings on the part of a young practitioner.

THE FAMILY PHYSICIAN.

MED. ETT. writes: I was called in one evening by a husband to see his wife, who had been suddenly taken ill, and I continued to attend her. After three days the husband had an interview with me and expressed satisfaction at my treatment, and said he had only been married ten days and he would be pleased to make me his regular medical attendant. I then found out that his wife was taken ill at her mother's house and that her mother's family physician was first sent for but was out, and that the husband afterwards came to me. What I wish to know is whether, under the circumstances, I ought to hand the case over to the wife's family physician or treat the newly-married wife as now belonging to a different family, when, of course, the husband would have no particular claim to call in his wife's family physician. Only my first visit was paid to the wife at her mother's house, she having gone home the next day.

** Under ordinary circumstances the following is the rule by which our correspondent should have been guided in the above case:—"When a practitioner is called to an urgent case either of sudden or other illness, accident, or injury in a family usually attended by another he should (unless his further attendance in consultation be desired) when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter, but he is entitled to charge the family for his attendance." In view, however, of his apparent ignorance that the mother's family physician had, in the first instance, been sent for, no blame can fairly attach to him. The second point which he submits will, no doubt, sooner or later resolve itself, either by a renewed request for his professional attendance upon the lady in question or that of the old family doctor. It is scarcely necessary to add that in either case her choice should be left unfettered, at least not unduly influenced by husband or mother.

"SITTING UP ALL NIGHT."

RUSTICUS writes: How far is it professional for a medical attendant to sit up all night in charge of a patient? The late Dr. Matthews Duncan strongly impressed upon his students that a medical man should never undertake the duties of a nurse. "Night charge of and sitting up with patient" is entered in the *Medico-Chirurgical Tariffs* as an apparently recognised procedure at a fee of 2s. to 3s. In several instances which have come lately under my notice, it is difficult not to suppose that the fee has been the chief inducement to the practice. It is only done in the case of wealthy patients, and seems to me reprehensible as one of those acts of extra attention by which some men seek to commend themselves to their patients. Under emergencies, when a nurse cannot be procured, and skilled attention is required, it is, of course, right enough, but when repeatedly and systematically practised, it seems to me derogatory to professional dignity, and opposed to the interests of the patient.

** It can hardly be necessary to assure our correspondent that he has misapprehended the true meaning and intent of the suggested fees in the *Medico-Chirurgical Tariffs* for "night charge of and sitting up with patient," and that they simply refer to medical and surgical, and not, as alleged, "nursing" attendance. We are informed that the fees in question were introduced after careful consideration at the special request of various provincial practitioners with the view to lessen the difficulty under which not a few members of the profession have hitherto laboured in reference to the proper fees for such attendance.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

STUDENTSHIP IN PATHOLOGY.—There will be an election to the John Lucas Walker Studentship in Pathology (which has become vacant owing to the election of Mr. J. G. Adami to a Fellowship at Jesus College) as soon as convenient after May 16th, 1891. Candidates are requested to send in their applications, and such testimonials as they may think desirable, on or before that date, to Professor Roy, Wollaston Road, Cambridge, from whom full information regarding the conditions of tenure of the studentship may be obtained. The

studentship is of the annual value of £250, is not confined to members of Cambridge University, and is tenable for three years. The student is required to devote himself to original pathological research.

UNIVERSITY OF EDINBURGH.

FINAL EXAMINATIONS.—Coincident with the close of the winter session at the University, the professional examinations for medical degrees began, the first professional last week, the second this week. Full lists of the passes will appear in the *BRITISH MEDICAL JOURNAL* at an early date.

UNIVERSITY OF DURHAM.

DEGREES OF B.HY. AND D.HY.—The scheme for the degrees of Bachelor in Hygiene (B.Hy.) and Doctor in Hygiene (D.Hy.) has been approved by the Senate of the University of Durham. The candidates for the B.Hy., who must be registered medical practitioners, will be required to have spent one year of professional study, subsequent to qualification, in attendance at the University of Durham College of Medicine, Newcastle-upon-Tyne. During the winter session they will be required to attend courses of lectures on public health, instruction in the chemical laboratory, and the clinical practice of the City Hospital for Infectious Diseases. During the summer session they will be required to attend courses of lectures on sanitary chemistry and physics, and to work for six months in the outdoor sanitary department under the medical officer of health for Newcastle. Finally an examination will have to be passed. Candidates for the degree of D.Hy. will be required to be already B.Hy., and to have been engaged for two years subsequently in practice as a medical officer of health. The degree will be granted after presentation of an essay and examination thereon.

GLASGOW EXTRAMURAL SCHOOLS OF MEDICINE.

ST. MUNGO'S COLLEGE.—The winter session at St. Mungo's College was closed on March 27th. It was stated that the number of students attending during the session just passed had been greater than during the preceding one, but no exact figures have been published regarding that—the first—session. Cheering information, however, was given regarding the progress of the endowment fund. Six Glasgow merchants have offered £1,000 each, and it is anticipated that, before smaller sums are asked for, other gentlemen will take the same level of generosity. Thus the nucleus of a sufficient endowment will, it is expected, soon be provided. There can be no doubt that once St. Mungo's College is established on a sufficiently secure financial basis, the first condition of success will have been obtained: for, unless it be so established, there is little prospect of affiliation with the University, without which success is acknowledged to be impossible. In the curriculum the only change has been the addition of the class of zoology, taught with much zeal by Dr. Prince, who has also endeavoured to popularise his subject by a series of lectures delivered in various parts of the city.

ANDERSON'S COLLEGE. Anderson's College Medical School has recently experienced two changes in its staff, due to the resignation of the chair of physiology by Dr. Christie, and of the chair of medical jurisprudence by Dr. Eben. Duncan. The chair of physiology has been filled by the appointment of Dr. D. Campbell Black, and that of medical jurisprudence by Dr. T. Kennedy Dalziel.

QUEEN MARGARET COLLEGE.—Queen Margaret College Medical School (for Women) closed its first winter session on March 30th, by a meeting in the College, presided over by the President of the Faculty of Physicians and Surgeons, Dr. R. Perry. Speaking of the funds left by the late Dr. Muirhead for the establishment of a college for women, Dr. Perry urged that an amalgamation with Queen Margaret College would ensure great success, while the foundation of a second school would only prove a great waste of power and resource. Professor Young submitted the report of the session's work, which began with 13 students, 9 junior and 4 senior. He expressed himself in hopeful terms as to the prospect of an agreement with the University, necessary for affiliation, being arrived at, and acknowledged the kindness and courtesy with which the Faculty of Physicians and Surgeons had met them

at every point in the arrangements for qualifying examinations. Professor McKendrick moved the adoption of the report, which was seconded by Professor Gilchrist, of Bangor.

INDIA AND THE COLONIES.

INDIA.

THE BENGAL CENSUS.—It is stated that the recent census of Bengal shows that those districts in which the population has decreased are, as a rule, those where there is much malaria due to defective subsoil drainage. This defective drainage is attributed in part to neglect of the natural drainage channels and in part to injudicious arrangement of railway embankments. The cost of the census is said to be less than one-half that of the previous census.

THE VICTORIA HOSPITAL, CALCUTTA.—At the opening ceremony of the Lady Dufferin Victoria Hospital in Calcutta a bust of the Marchioness of Dufferin and Ava was unveiled in the presence of the Governor and a considerable gathering. The total outlay for land and building the new hospital amounted to Rs. 1,07,000.

NEW SOUTH WALES.

COMPULSORY ISOLATION OF LEPROSERS.—Whilst the compulsory isolation of lepers in India and the West Indian Colonies has not yet passed beyond the limits of academic discussion, the Government of New South Wales has displayed the usual promptitude and uncompromising thoroughness with which it has hitherto dealt with contagious diseases. On November 26th, 1890, an Act to provide for the notification of cases of leprosy, for the detention and isolation of lepers, the appointment of lazarets, and other purposes was assented to. By this Act the law compels the householder and the medical practitioner attending the case to report to the Board of Health within the metropolitan district, and to a police officer if beyond that district, any case of leprosy that occurs in a house. The Governor is empowered to direct the establishment of a lazaret, and make regulations for the safe custody of lepers who are sent there. On a report that a case of leprosy has appeared, the Board of Health shall cause investigation to be made by two or more medical practitioners, and if it is found that the case is one of leprosy the patient is to be removed to the lazaret and detained there until released by order of the Board, or he is to be isolated in such place and manner as the Board may direct. On the written order of the President, or Secretary, or any two members of the Board a leper may be arrested and removed, and any person who obstructs the removal of such a leper is liable to a penalty. Proceedings for offences against this Leprosy Act may be taken summarily before any stipendiary or police magistrate or any two justices of the peace. It will be observed that so far as New South Wales is concerned the isolation and segregation of lepers has been provided for in the most thorough way. The Act seems to have been promptly framed and passed on account of the discovery of two fresh cases of leprosy in Europeans not far from Sydney, and shows that the Australians, at all events, have made up their minds as to the best means of dealing with the threatened spread of leprosy in that Colony.

HOSPITAL AND DISPENSARY MANAGEMENT.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.

THE report presented at the annual meeting of the Chesterfield and North Derbyshire Hospital was of a satisfactory character. The number of in-patients had exceeded by 55 those admitted in the previous year. And though the expenditure was greater by £167, the income was the highest yet recorded, namely, £2,071 11s. 3d. A large increase in the miscellaneous receipts was noticeable. This was chiefly due to the meetings of friendly societies. The movement among the working men of these societies was entirely voluntary, and was very creditable to them. It is proposed to proceed with the erection of

week under notice in the twenty-eight towns included 414 which were referred to the principal zymotic diseases, against 413 and 449 in the preceding two weeks: of these, 150 resulted from measles, 139 from whooping-cough, 39 from diphtheria, 35 from diarrhoea, 35 from "fever" (principally enteric), 25 from scarlet fever, and 1 from small-pox. These 414 deaths were equal to an annual rate of 2.2 per 1,000; in London the zymotic rate was 1.6, while it averaged 2.6 per 1,000 in the twenty-seven provincial towns, and ranged from 0.0 in Norwich, 0.5 in Derby, and 0.9 in Newcastle-upon-Tyne and in Cardiff to 6.3 in Halifax, 6.5 in Portsmouth, 7.2 in Huddersfield, and 7.5 in Blackburn. Measles showed the highest proportional fatality in Bolton, Preston, Bristol, Huddersfield, Portsmouth and Blackburn; and whooping-cough in Salford, Manchester, Huddersfield, Leicester, and Halifax. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. Of the 39 deaths from diphtheria in the twenty-eight towns during the week under notice, 26 occurred in London, and 4 in Salford. One fatal case of small-pox was recorded during the week under notice in Huddersfield, but not one in any other of these large towns; 3 small-pox patients were under treatment in the Metropolitan Asylum Hospitals, and 2 in the Highgate Small-pox Hospital, on Saturday, March 28th. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital on the same date was 1,059, and showed a further decline from recent weekly numbers; 81 new cases were admitted during the week, against 61 and 91 in the preceding two weeks. The death-rate from diseases of the respiratory organs in London was equal to 4.7 per 1,000, and was below the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, March 28th, 784 births and 689 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 26.2 and 25.9 per 1,000 in the preceding two weeks, rose again to 26.7 during the week under notice, and exceeded by 5.5 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Leith and Perth, and the highest in Glasgow and Paisley. The 698 deaths registered in these towns included 93 which were referred to the principal zymotic diseases, equal to an annual rate of 3.6 per 1,000, which exceeded by 1.4 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Glasgow and Paisley. The 336 deaths registered in Glasgow included 21 which were referred to measles, 19 to whooping-cough, 3 to scarlet fever, and 2 to diphtheria. Three fatal cases of scarlet fever were recorded in Edinburgh, and as many as 11 deaths were referred to measles in Paisley. The death-rate from diseases of the respiratory organs in these Scotch towns was equal to 6.4 per 1,000, against 4.7 in London.

HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, March 21st, were equal to an annual rate of 26.0 per 1,000. The lowest rates were recorded in Kilkenny and Dundalk, and the highest rates in Belfast and Lisburn. The death-rate from the principal zymotic diseases averaged 1.8 per 1,000. The 192 deaths in Dublin were equal to an annual rate of 28.4 per 1,000 (against 28.2 and 28.1 in the preceding two weeks), the rate for the same period being 20.3 in London and 23.1 in Edinburgh. The 192 deaths in Dublin included 11 which were referred to the principal zymotic diseases (equal to an annual rate of 1.6 per 1,000), of which 5 resulted from whooping-cough, 4 from typhoid fever, and 2 from diphtheria.

MEDICAL NEWS.

THE Queen will lay the foundation stone of the new Infirmary at Derby on May 21st.

M. PASTEUR has been elected an honorary member of the Russian Society for the Promotion of Public Health.

THE fourteenth Congress of the Italian Medical Association will be held at Siena, from August 16th to 21st, under the presidency of Professor Barduzzi.

THE dinner in aid of the funds of the North-Eastern Hospital for Children, at which the Duke of Connaught will preside, will be held at the Holborn Restaurant on May 15th.

SPECIAL courses of instruction in pharmacy for women were opened on March 8th in the City Barrack Hospital at St. Petersburg. Female pupils have already taken the place of the male students in that institution.

THE returns of the census in India, which are just completed, show the population of the Indian Empire to be 285,000,000, being an increase of fully 30,000,000 since 1881.

THE first Mohammedan lady who has joined the ranks of the medical profession is said to be Kutlo Jaroff-Hanum, a native of the Crimea, who has just taken her Doctor's degree in the University of Odessa.

PROFESSOR M. NENCKI, of Berne, to whom, as we lately announced, the post of Bacteriologist to the Institute of

Experimental Medicine, founded by Prince Alexander of Oldenburg, was offered, has declined the appointment.

A COURSE of lectures on the Prevention of Disease will be given at Gresham College, Basinghall Street, on April 7th, 8th, 9th, and 10th, by Dr. E. Symes Thompson, Gresham Professor of Medicine.

THE annual report of the McGill University, Montreal, states that the total number of students in attendance last session was 854, of whom 263 belonged to the medical faculty.

THE Camera Club will hold its sixth annual conference at the Society of Arts on April 7th and 8th. It may be interesting to some readers to know that an exhibition of lantern slides will take place in the theatre of the Society of Arts at 8 P.M. on the first named day.

REPORTS in the local press state that at a recent meeting of the Epping Board of Guardians the sanitary inspector reported that a Mrs. Barton, who was brought before the magistrates on a charge of baby-farming, had left the neighbourhood, taking the children with her.

A LIVONIAN LEPROUS HOUSE.—A committee of ladies, which includes the widow of the late Professor von Wahl, Baroness Stael von Holstein, Baroness Stackelberg, and several other local leaders of society, has been formed at Dorpat for the provision of the beds, ward furniture, etc., for the new leprosy house about to be opened in Livonia.

LONDON STREET AMBULANCE SERVICE.—The Hospitals Association has established its fiftieth station, by permission of the Mercers' Company, in the portico of the Royal Exchange. The association is largely extending its organisation, and the committee have under consideration the establishment of twenty-seven additional stations in various quarters of the metropolis suggested by the Chief Commissioner of Police, on the recommendation of the superintendents of the different divisions.

INTERNATIONAL CONGRESS OF HYGIENE.—The Council of the Society of Arts, acting under the provisions of the Benjamin Shaw trust, have offered two gold medals, or two prizes of £20 each, to the executive committee of the Congress of Hygiene and Demography, for any inventions or discoveries subsequent to 1885, exhibited or submitted to the Congress with respect to new methods of obviating or diminishing risks incidental to industrial occupations. Dr. Aubrey Bowen, of Melbourne, has been appointed a delegate to represent the Colony of Victoria.

PRESENTATIONS.—At the close of the winter session in the Edinburgh University the students in the anatomy class availed themselves of the opportunity of presenting to Dr. R. C. Elsworth, one of the demonstrators, an illuminated address, referring in terms of high appreciation to the manner in which he has during three sessions discharged his duties in the anatomical department of the university and endeared himself to the students under his care. The address was signed by about 300 students, and was accompanied by a gift of instruments for use in medical and surgical practice, at once handsome and comprehensive. Past and present students of anatomy in Edinburgh regret the termination of Dr. Elsworth's connection with the school.—Dr. Ritchie, of Thornliebank, has been presented by the ladies who attended the nursing class of his St. John Ambulance lectures with a laryngoscope and ophthalmoscope in recognition of his services; and Dr. Strang has been the recipient of a handsome gold chain from the gentlemen members of that class.—At the recent distribution of certificates to the members of the Tyldesley Railway Ambulance Class, Dr. Neech was presented with a marble timepiece in recognition of the high appreciation of his services.—Mr. Beverley, who has been giving a course of ambulance instruction to the railway employees of the North-Eastern Railway at Scarborough, has received from them a gold-mounted, ivory-handled Palmyra cane as a memento of his services.—Surgeon Vincent Magrane, of the 3rd Battalion South Staffordshire Regiment, has been presented by the members of the St. John Ambulance Class at Darlaston with a Malacca cane and a silver-mounted briar pipe in gratitude for his services.

SMALL-POX IN TEXAS.—A severe epidemic of small-pox has been raging in Texas, but is now said to be rapidly subsiding. The Mexican Minister of the Interior has issued a circular to the governors of the different States of Mexico calling upon them to enforce compulsory vaccination.

LIGHT IN MOSCOW.—On March 4th the arrangements for the electric illumination of the new clinics in the University of Moscow were completed. The rooms are lighted by more than one thousand lamps of from ten to sixteen candle power, and in each of the operating theatres there are three lamps, each of one hundred candle power.

A NEW MEDICAL UNIVERSITY.—A new medical school has recently been incorporated at Columbus, U.S., under the name of the "Ohio Medical University." It is to consist of a department of medicine and surgery, a department of midwifery, one of dentistry, and one of pharmacy, with a training school for nurses. Provision is to be made for clinical teaching by a large new hospital, which is estimated to cost 200,000 dollars, and is the gift of a number of wealthy Protestants in the city. One of the prominent features of the new university is to be the substitution of "class teaching" for formal lectures. The curriculum is to extend over three years of nine months each, and the system of teaching will include daily examinations and "grading" of students, "thus," we are assured, "doing away with the necessity of a final examination." The Ohio Medical University will, it is said, be the first school organised on this new plan. The new University will probably be opened in October.

LITERARY INTELLIGENCE.—A second edition of Dr. Ramón Serret y Comin's Spanish translation of Dr. Playfair's *Treatise on the Science and Practice of Midwifery* has recently appeared under the editorship of Dr. F. García Molinas. The first half of an *Atlas of the Diseases of the Mouth and Pharyngeal Cavity* by Professor J. Mikulicz, of Königsberg, and Dr. P. Michelson, *privat-docent* in the same University, is announced as about to appear. The second half will be ready in a few months. The whole work will comprise forty-four plates drawn from Nature, by H. Braune, and judging from the table of contents the pathology of the oro-pharyngeal region will be very fully illustrated. The publisher is A. Hirschwald, of Berlin, and the price of the first half is 40 marks (£2). A new medical journal devoted to neurological subjects, and entitled *Zeitschrift für Nervenheilkunde*, is about to appear. It will be edited by Professor Strümpell, of Erlangen, and published by Vogel, of Leipzig. Dr. Byrom Bramwell is about to issue by subscription, through Messrs. Constable, of Edinburgh, an *Atlas of Clinical Medicine*. The plates will include lithographs, photogravures, and reproductions in black and white.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died in foreign countries are Dr. Emerich Regöczy-Nagy, Extraordinary Professor of Physiology in the University of Buda-Pesth, who died at the age of 38, just as the death of Professor E. Jendrassik left vacant the chair which he would doubtless have been invited to fill; Dr. G. B. Chiarella, assistant to Professor Novaro in the Surgical Clinic of the University of Bologna, aged 30, a young surgeon of the highest promise; Dr. N. P. Wassilgew, Chief Physician of the Alexander Hospital, St. Petersburg, aged 40; Dr. Johann Höppener, a well known obstetrician and gynaecologist of St. Petersburg, aged 72; Dr. Enrique Andrade, Professor of Physiology in the Medical Faculty of Valladolid; Dr. Wilhelm Schlesinger, of Vienna, a well known medical journalist, aged 75; and Dr. G. Morelli, of Bergamo, Senator of the kingdom of Italy, aged 75. He was distinguished in his profession, and still more distinguished as a connoisseur in painting and sculpture. He was believed by many competent authorities to be the best living judge of works of art, and he was the author of a valuable work on the principles of art criticism, which was published in German, a language which he wrote as fluently and as elegantly (in the opinion of Germans) as his own.

MEDICAL VACANCIES.

The following Vacancies are announced:

BIRMINGHAM CITY ASYLUM, Rubery Hill, near Bromsgrove. (Clinical Assistant. Board, lodging, and washing provided. Applications to the Medical Superintendent.

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 £20 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.

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.

COUNTIES OF MIDLOTHIAN, WEST LOTHIAN, AND PEBBLES.—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, 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.

DERBY COUNTY ASYLUM, Mickleover, near Derby.—Locum Tenens Assistant Medical Officer for 2½ months from May 1st. Terms, £2 2s., with board, lodging, and washing. Applications to the Medical Superintendent.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—House-Physician. Board and lodging provided; no salary. Applications to Samuel Whitford, Secretary, by April 23rd.

GENERAL HOSPITAL, Birmingham.—Honorary Physician. Diplomas to be sent to the Medical Committee by April 13th. Applications to Dr. J. D. M. Coghill, House Governor. Election on April 15th.

GRANTHAM FRIENDLY AND TRADE SOCIETIES' MEDICAL INSTITUTION.—Resident Medical Officer. Salary, £150 per annum and midwifery fees, with residence, coal, and gas. Not under 30 years of age. Applications to Mr. F. Hullott, Grantham, by April 13th.

GUY'S HOSPITAL DENTAL SCHOOL.—Two Anaesthetists. Applications to the Treasurer, Guy's Hospital, S.E., by April 6th.

HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE.—Clinical Assistant. Board, lodging, and washing, and small honorarium. Applications to Dr. Rees Phillips, Virginia Water.

KENT COUNTY ASYLUM, Chatham, 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.

LONDON LOCK HOSPITAL, Harrow Road, and 91, Dean Street, W.—Registrar. Applications to the Secretary, by April 6th.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT, Bowdon, Cheshire.—Resident Medical Officer. Salary, £80 per annum, with board, apartments, and washing. Applications to the Secretary by April 17th.

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 COLLEGE OF PHYSICIANS, Pall Mall East, London.—Milroy Lecturer. Applications to the Registrar by April 8th, of whom all information can be obtained.

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.

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.

SHAPINSAY, Orkney.—Medical Officer. Salary, £30 from Parochial Board, £50 from Medical Association, with fees from practice. Applications to R. Rannie, Shapinsay Manse, or Chairman of Parochial Board.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Assistant House-Surgeon; double qualifications. Applications to the House-Surgeon, by April 4th.

SWANSEA HOSPITAL.—Resident Medical Officer: double qualifications. Salary, £100 per annum, with board, furnished apartments, coals, gas, laundress, and attendance. Applications to the Secretary by April 14th. Election April 23rd.

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

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.

WEST RIDING LUNATIC ASYLUM, Wakefield.—Pathologist and Assistant Medical Officer: double qualifications, unmarried, and not above 30 years of age. Salary, £100 per annum, rising £10 annually up to £150, with board, furnished apartments, and an additional £50 as Pathologist. Applications to W. Bevan Lewis, Medical Superintendent.

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.

BAILEY, Hy. Bennett, M.D. Brux., M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Spittlegate District of the Grantham Union.

BARON, Horatio Nelson, M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer to the No. 6 District of the Lutterworth Union, *vice* G. M. Dickinson.

BLUCKE, H. F. S., M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Teignmouth, Dawlish, and Newton Dispensary and Convalescent Home, *vice* Dr. James Young, resigned.

BOND, W. A., M.A., M.D., B.C. Cantab., appointed Resident Medical Officer to the Queen Charlotte's Lying-in Hospital, Marylebone Road.

COLLINGWOOD, Joseph Edward, L.R.C.P., L.M. Edin., M.R.C.S. Eng., reappointed Medical Officer for the Burton-Coggles District of the Grantham Union.

COLMAN, Walter Tawell, M.R.C.S. Eng., L.S.A. Lond., appointed one of the Surgeons on the staff of the Sherbourne Road Dispensary, Birmingham, *vice* F. W. Stokes, resigned.

DUNN, R. A., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the North-Eastern Hospital for Children, Hackney Road.

FENTEM, Philip S., M.D. Edin., M.R.C.S. Eng., reappointed Medical Officer for the Baslow Urban District.

FOX, W. Percy, L.R.C.P., L.R.C.S., appointed Medical Officer to No. 12 District (new district), in addition to No. 6 District, in the Parish of Lambeth.

GORDON, Hy. Laing, M.B. Edin., appointed Medical Officer for the No. 6 District of the South Molton Union, Devonshire.

HARPER, Charles, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for the Bath Rural District.

HAYDON, Wm. Rudall, M.D., M.B., C.M. Glas., reappointed Medical Officer for the Cruwys Morchard District of the Tiverton Union.

HODGE, Wm. Theodore, M.R.C.S. Eng., L.S.A., D.P.H. Glas., appointed Medical Officer for the Ellesmere Union.

HOFFMEISTER, William, M.D. Heidelb., L.R.C.P. Lond., M.R.C.S., reappointed Medical Officer for West Cowes, Isle of Wight Union.

LEWIS, Percy G., M.D., appointed Honorary Medical Officer to the Victoria Hospital, Folkestone; and Honorary Assistant Medical Officer to the St. Andrew's Convalescent Hospital, Folkestone.

McLAREN, Alice J., M.B. Lond., appointed House-Physician to the Leith Hospital.

McLINTOCK, James, M.D., M.B., C.M., B.Sc., appointed Officer for the County of Lanark.

MANSFIELD, Gerald, M.B., C.M., appointed House-Surgeon to the West Bromwich District Hospital.

MANSFIELD, G., M.B., B.Ch. Edin., appointed House-Surgeon to the Belgrave Hospital for Children, *vice* R. K. Mitter, M.D., L.R.C.P., M.R.C.S., resigned.

MARGRAVE, Malcolm Llewellyn, M.R.C.S., L.R.C.P., appointed House-Surgeon to the West London Hospital, Hammersmith Road, *vice* Wm. McAdam Eccles.

MURDOCH, Andrew, M.B., C.M. Glas., reappointed Medical Officer for the Rainford District of the Prescot Union.

MURRELL, George Fred., M.R.C.S., L.R.C.P., appointed House-Physician to the West London Hospital, Hammersmith Road, *vice* Malcolm L. Margrave.

O'DONOGHUE, Patrick, L.R.C.P.I., F.R.C.S. Edin., appointed Medical Officer to the Macroom Dispensary (Macroom Union), *vice* Dr. White.

OWEN, Lewis, M.R.C.S. Eng., appointed House-Surgeon to the Denbighshire Infirmary, *vice* Dr. D. G. Evans.

PLATT, J. E., M.D. Lond., appointed Resident Medical Officer to the Convalescent Hospital at Chisle, *vice* E. C. Lomas, M.B., resigned.

PRIESTLEY, Joseph, B.A., M.D., D.P.H., appointed by the Council of King's College Demonstrator in State Medicine and Public Health.

REYNOLDS, Ernest S., M.D. Lond., M.R.C.P., appointed Medical Officer and Visiting Physician to the Manchester Union Infirmary.

RIDDELL, J. Scott, M.B., C.M., M.A. Aberd., appointed Medical Officer by the Old Machar Parochial Board, Aberdeen, for Old Machar Parish (West Division).

SEATON, Edward Cox, M.D. Lond., appointed Medical Officer of Health for the County of Surrey.

SCOTT, Patrick Cummin, B.A., M.B. Cantab., M.R.C.S. Eng., appointed Physician to the Miller Hospital.

SHEPHERD, R. F., M.B. Edin., appointed Medical Officer and Public Vaccinator for the Hainton District of the Boston Union.

STABB, Arthur Francis, L.R.C.P., M.R.C.S., appointed House-Physician to the Addenbrooke's Hospital, Cambridge, *vice* Mr. F. W. Burton, resigned.

THOMSON, Dr. Alexis, appointed Surgeon to the Western Dispensary Edinburgh, *vice* Dr. A. W. Hughes, resigned.

WILSON, Helen M., M.B. Lond., appointed Resident Medical Officer to the Temperance Hospital, Hampstead Road.

WORGER, T. H., M.R.C.S., reappointed Medical Officer of Health for Radstock.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Alban Doran: Fibrosarcoma or Desmoid Growth of the Abdominal Wall. Mr. Stephen Paget: Three Cases of Strangulated Cecal Hernia in Infants. Dr. de Havilland Hall: Chronic Atrophic Rhinitis (Ozena).

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—Mr. A. Pearce Gould: A Case of Tooth-plate Impacted in the Pharynx: Death from Septicæmia. Mr. Penfold: Movable Mass of Salivary Calculus, tolerated for three years as an Incurable Tumour. Mr. W. H. Coffin: Jaw and Dentition of the Irish Giant, Cornelius Magrath. Mr. Stocken: Cases of Absorption of Permanent Teeth.

TUESDAY.

SOCIETY FOR THE STUDY OF INEBRIETY, 11, Chandos Street, W., 4.30 P.M.—Dr. Norman Kerr: Presidential Address on Recent Criminal and Civil Trials, with Inebriate Complications, and the Urgent Need for a Reformed Jurisprudence.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Aldren Turner and Dr. Campbell: Heterotopia of Spinal Cord. Dr. H. Tooth: Heterotopia of Spinal Cord. Dr. Newton Pitt: Chronic Intestinal Stricture, Secondary to Strangulation in a Hernial Sac. Mr. W. B. Robinson: Columnar-celled Carcinoma of Jaw. Mr. H. H. Clutton: Osteitis Deformans of Tibia. Mr. S. G. Shattock: Thickening of Skull in Rickets. Mr. E. C. Stabb: Tuberculosis of Tendon Sheath. Dr. A. F. Voelcker: Tuberculosis of Lymphatic Glands, Invading Lung by Continuity. Mr. S. Paget: Carcinoma of Scalp. Card Specimens:—Dr. Hale White: Hodgkin's Disease with Waxy Kidney. Dr. Newton Pitt: Pigmented Colon from a Case of Lead Poisoning.

WEDNESDAY.

HUNTERIAN SOCIETY, 8 P.M.—Clinical Evening. Dr. F. J. Smith: (1) A Case of Fibrous Growths on the Hands; (2) A Case of Congenital Heart Disease. Mr. F. R. Humphreys: Two Cases of Pneumonia (migrating) with Complications. Dr. A. T. Davies: (1) A Case of Paralysis Agitans; (2) A Case of Graves's Disease.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Adjourned Discussion on Dr. Bell's paper (Treatment of Chronic Disease of Uterine Adnexa). Mr. Mayo Robson: Observations on the Menstrual Flow in Two Cases of Biliary Fistula.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. A. T. Norton: A Case of Popliteal Aneurysm in a youth aged 17. Mr. G. R. Turner: A Case of Cancellous Suppression of Urine with Double Pyonephrosis; Nephrolithotomy on Both Sides at One Sitting. Mr. W. H. A. Jacobson: Eight Cases of Nephrolithotomy, with their Lessons. Mr. Bilton Pollard: A Case of Nephrolithotomy in a boy aged 10.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BRAGA.—On March 25th, at Glen Villa, Sunbury, Middlesex, the wife of J. F. Braga, L.S.A., D.P.H., F.L.S., etc., of a son.

HAYES.—On January 31st, the wife of Alfred A. Hayes, L.K.Q.C.P.I., L.R.C.S.I., of a son.

MARRIAGE.

PAYNE—EDMUNDS.—On March 31st, at St. George's Church, Edgbaston, Birmingham, by the Rev. Chas. Mansfield Owen, assisted by the Rev. W. G. Walker, brother-in-law of the bridegroom, William Arthur Payne, B.A., M.R.C.S., of Selly Oak, Worcestershire, son of F. A. Payne, Esq., Pentre Ucha, Oswestry, to Margaret Banks Edmunds, daughter of the late Henry Edmunds, Esq., of Elmsdale, Edgbaston.

DEATHS.

FOX.—On the 12th ultimo, at Brislington, near Bristol, Edwin Fyde Fox, M.R.C.S., L.S.A., aged 76.

FRASER.—On March 28th, Alister James Gordon, aged 9 years, only son of Grene B. Fraser, Surgeon, etc., Belvedere, Weston-super-Mare.

SALTER.—March 25th, at 18, College Road, Leeds, aged 34, Francis Joseph Salter (Frank), L.R.C.P. and L.R.C.S., second son of the late Joseph Salter, of Lyddon Terrace.—"Until dawn."—No cards.

much doubt that half, or nearly half, of what he gave was absorbed. It will generally be found that the excreta are simply loaded with the extra quantity. As to the fact, he notes that no very strong purgative was required. I have found that when—as in septicæmia—large doses of iron are being taken, and probably producing some constipation, as soon as I have felt my way to and doubled the dose of the drug, the bowels cease to give trouble, and it may be that these doses—a great deal of ferruginous matter not being absorbed—in passing off as waste act as a slight irritant. Whatever the rationale, such is the fact.

VIRCHOW TESTIMONIAL FUND.

The following additional subscriptions have been received:—

	£	s.	d.		£	s.	d.		
P. W. Latham, M.D.	...	2	2	0	Joseph Coats, M.D.	...	2	2	0
George Johnson, M.D.	...	1	1	0	Johnstone Macfie, M.D.	...	1	1	0
W. L. Reid, M.D.	...	1	1	0	John Lindsay Steven, M.D.	...	0	15	0
Charles Workman, M.D.	...	2	2	0	J. Cleland, M.D., LL.D., F.R.S.	...	1	1	0
James Finlayson, M.D.	...	2	2	0	J. Kingston Fowler, M.D.	...	1	1	0
Alex. Robertson, M.D.	...	1	1	0	J. Langdon Down, M.D.	...	1	1	0
Joshua Paterson, M.D.	...	2	2	0	R. Farquharson, M.D., M.P.	...	1	1	0
J. T. Kelly, M.D.	...	1	1	0	G. H. Savage, M.D.	...	1	1	0
James Lawrence, M.D.	...	1	1	0	H. Radcliffe Crocker, M.D.	...	1	1	0
James C. Howden, M.D.	...	1	1	0	F. Roberts, M.D.	...	1	1	0
William Frew, M.D.	...	1	1	0	R. Thorne Thorne, F.R.C.P.	...	1	1	0
Sir G. H. B. Macleod, M.D.	...	2	2	0	F.R.S.	...	1	1	0
George Heron, M.D.	...	1	1	0	Thomas Reid, M.D.	...	1	1	0

PRIMARY AND SECONDARY CAUSES OF DEATH.

MR. A. R. BARNES, M.B.ED. (Boreham, near Hastings) writes: Anent an article in the BRITISH MEDICAL JOURNAL of March 20th, there is a class of cases in which death, though perhaps apparently primarily due to an accident, may also with equal probability be assigned to a natural cause. An individual of advanced years falls down and hurts his hip, there may be no fracture, but he or she may take to bed and after a few weeks die. The primary cause of such a death is, I think it may reasonably be said, a natural one; namely, senile decay; but for senility the fall would not have happened, or if happening would not have caused a condition of things leading on to death. The injury should, I think, be described in such cases as the proximate or secondary cause of death.

ADHERENT MEMBRANES.

DR. H. T. BATCHELOR (Queenstown, Cape Colony) writes: Every textbook describes the adherent placenta, but I have not seen any reference to the possibilities of adherent membranes except in Spiegelberg's *Textbook of Midwifery*, published by the New Sydenham Society. On February 1st, 1888, I confined a woman, and find this note appended to the case: "Placenta removed whole; membranes adherent and left." The membranes were torn off from the circumference of the placenta, which was fibrous. Some portion of the membranes protruded through the os uteri, and were firmly attached to the uterus within the os, at the lower segment. It was found impossible to do more than get away the non-adherent portion, the attachment of the remainder being so firm. We often hear of the dangers of leaving a portion of the membranes behind, and I wish to express the belief that this accident may be due to its being adherent. In this case nearly the whole of them were adherent, and left because they could not be separated. This woman got well in about four weeks, though her safety was endangered by bad nursing.

LETTERS, COMMUNICATIONS, Etc., received from:

(A) Mr. E. Q. Adams, Sheffield; Dr. J. H. Aveling, London; Mr. J. M. Ackland, Exeter; A. H.; Dr. J. A. Anderson, Stranraer. (B) Mr. H. T. Batchelor, Queenstown, Cape Colony; Dr. J. Barr, Rishton; Mr. T. Bell, Rutland; Mr. J. J. Bryant, Monaghan; Dr. S. A. Bontor, Great Berkhamsted; Mr. G. Barling, Birmingham; Mr. J. R. Bailey, London; Mrs. E. Bond, Starcross; Mr. A. Baird, Stoke; Mr. E. Battersby, Tyldesley; Mr. E. Blacker, Midsomer Norton; Dr. R. Bell, London; D. G. Braidwood, M.B., Halkirk; Mr. A. H. Benson, Dublin; Dr. S. Barwise, Blackburn; Dr. P. Boobbyer, Nottingham; Mr. G. A. Byron, Nottingham; Mr. J. F. Brager, Sunbury-on-Thames; Mr. W. L'Heureux Blenkarne, Leicester; Messrs. Burroughs, Wellcome, and Co., London. (C) Professor Charteris, Glasgow; Dr. Alfred Carpenter, Croydon; Mr. H. G. Cartwright, Narborough; Mr. J. Coombs, Bridgwater; Dr. Cherwin, Paris; Messrs. Cassell and Co., London; Mr. T. A. Clifford, London; Dr. M. Clifford, London; The Clerk of the West Riding Lunatic Asylum, Wakefield; Dr. W. J. Collins, London; Mr. H. B. Collins, London; Mr. J. G. Colner, London; Dr. J. G. S. Coghill, Ventnor; Mr. R. K. Corser, Bath; Mr. Bruce Clarke, London; Dr. H. Clements, Stafford. (D) Mr. E. Davies, Fochriw; A Disgusted Member; Mr. H. F. Davis, Bristol; Dr. J. W. Downie, Glasgow; Dr. C. Digby, Hednesford; Mr. F. L. Davis, Lyme Regis; Dr. V. Dickinson, London; Mr. W. T. P. Douglas, Newbury. (E) Mr. T. F. Elton, London; Mr. C. G. Edmonds, New Malden; E. T. T.; Mr. Edward East, London. (F) Mr. C. M. Fegen, Brandon; Mr. W. P. Fox, London; Mr. E. A. P. Fox, Brislington; Mr. W. A. Frost, London; Mr. A. Fuller, Weedon. (G) L. G. Guthrie, M.B., London. (H) Dr. Daniel Horan, Farranfore; Dr. A. H. Hoffmann, Humshaugh-on-Tyne; Mr. J. Van Hargan, London; House-Surgeon; Mr. T. F. Hoppogd, Sunderland; Dr. N. Hardy, Upper Sandusky, U.S.A.; Mr. S. S. Harwood, Hucknall Torkard; Mr. R. W. Hugo, Bedale; Dr. Halliburton, London; Mr. A. A. Hayes, Clanwilliam, Cape Colony. (I) Dr. C. R. Illingworth, Acerington, Indian Medico. (J) Mr. R. S. Jaques, Leeds; Dr. H. N.

Joynt, Birmingham; Mr. Arthur Jackson, Sheffield; Dr. M. Jackson, Barnstaple; Surgeon H. D. James, Chatham; J. J. C. (K) Mr. B. Kuhn, London; Messrs. Kemp and Co., Bombay; Mr. D. H. Kyle, St. Andrews; Dr. G. C. Kingsbury, Blackpool. (L) Brigade-Surgeon H. Lamb, Carlisle; Mr. H. A. Lawson, Craiglockhart; Mr. W. A. Lofting, Bedford Park. (M) Dr. J. Murphy, Sunderland; Medical Etiquette; Dr. W. L. Morgan, London; Medical Staff; M.D.; A Member of Forty Years' Standing; Dr. R. C. McCullagh, Belfast; Mr. J. Morris, Swansea; M. S.; Mr. N. A. Maggs, London; M. O. H. (N) Mr. R. G. Naylor, Audlem; Mr. F. L. Nicholls, Fulbourn; Nineteenth Century. (O) Dr. L. H. Ormsby, Dublin; Observer; Dr. W. Overend, London. (P) Mr. C. F. Pollock, Brentwood; Mr. J. H. Perkins, Pontypridd; Mr. E. C. Perry, London; Mr. F. Parsons, Cheltenham; Mr. G. G. Parsons, Colon; A. S. Percival, M.B., Newcastle-on-Tyne; Mr. J. Pocock, Bangor; Dr. C. E. Paget, Salford; Professor C. Y. Pearson, Cork; Dr. J. M. Paris, Freetown, Sierra Leone; Dr. J. Priestley, Grantham. (R) Mr. Mayo Robson, Leeds; Mr. B. B. Rawlings, London; Dr. J. Rorie, Dundee; Rectus; Retired Lieutenant-Colonel; Reader; Dr. A. Ruffer, London; Dr. E. S. Reynolds, Manchester; J. S. Riddell, M.B., Aberdeen. (S) Dr. G. T. Sinclair, Kincardine; Secretary of the Victoria University, Manchester; Dr. Scott, Twickenham; Secretary of the Bradford Medico-Chirurgical Society; Surgeon-Major I. M. S.; P. C. Scott, M.B., Blackheath; Dr. E. Seaton, London; Mr. R. Sanderson, Brighton; Mr. W. E. S. Stanley, Bath; Secretary of the Public Health Medical Society, London; Messrs. Street Bros., London; Dr. J. K. Spender, Bath; Mr. B. Scovell, London; Mr. R. R. Slemun, London; Secretary of the Sheffield Medico-Chirurgical Society; Mr. R. J. Swan, London; A Senior M.S.; Dr. Shelly, Hertford; Rev. T. N. Hart Smith, Epsom; Mr. J. A. E. Stuart, Heckmondwike; A Senior Officer Medical Staff; Mr. St. Clair B. Shadwell, Walthamstow; Mr. W. A. Shillito, Wolverhampton; Mr. R. C. McM. Smyth, Dublin. (T) Mr. Lawson Tait, Birmingham; Mr. R. W. Tooper, Dartmouth; Dr. G. Thin, London; Twenty-one Years; Dr. Taylor, Andover; Dr. S. Taylor, London; Truth; Mr. A. W. Thorpe, Forest Hill. (V) Mr. T. Jenner Verrall, Brighton. (W) Dr. C. Williams, Cardiff; Mr. E. W. White, Birmingham; Mr. C. V. Woodcock, Bradford; J. Watten, M.B., Reigate; Dr. T. Williams, Nice; Mr. W. H. Wright, New Normanton; Mr. L. Williams, Sidmouth; Dr. T. Walley, Liverpool; Mr. W. H. Williams, Sherborne. (X) X. Y. Z., etc.

BOOKS, Etc., RECEIVED.

Materia Medica and Therapeutics. By J. Mitchell Bruce, M.A. Aberd., M.D. Lond. London: Cassell and Co. 1891.
Kemp and Co.'s Prescriber's Pharmacopœia. Second Edition. Bombay and London: Kemp and Co. 1891.
Modern Abdominal Surgery (The Bradshaw Lecture). By Sir T. Spencer Wells, Bart., F.R.C.S. London: J. and A. Churchill. 1891.
The Comparative Climatology of London and the Chief English Health Resorts. By Bertram Thornton, M.R.C.S., L.R.C.P. London: H. K. Lewis. 1891.
Elements of Practical Medicine. By Alfred H. Carter, M.D. Sixth Edition. London: H. K. Lewis. 1891.
A Manual of Diseases of the Nose and Throat. By Procter S. Hutchinson, M.R.C.S. London: H. K. Lewis. 1890.
Die Tetanie. Von Dr. Lothar v. Frankl-Hochwart. Berlin: August Hirschwald. 1891.

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