

cells at defervescence in a fairly typical example of each of the above-named three diseases :—

Disease.	Age in Years.	Service in Years.	Percentage of Hemoglobin.	Percentage of Corpuscles (Red and White).	Proportion of White to Red Corpuscles.	Remarks.
Remittent fever	21	1	60	83	1 to 1,000	Hyperpyrexia and delirium, with early defervescence.
Ague	18	1	55	60	1 to 720	Persistent tertian ague.
Simple continued fever	27	9	55	70	1 to 810	Defervescence on tenth day.

In connection with the subject of malarial infection, a short reference to some observations made by me on some healthy British officers and men who had never suffered from malarial fever since arrival in India one year and upwards previously, will probably be interesting.

In every case the microbe associated with malarial fever was present to a limited extent, generally in the "rosette" stage, rarely free; the number of red corpuscles was increased above the normal average of cold climates, and the hæmoglobin slightly diminished.

It only remains to add that the material for this paper was collected at different times during the past three years at Mandalay in Upper Burmah, at Meean Meer, and Jubbulpore.

MEMORANDA:

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

DEATH UNDER CHLOROFORM.

ALICE M. W. was admitted into the Sheffield Infirmary on March 13th with a large leucoma of the right eye, for which an iridectomy outwards was advised and consented to by the parents, she coming into the house for the express purpose of having the operation performed.

An anæsthetic being thought advisable, I administered chloroform, which the child took very well. I then called to Mr. Snell, who was in the adjoining room. After this the child had no more chloroform. The operation was performed satisfactorily, and, the child apparently recovering well, Mr. Snell went into the other room and saw several patients. The child was not deeply under the influence, as she gave signs of feeling during the operation, putting up her hand, etc. In two or three minutes breathing suddenly stopped, and she turned very pale, when I at once began artificial respiration, and called to Mr. Snell, who came at once. The child was inverted, ether injected, brandy and the battery applied, all to no avail, for she died in about ten to fifteen minutes, although artificial respiration was continued for two hours.

In the evening I made a *post-mortem* examination, and found the heart quite normal, empty; evidence of old pleurisy of both lungs, more particularly the right, the base of the left was very adherent to the diaphragm; other organs healthy.

H. T. WIGHTMAN,

Assistant House-Surgeon, Sheffield General Dispensary.

CASE OF RAYNAUD'S DISEASE.

G. F., aged 19, a footman, first consulted me on August 5th, 1889, for severe epistaxis and bleeding from the auricles. His father is said to have suffered from a similar condition of the auricles when a young man, and his feet were also frequently livid and swollen. He is a healthy man now of about 60. The mother is healthy but has chilblains. The patient who is temperate, and gives no syphilitic history, has been subject to chilblains and cold hands and feet for many years.

His present illness began definitely about three years ago after exposure to cold.

On August 4th he had profuse epistaxis, and also an abnormal amount of bleeding from a small scratch on the left auricle. Epistaxis had occurred previously four or five times during the past two years, on each occasion spontaneously, sometimes when in bed. The nose from the tip to the junction of the cartilages with the nasal bones was of a deep livid clour, cold, tumid, and slightly painful. No ulceration of the nasal mucous membrane was detected. The right ear was swollen, misshapen and livid, with small bullæ, and dilated and varicose vesicles in some places; the surface temperature lowered, but pain was slight. The whole auricle, excepting the concha, was affected both anteriorly and posteriorly. The left auricle was in a similar condition though not to such a degree. The hands were livid, tumid, and cold to the touch; the feet were not troublesome, but had been somewhat livid, tumid, and slightly tender. The condition of pallor alternating with the lividity was stated to be infrequent, and only lasted for a short time, during which there was more pain. There were no subjective eye symptoms, and ophthalmoscopic examination revealed nothing abnormal. There were abnormal subjective sensations of numbness, heat and cold and pain in the affected parts. The arteries were normal so far as could be made out; the heart was normal; there was no albuminuria. The treatment ordered was a mixture containing iron, arsenic, and digitalis, alum and quinine snuff, and protection of the parts affected.

On September 17th, the patient felt much stronger. The ears were almost of normal thickness, and livid only at the helix and its fossa, and the lobule on the right side, and the helix and its fossa on the left. There was profuse bleeding from an injury to a dilated capillary. On September 29th there was severe epistaxis in bed, nose very livid and tumid. On October 9th the ears had improved. Epistaxis again occurred; the nose was much congested; the hands were better. The interrupted current was applied daily along the course of cervical sympathetic, and in November he was much improved, but sudden severe epistaxis then occurred again.

Professor Grainger Stewart and Dr. Affleck kindly examined the patient, concurred in the diagnosis, and recommended perseverance in the electrical treatment with tonics.

In March, 1890, the patient was somewhat better, the epistaxis was less, the hands and feet were normal, but the ears still required to be kept protected.

Stoke Newington. J. CHRISTIAN SIMPSON, M.B. EDIN.

SUTURE OF TENDONS ELEVEN WEEKS AFTER DIVISION.¹

A PATIENT came to me on December 13th, 1889, with the history that, eight weeks previously, while engaged in trimming rose trees, the knife slipped and inflicted a transverse wound on the outer side of the left wrist, just above the thumb. This wound was allowed to heal by granulation, no advice being obtained until it was found that the thumb could not be moved voluntarily. The thumb was flexed into the palm and adducted, and the patient was unable to pick up a book or to hold anything unless the thumb was first lifted up and the article to be held was placed between it and the hand. Any variety of passive movement was possible, but the only active movement which remained was extension of the terminal phalanx, the thumb being rendered motionless owing to the unopposed action of the flexor longus pollicis, adductor pollicis, and the flexor brevis pollicis. At the base of the metacarpal bone there was a transverse scar, an inch long, on the outer surface of the left wrist, while just below this the distal ends of the tendons of ext. primi internodii pollicis and extensor ossis metacarpi pollicis could be easily felt, but the position of the proximal ends could only be indistinctly made out—5 inches off on the back of the forearm.

Mr. Bates kindly saw the case for me, and advised me to try to unite the ends of the tendons, and this was done on January 8th, 1890, just eleven weeks after the accident. The patient being under chloroform and an Esmarch's bandage

¹ Read before a meeting of the Worcestershire and Herefordshire Branch of the British Medical Association.

being on the arm, an incision was made from the site of the distal ends of the tendons to the supposed position of the proximal ends. The distal ends were found at once, and it was there discovered that the synovial sheath was blocked at the site of the scar for three-quarters of an inch by a mass of connective tissue. This was cut through and the sheath followed up until the proximal ends of the tendons were found. The ends were rounded off, and had not contracted any adhesions. Unfortunately the ends of the tendons were 5 inches apart, and it was found to be impossible to bring them nearer together than three-quarters of an inch; however, the ends were pared, and, on the suggestion of Mr. Bates (who kindly assisted me with the operation), were stitched together with two catgut sutures. One or two small vessels were tied and the wound was closed by silk sutures without any drainage, the tourniquet not being removed until a wool dressing had been firmly applied. After which a special splint was put on in such a way as to keep the thumb extended. The wound healed by first intention, and all the active movements of the thumb were perfectly restored.

Worcester.

T. PRESTON GOSTLING.

POISONING BY THE VAPOUR OF NITROBENZOLE, AND BY THE FUMES OF BURNING DYNAMITE.

THREE cases of poisoning by substances used in the manufacture of explosives have come under my notice during the past two years.

Nitrobenzole.—On September 13th, 1888, J. H., employed at an Explosive Manufacturing Co., whose work had consisted for some hours on that day in pouring nitrobenzole from large drums into smaller vessels, came complaining of dizziness and headache. He had vomited once or twice, and staggered in his gait. His respiration was hurried (about 36), and the breath was heavy, with the peculiar sweetish fragrance of nitrobenzole. The surface of the skin was of a dark-purple hue, especially marked on the mucous membrane of the lips and beneath the finger-nails. The heart's action was very rapid and tumultuous (160 to the minute), but the pulse was full and of good quality. The pupils were sluggish. There was some tendency to coma when at rest, and the friends of the patient were therefore directed to keep him moving about, with the object of ensuring a more rapid respiration, as it was plain that much of the poison was being eliminated by the lungs. Physical examination of the chest failed to reveal any pulmonary congestion. The urine was very dark, smelt strongly of nitrobenzole, and contained neither blood nor albumen. Drs. Blaxland and Seabrook kindly saw the patient with me during the first twelve hours. The treatment we adopted was simply expectant, and was mainly directed to keeping the patient alive while assisting the lungs and the kidneys in the elimination of the poison. After four or five days the patient made a good recovery, but at this date, though no longer working with the same substance, he yet retains a peculiar complexion, as if the blood had undergone some change from which it had not yet completely recovered.

Fumes of Dynamite.—On August 5th, 1890, at 1 P.M., J. R., aged 21, and a boy, aged 12, descended a shaft 200 feet deep; they stopped on a staging 15 feet from the bottom to light their candles, and threw down the wax vesta they had used without blowing it out; it fell on a body of about 25 lbs. of dynamite which was lying loose at the bottom of the shaft, and ignited it. When this explosive is not "tamped" and meets with no resistance it does not explode, but "fizzles" much in the same way as damp gunpowder. The fumes of burning dynamite are pungent and suffocating, and are said to resemble those of burning sulphur; they are completely different in their odour and effects from the fumes of exploded dynamite. The man and the boy were in close proximity to the smoke for about one minute, but their ascent of the ladder way was much retarded by the fact that the boy was so far overcome as to require much assistance from his companion. Altogether I learn that they were inhaling smoke of differing intensity for a period of about five minutes. On reaching the surface both vomited, and complained of headache and dizziness. At 8 A.M. the following morning, when he was brought to the hospital, the boy was suffering from

extreme dyspnoea with cyanosis. He succumbed two hours after admission. At 1 P.M. on August 6th, I was called to see J. R. He had remained at his work the previous day, and was not seized with serious illness till the middle of the night, some twelve or thirteen hours after inhaling the smoke. I found him lying in bed semiconscious, pulse full and bounding, and exceeding 150 to the minute, respirations 96, temperature normal. The bowels had acted during the morning, and he had passed urine of normal appearance; it had not been saved, and none was obtainable for examination. Physical examination of the chest revealed extensive and extreme congestion of both lungs. The treatment adopted consisted of free purgation by elaterium, and the promotion of diuresis by digitalis, squill, and mercury, administered in free doses. Improvement was noticeable immediately a watery drain had been established by these means. The respirations began to decrease in rate and to increase in depth, and within twelve hours the cyanosis ceased to be so extreme. This patient recovered within four days of the exposure. The *post-mortem* appearances in the case of the boy consisted of intense pulmonary oedema, with deep bluish coloration of the tracheal and bronchial mucous membrane, beneath which were numerous punctiform hæmorrhages. All the other organs were healthy.

Broken Hill, N.S.W.

C. E. THOMPSON, M.R.C.S.Eng.

POISONING BY ROBURITE.

I was urgently called to T. G., aged 16, at 9 A.M. The mother stated that she had been recommended to sprinkle roburite upon the floor of her son's bedroom, to clear out the cockroaches. In this room slept a male friend (for the one night). I found the patient cyanosed, blue-black in hue to his very nails; tongue, lips, and mouth nearly black; body and face livid. The temperature was subnormal. He was shaky and cold. There was dyspnoea, respiration being hurried and laboured. Pulse 135, very weak; great depression. The treatment employed was removal from the room, stimulants of all kinds, medicinally and otherwise, hot milk, and beef-tea. Hot-water bottles to all parts of body, enveloping in hot blankets. The other lad was not so much affected, although slightly cyanosed. Evidently the inhalation of the fumes of the roburite caused the mischief. Gradually T. G. improved, but at 5 P.M. there was a relapse. On the third day the temperature was normal, after which recovery was rapid.

With regard to the action of this poison, we are taught that the fumes of roburite, when inhaled into the system, are exceedingly deadly, even in the smallest quantities; that when these fumes are inhaled in a coal mine, they carry with them two poisonous gases—nitric oxide and carbonic oxide; that incomplete combustion of roburite allows the deadly elements of the components nitro-benzene to escape and freely mix with the air, where it can be inhaled or absorbed by contact with the skin. Of course in this case there was no probability of combustion.

W. H. SPURGIN, M.R.C.S., L.S.A.

Maryport, Cumberland.

MISSED LABOUR.

Mrs. A., about 40 years of age. Husband was an old man. Her last menstruation ended June 15th; labour was, therefore, due about March 20th. She complained that she had not felt life since March 1st. On March 5th careful auscultation and palpation confirmed her fears. The child was certainly dead. At this time the objective signs were hard breasts, a soft flaccid belly and uterus; the os uteri admitted the tip of a finger, and there a white, slimy, rather fetid discharge. She was also troubled by frequent and sudden perspirations. On April 21st labour set in naturally, and a dead child and placenta were born together. The placenta was small and fibrous. The epidermis peeled off the child, and the cranial bones were disarticulated and loose in a bag of scalp, the edges of the bones giving quite a sharp cutting feel through the scalp. The brain was soft and diffuent. The recovery of the mother was good and speedy. In this case a dead child was retained six or seven weeks *in utero*, and about four weeks after the date when the natural term of pregnancy should have ended.

Queenstown, Cape Colony.

H. T. BATCHELOR.

A CASE OF CONGENITAL MALFORMATION OF THE PENIS.

ON February 21st, while at Limon, Costa Rica, I was asked to see a male negro infant, aged about 3 months. The mother stated that the child ever since birth had passed his urine entirely by the bowel. The infant was plump and well-nourished, the prepuce was imperforate, but the genitals appeared otherwise normal. There was, however, a rudimentary sixth finger on each hand.

Thinking the case simply one of imperforate prepuce with recto-vesical fistula, I put the child under chloroform and performed circumcision. On the glans penis being exposed I found that the urethral orifice was entirely absent, the situation of the meatus being marked only by a slight dimple. I then passed a narrow Paget's knife into the glans in the direction of the urethra to the depth of about a quarter of an inch and succeeded, after several attempts, in finding the termination of the urethra and introducing a probe, on the withdrawal of which about a drachm of urine escaped. The wound was dressed with carbolised vaseline, and the mother instructed to pass a fine bougie into the urethra daily for the distance of about an inch. The additional fingers were amputated at the same time.

I had an opportunity of seeing the child again on March 4th. The wounds were then healed, and a No. 1 black French catheter could be passed into the bladder without difficulty.

REMARKS.—Although cases of imperforate prepuce are not very rare they usually speedily prove fatal unless relieved by operation. In this case, however, the child had reached the age of three months without any surgical interference and apparently without inconvenience. This was of course owing to the fact that the urine could escape per rectum. The recto-vesical fistula was probably congenital; it seems possible, however, that it may have been formed after birth, as the result of a slight rupture of the bladder from over-distension.

G. G. PARSONS, L.R.C.P.Lond., M.R.C.S.,
Surgeon Royal Mail Steam Packet Company.

Colon.

REPORTS

ON

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

THE GENERAL HOSPITAL, BIRMINGHAM.

WOUND OF CHEST WALLS PENETRATING THE DIAPHRAGM, WITH
WOUND OF THE STOMACH AND PROLAPSE OF OMENTUM:
ABDOMINAL SECTION: RECOVERY.

(By GEORGE HEATON, M.A., M.B.Oxon., late Resident Surgical
Officer.)

A GIRL, aged 6, was admitted into the hospital on July 5th, 1890, having been accidentally wounded in the left side of the chest by a carpenter's chisel.

On admission the child was pale and collapsed; her extremities were cold, and the pulse small and feeble. Between the eighth and ninth costal cartilages on the left side was a clean cut horizontal wound, about $1\frac{1}{2}$ inch in length. The wound was vertically below the left nipple, and a mass of bleeding omentum protruded through it. The left side of the chest was motionless during respiration.

She was anaesthetised with chloroform, and an attempt was made to replace the omentum in the peritoneal cavity. This failed, owing to its being tightly grasped between the ribs. An incision, $2\frac{1}{2}$ inches long, was made vertically downwards from the wound, and the abdominal cavity opened below the costal arch. By passing two fingers into the peritoneal cavity, and dilating the wound in the diaphragm, the omentum was withdrawn into the abdomen. As it was bruised and bleeding, it was again brought out—this time through the abdominal incision—and excised, after its base had been ligatured.

The stomach was next brought out through the abdominal wound and examined. A small cut, half an inch long, was found near its lesser curvature, penetrating its serous and muscular coats. This was sutured with carbolised catgut, and

the stomach returned. The peritoneal cavity was thoroughly cleansed of blood and closed in the usual manner. The wound between the ribs was then enlarged, and the wound in the diaphragm exposed from its pleural side. The upper edge of the diaphragmatic wound was easily found, but its lower one could not be discovered. The upper edge was, therefore, brought down and sutured to the cartilage of the ninth rib, and the cavity of the thorax thus shut off from that of the abdomen. The external wound was finally closed, a small drainage tube being left in its outer angle. The wounds were dressed with cyanide of zinc and mercury gauze. At the close of the operation the child was extremely collapsed, but rallied slowly after a small enema of brandy.

Her after-progress was satisfactory. The temperature rose that evening to 99.8° , but never again to 99° . The wound was dressed on July 7th, and the drainage tube removed. It had united by first intention except where the tube protruded. On July 11th the wound was again dressed, and all stitches removed. It had completely healed. She was given solid food on the 13th, and ordinary diet on the 16th. She remained an in-patient until August 14th, when she was discharged, wearing a small abdominal belt.

REMARKS.—The case is interesting, as it illustrates the great rallying power which children possess after severe injuries. On admission her condition seemed almost hopeless, and yet in a few days she was practically convalescent. The wound, though opening the thoracic and abdominal cavities, did not involve the pleura, and the risks of pleurisy were consequently avoided. The suture of the wound in the diaphragm will, I hope, prevent the supervention of a diaphragmatic hernia.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

SEVERE GENERAL CHOREA.

(By JAMES Y. TOTHERICK, M.D., Hon. Physician to the
Hospital.)

[From notes taken by the House-Physician, Dr. BROWN.]

E. B., a single girl, aged 24, small stature, dark complexion, well made, was admitted on November 19th, 1890, with very severe general chorea of a month's duration. She was said to have had seven previous attacks of chorea, the last ten years ago. There was no cardiac lesion. The pulse was good, the temperature normal. We found, upon examination and inquiry, that the patient was between four and five months advanced in pregnancy.

For the first three weeks she was treated by rest in bed; liquor arsenicalis was given in doses of 10 minims to 15 minims thrice daily. The chorea, however, got worse. She lost her sleep and her movements were violent.

On December 7th chloroform was given, and an attempt was made to dilate the os uteri with the finger. The external os was with difficulty dilated, but the internal os could not be reached with the finger. She was now given a mixture having the composition of "bromidia," and obtained some four hours sleep. The chorea was, however, little less severe, and on November 10th, under the strictest possible antiseptic precautions, a catheter was inserted between the uterus and the membranes, with the intention of inducing labour.

On December 11th the patient was much quieter: the temperature normal. There were slight uterine pains. The cervix was softer and very slightly dilated.

On December 12th, at 8 p.m., the chorea was much better, the cervix quite soft, admitting the finger, and pains were occasionally experienced. After this the pains gradually ceased, and the uterus acquired complete tolerance of the catheter, and it was removed, the chorea being much better, but not well.

On December 31st the patient was given a mixture containing succus conii, \mathfrak{zj} , increased to \mathfrak{zjss} on January 3rd. On January 18th labour commenced naturally, and in eleven hours a living child was born. She had no drawback. The chorea got much better, and on January 29th she left the hospital. On February 18th, she appeared to show herself in good health.

REMARKS.—Here was a case of extreme gravity rescued by dilatation of the cervix of a gravid uterus, for the catheter could not be said to have accomplished more than this. In

HALF-TIMERS.

The following letter has been forwarded to members of the Standing Committee on Trade:—

Leeds, April 7th, 1891. DEAR SIR,—We have been asked by a member of the Standing Committee on Trade of the House of Commons to express our opinion as to the desirability of raising the lowest age limit of half-time workers in factories to 11, or even 12 years. Our opinion is that the physical welfare of half-time workers does not demand any alteration of existing arrangements. We firmly believe, however, that the present Board School system of education places a premium on intellectual as opposed to physical development. A child, 13 years old, who has passed the fourth standard, is permitted to work full time, whilst one who has not is allowed to work half-days only. As a natural consequence, we have frequently brought before us stunted specimens of humanity, of high intellectual but of low physical calibre. The dullards are indeed the stronger. It is precisely the precocious children of both sexes, from 13 years upwards, who require professional judgment, not to refuse them employment, but to moderate it in quantity and in kind, according to their needs. If this supervision ceases, flat feet, crooked limbs, and spinal curvature will be much more in evidence than they are at present. What can anyone without professional training know about the early stages of physical degeneration, or about the ills of puberty, and the grave, yet insidious, deviations from health which are apt to occur about that time?—a period, indeed, when external growth and internal development are so active, and when overstrain leads but too often to lifelong deformity, or to permanent health deterioration. We beg, therefore, to press upon your attention our decided conviction that “young persons” (so-called), 13 to 16 years old, demanding full time labour certificates need our professional consideration more even than half-time workers, whose labour is light and of short duration.—We are, dear Sir, yours truly,

ALFRED RICKARDS, }
WILLIAM HALL, } Certifying Surgeons for
JOHN A. NUNSELEY, } the Leeds District.
CHARLES J. WRIGHT, }

THE GENERAL PRACTITIONERS' UNION.

At a meeting of the Committee on Hospital Management, held on April 6th, it was resolved to send a circular to the general practitioners residing in the metropolitan district, inviting replies to the following questions:—

1. It is within your knowledge that hospitals and public dispensaries are abused? State particulars as to cases. No need to disclose names and addresses of patients.
2. Do you know of any cases where the spread of infectious or contagious diseases can be traced to the out-patient departments of hospitals or public dispensaries?
3. Is it not your opinion that the special departments of the general hospitals should be so extended and supported as to render special hospitals unnecessary?
4. Do you consider any kind of special hospital desirable? If so, which?
5. Do you approve of the paying or part-paying system in the general and special hospitals or public dispensaries? If you do, or if you do not, state your reasons.
6. Do you approve of a central board to supervise the existing charities and the licensing of new ones?
7. Is it not your opinion that public hospitals and dispensaries should have the power to recover all expenses incurred for treatment of patients who have obtained admission to hospitals under false pretences?
8. Do you think that the number of out-patients seen per day should be limited?
9. What further check would you impose upon the admission of out- and casualty patients?
10. Is it your opinion that the larger field which exists in the Poor-law infirmaries and dispensaries for the instruction of medical students should be utilised for their curriculum, more especially during the fifth year of study?

The Committee will feel obliged if any medical man, in a position to furnish information respecting the above, will communicate with the Honorary Secretary, 29, Threadneedle Street, E.C.

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.

The following Committees will also meet:—

Tuesday, April 14th, 1891.—3.30 P.M. Branch Organisation.—4.30 P.M. Premises Committee.—5.0 P.M. Therapeutic Committee.—5.30 P.M. Trust Funds Committee.—Wednesday, April 15th, 1891.—11.30 A.M. Journal and Finance Committee.

April, 1891.

FRANCIS FOWKE, General Secretary.

THE President of the Council has returned from India, and he desires to express to the members who have addressed letters to him his regret that, through an inadvertence, a notice of his intended absence was not inserted in the BRITISH MEDICAL JOURNAL.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

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

NOTICE OF QUARTERLY MEETINGS FOR 1891.

ELECTION OF MEMBERS.

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

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

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.

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 R. 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.

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.

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.

MIDLAND BRANCH: LEICESTERSHIRE DISTRICT.—A meeting of the above district will be held in the Board Room, Leicester Infirmary, on Friday, April 24th, at 3.30 P.M. The following papers, etc., are already promised: Mr. Marriott will show a Case of Innominate Aneurysm Cured by Simultaneous Ligation of the Subclavian and Carotid Arteries. Mr. Bond: On Some Points in the Operation for Ruptured Perineum. Mr. Bond will also show a New Form of Tracheotomy Tube, with Patient. Dr. Pope: Pneumothorax from Rupture of an Air Cell in an Emphysematous Lung. Dr. Pope will also show Cases of Lupus under Treatment by Koch's Tuberculin. Several pathological exhibits, instruments, etc., will be shown. Members wishing to read papers or show specimens are desired to communicate with the Honorary Secretary, Dr. FRANK M. POPE, Campbell House, Leicester. For further particulars see advertisement in JOURNAL.

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 8.30 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.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—The next meeting will be held (by kind permission of the Treasurer) in the Court Room of St. Thomas's Hospital (entrance from Westminster Bridge Road), at 8.30 P.M., on Wednesday, April 15th. A discussion on the Koch method of treatment for tuberculosis will be opened by Dr. Bristowe, F.R.S., Senior Physician to St. Thomas's Hospital. Cases which have been treated in St. Thomas's Hospital will be reported on and exhibited by Dr. Hawkins and Dr. Robinson. All practitioners, whether members of the Association or not, will be heartily welcomed.—**HECTOR W. G. MACKENZIE, M.D.**, Honorary Secretary, 77, Lambeth Palace Road, S.E.

METROPOLITAN COUNTIES BRANCH: WESTERN DISTRICT.—A meeting will be held on Tuesday, April 14th, at the Lyric Hall, Ealing Broadway. The chair will be taken by Dr. T. B. Christie, C.I.E., Vice-President of the District, at 8.30 P.M. Business: 1. Minutes of preceding meeting. 2. A paper will be read by C. V. Biss, Esq., M.D., F.R.C.P., on The Diagnosis and Treatment of certain forms of Visceral Neuralgia.—**C. A. PATTEN**, Honorary Secretary, Marpool House, Ealing.

NORTH OF IRELAND BRANCH.—A general meeting of the North of Ireland Branch will be held in the Royal Hospital, Belfast, on Thursday, April 23rd, at 4 P.M. Gentlemen who wish to read papers, show patients, specimens, etc., will kindly communicate, as early as convenient, with **JOHN W. BYERS, M.D.**, Secretary, Lower Crescent, Belfast.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH. The fifth general meeting of this Branch was held in the Medical Institute, Birmingham, on February 12th, 1891. The chair was taken by the President, Mr. ALFRED FREER, and forty-five members were present.

New Members of Branch.—The following members of the Association were elected members of the Branch: W. J. L. Ffrench, L.R.C.P. & S.I.; Harold Mason, M.R.C.S., L.R.C.P.; J. F. G. Pietersen, M.R.C.S., L.R.C.P.; W. D. Urquhart, M.B., C.M.; W. Dudley, M.B.Lond.; A. Champneys Clarke, L.R.C.P.I.

Cases.—Mr. PRIESTLEY SMITH showed two cases of Metallic Foreign Bodies in the eye successfully relieved by the Electromagnet.—Mr. BARLING showed a man, aged 56, for whom twenty-one months previously he had successfully drained by anterior abdominal incision a Hæmo-hydro-nephrosis, the result of an injury two years before the operation. The cyst contained 100 ounces of cocoa-like fluid, containing 5 per cent. of urea.—Mr. MATTHEWS showed a Cancerous Liver, weighing 8 lbs. 11 ozs., removed *post mortem* from a woman, aged 74, which had given rise to symptoms only a few weeks before her death.

Paper.—Dr. SUCKLING read a paper on Headaches. In the discussion which followed, Dr. DOUGLAS, Mr. MATTHEWS, Mr. JORDAN LLOYD, Mr. MCCARTHY, Dr. SIMON, Mr. S. H. AGAR, JUN., and Mr. OAKES took part.—Dr. SUCKLING replied.

The sixth general meeting was held at Birmingham on March 12th, 1891; Mr. ALFRED FREER, President, in the chair.

Nominations for Office-bearers.—The following nominations for office-bearers were received: *President-elect*: Dr. Joy. *Treasurer*: Dr. F. Underhill. *Honorary Secretaries*: Mr. Jordan Lloyd and Dr. Simon. *Representatives on Council*: Dr. Saundby, Mr. Lawson Tait, and Mr. Jordan Lloyd. *Representative on the Parliamentary Bills Committee*: Dr. Agar. *Council*: Country Members: Dr. Agar, Mr. L. Browne, Mr. V. Jackson, Mr. Manley, Dr. Douglas, Dr. Thursfield, Mr. F. H. Messiter, Dr. M. Moore, Mr. J. McCarthy, Dr. McVeagh, Dr. G. H. Phillips, Mr. H. M. Morgan. Town Members: Mr. Barling, Mr. Bartleet, Dr. Carter, Mr. Bennett May, Dr. Rickards, Dr. Saundby, Dr. Suckling, Mr. Lawson Tait, Mr. P. Smith, Dr. S. Wilson, Mr. Marsh, Dr. Foxwell, Mr. Bark, Mr. Eales, Mr. Haslam.

Amputation of Penis.—Mr. F. MARSH exhibited a man, aged 46, whose penis he had amputated for carcinoma, after Thiersch's method. The patient had suffered from multiple stricture of the urethra (gonorrhoeal) for twenty years. Nineteen years ago he had syphilis, and eleven years ago suppurating inguinal glands. Until five years ago he was constantly under treatment for his strictures; since then he had neglected them, and two urinary fistulæ had formed, one in left side of the perineum, and one in the penis, just anterior to the scrotum. During that time he had been unable to retract his foreskin. On admission into the Queen's Hospital, Birmingham, on August 13th, 1890, the glans and the penis, almost down to the scrotum, were of stony hardness. On one side was an ulcer, the size of a shilling. All the urine was passed through the fistulæ, and the general health was broken

down. It was impossible to pass the finest bougie down the urethra. As far as could be ascertained no lymphatic glands were implicated. On August 21st, the penis was completely removed in the following manner. The scrotum was split, the corpus spongiosum urethræ cut through and dissected down, the crura of the corpora cavernosa detached from the pubic rami, the penis removed, the orifice of the urethra sutured in the perineum, and the wound closed. As the patient was in such a feeble condition the testicles were left, that the time and shock of the operation might be minimised. He made a slow but good recovery, and left the hospital on October 8th. At the date of report the cicatrix was hardly visible, the urethra acted most efficiently, there was no irritation of the scrotum or perineum, and no sign of recurrence. The man had gained weight, and had been better since the operation than for the last eight or nine years.

Papers.—Mr. S. H. AGAR, JUN., read a paper on Incipient Insanity, and in the discussion which followed Mr. FREER, Mr. LAWSON TAIT, Mr. PIETERSEN, Mr. BARLING, and Dr. JOY took part.—Mr. BARLING read a paper On the Treatment of Ruptured Urethra by Immediate Suture. Mr. W. THOMAS, Mr. B. MAY, Mr. JORDAN LLOYD, Mr. V. JACKSON and Mr. MARSH took part in the discussion which followed.

BORDER COUNTIES BRANCH.

The spring meeting was held at the County Hotel, Carlisle, on March 20th, 1891. The chair was occupied by Dr. ABLETT, of Whitehaven, and there were also present thirty-two members and two visitors.

Communications.—Dr. MASON (Windermere) read notes of a Case of Obturator Hernia, in which recovery had taken place.—Dr. PALM (Wigton) read notes of a Case of Purpura Hæmorrhagica, and detailed the *post-mortem* examination appearances.—Dr. THOMSON (Penrith) read a paper upon Symmetrical Gangrene, and showed photographs of a case.—Dr. TOMORY (New Abbey, Dumfries) read a paper upon the Treatment of whooping-cough by Ouabain.—Dr. NORMAN WALKER (formerly of Dalston) sent Five Sections taken from Tuberculous Lungs, and notes detailing the cases, which had been treated at Prague according to Koch's method. Some of the details of the cases were read by the SECRETARY, and the sections were examined under the microscope.—A discussion followed, and Dr. WALKER (Carlisle) gave an account of his experiences in Berlin, and answered numerous inquiries in regard to the treatment as he had seen it carried out.

Dinner.—The members subsequently dined together in the hotel.

Exhibits.—Specimens of recent and improved pharmaceutical preparations were exhibited on behalf of Messrs. Richardson and Co., of Leicester.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

An ordinary general meeting of the Branch was held in 1, Crown Street (Milne's Library), Aberdeen, on Wednesday, March 18th, 1891, at 8 o'clock P.M., the President, Dr. GARDEN, in the chair.

Dr. P. el Howie, Strathdon, was admitted a member of the Branch.

Koch's Treatment.—Dr. FERGUSON, Banff, read notes of nineteen cases of tuberculous disease, which he had treated in his hospital practice since December last. Of these cases, nine were cases of phthisis, three in the first stage, and the others with more or less breaking down of lung tissue; six were cases of lupus; one a case of scrofulous glands of the neck; two hip-joint cases, and one old-standing sinus of thigh. Of the three cases of phthisis in the first stage, two were pronounced "cured," the third decidedly improved, but had not been sufficiently long under treatment to have obtained the full benefit of the remedy. One of the more advanced cases was much improved, the sputum having decreased from 3 ounces to 3 drachms in the twenty-four hours, and the tubercle bacilli gone. Two other cases showed slight improvement. Two showed no difference, and one was worse, but not more than would have been the case under ordinary treatment. None of the lupus cases could be reported cured, although five showed more or less improvement; treatment had to be stopped on account of threatened syncope in the sixth patient, who was a stout flabby woman of 49. The

sinus of the thigh was cured after several scraping operations had failed. In one case of supposed tuberculous disease of hip-joint there was no reaction whatever, though in the other cases there was decided improvement, but it fell short of a cure. The gland case had only been a short time under treatment, but was considerably improved.

Fluorescin in Corneal Ulcer.—Dr. BULLOCK, Royal Infirmary (for Dr. MACKENZIE DAVIDSON), demonstrated the use of a 2 per cent. solution of fluorescin in the diagnosis of corneal ulcers. The ulcerated portion was strongly contrasted with the healthy parts of the cornea, even the minutest point of disease being brilliantly coloured a distinct green.

Renal Calculi.—Dr. MACGREGOR showed specimens of renal calculi composed chiefly of uric acid, and which, though rough, were passed by the urethra with much pain. Relief was given to some extent by cocaine solutions.

Traumatic Papillitis.—Dr. FERDINANDS read notes of a case in which loss of vision was the first symptom complained of. Other points of interest were the curious intermittent pulsation in one of the retinal arteries and the anæmic condition of the macula lutea. In spite of the intense inflammation the patient completely recovered his full vision.

Foreign Body in Alimentary Canal.—Dr. BEVERIDGE showed a piece of curved glass, sharp and about three-quarters of an inch long by one-fifth broad, which had passed through the alimentary canal of a child without producing any symptoms. It had been accidentally administered in a dose of castor oil.

SPECIAL CORRESPONDENCE.

BERLIN.

The German Surgical Congress.—The Langenbeck-Haus.—A New Poliklinik.

THE Surgical Congress, which has just come to a close, owed a great part of its interest to the animated discussion on tuberculin. Professor Koch—newly returned from Egypt—was present, but took no part in the proceedings. Professor von Bergmann's opening address on the tuberculin treatment showed the great change which his views have undergone since the famous exhibition of cases in his clinic last November. Bergmann admits that tuberculin produces intense inflammation at a spot not contiguous to the point of application, and that it exercises a specific action on tuberculous tissue. It shares with other ferments—for instance, sepsin—the power of producing “general reactions.” The “local reaction” ensues only where tuberculous tissue is concerned.¹ On the other hand, the injections have been followed by general reaction where no tuberculosis was present—in actinomycosis, for instance, and in certain malignant growths. Bergmann theoretically admits the possibility of a spreading of the tuberculous disease under the influence of tuberculin injections, though he considers actual step-for-step proof in each case extremely difficult. It is certain, however, that the tuberculin treatment forms no sort of protection against an outbreak of fresh tuberculous foci. As regards therapeutic action, Bergmann's experience is that temporary cure is followed regularly by relapse. One of the November lupus patients, first dismissed as “almost cured,” and later on dismissed as “cured,” returned a few weeks later with fresh tuberculous eruptions, and now presents the appearance of a fresh case of lupus. Bergmann's conclusion is that Koch's remedy has not hitherto justified the hopes first entertained. Nevertheless, he is of opinion that experiments with it should not be abandoned, because, though no cure has hitherto been effected, its influence on tuberculosis is undoubted. Schede (Hamburg) and König (Göttingen) agreed with Bergmann that the experiments should be continued. Von Eiselberg's experience (in Billroth's clinic) tallied with that of Bergmann as far as tuberculosis is concerned. He reported a case of actinomycosis cured by several weeks' tuberculin treatment. Sonnenburg and Hahn exhibited cases where lung cavities had been cut down upon while under tuberculin treatment. The results were encouraging; the general condition improved, and the number of bacilli temporarily diminished.

¹ This was questioned by Professor Küster, of Marburg.

Rubinstein (Berlin) gave an account of the results obtained by Professor Schüller in more than 100 cases of tuberculosis of the skin, of the glands, of the bones and joints by a combination of guaiacol taken internally, and injections of iodoform glycerine. In many of his cases the “cure” has lasted, without relapse, for many years. Senger gave an account of interesting experiments made by him in Trendelenburg's clinic at Bonn (in cases of glandular tuberculosis) with formic acid and formicate of ethyl-ether. Leser (Halle) had announced his intention of exhibiting a case of lupus “cured” by tuberculin. When about to bring forward his man, whom he had not seen for several days, he was horrified to find a fresh growth of lupus. Papers touching on questions of bacteriology were read by Braatz (Heidelberg), Jordan (Heidelberg), Brunner (Zurich), Fischer (Strassburg), and Reichel (Würzburg). There was a small exhibition of surgical and bacteriological instruments. Rohrbach (Berlin) exhibited new steam disinfectors on the vacuum system; Haselauer (Berlin) showed the employment of the new “Mannesmann tubing” in hospital practice; the Allgemeine Elektrizitätswerke exhibited surgical instruments made of aluminium, the distinctive features of which are their light weight, and the ease with which they can be disinfected.

On April 4th, the foundation stone of the projected Langenbeck-Haus was laid by Professor Thiersch (President of the Surgical Congress sitting at the time) in the presence of a distinguished assemblage, including the Chamberlain of the German Empress, Herr v. d. Reck; the Minister of Finance, Dr. Miquel; the Cultus Minister, Count Zedlitz-Trützschler; the commandant of Berlin; the General-Stabsarzt of the army, Dr. v. Coler, and many others. The Langenbeck-Haus is not destined for a surgical hospital (as the name would seem to imply), but is to be a sort of medical club, a meeting house for members of the profession, containing a lecture hall, library, reading rooms, refreshment rooms, etc. The idea originated with the late Empress Augusta, whose interest in medical matters is well known. It was her idea that the best monument to Langenbeck's memory would be a house bearing his name, in which members of the different branches of the profession would have an opportunity of meeting and exchanging their experiences. The last day of the Surgical Congress had been appropriately chosen for the ceremony of laying the foundation stone, and the congress was present *in corpore*.

A new private polyclinical institute of some importance, and on a large scale, has just been opened in Berlin. It is to go by the name of the “Johanneum.” The institute is to combine hospital practice with clinical instruction and theoretical research. It contains eighty beds, is furnished with laboratories, microscope rooms, etc., an electro-mechanical institute, and a lecture theatre, in which courses are to be given by Professor Eulenburg on diseases of the nervous system; by Professor Zülzer on diseases of the kidneys and bladder; and by Dr. Scheimann on diseases of the nose and throat.

BIRMINGHAM.

Vacancies at the General Hospital and at the Children's Hospital.—The Chair of Medicine at Queen's College.

THE vacancy in the post of physician to the General Hospital, caused by the resignation of Sir Walter Foster, who has been appointed consulting physician, will shortly be filled up. The only candidate at present for the office is Dr. R. M. Simon, assistant physician to the hospital, whose clinical ability and success as a teacher, added to his long service in his present appointment, give him a very strong claim for the post.—There will shortly be a vacancy in the post of physician to out-patients at the Children's Hospital, caused by the resignation of Dr. Suckling. For this there will be a number of candidates. An honorarium of £60 is attached to the appointment.

For the Professorship of Medicine at Queen's College, resigned recently by Sir James Sawyer, there will be a contest. There are two joint professors of medicine, the custom being to select one from the General and one from the Queen's Hospitals, and this tradition will be observed in all probability on this occasion; otherwise the applicants for the post

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

CAVENDISH COLLEGE.—An examination will commence on July 7th for one entrance scholarship of £50, one of £40, and at least two of £30, open to candidates who will be under 18 years of age on October 1st. Candidates may offer one or more of the following subjects: Classics, mathematics, natural science, modern languages. For particulars application should be made to the Master.

UNIVERSITY OF EDINBURGH.

The following gentlemen have passed the First Professional Examination for the Degrees of M.B. and C.M.:

W. D. Adams, C. C. Aitken, H. de M. Alexander, J. Anderson, R. W. Beesley, W. Begg, W. Bethune, J. L. Bevans, J. E. Bowes (with distinction), F. W. Broadbent, R. T. Bruce, M. Burnet, A. P. Chapman, J. Cookson, B. R. C. Christie, E. Crerar, J. M. Dalziel, J. R. Dodds, H. O. Dougall, H. W. Dun, A. Edwards, H. P. Elliott, D. Evans, T. Finlay, J. Forbes, J. V. Forrest, J. S. Fraser, S. Fraser, W. H. Gaunt, T. Gibson (Australia), J. O. F. Gilchrist, T. E. H. Giuseppe, J. H. Glover, J. E. Good, D. J. Graham, J. H. K. Griffiths, W. Haig, H. Halton, C. Hardcastle, R. T. Herdman, A. Heys, F. Higginbotham, C. W. Holmes, A. Hosking, J. Hume, F. C. M. Hutchinson, T. H. Jameson, B. S. Jaraja, H. Jones, T. H. Jones, J. G. Kay, J. W. Keighley, B. C. Kelley, T. B. Kenney, J. W. Kippen, D. F. Laidlaw, J. Lawrie, T. G. Lewis, G. R. Livingstone, T. G. Lusk, W. C. W. McDowell, C. J. R. MacFadden, J. Maciver, W. H. Mackenzie, R. Mackinnon, J. G. Macmillan, D. Matheson, S. Messulam, J. Michael, C. H. D. Moore, R. S. Mowat, M. G. Naidu, F. B. Oliphant, D. Orr, J. E. Owen, E. L. Owen, G. W. S. Paterson, C. W. Peach, F. Porter, W. A. Potts, F. G. Proudfoot, J. C. Rait, A. M. Rattray, W. Riach, R. G. Robson, W. C. Rowlands, R. Samut, J. Scott, R. G. Selby, J. H. Seon, T. D. S. Shaw, S. S. Skinner, H. W. Sommerville, G. Smith, S. H. Smith, W. L. Stevenson, J. W. Sutcliffe, F. W. Taylor, A. G. P. Thomson, A. S. Trapaga, D. A. Tuckhild, G. D. de Waal, J. Watson, W. H. Watson, D. Watters, E. C. Watts, J. R. Whait, A. Whyte, P. W. Wilkinson, E. D. Williams, J. M. Wishart, J. B. Wood, J. G. H. Wood, Z. M. Zorat.

In the same examination the following have passed in Chemistry, Practical Chemistry, and Natural History:

T. Gibson, W. L. Pritchard, E. de C. Prout, J. T. Waite.

In Chemistry, Practical Chemistry, and Botany, the following gentleman has passed:

J. Wood.

The following gentlemen have passed in the Second Professional Examination:

G. W. Anceum, R. H. Armstrong, G. Butters, J. Cowie, F. W. Foxcroft, H. F. Green, W. R. Harvey, G. Hodges, G. H. Hogg, G. Home (with distinction), F. H. G. Hutchinson, S. P. Hyam, A. C. Stamborg, W. Evans, J. H. Ewart, R. Hutchison (with distinction), D. Campbell, W. S. Campbell, A. B. J. Cooper, S. G. Davidson, J. L. Dick, A. Douglas, G. Dickson, G. H. Dupont, D. C. Edington (with distinction), J. J. Evans, A. Fells (with distinction), D. Fraser, J. A. Fullarton, A. Gardner, W. R. Gow, T. A. Granger, V. Green, R. L. Guthrie, T. B. Hearder, D. B. Hewat, A. Nobbs, H. J. Pechall, W. Robertson, J. J. Lewis, F. Lechman, I. McLew, F. R. Paterson, J. F. Robertson, A. T. Simpson, F. J. Walden, G. J. Williams.

The following have passed in the Anatomy and Physiology Section of the Second Professional:

W. A. J. Alexander, M.A., L. B. Beddie, M.A., A. B. Carvosso, J. Clark, A. M. Easterbrook, H. Fergusson, D. Findlay, J. D. Macmillan, A. Walker, M.A., R. A. Wilson, D. M. Fergusson, H. B. Gladstone, F. W. H. Wright.

UNIVERSITY OF ABERDEEN.

At the Graduation in Medicine on April 3rd, 1891, the following candidates received Degrees in Medicine and Surgery:

Degree of M.D. W. Alexander, M.A., M.B., C.M., Tarland; E. Bovill, M.B., C.M., Bengal; T. J. Compton, M.B., C.M., Norwich; J. Craigie, M.B., C.M., Chard; *G. S. P. Ferdinands, M.B., C.M., Aberdeen; *N. M. MacFarlane, M.B., C.M., Preston; T. W. A. Napier, M.B., C.M., Egremont, Cheshire; J. M. Rattray, M.A., M.B., C.M., Frome; J. Scott, M.A., M.B., C.M., Manchester; C. C. Shepherd, M.B., C.M., Kidderminster; J. Taylor, M.B., C.M., Bootle; T. H. Thomson, M.B., C.M., Campbelltown; R. M. Townsend, M.B., C.M., Cape of Good Hope.

*The thesis of G. S. P. Ferdinands was considered worthy of Highest Honours, and that of N. M. MacFarlane, of commendation.

Degrees of M.B. and C.M.—A. G. Allan, M.A., Portsoy; J. Bell, Culter, Aberdeen; A. H. Bennett, South Australia; S. H. Burnett, Manchester; W. H. Clark, Kintore; J. D. Crow, M.A., Aberdeen; P. W. Diack, M.A., Aberdeen; J. P. Farquharson, Aberdeen; W. Findlay, M.A., Aberdeen; J. W. de Hoedt, Ceylon; A. Hunter, Aberdeen; S. C. Ironside, Aberdeen; J. H. Lumsden, Fortrose; G. Lyon, Whitehills, Banff; J. M.D. McKay, Sutherlandshire; G. Mackie, Inch; R. M. MacLennan, M.A., Ross-shire; J. Marnoch, M.A., Aberdeen; C. Milne, Newhills; T. Pimley, Preston; A. C. Ross, Craigellachie; D. Russell, Banchoy; W. W. Sinclair, Banchoy; C. E. G. Simons, Merthyr Tydfil; G. Snell, British Honduras; W. H. Stephen, Newhills; G. W. H. Tawse, Aberdeen; C. E. Wigan, Somerset; J. T. Wilson, Glasgow.

R. L. Brander, and W. J. Dewar, Arbroath, have passed the examinations for the degrees of M.B. and C.M., but will not graduate until they attain the necessary age.

Graduation Honours. The following candidates graduated with Honours:

Highest Academic Honours.—W. Findlay, J. Marnoch, G. W. H. Tawse.

Honourable Distinction.—W. J. Dewar, R. M. MacLennan, J. T. Wilson.

The Diploma in Public Health has been conferred on:

R. A. S. Eden, M.B., C.M., Aberdeen; W. B. Simpson, M.B., C.M., Bedale; W. Tonge-Smith, M.D.

The following candidates have passed the First Division of the First Professional Examination for the Degrees of M.B. and C.M.:

H. J. Baxter, R. Burgess, W. F. Cornwall, W. P. Crombie, J. B. Cruickshank, W. A. G. Farquhar, W. S. Fraser, J. L. G. Gillanders, P. Harper, L. Joseph, J. M'Culloch, D. M'Kenzie, G. O. Marke, R. D. Moncur, R. N. Petrie, G. A. Pirie, E. Proudlove, A. W. Reid, W. Thomson, R. M. Trotter, R. S. Trotter, T. D. Webster.

The following candidates have completed the First Professional Examination:

F. S. Ainley, A. Alexander, J. A. Allwood, F. Beaten, C. T. Bell, R. H. Boulton, **A. Brown, R. Burgess, A. Campbell, K. C. Chetwood-Aiken, A. L. P. Cruickshank, W. Cruickshank, A. B. Dalgetty, A. Duncan, W. C. Edmonston, A. F. A. Fairweather, D. G. Falconer, G. W. R. Fernando, H. Fraser, S. J. C. Fraser, **F. A. Gill, D. Grant, J. F. Hall, C. Haslewood, **W. Hector, A. Henderson, W. J. Hepard, P. Howie, J. Ingram, C. Kemp, **J. R. Kennedy, T. B. Law, W. Macdonald, C. G. M'Gregor, R. G. M'Gowan, **A. W. Mackintosh, *G. Marr, **J. Matheson, C. J. Milne, R. Mitchell, **A. A. Moore, C. K. Morgan, C. L. Morrison, H. Munro (Fort Augustus), *H. Munro, (Fortrose), P. M. Muttukumaru, A. Ogston, **W. W. Pearse, E. Philip, J. F. Philip, W. Pieris, A. Ponnambalam, C. W. Profeit, R. A. Slater, G. Sturrock, A. Thomson, J. Thomson, *W. Thomson, G. E. Watson, *G. J. A. Watson, G. A. Williamson, V. O. Wright.

The following candidates have passed the Second Professional Examination:

N. W. Anderson, W. M. Anderson, A. C. Barron, G. G. Bothwell, T. Brander, J. D. Burnett, W. J. Carmichael, J. S. Cooper, A. B. Dalgetty, W. Dunn, W. J. S. Ewan, A. Fraser, T. H. Galbraith, A. G. Gall, G. Geddes, G. K. Gifford, F. B. Graham, A. Grant, *J. W. Grant, H. T. Hinton, J. W. de Hoedt, A. Hogg, R. E. Kerr, C. Lamont, R. C. Macdonald, *D. D. Mackintosh, C. W. Marshall, C. Mitchell, W. J. Morton, J. G. Pardoe, A. W. Paterson, W. Paterson, *W. R. Pirie, W. Ross, *J. Rust, G. Savege, A. W. Scatlift, G. Sken, *A. T. Smith, J. Sutherland, R. R. Sutter, J. Wallace, *J. T. West, R. Young.

* Indicates that the candidate has passed "with credit."

** "with much credit."

The University Gold Medals for the winter session, 1890-91, have been awarded as follows:

Fife Jamieson Memorial Gold Medal in Anatomy.—J. Gillespie, Aberdeen; J. T. West, Dinnet.

Keth Gold Medal for Systematic and Clinical Surgery.—A. Grant.

Shepherd Memorial Gold Medal for Systematic and Practical Surgery.—J. Rust, M.A.

Medals in Clinical Surgery, Descriptive Case Taking.—W. Trethowan, A. Grant (equal).

Chemistry:

First Year Students.—Silver Medallist: R. Cruden, M.A., Inverurie;

Bronze Medallist: A. H. Lister, B.A., Leytonstone.

Second Year Students.—Bronze Medallist: A. Don, M.A., Strathdon.

Institutes of Medicine:

Senior Division.—Medallists: J. W. Grant, Watten, Caithness; D. D. Mackintosh, Aberdeen; R. E. Kerr, M.A., Bunchrew, Inverness; W. R. Pirie, M.A., Aberdeen.

Junior Division.—Medallists: A. W. Mackintosh, M.A., Deskford, Cullen; W. A. G. Russell, M.A., Longhope, Orkney; A. M. R. Sinclair, Inverness; R. R. Sutter, New Zealand.

Systematic Surgery:

Senior Division.—Prize Medal and First Class Certificate.—J. Rust, M.A. Medal and First Class Certificate: J. Leech, M.A.; A. T. Smith; J. Sutherland; A. Hogg, M.A., W. A. Pirie, M.A. (equal); W. Trethowan; W. Sinclair, M.A.

Junior Division.—Medal and First Class Certificate: R. Mitchell, P. Howie.

Materia Medica:

Senior Division.—First Class Certificate and Bronze Medal: A. D. Forres.

Junior Division.—First Class Certificates and Bronze Medals: A. Grant, Duftown; D. D. Mackintosh, Aberdeen; J. Leach, Ardersier.

Practice of Medicine (Session 1890-91):

Senior Division.—First Class Certificate: G. W. Tawse, Aberdeen (prize).

Junior Division.—First Class Certificates: J. Marnoch, M.A., Aberdeen (prize); A. Anderson, M.A., Edinkillie, Morayshire (prize); J. T. Wilson, Glasgow (prize).

Midwifery:

Prizemen and First Class Honours.—J. Marnoch, M.A., Aberdeen; W. Findlay, M.A., Aberdeen; H. Fraser, M.A., Fearn.

Systematic Pathological Anatomy, 1890-91:

Medallists.—E. C. Maguire; A. Anderson, M.A.; H. Fraser.

QUEEN'S COLLEGE, CORK.

The annual report for the session 1889-90, which had been delayed in consequence of the president's death, has now been published. During the session 1889-90 the number of students on the books of the College was 238, and of these 96

were new entries. The new President, Mr. James Slattery, pays a tribute to the memory of President Sullivan, and speaks in the highest terms of his services to the College, and as a learned and scientific writer on various subjects.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination of the Board in Physiology only at a meeting of the Examiners on April 4th:

A. H. Hardcastle, student of Yorkshire College, Leeds; H. S. Hughes, of Queen's College, Birmingham; J. A. Dawes, of Owens College, Manchester; S. L. Martin, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; H. M. Moore, H. R. Pring, H. Knight, G. L. Hanwell, L. M. Breton, M. White, and E. C. Peru, of St. Thomas's Hospital; H. Hearnden, J. J. Culmer, W. J. Burroughs, A. Alexander, and C. M. Greenway, of Guy's Hospital; N. M. Tarachand, of Bombay and Middlesex Hospital; A. E. Scott, of Middlesex Hospital; W. Allingham and J. H. F. Iles, of St. George's Hospital; R. D. Cox and S. C. C. Fenwick, of St. Mary's Hospital; J. Moses, of London Hospital; and H. Jenkins, of University College.

Passed in Anatomy and Physiology on April 6th:

R. G. Hann, of Yorkshire College, Leeds; A. E. Thompson, of Queen's College, Belfast; C. Porter, of Queen's College, Cork; F. W. Willway, C. L'O. Miall, A. B. Densham, and A. E. R. Rutherford, of Bristol Medical School; H. Ashton, of Anderson's College, Glasgow; J. Cryer, S. A. Archer, W. H. Budd, and D. D. Stewart, of University College, Liverpool; J. H. Marsh, J. R. Bishop, E. Knight, and A. Walker, of Owens College, Manchester; L. S. Tomkys, of Queen's College, Birmingham; W. F. Miller and E. H. Drake, of Guy's Hospital.

Passed in Anatomy only:

T. Astbury and A. H. Palmer, of Queen's College, Birmingham; J. Tilsley, W. A. P. A. Price, and T. D'A. M. Williams, of Bristol Medical School; A. E. Syme, of Melbourne University; F. Edmunds and P. Slack, of Sheffield Medical School; T. Talbot, of Boston University and London Hospital; F. W. Stokes, of University College.

Passed in Physiology only:

B. E. Edge, R. Goulden, P. Wilkinson, and T. L. Webster, of Owens College, Manchester; and J. E. Gordon, of Glasgow University.

Passed in Anatomy and Physiology on April 7th:

G. V. A. Robertson, R. L. B. Smith, D. Stephenson, and F. Walker, of Yorkshire College, Leeds; F. W. Crossman, A. Hudson, E. H. Marsh, and F. L. Titley, of Bristol Medical School; K. T. Williams, F. J. V. Hall, T. S. F. Hudson, W. d'E. Emery, J. C. Poole, E. A. Dando, and G. W. Charsley, of Queen's College, Birmingham; E. Quayle, A. McDougall, S. C. Salter, A. Thorp, W. J. Hoyton, and J. Law, of Owens College, Manchester; L. S. Partridge and H. R. Welsh, of Oxford University; C. W. Branson, of Sheffield Medical School; D. Morrison, of University College; and M. S. Paterson, of St. Mary's Hospital.

Passed in Anatomy only:

C. H. Ackland and A. T. Morgan, of Bristol Medical School; W. H. Cooper, of Bristol Medical School and Mr. Cooke's School of Anatomy and Physiology; H. M. Harrison, of St. Thomas's Hospital; and W. B. Orme, of University College.

Passed in Physiology only:

A. D. Griffiths, of Bristol Medical School; and S. Langdon, of St. Mary's Hospital.

The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on April 8th:

G. E. Barcht, G. H. Cowan, and F. W. Walton, students of London Hospital; E. W. Ormerod, W. H. Symons, B. Collyer, and A. D. Ducat, of St. Bartholomew's Hospital; D. E. Jones, of Trinity College, Toronto, and St. Bartholomew's Hospital; E. T. Jones and A. W. Clarke, of University College; G. H. Lock and W. H. Hargreaves, of Middlesex Hospital; A. W. Hooper, A. E. Thorp, and J. W. Laver, of St. Thomas's Hospital; R. A. Cowie, of Cambridge and St. Thomas's Hospital; A. Bousfield, of King's College; A. C. Hovenden, G. S. Hovenden, and H. W. Graham, of Guy's Hospital; A. G. Bennett, of St. Mary's Hospital and Mr. Cooke's School of Anatomy and Physiology; D. Mowrojee, of Madras Medical College; and T. S. Davies, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Anatomy only:

R. Serjeant, of Guy's Hospital; S. E. Price, of London Hospital; and A. P. Woolright, of St. Bartholomew's Hospital.

Passed in Physiology only:

E. Shepherd, of St. Mary's Hospital; L. J. A. de Gèbert, of Middlesex Hospital; M. R. Taylor, of St. Bartholomew's Hospital; G. W. Gostling, of University College; and J. Challice, of London Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentleman, having passed the necessary examinations, and having conformed to the by-laws and regulations, was at the quarterly meeting of the Council, on April 9th, admitted a Member of the College:

M. B. Dumaresq, L.S.A., 38, Streatfield Street, Burdett Road.

The following gentleman, having passed the necessary ex-

aminations, and having now attained the legal age (25 years), was at the same meeting admitted a Fellow of the College: G. B. M. White, M.B.Lond., 42, Hazelville Road, N., Diploma of Member dated August 2nd, 1888.

SOCIETY OF APOTHECARIES OF LONDON.—Pass List, March, 1891.

Arts: There were 158 candidates, of whom 3 were placed in the first class and 14 in the second class, having passed in all the subjects required for registration as medical student.

First Class.		
Woodstock, C. P.	Leney, E. M.	Henry, B. F.
Second Class.		
Andrewes, G. S.	Crowe, G. A.	Kingdon, W. R.
Armson, C. J.	Fryer, H. E.	Malaher, A. E.
Blackstone, C. E.	Hilliard, H.	Rowlands, B.
Cardozo, F. B.	Ingram, J.	Wyllys, H. J. M.
Cator, P.	Izard, H. E.	

One hundred and eight passed in one or more of the subjects.

Surgery: The following candidates passed:

E. M. Dobinson, Guy's.	W. C. Lattey, St. George's Hospital.
W. B. Duck, M.A.Oxon., Oxford University and St. Mary's Hospital.	W. S. McGeagh, L.K.Q.C.P.I., St. Thomas's Hospital.
G. V. M. Gideon, St. Mary's Hospital.	L. E. Parkhurst, B.A.Oxon., Oxford University and St. Mary's Hospital.
C. D. Holmes, Liverpool University College.	A. Plumbe, London Hospital.
S. R. Lane, Glasgow, Middlesex, and London Hospitals.	F. Spurr, Sheffield and Middlesex Hospitals.

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

E. A. R. Covey, St. Bartholomew's Hospital.	A. S. Phillips, St. Thomas's Hospital.
A. E. Mayner, M.D., C.M., Montreal University.	G. Jones, M.A.Oxon., Oxford University and London Hospital.
H. H. Crickitt, St. George's Hospital.	R. D. Waghorn, Westminster Hospital.
W. F. H. Newbery, M.D., C.M., Trinity Medical College, Toronto.	A. J. Lambert, Leeds Yorks College and Westminster Hospital.
G. V. M. Gideon, St. Mary's Hospital.	A. A. Wimberley, Birmingham, Queen's College.

Medicine and Midwifery:

T. C. Hughes, Westminster Hospital.	L. Roberts, Cambridge University and St. Mary's Hospital.
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Midwifery:

R. W. Brimacombe, Birmingham, Queen's College, and St. Mary's Hospital.	J. S. Newington, Edinburgh University.
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The following gentlemen were granted the Diploma of the Society qualifying for registration and entitling them to practise the three branches of the profession—Surgery, Medicine, and Midwifery:

Crickitt.	Lambert.	Parkhurst.
Gideon.	Mayner.	Waghorn.
Jones.	Newbery.	

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE HOUSING OF THE POOR IN SALFORD.

A LOCAL GOVERNMENT BOARD inquiry was recently held at Salford with reference to the application by the Corporation under the Housing of the Working Classes Act, 1890, for the issue of a provisional order confirming an improvement scheme agreed upon by the Corporation. The areas to which the scheme relates are five in number. According to the evidence of Mr. C. E. Paget, the medical officer of health, there are 378 houses in these areas, with a population of 1,123 persons; the average density of population is about 400 persons to an acre, and most of the houses are back-to-back, without through light or ventilation. The average death-rate from all causes is 64 per 1,000, the zymotic death-rate is over 7 per 1,000, and the death-rate from pulmonary diseases is in excess of 20 per 1,000. These rates are enormously in excess of the rates prevalent in Salford as a whole (about three times as high), and are even above the rates prevailing in the represented area of Bethnal Green in London.

Mr. Paget was of opinion that the insanitary condition of these areas could not be remedied except by the drastic remedy of pulling the whole down and rebuilding. To re-house the people displaced, the Corporation proposed to begin at once to erect model dwellinghouses to accommodate

authority must make one, and, if required by the County Council, provide a building for *post-mortem* examinations. The Government also proposed to apply to underground and cellar rooms (the present law as to which was very defective) the complete Public Health Act of 1875 and amend the law where it was at present faulty. It was also necessary to strengthen the means by which the law was to be enforced, and the Bill provided that the Local Government Board might, if satisfied on representation of the London County Council that there was not a sufficient number of inspectors, order the sanitary authority to appoint as many as were deemed necessary, the appointment to be subject to regulations of the Local Government Board; and with regard to the medical officers of health and sanitary inspectors, it was provided that they should be removable by the sanitary authority only with the consent of the Local Government Board. This provision had been urged from many quarters, and there was much force in the argument that, unless these officers were to a certain extent independent of the local authority, they could not perform their duties with absolute freedom. There was a precedent for this in the Scotch Local Government Bill. He believed that the action or inaction of the sanitary authorities had been very largely caused by the complexity of the law with regard to the public health. The sanitary authority, just as an individual, was liable to a fine for non-performance of their duties. The Bill provided that the London County Council might prosecute the local authority, and also that the Local Government Board might, on complaint by the London County Council that the local authority was neglecting its duty, and, after satisfying itself that the complaint was just, make an order fixing a limit of time within which the duty must be performed; and, if it were not then performed, might transfer the duty from the local authority to the County Council. In many local matters the London County Council rightly had powers of a very extensive character; and it was right and proper in dealing with a great question of public health that the County Council, representing all parts of the metropolis, should be eligible for appointment with regard to the performance of duties which had been neglected by the local sanitary authorities. The House would see that the Government had prepared the Bill in a large and liberal spirit, and with a full desire to consider all representations made by local authorities, and to strengthen their hands by simplifying the law. If the House would assent to the Government's proposals, he believed that they would prove to be productive of enormous benefit to the health of London. It was proposed to refer both Bills to one of the Standing Committees, and he did not doubt that they would come back from that Committee even better measures than they were now. He begged to move the second reading.—Mr. STUART gave a general support to the Bill subject to the discussion of details in Committee.—Mr. J. R. KELLY viewed subsection 2 of Clause 5 with some alarm. As to the regulations with reference to underground rooms, he asked why should the ignorant, uneducated occupier be included with the owner as liable to punishment? He was so much opposed to some of the provisions of the Bill that if any member proposed its rejection he would support the motion.—Mr. PICKERSHILL advocated the substitution of the word "shall" for "may" in the clause dealing with coroners' court houses.—Sir A. ROLLIT thought the proposal that in future medical officers of health and sanitary inspectors should be irremovable, except with the sanction of the Local Government Board, would be resented by the local authorities as implying unnecessary distrust of their action, and that it would so far decrease the sense of responsibility on the part of those authorities that the best men in the different localities would be deterred from undertaking the work of local government.—Dr. FARQUHARSON thought the Bill would do a great deal to remove some of the minor miseries of life under which Londoners had been groaning for so many years. Hon. members had not yet had time to go thoroughly into this Bill, and it would, of course, have to be considered by a committee upstairs. The Bill would be a valuable one if it contained nothing more than the provision for the abolition of the detestable custom of putting down salt in the streets in order to dissolve the snow. Another matter which the Bill dealt with was the emptying of dustbins at all hours of the day. He agreed with those hon. members who thought it would be better to put the responsibility of removing snow and slush upon the local authorities. Some of the observations which had been made about this infection were extremely good. He was glad to hear that some means were to be provided by which a schoolmaster could ascertain whether an epidemic was raging in his district. He was glad his right hon. friend had followed the Scotch Bill in making the dismissal of local officers of health dependent upon the Local Government Board. This Bill appeared at first sight to be a very good one, and he believed that with a little licking into shape it would be of great service to the health of the metropolis.—Mr. CAUSTON asked Mr. Ritchie whether he could allay the anxiety of the medical officers and sanitary inspectors now in service as to their removability or irremovability from office. In Clause 35 the point was made clear as to future officers, but nothing was said as to the position of those now serving, and they were naturally very anxious to learn whether the omission was accidental or intentional.—Mr. ISAACSON expressed a hope that the President of the Local Government Board would permit the introduction of a provision preventing auctioneers and house agents from disposing of dwelling houses without being able to produce a certificate that they were in a proper sanitary condition.—Mr. RITCHIE said the position of medical officers and sanitary inspectors was this—that at the end of the term of their present appointment they would become officers under this Bill; until the present appointments ceased they would not.—Mr. CAUSTON stated that many officers were not subject to reappointment.—Mr. RITCHIE was not aware of cases in which they were not reappointed, but, in any event, existing appointments might be terminated by mutual consent and a new appointment made. But it would be impossible to impose an absolute duty on the local authority to keep on a man without an opportunity of considering whether he was a fit and proper person to be appointed permanently. He was afraid it would be impossible to carry out the suggestion made about certificates for sanitary houses. In order to certify every house to be in a perfectly sanitary condition it would be necessary virtually to pull the house to pieces, and he was afraid it might be found there were very few houses in London faultless in that respect.—The Bills were read a second time and referred to the Standing Committee on Law.

INDIA AND THE COLONIES.

BRITISH HONDURAS.

YELLOW FEVER AT BELIZE.—The insanitary state of Belize, built as it is on a swamp that, notwithstanding repeated resolutions, has never been more than partially reclaimed, is notorious, but the comparative immunity of the town from yellow fever, which has appeared only at long and uncertain intervals, is certainly remarkable; and on the theory of its spontaneous origin, or of its spread by epidemic waves, would be inexplicable. Though the outbreaks of 1874, 1886, and 1890 were popularly ascribed to the dredging operations in the in the harbour, Mr. Eyles, Colonial Surgeon, in a Report on the Occurrence of Yellow Fever in Belize, proves conclusively, from the dates and distribution of the cases in the two latter years, that these could have had no influence whatever, but that all the circumstances point to direct importation. In 1886 it was undoubtedly by the *Hedwig*, which took on board at Colon, where the disease was raging, four men and a quantity of ballast. Several of the crew were attacked, two dying, and the ballast was used for repairing the principal streets, in which the majority of the cases subsequently occurred. The outbreak of last year may have been a resuscitation of that of 1886, which is always liable to occur where frost is unknown. Mr. Eyles maintains that the essential cause of yellow fever is a specific contagion and that certain conditions of soil are necessary to its propagation or perpetuation in a place, climate playing but a contributory part. He insists on the urgent need for a thorough sanitary reclamation of the town on the one hand, and on the employment of a judicious system of quarantine on the other. His criticism of the inconsequence of certain authoritative and official pronouncements on this question are so excellent that we can only wish that his style were as good as his reasoning.

MEDICAL NEWS.

PROFESSOR LÉON LABBÉ and Professor Peter, of Paris, have been promoted to be Commanders of the Legion of Honour.

THE Mercers' Company have given 20 guineas to the funds of the Workhouse Infirmary Nursing Association.

The Worshipful Company of Merchant Taylors have contributed the sum of 200 guineas to the Building Completion Fund of the Royal Free Hospital, Gray's Inn Road.

THE Lord Chancellor has appointed Mr. Francis William Maclean, Q.C., M.P., a Master in Lunacy in the place of Sir Alexander Miller, resigned.

A SCHOLARSHIP of £50 in Natural Science at Clare College, Cambridge, has been gained by Mr. H. Boulton, of Epsom College.

DIPHTHERIA SPREAD BY A CORPSE.—The Rev. S. Bridenbaugh tells in the American *Sanitary Bulletin* how, when pastor of a small town in Pennsylvania, the corpse of a child that had died of diphtheria was "on view" for three days in a house opposite the public school, when over 100 of her schoolfellows as well as many other persons visited it. More than 150 persons contracted the disease, and 40 of them died.

WE have received the volume of the *Transactions of the Royal Academy of Medicine in Ireland* (Fannin and Co.) for the year 1890. As in previous years, the reports of the proceedings of the various sections of the Academy have been published in the *BRITISH MEDICAL JOURNAL* from time to time, and it is therefore unnecessary for us to enter into a detailed review of the volume.

INTERDICTION OF HYPNOTIC PERFORMANCES.—The Common Council of Cincinnati has, on the advice of the Health Commissioner of the city, Dr. J. W. Prendergast, interdicted public exhibitions of hypnotism, and adopted an ordinance making them a misdemeanour, on the ground that the indiscriminate application of hypnotism is, in a large proportion of cases, injurious to the mental health of the persons upon whom it is practised.

AN INTERNATIONAL HOSPITAL IN PARIS.—A Franco-Dutch hospital (Hôpital Franco-Néerlandais) has just been opened

in the Rue Championnet, Paris. The Consul-General of Holland has taken a leading part in the foundation of the new institution, which he hopes will soon change its name to Hôpital International, if, as he anticipates, the representatives of other foreign countries in Paris will associate themselves with him in the promotion of the good work.

THE British Gynaecological Society will hold a provincial meeting on June 18th and 19th at Newcastle-on-Tyne. Dr. Robert Barnes, Honorary President of the Society, will take the chair at the meetings, which will be held in the College of Medicine. Dr. R. C. Benington has been appointed General Local Secretary, and all communications are to be addressed to him. Professor S. Pozzi, M.D., of Paris, Surgeon to the Lourcine-Pascal Hospital, has been elected an Honorary Fellow of the Society.

KOCH'S TREATMENT OF TUBERCULOSIS.—At Seville, Dr. Sota, of the Polyclinic of the School of Medicine, has at present eight patients under treatment by Koch's method. In all the cases improvement has taken place, especially in two cases of lupus and one of leprosy. The largest dose hitherto used has been 5 milligrammes, and the treatment has not yet had to be discontinued in any case. The Munich police authorities have forbidden druggists to sell tuberculin until regulations on the subject have been enacted by the Bavarian Government.

PRESENTATIONS.—Dr. Petter, of Darlington, has been presented by the members of his No. 1 (Way and Works) Ambulance Class with a handsomely-framed photograph of himself and a silver-mounted walking stick in appreciation of his services.—Dr. Younger, on recently resigning his appointment on the medical staff of the London County Asylum, Hanwell, after sixteen years' service, was presented by the inspectors and attendants with a richly-chased silver cup, and by the nurses with a handsome and highly ornate salver, each with a suitable inscription, as tokens of the high esteem in which he was held by the donors.—Mr. P. M. Sealiff, M.R.C.S., L.R.C.P.Lond., has been presented by the ladies of the Lordship Lane Branch of the St. John Ambulance Association with a handsome pedestal drawing-room lamp, as a mark of their appreciation of his services as honorary lecturer to the classes recently concluded.—On Monday last, Mr. Francis W. Clark, L.R.C.P.Lond., M.R.C.S., surgeon to Sir Charles Palmer's ironstone mines at Grinkle, in Cleveland, Yorkshire, was presented by the miners belonging to his ambulance class, all of whom have recently obtained the certificate of the Association, with a handsome silver-mounted ebony walking stick as a token of their esteem and appreciation of his services.—Dr. John Somerville Johnston, at a public meeting held on April 6th, was presented by the members of the Sharnbrook Branch of the St. John Ambulance Association with an elegant walking stick, as a token of esteem and thanks for his services successfully rendered to the classes of the branch.

MEDICAL VACANCIES.

The following Vacancies are announced:

ALRESFORD UNION, Hants.—Medical Officer of the 2nd District of the Union. Salary, £100 per annum and fees; and Medical Officer of Health for the District of the whole Union. Salary, £40 per annum. Applications to W. H. Moss, clerk, by April 17th.

BIRMINGHAM CITY ASYLUM, Rubery Hill, near Bromsgrove.—Clinical Assistant. Board, lodging, and washing 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.

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.

COUNTIES OF KIRKCUDBRIGHT AND WIGTOWN.—Medical Officer of Health. Salary, £350 per annum and personal and travelling expenses. Applications to R. M. and A. J. Gordon, County Clerks, Kirkcudbright, and J. and C. A. McLean, County Clerks, Wigtown, from whom further particulars can be obtained, by April 22nd.

DERBY COUNTY ASYLUM, Mickleover, near Derby.—Locum Tenens Assistant Medical Officer for 2½ months from May 1st. Terms, £22 2s.,

with board, lodging and washing. Applications to the Medical Superintendent.

DEVONSHIRE HOSPITAL, Buxton.—House-Surgeon. Salary £100 per annum, with board, furnished apartments and washing. Applications endorsed "House Surgeon," to the Secretary, by April 20th.

DEVONSHIRE HOSPITAL, Buxton.—Assistant House-Surgeon. Salary, £50 per annum, with board, furnished apartments and washing. Applications endorsed "Assistant House-Surgeon," to the Secretary, by April 20th.

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.

GENERAL INFIRMARY, Leeds.—House-Physician. Board, lodging and washing provided. Applications to Mr. E. Ward, Secretary of the Faculty, Infirmary, Leeds, by April 22nd.

GENERAL INFIRMARY, Leeds.—Resident Officer at the Ida Hospital. Appointment for six months. Honorarium of £25, with board, lodging and washing. Applications to Mr. E. Ward, Secretary of the Faculty, Infirmary, Leeds, by April 22nd.

GENERAL INFIRMARY, Leeds.—Two House-Surgeons. Board, lodging and washing provided. Applications to Mr. E. Ward, Secretary of the Faculty, Infirmary, Leeds, by April 22nd.

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 15th.

GUEST HOSPITAL, Dudley.—Resident Medical Officer, double qualifications. Salary, £100 per annum, with board, residence, attendance and washing. Applications to E. Poole, Secretary, by April 23rd.

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

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident Medical Officer, double qualifications, unmarried and not under 25 years of age. Salary, £200 per annum, with board and residence. Applications by April 22nd.

KING'S COLLEGE HOSPITAL.—Sambrooke Medical Registrar. Applications from King's College students, to J. W. Cunningham, Secretary, King's College, London.

KING'S COLLEGE, London.—Demonstrator of Public Health. Applications to J. W. Cunningham, Secretary.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT, Bowdon, Cheshire.—Resident Medical Officer. Salary, £60 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.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer. Applications to Alfred Craske, Secretary, by April 24th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Assistant Resident Medical Officer. Applications to Alfred Craske, Secretary, by April 24th.

OXFORD EYE HOSPITAL.—House-Surgeon. Board, lodging, and honorarium of £50 at end of a year. Applications by April 20th.

PARISH OF CHELSEA.—Medical Officer of Health, Food and Drugs Analyst, and Gas Examiner. Salary, £450 per annum. Applications marked on outside of envelope: "Application for appointment as Medical Officer of Health, etc.," to Thomas Holland, Vestry Clerk, Town Hall, King's Road, Chelsea, by April 20th.

PARISH OF FULHAM.—Medical Officer of Health. Salary, £100 per annum. Appointed for three years. Age not to exceed 45. Applications to the Clerk of the Fulham Vestry.

QUEEN'S COLLEGE, Birmingham.—Professor of Medicine. Applications to Professor B. C. A. Windle, Dean of the Faculty, by May 16th.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Regent Street, W.—Third Honorary Physician. Applications to St. Leger Burnett, Secretary, by April 20th.

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

SUSSEX COUNTY HOSPITAL, Brighton.—House-Surgeon, double qualifications; unmarried and under thirty years of age. Salary, £120 per annum, rising to £140, with board, residence and washing. Applications to Lieutenant-General E. F. Bouchier, Secretary, by April 29th.

SWANSEA HOSPITAL.—Resident Medical Officer; double qualifications. Salary, £100 per annum, with board, furnished apartments, coals, gas, laundry, 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. Application to R. J. Gilbert, Secretary, Superintendent, by April 29th.

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.

MEDICAL APPOINTMENTS.

ALTHORP, C. F. M., M.B., L.R.C.P.Lond., M.R.C.S.Eng., appointed Assistant Surgeon to the Bradford Infirmary.

BAYNES, James, appointed Analyst for the City and Borough of Peterborough.

BETTS, W. A., M.B., C.M.Édin., appointed Junior House-Surgeon to the Liverpool Royal Southern Hospital.

BIDWELL, Leonard Arthur, F.R.C.S.Eng., L.S.A., appointed Assistant Surgeon to the West London Hospital, *vice* H. F. Weiss.

BLAICKIE, R. H., M.A., M.D., F.R.C.S.Édin., appointed Physician to the Edinburgh Free Church Training College for Teachers at Moray House.

BRONNER, Adolf, M.D. Heideib., M.R.C.S.Eng., appointed Honorary Laryngologist to the Bradford Infirmary.

BRONNER, Herman, M.D. Strassburg, L.S.A., appointed Assistant Medical Officer to the Bradford Infirmary.

BRUCE, A., M.B., C.M.Édin., appointed Medical Officer for the Parish of Killin, Perthshire.

CAVERHILL, Thomas F. S., M.B., C.M., F.R.C.P.Édin., appointed Medical Officer for the County of Haddingtonshire.

COLLUM, Archie T., L.R.C.P., M.R.C.S., appointed House-Physician to Charing Cross Hospital.

DODSWORTH, F. C., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Chiswick Urban Sanitary District of the Brent.

FIRTH, John Lacy, M.D.Lond., M.R.C.S.Eng., appointed House-Surgeon to the Bradford Infirmary, *vice* Mr. C. F. M. Althorp, resigned.

FISHER, John A., L.R.C.P.Édin., L.F.P.S.Glas., reappointed Medical Officer of Health for Garston, Lancashire.

FISHER, Theodore, M.D.Lond., M.R.C.S., appointed Assistant Medical Officer to the Infirmary of the St. Saviour's Union, *vice* Dr. Muspratt, resigned.

FOSTER, Sir B. Walter, F.R.C.P.Lond., M.D. Erlang., M.P., appointed Consulting Physician to the Birmingham General Hospital.

FRASER, H., L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Surgeon to the Windsor Royal Infirmary, *vice* E. Willmer Phillips.

GIBBS, Charles, L.R.C.P., M.R.C.S., appointed House-Surgeon to Charing Cross Hospital.

HANCOCK, William J., B.Sc., L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne, *vice* John Edward Platt, M.D.

HODGSON, H., L.R.C.P., M.R.C.S.Eng., appointed Resident Obstetric Surgeon, Guy's Hospital.

HORROCKS, William H., M.B.Lond., F.R.C.S.Eng., L.S.A., appointed Assistant Surgeon to the Bradford Infirmary.

HUGHES, Edgar, F.R.C.S.Eng., appointed Surgeon to the St. George's and St. James's Dispensary, *vice* Ernest Solly.

JULER, Henry E., F.R.C.S., appointed Consulting Ophthalmic Surgeon to the London Lock Hospital and Asylum, Westbourne Green.

KAY, James M., M.B., C.M.Édin., appointed Medical Officer to the workmen of Messrs. Lucas and Aird, Railway Contractors, Crianlarich, Perthshire, *vice* Mr. Hodges, resigned.

LANE, James Ernest, F.R.C.S., appointed Surgeon to St. Mary's Hospital, Paddington.

MACGREGOR, Duncan Alistair, M.B., C.M.Édin., reappointed Medical Officer for the Clayton West District of the Penistone Union.

MACINTOSH, Angus, M.D., L.F.P.S.Glas., reappointed Medical Officer of Health for the Clay Lane Urban District.

MADIN, William T., L.D.S., R.C.S., appointed Dental Tutor to Queen's College, Birmingham.

MARROW, John Smyth, M.D.Édin., M.R.C.S.Eng., appointed House-Physician to the Belfast Royal Hospital, *vice* Dr. W. A. Wheeler, resigned.

MILLIGAN, Hy. Norman Duncan, M.B., C.M.Édin., appointed Dispensary Surgeon to the Bradford Infirmary, *vice* W. B. Pettitt.

OWEN, Harold Edward, L.R.C.P.Lond., appointed Medical Officer for the 8th and 9th Districts of the Kingsbridge Union, S. Devon.

PARHAM, H. C. H., M.R.C.S., L.R.C.P., appointed Surgical Registrar to Charing Cross Hospital, *vice* F. X. Da Costa.

PERRY, Charles Edward, M.D. Brux., L.R.C.P.Édin., M.R.C.S., reappointed Medical Officer of Health for Sandgate.

PETTITT, William Brakenridge, L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Physician to the Bradford Infirmary, *vice* Dr. Firth.

PHILLIPS, Edward E., L.R.C.P.Édin., M.R.C.S.Eng., appointed Medical Officer of Health to the Southend Local Board.

PIGGOTT, F. Cecil H., M.B. Cantab., reappointed Medical Officer of Health to the Teignmouth Local Board.

POPE, H. Sharland, B.A., M.B., B.C. Cantab., appointed House-Physician to the General Lying-in Hospital, York Road, S.E., *vice* H. B. Osburn, resigned.

PRATT, Joseph Dallas, M.D. Dub., F.R.C.S.I., appointed Surgeon to the Jervis Street Hospital, Dublin.

REMFREY, Leonard, M.A., M.D., B.C. Cantab., M.R.C.P., appointed Obstetric Physician to Out-patients at the Great Northern Central Hospital.

MITCHELL, John, M.D., L.F.P.S.Glas., reappointed Medical Officer of Health for the Barnard Castle Urban and Rural Districts of the Teesdale Union.

SHORE, H. G., M.R.C.S., appointed Medical Officer for the Cropedy District of the Banbury Union, *vice* Mr. M. Hodgson, resigned.

SIMPSON, Alexander, M.A., M.B., C.M. Aberd., appointed Junior Assistant Medical Officer to the Sussex County Asylum, Hayward's Heath.

SMIS, G. S., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the West District of the Derby Union.

SULLY, A. Max, L.R.C.P.Lond., M.R.C.S.Eng., appointed Resident Medical Officer to the Jaffray Suburban Branch of the General Hospital, Birmingham, *vice* Dr. Ballance.

SWALLOW, Francis McDonald, L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer for the Silkstone District of the Penistone Union.

SWAN, Robert L., F.R.C.S., appointed Surgeon to Steevens's Hospital, *vice* Mr. William Colles, resigned.

WAGGETT, E. B., M.B., B.C., B.A. Cantab., M.R.C.S., appointed Junior Resident Medical Officer to the Royal Free Hospital, Gray's Inn Road, *vice* Mr. E. C. Barker.

WHITAKER, George Herbert, M.R.C.S., appointed Medical Officer for the Bungay District, Suffolk, *vice* Mr. Johnson, resigned.

WILDING, Walter F. W., M.R.C.S.Eng., L.R.C.P.Lond., L.M. Coombe, appointed Medical Officer of Health to the Local Board, Hindley, Lancs., *vice* Jno. Aspinall, M.R.C.S.Eng., L.S.A., resigned.

WILLIAMS, Wm. Hy., jun., M.R.C.S., L.R.C.P.Lond., L.S.A., appointed Medical Officer of Health for the Rural Sanitary Authority of the Sherborne Union, Dorset.

WILMOT, Thomas, L.R.C.P.Lond., M.R.C.S.Eng., appointed Assistant Medical Officer to the Bradford Infirmary.

WILLS, Ernest, M.B.Lond., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the County Asylum, Rainhill, near Liverpool.

WILSON, Arthur C. J., L.R.C.P., L.M.Édin., M.R.C.S.Eng., reappointed Medical Officer for the Penistone District of the Penistone Union.

YOUNGER, Edward George, M.D. Brux., M.R.C.P.Lond., appointed an Honorary Physician to the St. Pancras and Northern Dispensary.

YOUNG, James, M.D. Glas., appointed Assistant Surgeon to the South Dispensary, Liverpool.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. G. Buckston Browne: The Importance of the Post-prostatic (or Trigonal) Pouch in the Surgery of Vesical Calculus, illustrated by several cases.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. J. H. Hutchinson: On Measles as a Cause of Endocarditis; being an account of four cases in which Organic Mitral Murmurs developed during the course of the disease (communicated by Dr. W. B. Cheadle). Mr. W. Arbuthnot Lane, M.S.: Chronic Traumatic Arthritis.

THURSDAY.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Mr. Edmund Roughton: On a case of Hepatic Abscess implicating the Lung, Pleura, Kidney, and Colon. Dr. Amand Routh: On the Treatment of the Vomiting of Pregnancy.

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.

BRAND.—At Invery, Great Driffield, E. Yorks, on the 6th instant, the wife of Dr. Brand, of a son.

LOVELY.—On April 5th, at Woburn Lodge, Exmouth, the wife of Charles Newton Lovely, M.B., B.S., of a son.

ROTHERN.—On March 30th, at the Old Manor House, Beeston, Notts., the wife of Frank Rothern, M.D., M.R.C.S., of a son.

MARRIAGES.

ADAMS—WHYTE.—On March 12th, at St. Thomas's Cathedral, Bombay, by the Rev. F. C. Hill, Chaplain to the Bishop of Bombay, Charles Adams, M.B., LL.B. Dublin, F.R.C.S.I., son of the late Andrew Adams, Esq., Tinsakin, co. Tyrone, to Maude de Whyte, second daughter of the late Major John L. A. Whyte, J.P. co. Clare and Bray, Ireland.

CHAPMAN—WRIGHT.—On April 2nd, at the Parish Church, West Kirby, by the Rev. Canon Blencowe, M.A., Harry Cecil Chapman, M.B. (London), Medical Superintendent, Mill Road Infirmary, Liverpool, to Mary Ada Wright, of Beachdale, West Kirby. No cards.

HARDYMAN—BEATH.—On the 3rd instant, at the Parish Church, West Wickham, by the Rev. F. E. Murphy, M.A., Bath, George Hardyman, M.B., C.M., of Bath, eldest son of the late John Hay Hardyman, Esq., of Heatherwick, W.S. (date of 3rd Battalion Royal Scots), to Constance Christian, second daughter of David Beath, Esq., Melbourne, Australia, and of Wood Lodge, West Wickham, Kent.

MACDONALD—USHER.—At 18, Lauder Road, Edinburgh, on April 2nd, by the Rev. Robert G. Balfour, Thomas Ranken Macdonald, M.B., Surgeon, Bengal Medical Staff, to Amy Balmer, youngest daughter of Mr. Thomas Usher, of Edinburgh.

SCOUAL—GRIST.—On the 2nd instant, at St. Peter's, Huddersfield, by the Rev. Canon Bordsley, M.A., vicar, assisted by the Rev. Robert Willan, vicar of Golcar, Edward Fowler Scoual, M.A. (Abdn.), M.D., C.M. (Édin.), Huddersfield, to Edith, second daughter of John J. Grist, Oakleigh, Edgerton, Huddersfield. No cards.

DEATHS.

HOWELL.—On the 8th instant, at Cleve House, West Hill, Wandsworth, Bessie, wife of T. Arthur Ives Howell, Esq., and daughter of the late John Tayler, Esq., of Gotherington, Gloucestershire, aged 31 years.

WADE.—On April 1st, at Cross, near Weston-super-Mare, Somerset Edward Wade, M.R.C.S.Eng., aged 81 years.

carious, it was the exception rather than the rule that any tenderness or pain was complained of in connection with such teeth; and on extraction in order to open the antrum, it was often found that the fangs had not even perforated the floor of the antrum.

In some cases where the fangs actually protrude into the cavity pus will no doubt be found covering them; but this does not necessarily imply that such a tooth was itself diseased. The experience, however, of various careful observers is so strong in regarding the teeth as a cause of this affection that we are led to the conclusion that empyema of the antrum, like other complaints, may be produced by more than one cause.

The discrepancy which exists can best be explained, as Dr. Macdonald points out in his work on *Diseases of the Nose*, on the supposition that cases in which toothache is the chief symptom find their way to the dentist, while those that are free from this, but suffer from discharge from or obstruction in the nose, are more likely to come under the observation of the nose specialist.

PARACRESOTIC ACID: A CORRECTION.

PROFESSOR M. CHARTERIS (Glasgow) writes: In the article on paracresotic acid, under "Chemical Experiments II," there is an error. "Melting point, 154°," should be 152°. The melting point is given correctly in the tabular statement.

HOLIDAY COLONIES IN GERMANY.

The report of the German Association of Domestic Hygiene, which is under the patronage of Her Majesty the Empress Frederick, states that the total number of children sent into the country by the association for a longer or shorter period of time during 1890 was 2,318, being 309 more than in the previous year. A sum of 39,700 marks (£1,985) was collected by 142 local committees, and the annual contributions had also increased. One hundred and ten medical men gratuitously examined 4,000 children who presented themselves for admission to the "colonies."

LONGEVITY.

IN the country district of Ormskirk one of the medical practitioners discovered that the combined ages of the "first five" cases seen by him last Good Friday morning amounted to 402 years, the patients' respective ages being 71, 87, 74, 74, 93.

"PRIMARY" AND "SECONDARY" IN CERTIFICATES OF DEATH.

MR. W. L'HEUREUX BLENKARNE (Leicester) writes: The leading article in the *BRITISH MEDICAL JOURNAL* of March 21st on the above opens up a most interesting question. The words "primary" and "secondary" are certainly very misleading. Take, for instance, the case of a fatal attack of measles in which pneumonia has supervened. According to the ruling of the filling up of the death certificate, measles appears on the top line as the cause of death and by the friends, at any rate, it is understood so, the word "pneumonia" appearing in a "secondary" place, whereas the pneumonia is the real cause of death. Then, again, in a fatal case of pneumonia occurring from a chill, the word "pneumonia" appears on the top line of the death certificate; so here we have the anomaly of the same actual cause of death appearing in the one instance as primary, in the other as secondary.

I would suggest that the words "primary" and "secondary" be done away with altogether, and replaced by the words "immediate" and "contingent." No misunderstanding in filling up the certificate could possibly arise then, and, moreover, these distinctive terms are much more scientific and true, as for instance in the above hypothetical case of measles+pneumonia, where, although the measles is the "primary" (that is, original) cause of the illness, the pneumonia is the "primary" (that is, the chief) cause of the death.

LETTERS, COMMUNICATIONS, Etc., received from:

(A) Mr. E. G. Archer, Feltwell; Dr. R. R. Alexander, Hanwell; Sir Wm. Aitken, Woolstone; Ad Rem; A. O. (B) Mr. J. R. Bailey, London; Mr. Henry Buxton, Great Crosby; Dr. J. Braithwaite, Leeds; Mr. H. Brown, Edinburgh; Dr. E. Burd, Shrewsbury; Mr. W. Brett, London; Messrs. J. B. Baillière et Fils, Paris; Mr. G. H. Byron, Nottingham; Dr. S. Barwise, Blackburn; Dr. J. Broom, Clifton; Dr. R. Bowden, Rainsgate; Messrs. Burroughs, Wellcome, and Co., London; Dr. R. Barnes, London; MM. Blondeau et Cie., London; Mr. A. Bryce, Killin. (C) Professor M. Charteris, Glasgow; Ernest Coward, M.B., Almond-bury; Dr. Cartaz, Paris; Mr. R. M. Craven, Kendal; Mr. J. B. Cooke, Portland; Mr. L. F. Cogan, Northampton; Dr. A. Cordes, Geneva; Dr. F. W. Clark, Staithes; Dr. J. W. Cook, Colchester; Dr. W. C. Cowan, Dundee; Professor Corfield, London; Mr. W. T. Cocking, Sheffield; Dr. Carline, Lincoln; Mr. W. Carteighe, London. (D) Mr. Alban Doran, London; Dr. V. Dickinson, London; Dr. J. W. Downie, Glasgow; Mr. B. Densham, London; The Dean of the Medical Faculty, Aberdeen University; Dr. L. Drage, Hatfield; Mr. L. J. Dopping-Hepenstal, Halifax, N.S. (E) Eastern Seas; Mr. T. H. Elliott, London; C. E. Evans, M.B., Shaftesbury; Mr. H. M. Earle, Wandsworth. (F) Mr. J. H. Flather, Cambridge; Dr. R. W. Felkin, Edinburgh; Dr. T. H. Fiske, Tonbridge. (G) Dr. M. Greenwood, London; Gynecologist. (H) Mr. R. C. Holt, Burnley; Mr. James Haysman, London; Dr. James Hurley, Bath; Messrs. Hertz and Collingwood, London; Mr. S. Harris, Ambleside; Rev. S. Haughton, M.D., Dublin; Dr. A. H. Hassall, London; Mr. J. Holroyde, Chatham; Mr. D. Hughes, Llangollen; Mr. W. B. Hart, Carnarvon; Dr. G. E. Herman, London; Mr. J. Harper, London. (I) Mr. G. Washington Isaac, London; Dr. W. Ireland, Prestonpans. (J) Mr. W. M. Jones, Swinton; Dr. D. C. Junk, Manchester. (K) Mr. J. Kolckmann, London; Dr. Norman Kerr, London; Mr. D. H. Kyle, St. Andrews. (L) Dr. P. G. Lewis, Folkestone; Mr. Jordan Lloyd, Birmingham; Mr. L. H. Lefevre, London; Mr. C. E. Lownds, Cor-

bridge-on-Tyne; Mr. T. W. Lee, Wollongong, N.S.W.; Mr. J. Lawrence-Hamilton, Brighton. (M) Mr. H. C. Malley, Craven Arms; Mr. C. Monckton, London; Mr. J. J. Marsh, Ormskirk; Dr. R. Mackinlay, Lichfield; Dr. H. G. Mackenzie, London; Dr. Martin, Manchester; Dr. Maclagan, Riding Mill on Tyne; Mr. J. Manley, Birmingham; M.D.; Mr. G. Mundie, Canterbury; Dr. W. Macvie, Bootle; Mr. W. L. Marshall, Huddersfield; Dr. F. W. Mann, Edinburgh; Mr. William Marriott, London. (N) Mr. P. Newell, Ipswich; Mr. A. W. Nankivell, Chatham. (O) Dr. Isambard Owen, London; One Who was There; Mr. H. E. Owen, Totnes. (P) Mrs. Piper, Birkenhead; Mr. H. S. Pope, London; Mr. J. Poland, London; Mr. J. Preston, Sheffield; Dr. W. Petter, Darlington; Dr. F. C. H. Piggott, Teignmouth; Dr. C. A. Patten, Ealing; Dr. Pye-Smith, London; Dr. B. H. Paul, London; Mr. T. D. Paradise, Kingston-on-Thames; Dr. F. M. Pope, Leicester; Dr. G. N. Pitt, London; Dr. Louis Parkes, London. (Q) Surgeon-Major R. H. Quill, Dealal Camp. (R) Dr. T. W. Reid, Canterbury; Mr. B. T. Richardson, Trowbridge; Dr. T. C. Rallton, Manchester; Dr. Arthur Ransome, Manchester; Messrs. Locke, Tompsett, and Co., London; Dr. L. Rem-fry, London. (S) Suffolk; Mr. F. W. Salter, Leeds; Brigade-Surgeon E. Sexton, Bedford; Secretary of the Cork Medical and Surgical Association; Secretary of the Royal Agricultural Society of England, London; Dr. W. M. Stephen, Glasgow; Secretary of the London Lock Hospital; Secretary of the Society of Apothecaries, London; Mr. G. W. Simpson, Cheltenham; Mr. R. R. Sleman, London; Dr. J. H. Sequeira, London; Dr. C. E. Shelly, Hertford; Scott; Dr. T. Smith, Lancaster; Dr. F. Soper, New York; Dr. P. M. Scatliff, London; Mr. J. Stewart, Picton, N.S.; Dr. E. Seaton, London; Dr. A. Simpson, Gosforth; S.G. Retired; Mr. E. M. Stansfield, Clifton. (T) Mr. J. R. Topping, Forest Gate; Mr. Lawson Tait, Birmingham; Dr. C. Lloyd Tuckey, London; Dr. G. G. S. Taylor, Liverpool; Dr. James Taylor, Chester; Mr. W. Tobin, London; Tarawera; Mr. Arthur Thomson, Oxford. (W) Dr. A. E. Wright, Dublin; Dr. Willoughby, London; Dr. Hugh Woods, London; T. S. Wilson, M.B., Birmingham; Mr. F. H. Westmacott, Pendle-bury; Messrs. Woolfries and Powell, Banwell; Mr. C. A. Wigan, Portishead; Mr. C. Whitcombe, Gloucester; Dr. E. Wood White, Birmingham; Mr. H. T. Wightman, Sheffield; Mr. A. Wheeler, Darlington. (Y) Professor A. H. Young, Manchester; Dr. Burney Yeo, London; etc.

BOOKS, Etc., RECEIVED.

Medical Symbolism. By Thomas S. Sozinsky, M.D. Philadelphia and London: F. A. Davis. 1891.
The Essentials of School Diet. By Clement Dukes, M.D., B.S. London: Percival and Co. 1891.
Examination of Water for Sanitary and Technical Purposes. By Henry Leffmann, M.D., and William Beam, M.A. Second Edition. London: Kegan Paul, Trench, Trübner, and Co. 1891.
La Neurastrénie—Maladie de Beard. Par le Dr. Fernand Levillain. Paris: A. Maloine. 1891.
Biarritz: Bains de Mer, et Ville d'Hiver. Par le Dr. Elevy. Paris: Felix Alcan. 1891.
Report on the State of the Blood and the Blood Vessels in Inflammation. By T. Wharton Jones, F.R.S. London: Baillière, Tindall, and Cox. 1891.
Behandlung weiblicher Geschlechtskrankheiten. Von Thure Brandt. Berlin: Fischer. 1891.

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