

for four days, soaking through pads of wood wool and towels placed beneath the patient's head. It then gradually diminished in quantity and after the twelfth day entirely ceased. The purulent discharge then recurred, necessitating the retention of the drainage tube for several weeks, for Dr. Watson found that if any accumulation of pus took place, the pulse, which after the operation rose to about 100, at once became slow and very intermittent. After the removal of the tube, the wound quickly healed without any tendency to the formation of a hernia cerebri. At the present time, ten months after the operation, the boy is in the enjoyment of perfect health; there is no impairment whatever of the mental faculties, and the seat of the operation is marked by a cicatrix and a gap in the bone, through which the pulsation of the brain can be plainly felt.

The most interesting feature in the case is the discharge of cerebro-spinal fluid, which appeared on the fifth day after the operation, and after continuing for a week, then entirely ceased. It probably came, not from the subarachnoid space, but from the lateral ventricle with which the abscess cavity must have communicated, for when the wound was exposed, the fluid could be seen to well up through the drainage tube, evidently coming from the interior of the brain at a depth from the surface. As healing took place and the abscess contracted, the communication became closed and the escape of fluid then ceased.

A discharge of cerebro-spinal fluid from the vault of the skull after compound fracture or after trephining for any cause is of rare occurrence, and of twenty-four cases in which I have trephined the skull (in eighteen for compound fracture), this is the only instance in which I have observed it.

In the article on Injuries of the Head, in Holmes's *System of Surgery*, Sir Prescott Hewett quotes ten cases where it was met with, and in three of these the fluid was believed to escape from the lateral ventricle; in one of the latter which proved fatal this opinion was verified, for after death a minute communication with the ventricle was found to be present.

In the same article attention is directed to the fact that in cases of traumatic intracranial inflammation large quantities of serous fluid are sometimes effused into the ventricles. The case above recorded would support this view, for the amount of fluid which escaped from the wound must have been greatly in excess of that normally secreted by the lining membrane of the ventricles. The lateral ventricle becoming distended with fluid, its wall probably gave way, and a communication was thus formed between it and the abscess cavity in the frontal lobe.

MEMORANDA:

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

NOTE ON THE NERVE SUPPLY OF THE BLADDER AND ANUS.

DR. GOWERS, in his *Diseases of the Nervous System*, writes concerning the rectum and bladder and the connections of them with the spinal cord, "The centres for these are in the lumbar enlargement, but we do not know their exact position." In view of this condition of our knowledge in the case of man, some interest may attach to a determination of those spinal roots which contain efferent fibres for the bladder and anus in the monkey—an animal differing less from man in its anatomy than do the types more usually employed in the laboratory.

In rhesus and bonnet monkeys the stimulation (the animal being of course deeply anaesthetised), by weak induction shocks, of the peripheral ends of the roots of the first, second, third, and fourth, and of the seventh, eighth, ninth, and tenth post-thoracic spinal nerves, produces contraction of the bladder, most marked in the case of the second, third, eighth, and ninth roots. On one occasion only in my experiments has an unmistakable contraction been registered on stimulating the sixth, and on no occasion on stimulating the fifth post-thoracic root.

As to the anus, in the rhesus and bonnet, smart contraction

of that orifice is brought about by stimulating the distal ends of the roots of the seventh, eighth, and ninth post-thoracic spinal nerves, and not by stimulation, so far as I have seen, of any other roots.

In the female the round ligament replies by extremely sharp and striking contraction to stimulation of the distal ends of the twelfth thoracic, and the first, second, and third post-thoracic, nerve roots; the contractions produced by the second and third post-thoracic roots respectively are greater than those produced through the two higher roots. In the male the vas deferens contracts much in the same way as the round ligament in reply to stimulation of the same above-mentioned roots.

C. S. SHERRINGTON, M.A. M.B., etc.

CASE OF LIVER HYDATIDS, WITH JAUNDICE; INCISION; RECOVERY.

T. D., aged 32, a shunter, was admitted into the Cancer Hospital in November, 1889. He had been a hard drinker; had received a blow on the side nine months previously; a tumour, however, had existed for five years. A huge seemingly solid mass, evidently connected with the liver, descended on the right side almost to the iliac fossa; in the middle line, to the level of the umbilicus, where the circumference was 31½ inches; 4 inches above this the girth was 34 inches. Jaundice of a greenish hue had been present four weeks. There was no pain, and no tenderness on pressure. No fluctuation could be detected. The prominence above the umbilicus gradually became more marked, and concurrently the jaundice disappeared. After six weeks distinct fluctuation was felt. On January 25th, 1890, the aspirator was employed, and 42 ounces of clear fluid, containing abundant scolices and hooklets, drawn off. The cyst promptly refilled, and on February 15th a median incision, 4 inches long, was made above the umbilicus. Around the opening the hepatic peritoneum was stitched to the parietal; there were already firm adhesions to the left of the middle line. The wound was plugged with strips of lint soaked in glycerine. Eight days later the cyst was incised, and a glass drainage tube inserted. Convalescence was subsequently retarded by an attack of pneumonia at the right base. The cyst, however, eventually cicatrised from the bottom, and the man was discharged well in May, 1890.

Gloucester Place, W.

HERBERT SNOW.

CASE OF DIPHTHERIA OF THE VULVA.

DIPHTHERIA of the vulva, occurring as a primary affection, appears to be sufficiently rare to justify a record of the case.

On December 15th last I was called to see a young lady, aged 12, whom I found to be suffering from headache and general *malaise*. The forenoon temperature was 102°, and the pulse 136. The second morning the temperature was 103°, and it rose the same afternoon to 105°. There was no sore throat, nor apparently any other local affection to account for this high fever, nor did the history seem to point to any of the eruptive fevers as imminent. On questioning the patient's sister I was told that the only complaint the patient had made was of a soreness about the external genitals, and, on examination, I found both labia majora swollen and painful, and a slight mucous discharge from the vulva. I was naturally in doubt as to the cause and character of vulvitis in such a young person, accompanied, as it was, by high fever and prostration.

On the morning of the third day the temperature was 103.6°; on separating the labia three distinct ash-coloured membranous patches were seen on the mucous surface of the labia, two on one side and one on the other. I concluded that the case was a genuine primary diphtheria of the vulva, and began a local antiseptic treatment of frequent irrigation of warm creoline solution, and dusting with boracic acid powder. On removal with forceps of the largest patch on the fourth day, the base bled profusely. The other patches separated naturally about the sixth day. There was no re-formation of membrane, and the ulcers healed slowly.

The fever declined gradually, and on the twelfth day both morning and evening temperatures were normal, but a slight over-exertion during the third week sent the temperature up

to 102.4°, and a tendency to a slight afternoon rise persisted till the beginning of the fourth week.

No paralysis was apparent, but the cardiac action was feeble for long, and the muscular tone very slow of returning. The appetite was good throughout. I carefully examined the throat each day, but no formation occurred. There was no albuminuria. The social and sanitary surroundings of the patient were excellent, and I was quite unable to trace the sources of the infection.

Florence.

ALEX. R. COLDSTREAM, M.D. Edin.

DEATH UNDER ETHER.

On Tuesday, April 14th, I administered ether to a man for a medical man in private practice. The operation was for the relief of an overdistended bladder, with extravasation of urine into the scrotum and surrounding region.

The patient, A. L., aged 46, had been in a feeble state of health for a considerable time. He was all his life a hard drinker. Since August he had been confined to his room suffering from a tight stricture of the urethra. This he had neglected, refusing any treatment for its relief, as I am told, up to the time of the operation. His heart was hypertrophied. On auscultation double aortic and mitral murmurs could be heard; the pulse was feeble and irregular; the chest was barrel-shaped from emphysema, but at the time of the operation there was little or no cough. From an enormously dilated bladder, which extended upwards to his umbilicus, alkaline urine was continuously dribbling away. The penis and scrotum were greatly swollen, and were almost gangrenous from extravasation. It was for the relief of this condition and with the patient's full consent that an operation was decided upon. Prior to the operation a consultation was held, and it was decided to administer ether in preference to chloroform. Clover's inhaler was used, and the anæsthetic cautiously administered. There was little or no struggling; the breathing was slow but not laboured. After about five minutes' inhalation, and before the operation was commenced, I noticed his pulse suddenly becoming very feeble, hardly perceptible at the wrist; the lips were pale, and the breathing gasping; his pupils at this time were normal and the conjunctiva sensitive.

The ether was at once discontinued, his tongue drawn forward, the cardiac area and chest were stimulated, and artificial respiration was resorted to. The dusky pallor, however, increased in spite of all our attempts, and, although artificial respiration was continued for three-quarters of an hour, we failed to bring him round.

The patient positively refused to have anything done without an anæsthetic, although asked to do so. No *post-mortem* examination was allowed.

L. McWHANNELL,

House-Surgeon, Borough Hospital, Birkenhead.

DEATH UNDER CHLOROFORM.

The following is an account of the recent death under chloroform at St. Thomas's Hospital.

W. F. D., a stout plethoric-looking man, aged 49, a sufferer from chronic bronchitis, but otherwise apparently healthy, came up to the hospital recently on account of œdema and stiffness of the left hand and wrist resulting from a Colles's fracture sustained in January. He was treated as an out-patient, and on a subsequent occasion chloroform was administered and some passive movements used. Patient became unpleasantly cyanosed during administration, and informed me subsequently that he had "felt very faint" after leaving the hospital. I now find that he fainted twice.

Further movements were required, and the patient was admitted into the hospital on April 16th. On April 20th chloroform was administered by Mr. Lovell, one of the house-physicians, as movements of the fingers, etc., were too painful to be performed without an anæsthetic. The heart was previously examined; the sounds were healthy but somewhat faint, which seemed sufficiently accounted for by the thick adipose covering of the chest, and the probable existence of emphysema. The pulse, however, was somewhat weak though regular, and the possibility of fatty degeneration of the heart, with the question of ether *v.* chloroform, was discussed. The latter was selected on account of the manifest presence of bronchitis. In about three minutes and a half the patient's

limbs became relaxed, the stage of insensibility being preceded by a tendency to opisthotonos. Up to this moment I had kept a finger constantly on the pulse, and noticed only that it became a shade weaker in the stage of insensibility. The index finger was now flexed, and at the same moment the patient's face was noticed to be somewhat dusky. Feeling the pulse again it was found to be absent. Chloroform inhalation was at once discontinued, and after four or five deep gasps the respiration stopped. Artificial respiration was at once commenced and kept up for half an hour, and ether injections (the first within a minute) administered over the heart, but the patient showed no further sign of life. The amount of chloroform used must have been small, probably not more than 1 or 1½ drachm.

The *post-mortem* examination showed about ¾ inch of fat over the chest. Lungs adherent to chest wall all over except at apices and anterior borders (emphysematous); some mucus in the bronchi. Heart loaded with fat on surface, no fatty degeneration; right side dilated, and tricuspid valves markedly incompetent; both sides of the heart practically empty of blood. Liver fatty; other organs healthy.

WM. G. G. STOKES, House-Surgeon.

A CASE OF RUPTURE OF THE VAGINA, WITH FATAL HÆMORRHAGE AND PERITONITIS.

THE following case is interesting in connection with the great outcry that has recently been raised by the so-called orthodox Hindu party in India (almost mainly, it is curious to note, in Lower Bengal, which claims to be the most enlightened and advanced province in India) that the Indian Government, by the introduction of what is commonly spoken of as the "Age of Consent" Bill, has aimed a blow at the Hindu religion, and affords, I venture to think, a proof that some legislative action on the part of the Government had become necessary for the better protection of young and immature girls.

A few days ago I was asked to make a *post-mortem* examination on the body of a little girl, of the Mali (or gardener) caste, said to be 12 years of age, and whose death was reported as follows: "It is reported that deceased's mother-in-law, Mussamut Bakki, with the assistance of Mussamut Raminka, introduced some substance into her private parts for the purpose of bringing her to maturity." Death had taken place on February 1st, and the *post-mortem* examination was held on February 2nd. The remains of rigor mortis were present; the body was emaciated and thin; the labia majora presented very distinct marks of recent superficial bruises on both sides, and there were also bruises on the labia minora, clitoris, vestibule, and the margins of the urethra. A clot of blood was hanging out of the vagina, and the margins of the vaginal orifice presented a swollen and confused appearance, and there were scarcely any traces of the hymen; posteriorly the tissues about the mouth of the vagina were in a sloughy condition. On dissection of the pelvis there was seen an irregularly circular rent at the upper vaginal *cul-de-sac* of the left side, at its junction with the neck of the uterus, and extending into the peritoneal cavity. The iliac fossæ were occupied by a large amount of blood clot, more especially on the left side. The mucous membrane of the bladder was stained of a reddish-grey colour; the intestinal coils nearest the pelvis were glued together, and the peritoneal cavity contained yellowish turbid fluid with flakes of lymph, and the peritoneal surface of the intestines had lost some of its shiny appearance. The uterus was of the infantile type, undeveloped and unimpregnated. The cause of death, in my opinion, was profuse hæmorrhage from the ruptured vagina, with secondary acute peritonitis. It was not considered necessary to examine any of the other organs. The cause of the rupture of the vagina I have no doubt was forcible dilatation with some hard substance, but as nothing was produced for my examination the precise nature of this substance is a matter of conjecture. It is, I think, quite possible that some of these injuries could have been produced by forcible intercourse. The girl was a weakly, emaciated, immature child of about 10 to 12 years of age, and the husband, who was present when the body was brought for examination, was a fairly well-grown youth of about 16 to 18 years. As I had no order I could not examine him.

In the pages of Dr. Chevers's work on *Medical Jurisprudence*

in India, pages 688 *et seq.*, will be found, under the heading "Fatal Injuries inflicted in the First Act of Connection," a full account of many such cases. I think it not unlikely, judging from the superficial bruises on the external parts, that an attempt at forcible intercourse had taken place at some time or other, probably very recently, and that the vaginal orifice and channel not having been sufficiently dilated thereby, an attempt had been made (too successfully, it must be admitted) forcibly to dilate once for all the sexually immature parts with a sharp-pointed piece of wood or metal, causing vaginal rupture, profuse hæmorrhage, and fatal peritonitis.

G. F. A. HARRIS, Surgeon-Major I.M.S., Officiating Civil Surgeon, Nagpur, C.P.

POST-PARTUM SHOCK.

IN volume xiv of the *Transactions of the Edinburgh Obstetrical Society* Dr. J. Haig Ferguson relates three cases of *post-partum* shock, due to inadvertent pressure of an ovary or Fallopian tube in the process of expressing the placenta by the Credé method. In all his cases the patients were nervous subjects, and became suddenly unconscious directly after, or simultaneously with, the expulsion of the placenta. They remained so for several hours, their condition exciting the gravest apprehension on the part of the medical attendant and friends. There was no possibility of accounting for the condition by *post-partum* hæmorrhage, eclampsia, or heart disease, and the patients all made a good recovery. The following case affords an additional illustration of this accident, which, in its graver results, may be rare, but rather less rare than has been supposed, the condition being attributed to something else.

Mrs. G., aged 28 years, was attended by me in her fifth confinement, on March 30th. She is of nervous temperament, and of Irish nationality. The labour was easy and natural, and the child, a healthy male, was duly born. The uterus contracted firmly on the placenta, but as thirty minutes elapsed without its expulsion, I proceeded to employ the Credé method of expulsion. During this process, which did not occupy many minutes, she complained greatly of pain, and I felt something round and hard slip from beneath my thumb. The patient cried out, and then became quiet. Immediately afterwards the placenta was expelled, and, turning round to look at my patient, I found her perfectly unconscious, with shallow and occasionally sighing respirations, and radial pulse imperceptible. She resembled one well under the influence of chloroform. The limbs were flaccid, and neither slapping, pinching, nor shouting could rouse her. There were no twitching or convulsive movements. The uterus was well contracted, and there was no internal or external hæmorrhage, no heart disease, or eclampsia. The conjunctival reflexes were present, and the pupils dilated. In fifteen minutes the radial pulse was fairly good, but about three-quarters of an hour elapsed before I could rouse her sufficiently to swallow a little stimulant; but she soon lapsed back into unconsciousness. The pulse was now 80 per minute, soft and regular, and the breathing regular. I again managed to rouse her, so as to swallow about a tablespoonful of whisky, but she again became unconscious. In this state she remained for three hours, and then recovered perfectly. She passed through her puerperal period without a bad symptom.

The sudden onset of complete unconsciousness, the complaint of intense pain during expulsion of the placenta, coupled with the fact that I had inadvertently included in my grasp of the uterus a hard body—too hard for intestine, the absence of any possible cause of unconsciousness, such as *post-partum* hæmorrhage, eclampsia, or cardiac disease, led me to the conclusion that I had to deal with a case of *post-partum* shock, which had resulted from my squeezing an ovary against the hard and resistant uterine wall.

J. GIBSON GRAHAM, M.A., M.B., C.M.Ed.

Partick Hill, Glasgow.

SUCCESSFUL VACCINATION.—Mr. Alfred E. Muncaster, L.R.C.P., public vaccinator for the Barton District of the Luton Union, has received for the third time the Government grant for efficient vaccination.

REPORTS

ON

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

DEOLALI CAMP HOSPITAL.

TYPHUS FEVER: APPARENT SPONTANEOUS ORIGIN.

(Under the care of R. H. QUILL, M.D., Surgeon-Major M.S.). GUNNER S., Royal Artillery, with five years' Indian service and three months' service in his present station (Deolali), was admitted to hospital on September 30th, 1890, for obscure feverish symptoms. He was dull, listless, and drowsy; eyes injected, face of a dusky colour. Temperature, 101° F.; pulse, 100. No rash beyond a duskiness of the skin; no diarrhoea or abdominal tenderness. Being doubtful of the nature of the case, I had the man isolated and carefully watched. On the morning of October 3rd, when approaching the patient, I became sensible of a very peculiar odour, once (in my student days) so very familiar to me, that I at once threw back the bedclothes, and found, as I expected, a profuse mulberry eruption on the man's chest, abdomen, and back combined with the usual subcuticular mottling. The tongue was as dry as a cinder, rough and brown, the pulse feeble, and the heart's action uncertain.

During the second week the first cardiac sound became entirely lost, and the patient lay in a state of almost complete stupor, with black tongue, contracted pupils, and deafness. On the thirteenth day of the disease a profuse diaphoresis occurred, and by the following morning the temperature had fallen to normal, but it continued to rise on each evening for a week or so. The rash commenced to fade by October 17th, and by October 27th it had disappeared, only a duskiness of the skin remaining. The case progressed in all respects satisfactorily. The cardiac sounds were quite normal by the first week in November, and on November 27th the man was discharged as convalescent pending his embarkation for England.

The treatment of this case consisted in the freest possible perfusion of the patient. He was placed in the centre of a large tent, the ends of which were looped up, so that night and day he lay in a current of fresh air. A very nourishing liquid diet of milk, eggs, essence of beef, etc., was given with a very free administration of brandy as soon as cardiac failure was observed. Subsequently, during convalescence, quinine and the mineral acids were given with benefit.

REMARKS.—The main point of interest in this case is that relating to its origin. How did this characteristic case of typhus arise? The man was a steady, well-conducted soldier, who had been three months in this station, during which time his general health had been excellent. He occupied a large, well-ventilated barrackroom, capable of accommodating twenty-two men, but only thirteen were in occupation. During his three months' residence in this station (which is a large isolated camp), he had been but twice in the adjoining native bazaar, and on neither of those occasions had he entered any house, or remained in the bazaar for more than a few minutes. The sanitary condition of the camp itself was excellent, and the same statement could be made regarding the bazaar. In neither camp nor bazaar had there been any contagious or epidemic disease for a year or more, certainly nothing in any degree resembling typhus fever. Indeed, the unsuspected existence of a disease so contagious as typhus in the small native bazaar here, vigilantly supervised as it is by an energetic sanitary committee, is impossible. Typhus fever is associated with overcrowding and destitution, and these factors, in the absence of contagion from a previous case, may, as Murchison believed, produce it. But in the present instance we had no overcrowding, no destitution, no insanitary environment of any kind, and certainly no contagion. I am no believer in the spontaneous origin of disease, yet here is an example of a specific fever which defied the best efforts of myself and others to refute its spontaneous origin.

ASSOCIATION INTELLIGENCE.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

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

NOTICE OF QUARTERLY MEETINGS FOR 1891. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on 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, June 18th and September 30th, 1891.

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

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

FRANCIS FOWKE, *General Secretary.*

GRANTS FOR SCIENTIFIC RESEARCH.

THE Scientific Grants Committee of the British Medical Association desire to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences, that they are empowered to receive applications for grants in aid of such research. Applications for sums to be granted at the next annual meeting should be made without delay to the General Secretary, at the office of the Association, 429, Strand, W.C. Applications must include details of the precise character and objects of the research which is proposed.

One of the two scientific scholarships of the value of £150 per annum, tenable for one year subject to annual renewal by the Council, will shortly fall vacant. The Scientific Grants Committee are prepared to receive applications addressed to the General Secretary stating the particulars of the intended research qualifications and work done.

Reports of work done by the assistance of Association grants belong to the Association.

Instruments purchased by means of grants must be returned to the General Secretary on the conclusion of the research in furtherance of which the grant was made.

BRANCH MEETINGS TO BE HELD.

EAST ANGLIAN BRANCH: ESSEX DISTRICT.—A meeting will be held at Brentwood on Thursday, May 21st. Gentlemen having communications to bring before the meeting are requested to notify the Honorary Secretary of the District, Mr. C. E. Abbot, Braintree, as soon as possible. Further particulars will be duly announced.

METROPOLITAN COUNTIES BRANCH: SOUTH LONDON DISTRICT.—The annual meeting of this District will be held at Limmer's Hotel, George Street, Hanover Square, on Thursday, May 14th, at 7 P.M. The following business will be transacted: Election of Officers for the ensuing year. At 7.30 P.M. precisely the members will dine together, Sir William MacCormac, President, in the chair. Tickets, 7s. 6d. (exclusive of wine).—HECTOR W. G. MACKENZIE, M.D., Honorary Secretary, 77, Lambeth Palace Road, S.E.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT.—The annual meeting of the above District will take place at the Kent and Canterbury Hospital, Canterbury, on Thursday, May 14th, at 2.45 P.M. Mr. Brian Rigden in the chair. The Chairman will be pleased to see members and friends to tea at his house, 64, Burgate Street, at 5 P.M. Agenda: The usual business of the annual meeting, including the appointment of an Honorary District Secretary in place of Dr. Tyson, who is retiring. The question of dinner or tea will be brought forward. Dr. FitzGerald will open a discussion on Koch's Treatment of Tuberculosis. Dr. Bowles: Treatment by Tuberculin; Experiences at Berlin and at Folkestone. Mr. Preston will show cases of (1) Congenital Dislocation of the Crystalline Lens in Three Members of a Family; (2) Coloboma of the Choroid and Iris.—W. J. TYSON, Honorary Secretary, 10, Langhorne Gardens, Folkestone.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.—The next meeting of this District will be held at the Greyhound Hotel, Croydon, on Thursday, May 14th, at 4 P.M., Dr. Shadforth Morton, of Croydon, in the chair. Dinner at 6 P.M.; charge 7s. (exclusive of wine). The following papers are promised:—Dr. Greville MacDonald: On Laryngeal Therapeutics. Mr. Charters Symonds: On Seven Cases of Chronic Intestinal Obstruction, in five of which the sigmoid was opened, in two the ileum. Mr. Charles Wray: On Some of the Commoner Forms of Conjunctivitis and their Treatment. Mr. A. Maude: On a Case resembling Acromegaly, with remarks. Members please communicate with the Honorary Secretary, P. T. DUNCAN, M.D., Croydon.

SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT.—The next meeting of this District will be held at Hastings on May 28th. Notice of papers, etc., should be sent to the Honorary Secretary, T. JENNER VERRALL, 97, Montpelier Road, Brighton.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT.—The next meeting of this District will be held at the Hospital, Gravesend, on Thursday, May 28th, at 4 P.M. Mr. O. R. Richmond, in the chair. The dinner will take place at the Old Falcon Hotel, at 6.15 P.M.; charge, 6s. 6d. (exclusive of wine). To facilitate the arrangements, gentlemen who intend to dine are particularly requested to signify their intention to the Chairman, Mr. O. R. Richmond, The Grange, Gravesend, not later than Tuesday, May 25th. All members of the South-Eastern Branch are entitled to attend this meeting and to introduce professional friends. Communications:—Mr. G. Hartridge: Injuries of the Eye and their Treatment. Mr. R. Bryden: A Case of Acute Glossitis. Mr. A. Boyce Barrow: Some Diseases of the Rectum. Dr. Firth: A Case of Haemoptysis.—A. W. NANKIVELL, Honorary Secretary of the District, St. Bartholomew's Hospital, Rochester.

STAFFORDSHIRE BRANCH.—The third general meeting of the present session will be held at the Bell Medical Library, Cleveland Road, Wolverhampton, on Thursday, May 28th, at 3 P.M.—GEORGE RICH, Honorary Secretary, St. Mary's Road, Stafford.

OXFORD AND DISTRICT BRANCH.

A MEETING of this Branch was held at the Radcliffe Infirmary, Oxford, on April 24th, Mr. MALLAM, the President, in the chair. Twenty-five members were present.

New Members.—The minutes having been read and confirmed, Dr. Hendricks, Dr. Turrell, Mr. Prall, and Mr. Hill were elected members of the Branch.—Mr. Thomson proposed, and the HONORARY SECRETARY seconded, Mr. John McOscar, M.R.C.S., L.R.C.P., of Chinnor, as a member.

Communications.—Dr. HAYMAN read notes of a Case of Strangulated Hernia in which he removed a V-shaped piece of the bowel. The patient recovered.—Dr. HAYMAN showed a Vesical Calculus, removed by suprapubic lithotomy, which weighed $8\frac{3}{4}$ ounces.—Dr. COLLIER read a paper on the Contagium of Scarlet Fever.—Dr. BROOKS and Dr. COLLIER showed Cases Treated by Tuberculin.

METROPOLITAN COUNTIES BRANCH: NORTH LONDON DISTRICT.

THE third meeting of this District was held at the Tottenham Hospital on April 30th, 1891, Sir WILLIAM MAC CORMAC in the chair. Seventeen members were present.

Communications.—After the minutes of the former meeting had been read and confirmed, Dr. F. DE HAVILLAND HALL read Clinical Notes on Diseases of the Pharynx; a discussion ensued. Some cases were shown from the wards.

Votes of Thanks.—After votes of thanks had been given to the President, Dr. F. de Havilland Hall, and the authorities of the hospital for their kind reception, the meeting adjourned.

BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the session was held at the Grand Pump Room Hotel, Bath, on April 29th. The PRESIDENT (Dr. A. B. Brabazon) occupied the chair. Forty-six members were present.

New Members.—Messrs. C. F. Morton, F.R.C.S., J. J. Powell, M.D., and A. A. Sproule, M.A., M.B.T.C.D., all of Bristol, were elected members of the Branch.

Communications.—C. H. WALKER, M.B., read a paper on Central Amblyopia, and Drs. F. R. Cross, J. MICHELL CLARKE, PAGAN LOWE, and the PRESIDENT took part in the discussion, which followed.—H. WALDO, M.D., read a paper on Arterio-Capillary Fibrosis. Mr. RICHARDSON CROSS, Dr. GOODRIDGE, Dr. SHINGLETON SMITH, and Dr. WATSON WILLIAMS also took part in the discussion.—Mr. H. W. FREEMAN exhibited a Case of Hermaphroditism, which excited much interest.

NORTH OF ENGLAND BRANCH.

THE spring meeting of this Branch was held at the Infirmary, Sunderland, on April 30th; Dr. MIDDLEMISS, President, in the chair.

The British Gynecological Society.—After a statement by Dr. BENINGTON, it was proposed by Dr. PHILIPSON, seconded by Dr. GOWANS, and unanimously carried, "That the members of this Branch have heard with pleasure of the proposed meeting of the British Gynecological Society at Newcastle-upon-Tyne, and they beg to offer to the Fellows of that Society their hearty welcome."

Cases.—Dr. MALING showed a remarkable Case of Molluscum Fibrosum in an old man. There were the ordinary nodules in the skin all over the body, and in addition the left lower limb was covered with huge pendulous masses, which at a distance gave the effect of elephantiasis.—Dr. SQUANCE and Dr. ROBERTSON showed Cases of Lupus under Koch's Treatment.—Dr. MURPHY showed a patient with Imperforate Urethra, in whom he had tunnelled through the penis.—Dr. DRUMMOND showed a Case of Friedreich's Disease in a boy.

Specimens.—Dr. MURPHY exhibited a practically complete Series of Specimens of Lesions of the Uterine Appendages, including tubal pregnancy, pyosalpinx, cysts of the ovary, parovarium, and broad ligament, with tumours of the ovary, etc. One tumour (round-celled sarcoma) weighing over 14 lbs., had been removed two years before from a girl of 16, who was still perfectly well and able to work.—Dr. DRUMMOND showed some Gall Stones, discharged through the abdominal wall. He also showed an Aneurysm of the Arch of the Aorta, with the temperature chart, showing marked pyrexia.—Dr. DEXTER exhibited specimens of Rupture of a Thoracic Aneurysm into the Oesophagus, from a man aged 61, and Tuberculous Mesenteric Glands from a child.—Dr. BRADLEY showed an Aneurysm which had ruptured into the Oesophagus.—Dr. SQUANCE showed a Lantern Microscope, in which the definition and the brilliancy of illumination were remarkably good.—Dr. ROBERTSON showed an Electric Lamp.

Vote of Thanks.—A vote of thanks was passed to the Committee of the Sunderland Infirmary.

Dinner.—Fifty members attended the meeting, and twenty-three were at the dinner held afterwards.

MELBOURNE AND VICTORIA BRANCH.

THE annual meeting of this Branch was held on January 21st, 1891, the Hon. G. LE FEVRE, M.D., President, in the chair.

General Business.—The minutes of the previous meeting (December 17th, 1890) were read and confirmed. A communication was read from the Queensland Medico-Ethical Association, requesting the influence of the Branch in the prevention of southern medical men tendering for lodges in Brisbane. The letter was referred back to the Council. Drs. T. L. MacMillan and R. H. Fetherston were appointed scrutineers of the ballot for members of Council.—The HONORARY SECRETARY announced that Drs. Balls-Headley, Fitz-Gerald, Hooper, Hewlett, and MacColl had withdrawn their names from nomination as members of the Council.

Report of Council.—The HONORARY SECRETARY read the annual report of the Council of the Branch for the year ending January 21st, 1891. It stated that the year had been one of marked advance and progress of the most satisfactory character, both as regards the increase in the number of members and the excellence of the papers read at the meetings, as also the discussions elicited by these papers. Since February, one honorary member and twenty-six ordinary members had been elected; one member died, and two resigned; the number of members at present was 164. There were ten ordinary meetings and one special general meeting. The latter was called to consider a proposal for the amalgamation of this Branch with the Medical Society of Victoria.¹ A subcommittee, consisting of the President, Dr. A. Shields, and Dr. J. W. Springthorpe, had been appointed to meet a similar subcommittee of the Medical Society, to assist Dr. Gresswell, Medical Inspector to the Board of Public Health, in conducting an investigation into the epidemic of influenza which prevailed last year. Circulars were drawn up and sent to practi-

tioners, asking for statistics and the line of treatment adopted. Numerous replies had been received, but the Council was not yet in a position to give results. Two meetings of the conjoined Committee charged with the conduct of the Amending Medical Bill had been held, but despite vigorous efforts to induce the present Government to take up the Bill at the stage in which it was left by the last Government, the Bill was abandoned for last session. In response to a request from the Royal Commission on Charitable Institutions, Mr. T. N. Fitz-Gerald, Mr. J. T. Rudall, Dr. T. Rowan, and Dr. W. Snowball had been nominated to give evidence as representatives of the Branch.

Balance Sheet.—The HONORARY TREASURER then read the balance sheet, which showed that the Branch was richer by £11 than last year. The balance in the bank amounted to £46 11s. 7d. The report and the balance sheet were adopted.

Election of Office-Bearers.—The following were elected office-bearers for 1891: President, Dr. Andrew Shields; Vice-President, Dr. John William Springthorpe; Honorary Secretary, Dr. Augustus Leo Kenny; Honorary Treasurer, Dr. Felix Meyer; Members of Council, Dr. Kenny, Dr. Le Fevre, Dr. Neild, Dr. Meyer, Mr. Rudall, Dr. Springthorpe, Mr. Syme, Dr. Shields, Dr. Gresswell, and Dr. Fishbourne.

Retiring President's Address.—Dr. LE FEVRE, having vacated the chair in favour of the new President, Dr. Shields, delivered the retiring presidential address. After expressing his thanks for the honour done him, and alluding to the proposed union of the Branch with the Medical Society of Victoria, he proceeded to refer to the work done by the Branch during the year, and to the evidence given before the Charities Commission by four of its members. It was clear that a very large number of hospital patients obtained the benefits they received on false pretences, and that a system of shameless imposition was practised. It was easy to say that the high rate of remuneration insisted on by medical men compelled people even of considerable means to have recourse to charities for treatment. To any dispassionate person, however, the scale of fees, some years ago adopted by the Medical Society, could not seem objectionable. They had again been unsuccessful in obtaining an Amended Medical Act. The Amended Bill, which lapsed on account of a change of Government, contemplated very little more than to supply a ready means of differentiation as between the qualified and the unqualified practitioner. Some day, perhaps, there would arise special reasons for possessing such facility of differentiation, but until these did arise, these would, apparently, have to be content, if not satisfied, with the poor apology for an Act which they possessed, which conferred upon them no privileges, and supplied no protection to the uninformed public. Passing next to the subject of public health, Dr. Le Fevre called attention to the insanitary condition of Melbourne and the whole colony, and said it was their duty as members of the medical profession never to relax their efforts to bring about a better state of things. The Commission which sat the year before last to consider the whole question of the public health, although it accomplished very little in the way of substantial results, had at least the merit of being well intended. The Board of Public Health was doing its work well and faithfully, and in its medical officer, Dr. Gresswell, the Government had been fortunate in obtaining the services of an accomplished, capable, and untiring agent. A matter requiring immediate consideration, and one to which he (the speaker) had frequently called attention in Parliament, was that of providing for the prevention of the pollution of the rivers. The present condition of their streams was simply disgraceful. During the period that must elapse before the sewerage system was completed, some method of filtration, by means of revolving screens or by catch-pits, should be adopted. Typhoid fever had been extending year by year, and would continue to extend until some measures of sanitary reform were adopted which would bring about better results than any yet achieved. After referring at some length to the progress of therapeutics in recent years, and in particular to Koch's treatment of tuberculosis, Dr. Le Fevre mentioned that it was proposed to establish a Chair of Bacteriology in the University. He commented on the readiness with which the Council accepted the recommendations of the Faculty of Medicine on that point, as compared with their attitude regarding the teaching of insanity. The

¹ See letter from our Melbourne Correspondent, BRITISH MEDICAL JOURNAL, March 14th, 1891, p. 605.

Faculty of Medicine had unanimously decided that some more complete arrangements should be made for affording the students of the fifth year an opportunity of studying insanity practically, a term of attendance at a lunatic asylum being made compulsory. The Council, however, declined to authorise the regulation, on the ground that such study was not a necessary part of the academic course. The alarming increase of insanity in the colony pointed, he thought, strongly to the desirability of the Council reviewing their decision. With regard to the general question of the housing and treatment of the insane in Victoria, the accommodation afforded was greatly within the limit of what was required. Some time ago there had been a great outcry against what was described as the "barrack system" of their asylums, and it was insisted that nothing but the cottage method was in accordance with the modern treatment of the insane. That the cottage system was a good one under certain conditions no one familiar with the principles of psychological medicine would deny, but to prescribe it as an absolutely necessary system under all circumstances was neither scientific in the abstract nor warranted by the records of experience. In like manner much had been urged in favour of the principle of boarding out lunatics. The practice had been tried, and the result was not such as to encourage its continuance. It was greatly to be regretted that the establishment of private lunatic asylums had been so completely discouraged. Under proper regulations private lunatic asylums were most useful institutions. Dr. Le Fevre concluded his address with some allusions to the Medical School of the University, and with some gracefully expressed compliments to the editor of the *Australian Medical Journal*.

Vote of Thanks.—A vote of thanks to Dr. Le Fevre for his address was proposed by Dr. SHIELDS, seconded by Dr. L. HENRY, and carried by acclamation.—Dr. LE FEVRE briefly replied.

JAMAICA BRANCH.

A GENERAL meeting of this Branch was held on October 1st, 1890, at the Public Library, Kingston, Dr. G. C. HENDERSON, President, in the chair. The following members were present: Drs. F. H. Saunders, Bronstroph, Plaxton, W. D. Neish, Robinson, L. M. Clarke, Castle, Maunsell, Tatham, and Da Costa. The minutes of the last meeting (July 30th) were read and confirmed and signed by the President.

Eczema of Face.—Surgeon TATHAM showed a soldier of the West Indian Regiment, a full-blooded negro from Demerara, suffering from an intractable form of eczema of the face and scalp. In an experience of three years, during which nearly 2,000 native soldiers had passed through his hands, he had not previously met with a case amongst them, though the disease was frequent enough among the coloured soldiers and the white men.—The PRESIDENT said that in his experience eczema was not rare in the black, though it was rare to find it on the face. Eczema of the scrotum was not rare, and behind the ears was common in infants, and on the flexor surfaces of the arm and on the wrists of washerwomen from the irritation of soda, etc. Aggravated prickly heat ran into it; sometimes it took the form of a relapsing erythema. It was more common amongst the light-coloured than the black.—Mr. F. H. SAUNDERS also made remarks.

Nævoid Growth.—Mr. W. H. STRACHAN showed a case of nævoid growth in the left temporal region and the eyelids. Opinion was asked as to the advisability of attempting some relief by operation. Electrolysis was suggested as justifiable, but benefit was thought problematical.

Telangioma Tuberosum Multiplex.—Mr. W. H. STRACHAN showed this case. The patient was a negro boy, aged 14. Scattered over his head, trunk, and extremities were minute nodules, varying in size from that of a millet seed to that of a pea, many arranged in lines like strings of beads. In places the nodules and lymph vessels were massed into groups about the size of a walnut. In some places the lymph vessels could be felt like cords. The boy's general health was good. At the time of his admission into the Public Hospital his liver and spleen were enlarged. The disease had lasted for some years. He had been treated with iodine chiefly since his admission; there had been a diminution in the size of the tubercles, and slightly of the two large masses.

Spontaneous Fracture of Both Clavicles.—Dr. C. W. M. CASTLE related this case. A negro, aged 30, whilst in the act of raising a small bundle of grass, felt his left collar-bone snap. The fracture was united by an abundant callus. Some time afterwards, whilst putting out his hand to lean against a post, he felt a crack in the shoulder, and almost fell down. The right clavicle was fractured almost at the centre of the bone. There was not much pain, and the man could use his arm. Malaria in the first instance, followed by prolonged anæmia and debility, in the absence of syphilis, heredity, etc., was probably responsible for the fragile condition of the bones.

Rheumatic Fever with Hyperpyrexia.—This paper was read by Brigade-Surgeon MAUNSELL on behalf of Surgeon-Major GALLWAY.

CEYLON BRANCH.

THE annual general meeting of this Branch was held at the Colonial Medical Library on February 21st, 1891; Dr. W. R. KYNSEY, the President for 1890, was in the chair. Among those present were Dr. James Loos (President for 1891), Dr. J. L. Vanderstraaten (President-elect), and Drs. Rockwood, Vandersmagt, Solomon Fernando, C. A. de Silva, W. Passe, and H. Marcus Fernando (Honorary Secretary). Dr. Lisboa Pinto was introduced as a visitor.

Annual Report.—The report for the year 1890 was read by Dr. H. MARCUS FERNANDO, after which the Honorary Treasurer, Dr. SOLOMON FERNANDO, read his report.

Office-Bearers.—The CHAIRMAN then submitted the names of the office-bearers for the year 1891, as previously determined upon by a Council meeting of the Branch held on January 9th, 1891; this was seconded by Dr. Rockwood, and carried unanimously.

Retiring President's Address.—Dr. KYNSEY delivered an address on the relationship existing between variola and vaccinia. The latter part of the address dealt with practical considerations in connection with the modes of propagation of epidemics of small-pox and cholera in Ceylon, and the best means by which such epidemics could be checked.

Installation of New President.—At the close of the address, which was loudly applauded, Dr. KYNSEY introduced his successor, Dr. Loos, to the chair. Dr. Loos, on taking the chair, thanked the members for having elected him president, and confidently hoped, though he had the disadvantage of not residing in Colombo, that he would be able to do something for the advancement of the Branch during the year. Referring to Dr. Kynsey's address, Dr. Loos gave some interesting experiences of his own in connection with epidemics of small-pox in Colombo during the "50's," and of the manner in which arm-to-arm vaccination was done in those days.

Vote of Thanks to Retiring President.—Dr. ROCKWOOD proposed a vote of thanks to Dr. Kynsey for his address, and also for the interest he had shown in the meetings and the services he had rendered to the Branch during his year of office. This was seconded by Dr. VANDERSMAGT, and carried unanimously.—Dr. KYNSEY briefly returned thanks.

SPECIAL CORRESPONDENCE.

BERLIN.

The Phaneroscope and the "Transparent Finger."

At last week's meeting of the Berliner Medizinische Gesellschaft, Professor Liebreich gave a further account of his cantharidin treatment, and exhibited two new instruments, which he had found to be most valuable in lupus cases, not for purposes of diagnosis only, but also as a test whether apparent improvement is real.

The first of these instruments, which Liebreich has named "phaneroscope," serves to render a small patch of skin quite translucent. It consists of a lens placed at one end of a cylindrical tube, the other end of which is funnel-shaped, and terminates in a small aperture. If a light be properly placed behind the lens, and the phaneroscope applied to the skin so that the small aperture almost touches it, the skin is rendered brightly luminous and translucent. Where healthy skin is present, an inner yellowish circle of light is seen sur-

together with the sum of 500 guineas and a handsome piece of plate, as a testimonial from his many friends. The Chairman, on the occasion, remarked that the gifts were an expression of the gratitude of many hearts which had been lightened in times of anxiety by his words of hope and cheered in the day of sorrow by his kindly sympathy. In 1884 Dr. Manson was, along with Dr. Davidson, Wartle, entertained to dinner by the profession in Aberdeenshire and Banffshire in celebration of their professional jubilee. He was presented with a beautifully-illuminated congratulatory address bearing the signatures of the gentlemen who took part in the jubilee celebration. Dr. Manson was married to Mary, daughter of the late Dr. Mitchell, R.N., Ellon, who pre-deceased him last year, leaving no family.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE following have been appointed examiners for the M.B. degree: W. D. Halliburton, M.D. Lond., Examiner in Physiology; A. J. Galabin, M.D. Camb., Examiner in Midwifery.

AN important statute has been passed by Convocation authorising the holding of the examination in Anatomy and Physiology for the first M.B. twice in each year, namely, in Michaelmas and Trinity terms. Now that the number of students in the medical school is increasing steadily, this will be a great boon to those unfortunate enough to fail in the examination, as it will allow them to come up for re-examination after an interval of six months instead of a year.

THE Hebdomadal Council have elected Mr. Tyrrell Brooks, M.A., M.B., Christ Church, and A. Winkfield, F.R.C.S., as Lichfield Lecturers in Clinical Medicine and Surgery.

THE Medical Board have issued a new syllabus for the Materia Medica part of the M.B. examination.

UNIVERSITY OF CAMBRIDGE.

PHARMACEUTICAL CHEMISTRY.—The Special Board for Medicine, in accordance with Regulation 10 for the degree of Bachelor of Medicine, publish the following schedule defining the range of the examination in pharmaceutical chemistry, and give notice that the schedule will come into force at the beginning of the next academical year (October 1st, 1891).

The examination will be practical, and will have reference to the chemical principles involved in—the preparation of Fowler's solution (*liquor arsenicalis*) and the hydrochloric solution of arsenic (*liquor arsenici hydrochloricus*), and the reactions of these solutions with ferric salts: the preparation from ferrous sulphate of phosphate of iron (*ferric phosphas*) and the solution of ferric sulphate (*liquor ferri persulphatis*); the preparation from ferric oxide of reduced iron (*ferrum reductum*); the preparation of iodide of potassium (*potassii iodidum*), and the action of dilute acids, ferric salts, and other oxidising agents, upon it; the reactions of sulphide of calcium (*calc sulphurata*) with acids and with salts of copper and lead; the detection of oxide of mercury with chalk (*hydrargyrum cum creta*); the preparation by sublimation of corrosive sublimate (*hydrargyri perchloridum*) and calomel (*hydrargyri subchloridum*), and the detection by means of either of the former salt in impure calomel; the action of alkaline solutions on corrosive sublimate and calomel respectively; the action of solution of ammonia (*liquor ammoniac*) on corrosive sublimate to form ammoniated mercury (*hydrargyrum ammoniatum*), and the chief reactions of this compound; the reaction of chloride of antimony (*liquor antimonii chloridi*) with water; the preparation from oxide of antimony (*antimonii oxidum*) of tartar emetic (*antimonium tartaratum*), and its principal reactions; the reaction of bismuth nitrate with water to form subnitrate of bismuth (*bismuthi subnitras*), and the reactions of the salt with water and with ammonia in the presence of citric acid; the action of alkalis on hydrate of chloral (*chloral hydras*); the preparation of iodoform (*iodoformum*); the preparation from ferrocyanide of potassium of diluted hydrocyanic acid (*acidum hydrocyanicum dilutum*), its formation from bitter almonds, and the production from it of Prussian blue; the reactions of the tannins of galls (*gallae*), of rhatany (*kramerie radice*), and of catechu, with gelatine, lead acetate, ferric salts, and tartar emetic; the chief reactions and the detection of salicin, salicylic acid, and carbolic acid; the detection of any one of the following alkaloids in a mixture of it with other organic substances, by means of its characteristic reactions—morphine, quinine, conine, brucine, and strychnine; the estimation, by volumetric methods, of arsenic in Fowler's solution and the hydrochloric solution of arsenic, of iron in *ferrum reductum*, and of hydrocyanic acid in *acidum hydrocyanicum dilutum*—standardised solutions being provided.

A detailed knowledge of the special methods of preparation given in the *British Pharmacopoeia* is not necessary; but a knowledge of the characters of, and the qualitative tests for, the foregoing substances will be required.

DEGREES.—At the Congregation on Thursday, April 30th, the following degrees were conferred:—

M.D.—J. Kerr, M.A., M.B., B.C., St. John's (thesis, The Sequelæ of Acute Croupous Pneumonia); B. B. Connolly, M.A., Caius (thesis, Asiatic Cholera); H. T. Bulstrode, M.A., M.B., Emmanuel (thesis,

Complications of Scarlatina); P. Hicks, B.A., M.B., B.C., Cavendish (thesis, Mitral Regurgitation).
M.B.—C. P. White, M.A., Clare; E. A. R. Newman, B.A., Caius; G. E. Hale, B.A., King's; E. S. Peck, B.A., Christ's; F. Belben, B.A., Christ's.
B.C.—Messrs. Hale, White, Connolly, Newman, and Peck.

UNIVERSITY OF LONDON.

ELECTION OF EXAMINERS.—The following Examiners for 1891-92 were elected on April 24th:—*Chemistry*: Professor H. E. Armstrong, Ph.D., F.R.S., and Professor W. A. Tilden, D.Sc., F.R.S. *Botany and Vegetable Physiology*: Professor Daniel Oliver, F.R.S., and Professor H. M. Ward, M.A., F.R.S. *Comparative Anatomy and Zoology*: Sydney J. Hickson, D.Sc., M.A., and Adam Sedgwick, M.A., F.R.S. *Practice of Medicine*: J. F. Payne, M.D., B.Sc., and Professor F. T. Roberts, M.D., B.Sc. *Surgery*: Professor Marcus Beck, M.S., M.B., and H. G. Howse, M.S., M.B. *Anatomy*: R. Clement Lucas, M.B., B.S., and Professor Alexander Macalister, M.D., M.A., F.R.S. *Physiology*: Professor W. D. Halliburton, M.D., B.Sc., and J. N. Langley, M.A., F.R.S. *Obstetric Medicine*: C. J. Cullingworth, M.D., and Alfred L. Galabin, M.D., M.A. *Materia Medica and Pharmaceutical Chemistry*: Frederick Taylor, M.D., and Professor N. C. I. Tirard, M.D. *Forensic Medicine*: J. D. Mann, M.D., and Professor G. V. Poore, M.D., B.S.

UNIVERSITY OF EDINBURGH.

THE clinical portion of the Final Professional Examination for the degrees of M.B. and C.M. (that is, Clinical Medicine and Clinical Surgery) began on Friday, May 1st, and will be carried on during the whole of this month, and the early part of next, in the University wards of the Royal Infirmary.

Although the University authorities do not publish definitely the number of candidates who appear for the various medical examinations, it is quite well known that the "mortality" at the recent First and Second Professional Examination was pretty high. In a not inconsiderable number of cases, candidates were refused a *virâ voce* examination on the ground that their written papers did not come up to the required standard. This seems a somewhat questionable practice. The London method, by which every candidate has an oral examination quite independent of his written paper, is far more just to the candidates.

UNIVERSITY OF ABERDEEN.

THE EXTENSIONS OF THE MEDICAL SCHOOL.—As briefly intimated last week, these extensions have been completed, and the various departments have entered into occupation of their rooms. The need of increased accommodation has forced itself on the serious attention of the University authorities ever since 1880. In 1884 a movement was set on foot for the extension of Marischal College in keeping with the increase in the attendance at the school and the requirements of modern teaching in medical science. Repeated applications were made to the Government for aid in carrying out the proposed scheme of extension, and the movement was so far successful that a sum of about £6,000 was granted by the Treasury for this purpose; since then additional grants of nearly £1,000 were obtained. The whole was applied to the extensions and alterations of the South Wing of the College, the additions being made along the Longacre side of the wing, and the departments affected are physiology, materia medica, medical jurisprudence, public health, natural history, and midwifery. The great feature of the extensions is that, instead of the class rooms and laboratories being huddled together in almost chaotic form, they are now arranged with as much method and convenience as the sum at the disposal of the authorities could possibly allow. The rooms are airy, well lighted and ventilated and heated, and adequately equipped. The furnishings are not by any means extravagant, but they are substantial, well selected and arranged, and likely to be of the utmost service in efficient carrying on of the work. The ground floor is given up to physiology and materia medica, and the first floor is devoted to natural history and medical jurisprudence and public health. The midwifery department, which was formerly located in the old portion of this wing, is now to be in rooms formerly occupied by the physiological department in the main building, which have been accordingly adapted. A very convenient range of extra rooms has been provided in the lower part of the buildings. In the basement there are the natural history cellars, heating chamber, and workshops; the hygienic museum, a combustion room, a gas analysis room, chemical laboratory, sterilisation room, and a bacteriological laboratory; these are all floored in concrete, are well lighted and

furnished with the necessary apparatus. In the sub-basement are the physiological cellars and two animal observation rooms connected with the same department. It may be noted that though much has been done by these extensions to afford additional accommodation, much still remains to be done to provide sufficient room for the other departments at present in the College, to say nothing of those likely to be called into existence in the near future. While the town authorities are taking steps to open out the front of the College, the University authorities are beginning to take steps for the extension of the North Wing, and the building of a Students' Union.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were, at the meeting of the College on April 30th, admitted Licentiates.

Abram, G. S., Cambridge and University College
Allan, A. W., Charing Cross
Allott, J. E. C., Guy's
Ashworth, W. R., Westminster
Atkey, P. J., St. Thomas's
Barber, G. W., Middlesex
Bartlett, F. W., University College
Baskett, B. G. M., Bristol
*Bates, J. C., Guy's
Boake, B., Dublin
Box, C. R., St. Thomas's
*Brett, W. G., Guy's
Brown, R., St. Bartholomew's
Busfield, J., Charing Cross
Carling, A., Charing Cross
Clegg, R., Manchester
Collins, E. B., Leeds
Collins, R. H., Charing Cross
Colyer, A. R., Charing Cross
Constant, T. E., Charing Cross
Corner, A., St. Bartholomew's
Cornish, E., Guy's
Cory, E. R. H., London
Dale, C. B., St. Bartholomew's
Dalzell, A., St. Thomas's
Davies, D. L., Manchester
Dawson, C. L., St. Bartholomew's
De Renzi, H. C. C., Westminster
De Silva, A. H. C., Newcastle-on-Tyne
Dudgeon, R. H. B., Liverpool
Ellis, J. C., St. George's
Featherstone, G. W. B., Guy's
Finch, E. J., St. Mary's
Ford, F. C., St. Bartholomew's
Fox, A. C., London
Francis, J., Middlesex
Francis, L. A., St. Mary's
Freeman, J., Bristol
*Gardener, W. F., St. Thomas's
Gornall, J. G., St. Thomas's
Halsted, D. G., London
*Harden, E. H. T., University College
Hawke, E. D. H., Charing Cross
Hawley, A., Birmingham
Hebblethwaite, A. G., Leeds
Hey, C. E. M., St. Mary's
Hoffmann, A. W. W., Charing Cross
Holton, G. W., Manchester
Home, J. A., St. Bartholomew's
Hott, A. T., Charing Cross
*James, H. D., King's College
James, L. E., Westminster
Jeffreys, A., St. Thomas's
Johnson, F., St. Bartholomew's
Jones, H. T., St. Thomas's
Jordan, J. F., Birmingham
Kirtin, C. S., London
Knevit, H., London
Lansdown, C. E., St. Mary's
Lawson, A., Middlesex
*Leake, G. D. N., St. George's and Manchester
Marshall, F. E., King's College
*Masser, E. C., Birmingham
Milton, W. F. E., St. Thomas's
*Olivey, W. J., St. Thomas's
Patterson, C. S., University of Edinburgh and Middlesex
Powell, C. M., St. Bartholomew's
*Powell, R., King's College
Price, A. E., St. Thomas's
Rake, A. T., Guy's
Rannie, J., Aberdeen
Raves, C. K., Manchester
Richardson, H., Guy's
Rider, A. G., University College
Rodd, M. L. B., Middlesex
Rogers, W. G., Guy's
Rowland, F. M., Cambridge and Birmingham
Rudd, A., Westminster
Scudamore, L. G., St. Thomas's
Segundo, C. S. de, St. Bartholomew's
Seton, B. G., St. Bartholomew's
Smith, E. N., University College
Spensley, J. R., London
Spurrell, W. D., Guy's
Stillwell, G. R. F., St. Thomas's
*Sumpter, W. J. E., University College
Swinton, F. E., St. Bartholomew's
Syrett, E. F., St. Bartholomew's
Tebbs, W. H. A., Westminster
Thomas, A., Guy's
*Thorpe, R., St. George's
Thurston, H. S., St. Bartholomew's
Watts, T., Manchester and Durham
Wellington, R. H., St. Bartholomew's
West, L. F., Leeds
Wilks, H. L. E., Guy's
Williams, H. B., St. Thomas's

* Candidates who have not presented themselves under the regulations of the Examining Board.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following is the pass list of the April examinations held in Glasgow:

First Examination.—Of 41 candidates, the following 22 passed:—Kate K. Paton, Glasgow; R. P. Snodgrass, Montreal; S. H. Oulton, Liverpool; Janet R. Wells, Glasgow; Catherine Howe, Glasgow; W. E. Blakely, Auchnacloy; J. McLean, Glasgow; M. Stewart, Kilwinning; H. Marmion, County Down; W. Bond, Lancashire; T. B. Whitelaw, Kirkintilloch; H. P. Weston, Manchester; Gertrude N. O'Flaherty, Galway; A. J. Boulger, Colchester; J. M. Grant, Banff; J. Fenwick, Accrington; J. D. Ballantyne, Dundee; T. J. Evans, New Quay, Wales; T. Heaps, Preston; T. French, County Cork; R. C. Wilson, Birkenhead; M. P. Corkery, Bombay; W. Corkey, County Armagh; L. T. Myers, Yorkshire; C. Rutherford, Northumberland; J. H. Robinson, Southport; S. T. Brooks, Farnworth; S. B. Siddall, Stanley, Liverpool; G. Hill, Glasgow.

Second Examination.—Of 50 candidates the following 30 passed:—J. P. T. Burke, Ireland; H. De C. O'Neale, Barbadoes; A. M'Affee, B.A., Ballymoney; H. J. Cosgrove, Dumfries; W. M. Fox, Cork; R. Martin, County Down; A. M. Stewart, Alloa; A. J. M'Kie, County Tyrone; J. M. Macmillan, Argyshire; G. M. Wilcockson, Derbyshire; T. W. Waddell, Demerara; Janette F. A. Wallace, Inverness-shire; T. Dawson, Mid-Lothian; G. C. Giles, York; S. W. Pitcher, Talbot, Australia; J. Laymont, Argyshire; R. H. Wright, Cheshire; H. L. McCulloch, Melbourne; W. L. Crewdson, Edinburgh; R. T. Jones, Glamorganshire; J. C. Edwards, Derbyshire; R. T. Clark, Harrington; W. Walker, Aberdeenshire; Jeanie G. R. Duggan, Edinburgh; J. Featherstone, Northumberland; A. M'Kellar, Glasgow; M. Luby, Limerick; T. C. Hunter, Glamorganshire; A. J. Neill, Melbourne; C. D. L. Williams, Breconshire.

Final Examination.—Of 36 candidates the following 15 passed:—D. Doherty, Buncrana, Londonderry; T. Marshall, South Shields; Edith Mary Brown, Croydon; J. Lane, Fermoy; G. Billing, Blackpool; H. Collier, Carbrook; J. Dodgson, Burnley; E. Hartley, Blackpool; J. N. Banerjee, Bengal; C. N. Macquarie, Kilmuir; C. B. Lucas, Carmyle; H. D'A. Blumberg, Edinburgh; J. E. J. Pegg, Birmingham; P. A. Shore, Walsall; S. Wartyn, Bombay.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following gentleman was admitted a Diplomate of Public Health at the April examination:

A. P. Luff, M.D. Lond., Weymouth Street, London.

ROYAL UNIVERSITY OF IRELAND.—Third Examination in Medicine, April, 1891.—The Examiners have recommended that the undermentioned be adjudged to have passed the examination:—

Upper Pass Division.—M. Boyle, Queen's College, Cork; A. Jamieson, M.A., Queen's College, Belfast; G. J. Johnson, B.A., School of Physic, Trinity College, Dublin; R. L. Leatham, B.A., Queen's College, Belfast; J. H. McGee, Cath. Univ. School of Medicine, Dublin; J. C. Rowan, Queen's College, Belfast.

The above candidates may present themselves for the further examination for honours.

Pass Division.—J. Anglein, Cath. Univ. School of Medicine; R. Buile, Queen's College, Galway; J. F. Barrett, Ledwich, and Cath. Univ. School of Medicine; R. M. Beatty, B.A., Queen's College, Belfast; Eliza G. Bell, Queen's College, Belfast; F. H. Clements, Queen's College, Galway; M. J. B. Costello, Queen's College, Galway; R. P. Crosbie, M.A., Queen's College, Cork; T. H. Delany, Cath. Univ. School of Medicine; H. J. Dickey, Queen's College, Belfast; V. G. L. Fielden, Queen's College, Belfast; H. Fisher, Queen's College, Belfast; J. Graham, Queen's College, Belfast; R. Heard, School of Physic, Trinity College, Dublin; W. H. Heard, School of Physic, Trinity College, Dublin; B. B. Hosford, Queen's College, Cork; T. Howard, Queen's College, Cork; J. Lane, Queen's College, Cork; W. Lyle, Queen's College, Belfast; W. T. Meagher, Queen's College, Cork; J. O'Donnell, Cath. Univ. School of Medicine, Dublin; T. B. Pedlow, B.A., Queen's College, Belfast; F. L. Rowan, B.A., Cath. Univ. School of Medicine, Dublin; J. Stevenson, Queen's College, Belfast; E. S. Topping, Queen's College, Belfast; E. T. Vint, Queen's College, Belfast; J. J. Yorke, B.A., Cath. Univ. School of Medicine, Dublin.

Second Examination in Medicine, April, 1891.—The Examiners have recommended that the undermentioned be adjudged to have passed the examination:—

Upper Pass Division.—*R. Allen, Queen's College, Galway; P. Brady, Catholic University School of Medicine; *J. A. Corbitt, Queen's College, Belfast; *Emily Winifred Dickson, Royal College of Surgeons, Dublin; W. Hanna, B.A., Queen's College, Belfast; *W. McMath, Queen's College, Cork; J. Shiue, Catholic University School of Medicine.

* Those marked with an asterisk may present themselves for the further examination for honours.

Pass Division.—M. H. Aicken, Queen's College, Belfast; W. J. J. Arnold, B.A., Queen's College, Belfast; C. L. Birmingham, Catholic University School of Medicine; C. Blue, Queen's College, Belfast; J. M. Browne, Queen's College, Cork, and Catholic University School of Medicine; A. J. Caldwell, Queen's College, Belfast; J. A. Clements, Queen's College, Galway; J. G. Clokey, Queen's College, Belfast; J. Colville, B.A., Queen's College, Belfast; Mina L. Dobbie, London School of Medicine for Women; A. E. Downey, Catholic University School of Medicine; J. W. Furey, Queen's College, Belfast; J. B. Johnson, Queen's College, Belfast; T. S. Kirk, B.A., Belfast; T. T. McKendry, Queen's College, Cork and Belfast; J. McMullin, Queen's College, Belfast; J. Mathewson, Queen's College, Belfast; M. O'Dea, Queen's College, Galway; P. J. O'Keeffe, Queen's College, Cork, and Catholic University School of Medicine; H. L. Ormerod, Bristol Royal Infirmary and Medical School; A. A. Peel, Queen's College, Belfast; M. J. Ryan, Queen's College, Belfast; P. J. Scannell, Queen's College, Cork; J. H. Thompson, Queen's College, Belfast; J. J. Wallace, Queen's College, Belfast.

PROPOSED PAN-AMERICAN MEDICAL CONGRESS.—Dr. Charles A. L. Reed, of Cincinnati, will, it is stated, propose at the meeting of the American Medical Association in Washington that an invitation be sent to the medical profession of the republics and colonies of the Western Continent to assemble in the United States in an International Medical Congress. Dr. Reed says that communications received by him from leaders of the profession in Central and South America show that they are disposed to entertain the idea of a Pan-American Medical Congress favourably.

MEDICAL NEWS.

CAIRO is suffering from an epidemic of dengue.

A GERMAN College of Medicine and Obstetrics is about to be established in Chicago. The college is to have ten professors, four of whom will teach in English. Five years of study will be required before a diploma is granted.

A FESTIVAL dinner in aid of the funds of the University College Hospital was held at the Hôtel Métropole on April 28th, under the presidency of Lord Reay. The treasurer announced donations to the amount of £1,980.

A "UNIVERSAL and Historical International Exhibition" of Microscopy will be held at Antwerp in August and September of the present year, in celebration of the tercentenary of the discovery of the microscope.

THE Metropolitan Public Gardens Association has again rendered a public service by securing an open space Barnsbury Square, Islington. It is about $1\frac{1}{4}$ acre in extent, and lies in a populous district.

UNIVERSITY OF HALLE.—A new clinic for mental and nervous diseases was opened in the University of Halle on April 29th in the presence of the Cultus Minister, Count von Zedlitz-Trützschler. Professor Hitzig delivered an address on the occasion.

APPLICATIONS for the medical research scholarships of the Grocers' Company will be received by the Clerk of the Company up to May 9th, but, as will be seen by a notice in our advertisement columns, the present scholars are eligible for reappointment.

HER Royal Highness the Duchess of Teck will distribute the medals and gratuities to the nurses of the Workhouse Infirmary Nursing Association, at their eleventh annual gathering, to be held at 9, Conduit Street, Regent Street, on May 14th, at 8 P.M.

A MEDICAL student, named W. T. Roche, described as late of Arundel, according to reports in the newspapers, has, in a prosecution undertaken at the instance of the Registrar-General, been fined £5 and £2 3s. 6d. costs for unlawfully representing himself in a medical certificate to be a registered medical man and a L.R.C.S.Edin. The defendant pleaded guilty.

PRESENTATION.—Dr. Morris, on his retirement from the medical staff of the Spalding Infirmary and Dispensary, after the completion of half a century's gratuitous medical service, has been presented by the governors with a testimonial in the form of a handsome silver salver suitably inscribed.

DR. McGRATH, Coroner for the South and East Divisions of the county Tyrone, died very suddenly early this week. An inquest was held, and after hearing evidence the jury returned the following verdict:—"That deceased Dr. Thomas J. McGrath, died on Tuesday, 28th April, in the townland of Gortgonis, and that his death was caused by an overdose of a narcotic."

METROPOLITAN AND NATIONAL NURSING ASSOCIATION.—At the fifteenth annual meeting of this association, held on May 1st, at Grosvenor House, it was reported that the agreement with the Queen Victoria Jubilee Institute, whereby the association was appointed as the central training school for the Queen's nurses in England remained in force during the past year. The number of cases nursed was 686, and the number of visits paid 20,000.

ASSOCIATION OF MEDICAL OFFICERS OF SCHOOLS.—At the recent annual meeting of the Society, Dr. W. H. Dickinson was elected president in place of Dr. James Andrew, who had been compelled to resign owing to his recent illness. The accounts showed the Society to be in a flourishing state financially. On the motion of Dr. Alder Smith, it was resolved to proceed at once with the revision of the Code, and issue a third edition of it. A discussion on School Punishments, opened by Dr. G. H. Armstrong, of Wellington College, then took place. The annual dinner, owing to unavoidable circumstances, was postponed, and will be held in future at some fixed date in June.

CONGRESS FOR THE STUDY OF TUBERCULOSIS.—The second meeting of the Congress for the Study of Tuberculosis will be held at Paris, from July 27th to August 2nd of the present year, under the presidency of M. Villemain. The following questions will be discussed: (1) The identity of human tuberculosis with tuberculosis of the bovine species, poultry, and other animals; (2) the bacterial and morbid relations of tuberculosis; (3) hospitals for tuberculous patients; (4) the prophylaxis of human and animal tuberculosis; and (5) the agents capable of destroying Koch's bacillus, but not injurious to the organism, from the point of view of the prophylaxis and treatment of human and animal tuberculosis.

GERMAN PUBLIC HEALTH SOCIETY.—Among the subjects proposed for discussion at the seventeenth meeting of the German Public Health Society, which, as already announced, will take place at Leipzig on September 17th—20th, are the following: Report of the Committee on Systematic Researches as to the Self-Purification of Rivers; Sanitary Administration in Relation to Dwellings; Sanatoria for Sufferers from Pulmonary Complaints (to be introduced by Professor von Ziemssen, of Munich); Milk in its Hygienic Relations (to be introduced by Professor Soxhlet, of Munich); Cool Chambers for Meat and other Articles of Food (to be introduced by Professor Franz Hofmann, of Leipzig). "Gymnastic Inspector" Hermann, of Brunswick, will deliver an address on the School Games of German Youth.

TEMPERANCE IN THE MEDICAL PROFESSION.—The Council of the British Medical Temperance Association have recently held a series of local gatherings in the metropolis. To each conference all the medical men residing in the locality were invited, and, after refreshments of an unintoxicating character, a free and friendly discussion has been held. These meetings, especially in the western and northern districts were, we are informed, highly successful, and gave evidence that among the non-abstaining members of the profession there is warm sympathy with temperance effort. There are now some 450 abstaining medical practitioners enrolled in the Association, including professors at various universities. Nothing but good can follow the presentation of the case for abstinence before a profession which is pre-eminently the guardian of personal and national health.

MEDICAL VACANCIES.

The following Vacancies are announced:

BIRMINGHAM CITY ASYLUM.—Resident Clinical Assistant. Board, lodging, etc., provided. Applications to the Medical Superintendent.
BIRMINGHAM CITY ASYLUM.—Assistant Medical Officer. Salary, £120 per annum, with board, etc. Applications to the Medical Superintendent.

BOROUGH OF PLYMOUTH.—Medical Officer for the Borough Lunatic Asylum, Blockadon, near Plymouth. Salary, £400 per annum, with furnished house, gas, coals, and vegetables. Applications, endorsed "Medical Officer, Lunatic Asylum," to J. H. Ellis, Town Clerk, Guildhall, Plymouth, by May 16th.

BOYLE UNION (Gurteen Dispensary).—Medical Officer. Salary, £110 per annum and fees. Applications to Mr. John Kilroy, Honorary Secretary, Clomanure, Gurteen, Ballymote. Election on May 20th.

CANCER HOSPITAL (Free), Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at rate of £80 per annum, with board and residence. Applications to the Secretary by May 9th.

CANCER HOSPITAL (Free), Fulham Road, S.W.—Assistant House-Surgeon and Registrar. Appointment for six months. Salary at rate of £50 per annum, with board and residence. Applications to the Secretary by May 9th.

CANCER HOSPITAL (Free), Fulham Road, S.W.—Surgeon: must be F.R.C.S. Eng., and reside within four mile radius. Applications to the Chairman of the House Committee by May 26th.

CANCER HOSPITAL (Free), Fulham Road, S.W.—Honorary Pathologist. Applications to the Chairman of the House Committee by May 26th.

COUNTY OF CAITHNESS.—Medical Officer of Health. Salary, £300 per annum, with £50 travelling and other expenses; must not engage in private practice, and reside in Wick. Applications to James Burns, County Clerk, Thurso, by May 25th.

CUMBERLAND INFIRMARY, Carlisle.—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing. Applications to the Secretary by May 15th.

DERBY AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Assistant Surgeon: not under 30 years of age. Salary, £160 per annum, rising £10 after six months, and £10 per annum afterwards up to £250, with midwifery fees. Applications to the Secretary, Mr. H. Bullivant, 73, Abbey Street, Derby, by May 23rd.

ECCLES AND DISTRICT MEDICAL ASSOCIATION.—Assistant Medical Officer. Applications to Mr. J. Ramsdale, 15, Byron Street, Patricroft.

FARRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY, 17, Bartlett's Buildings, Holborn, E.C.—Honorary Physician. Applications to J. Lewis, Secretary, by May 9th.

GREAT YARMOUTH HOSPITAL.—Resident House-Surgeon; unmarried. Salary, £90 per annum, with board and lodging. Applications to Ernest E. Leech, Honorary Secretary, by May 12th.

HANTS COUNTY ASYLUM.—Third Assistant Medical Officer; double qualifications; unmarried, and not more than 27 years of age. Salary, £100 per annum, rising to £125 after twelve months, with furnished apartments, board, washing, and attendance. Applications, endorsed "Application for Appointment of Medical Officer," to Committee of Visitors, Knowle, Fareham, by May 20th.

HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE.—Fourth Assistant Medical Officer. Applications to Dr. Phillips, Virginia Water.

HOLSWORTHY UNION, Devon.—Medical Officer and Public Vaccinator for No. 3 District. Salary, £25 8s. per annum, with midwifery and vaccination fees. Applications, endorsed "Application Medical Officer," to Cecil Bray, Clerk, by May 12th.

HOLSWORTHY UNION, Devon.—Medical Officer for the Workhouse. Salary, £22 per annum. Applications, endorsed "Application Medical Officer," to Cecil Bray, Clerk, by May 12th.

LIMERICK UNION (No. 1 District).—Medical Officer. Salary, £130 per annum and fees. Applications to Mr. Jno. H. Lee, Honorary Secretary. Election on May 11th.

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

ROYAL BERKS HOSPITAL, Reading.—Physician. Applications to the Secretary, John T. Hugo, at least ten days before the election on June 2nd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Five Examiners in Anatomy; Four Examiners in Physiology; Examiners for Parts 1 and 2 of the Examination in Public Health; Five Examiners in Elementary Anatomy; Two Examiners in Elementary Physiology (First Professional Examination); and four Examiners in Midwifery (for the Third or Final Examination). Applications to Edward Trimmer, Secretary, by May 28th.

SALISBURY INFIRMARY.—Dispenser. Salary, £105 per annum. Applications to the Secretary by May 15th.

TORBAY HOSPITAL AND PROVIDENT DISPENSARY, Torquay.—Junior House-Surgeon and Dispenser; double qualifications; unmarried. Salary, £80 per annum, with board, lodging, and attendance. Applications to Capt. Phillpotts, R.N., Honorary Secretary, by May 16th.

WEST HAM UNION.—Medical Officer for No. 1 Stratford District; double qualifications. Salary, £100 per annum, with fees. Applications with three recent testimonials to F. E. Hilleary, Clerk, Guardians' Office, Union Road, Leytonstone, E., by May 13th.

MEDICAL APPOINTMENTS.

BRETtingham, C. E. Seppings, L.F.P.S.Glas., appointed Medical Officer of Health for the Eastern Division of the Williton Union.

CARDWELL, Thomas, L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Ropsley District of the Grantham Union, *vice* R. J. A. Moore, M.B.

CLIBBORN, William, M.D., L.R.C.S.Irel., appointed Surgeon to the Police Force, Bridport, *vice* Dr. Evans, deceased.

DOWLING, John E., M.D.Irel., appointed Medical Officer for the Tuam Workhouse.

DUMERGUE, H. W., M.A.Cantab., M.D.Lond., M.R.C.S., appointed Third Honorary Physician to the St. George's and St. James's Dispensary.

FOWLER, C. H., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the North-West London Hospital, *vice* H. Dunn.

FOX, George Martin, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A., appointed Medical Officer and Public Vaccinator for the Willenhall District of the Wolverhampton Union.

FRIPP, A. D., M.B., B.S., appointed Anaesthetist to Guy's Hospital Dental School.

GAMGEE, Leonard Parker, M.R.C.S., L.R.C.P., appointed House-Surgeon to the Queen's Hospital, Birmingham.

GIBSON, E. Valentine, M.B., C.M., appointed House-Surgeon to the Devonshire Hospital, Buxton, *vice* William Ring, L.R.C.P., L.R.C.S., resigned.

GREY, Thomas Campbell, M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Medical Officer to the General and Eye Hospital, Swansea, *vice* G. Herbert Hopkins, M.R.C.S.Eng., L.R.C.P.Lond., resigned.

GUNN, Alfred Lloyd, L.R.C.P.Edin., L.F.P.S.Glas., reappointed Medical Officer for Swinefleet, Whitgift, and Ousefleet Sanitary Districts.

GUNN, A. M., M.B., C.M., appointed Medical Officer for Shapinsay, Orkney, *vice* Dr. George Hall.

HEBBLETHWAITE, A. G., M.R.C.S., L.R.C.P., appointed House-Physician to the General Infirmary, Leeds, *vice* E. Howell.

HORROCKS, Peter, M.D., F.R.C.P., M.R.C.S., appointed Physician for the Eastern Division of London of the Royal Maternity Charity.

HAYDE, G. E., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer of Health for the Martley Rural District.

JOLLYE, F. W., M.R.C.S., L.R.C.P.Lond., D.P.H.Lond., appointed Medical Officer and Public Vaccinator to the No. 2 District of the Alresford Union, and Medical Officer of Health to the Alresford Union.

LANCASTER, H. F., M.D.Brux., M.R.C.S., L.R.C.P., appointed Anaesthetist to Guy's Hospital Dental School.

LUCAS, R. Clement, B.S., M.B.Lond., F.R.C.S., appointed Examiner in Anatomy to the University of London.

MAY, F. H., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Aston Manor District of the Aston Union.

PETERS, Leonard G., L.R.C.P., L.R.C.S., L.F.P.S., L.M., appointed Medical Practitioner to the Liddell Provident Dispensary, Jarrow-on-Tyne, *vice* George W. Weir, M.D.

ROBINSON, A. H., M.R.C.S., appointed Medical Officer for the Wyke and part of the North Brierley Union.

ROWBOTHAM, A. J., M.R.C.S., reappointed Medical Officer for the Durham District of the East Retford Union.

STONEHOUSE, John, L.F.P.S.Glas., appointed Medical Officer for the Second District of the Whitby Union.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Lachrymal Diseases. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. Edmund Owen: Early Stages of Disease of the Spine.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Theo. Hyslop: Delirium Mania. Examination Hall, Victoria Embankment, 5 P.M.—Mr. Jonathan Hutchinson: Syphilis in relation to Vaccination.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. Anthony A. Bowlby: Thirteen Cases of Paget's Disease of the Nipple, with special reference to the Causation of the Malady by Psorospersms. Mr. J. Hutchinson, jun.: On Paget's Disease of the Breast. (The papers will be illustrated by projections on the screen and by a microscope exhibit.)

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Indurative Affections of the Lung; their Pathology, Diagnosis, and Treatment, with Clinical Demonstration. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: Colour Blindness (Congenital and Acquired).

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Gowers: Symptomatic Signals, and how to use them. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. E. Owen: Late Stages of Disease of the Spine. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Ed. Law: The Examination of the Throat and Nose.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Specimens: Dr. Heywood Smith and Dr. Godson. Dr. Holland: Remarks on a Series of Abdominal Sections.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture: Anthrax and Malignant Oedema. Practical Work: Sections of Anthrax by Gram's Method. Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Indurative Affections of the Lung; their Pathology, Diagnosis, and Treatment, with Clinical Demonstration. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Demonstrations of Morbid Anatomy: Lungs—Inflammatory, Tuberculous, and other Lesions.

SATURDAY.

LONDON POST-GRADUATE COURSE.—Bethlem Royal Hospital, 11 A.M.—Dr. Theo. Hyslop: Clinical Demonstration.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

THOMSON.—On April 29th, at Wattlesboro', Half-way-House, near Shrewsbury, the wife of T. P. Thomson, M.B., C.M.Aberd., of a daughter.

MARRIAGES.

CRAWFORD—CASTLER.—At 5, West Princes Street, Glasgow, on April 29th, by the Rev. James Murray, Arbroath, brother-in-law of the bride, assisted by the Rev. David Woodside, B.D., and the Rev. Andrew Laidlaw, Robert Crawford, M.D., to Lizzie Yates, fourth daughter of the late James Castler, Kilmarnock.

NESBITT—GORDON.—On April 2nd, at Elmwood Church, Belfast, by the Rev. A. C. Murphy, A.M., D.Lit., Charles Van Homrigh Nesbitt, M.D., Magherafelt, younger son of the late Professor Nesbitt, A.M., D.Lit., Queen's College, Belfast, to Ethel Sarah Cecilia, third daughter of John Gordon, A.M., Inspector of National Schools, College Park, Belfast.

DEATHS.

BARTLEET.—On April 28th, suddenly, of acute pneumonia, Thomas Hiron Bartleet, M.B., F.R.C.S., of Hatfield, Hagley Road, Birmingham.

JOSEPH.—At Little Bay Mine, Newfoundland, on April 24th, Alice, wife of Louis Joseph, M.B., C.M. (By cablegram.)

MACDOUGALL STEWART.—At Beau Séjour, Jersey, on April 26th, John MacDougall Stewart, M.R.C.S., Surgeon Medical Staff, only son of Colin MacDougall Stewart, Esq., and grandson of the late John MacDougall, of Lungar, in his 34th year.

TIZARD.—On April 7th, very suddenly, at Baycliffe, Weymouth, Henry Tizard, M.D., aged 67. Beloved and deeply regretted.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, Th., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Soho.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2.30; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- LONDON TEMPERANCE HOSPITAL.** *Hours of Attendance.*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days.*—M. Th., 4.30.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetrical), W., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, W., 8.45; females, Th., 8.45. *Operation Day.*—Tu., 2.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30; *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted, will be found under their respective headings.

QUERIES.

C. P. writes: I have a lady patient who is troubled with a uniform downy growth of hair over her face, with a tendency to moustache on her upper lip, which, as she is quite young, she is naturally very anxious to get rid of. I should be very much obliged if any of your readers could give me any hints as to how I can effect this for her.

AN OLD MEMBER wishes to hear of a hospital for children, in a healthy locality out of London, where a young lady could obtain a few weeks' training as sick nurse.

BISULPHITE OF LIME.

DERMATOS asks what is the composition and strength of sol. calcii bisulphurosi employed in Germany.

*Mr. Martindale, to whom we have referred this query, writes: Sol. calcii bisulphurosi, as used in Germany, is also largely employed in England by brewers to cleanse their barrels and arrest fermentation. It is a solution of sulphite of calcium in free sulphurous acid, prepared by passing sulphurous acid gas into thin milk of lime. Its specific gravity is about 1060, and its strength of SO₂ is about 5 per cent. It is known in England as solution of bisulphite of lime.

TREATMENT OF NASAL DEFORMITY.

PERPLEXED asks: Can anything be done by mechanical means to prevent the falling in of the nasal bones after loss of the septum from ozena and ulceration in a young girl, aged 13? The nose is just commencing to lose its shape.

ANSWERS.

A WOULD-BE FELLOW.—We are informed that there is no regulation forbidding a Fellow of the Royal College of Surgeons to dispense his own medicines. It is understood that he does not sell or supply drugs or medicines otherwise than in the due exercise or practice of his profession as an apothecary.

EXAMINATION FOR F.R.C.S.ED.

PRACTICE OF MEDICINE: Bartholow's, Bristow's, or Roberts's *Manuals*. Surgical Anatomy: Treves's *Manual of Surgical Applied Anatomy*; or *Applied Anatomy: Surgical, Medical, and Operative*, by John McLachlan, F.R.C.S., published by Livingstone, of Edinburgh.

DISINFECTION AFTER DIPHTHERIA.

APPETITUS RATIONI PAREAT.—A room which has been recently occupied by a person suffering from diphtheria should most certainly be thoroughly disinfected and cleansed before it is reoccupied.

VARIOLA OR SMALL-POX.

BETHNAL GREEN.—There must surely be some mistake. No medical officer of health would refuse to receive a certificate because the term variola was used instead of small-pox.

NOTES, LETTERS, Etc.

DR. WILHELM VON BOCK has been appointed Chief Magistrate of the City of Dorpat.

THE twentieth part of the *Cabinet Portrait Gallery* of photographs, by Messrs. W. and D. Downey (Cassell and Co.), contains an excellent portrait of Sir Henry Roscoe.

A² CORRECTION.—In the review of Dr. John Shaw's book in the BRITISH MEDICAL JOURNAL of May 2nd, a confusion has occurred in lines 24 and 25. It is Gussierow who has written on *Erysipelas*, Boxall and Meyer on *Scarlatina*.

BRITISH PASTEUR INSTITUTE.

AN INDIAN OFFICER writes: I am delighted to see that a sort of British Pasteur Institute is to be started at Cambridge, and that the British Medical Association has given £300 towards it. I have sent home a guinea, to be as a thankoffering for the British Medical Association setting so good an example of self-help. Science is always slighted in England, so the Association shows the State that the profession will found a Pasteur Institute without State aid. If every member will give his guinea, each member will feel the loss very slightly, while the aggregate subscription will be a handsome amount, that ought to make Parliament ashamed of its mean parsimony.

A LEARNED ASSISTANT.

A MEMBER writes: I notice an amusing letter in the *BRITISH MEDICAL JOURNAL* of April 18th headed "A Learned Doctor." It reminds me of quite as bright an example of the learning (?) of some of the profession in England. A man died here a few days ago, and the cause of his death was certified as "cyrosis of liver." An assistant was attending him, and, during the patient's illness, he (the assistant) informed several people that his patient was spitting up his liver, and, when the patient died, the learned M.R.C.S. stated that the poor patient had to go, as he had spat up all his liver.

MORTALITY OF CHILD-BIRTH AND THE MIDWIVES BILL.

MR. HERBERT DE C. WOODCOCK, M.R.C.S. (Moorville, Leeds), writes: Supposing I am asked to attend a woman after her confinement who has been delivered by a midwife. If the patient dies I sign the death certificate. Seven or eight such cases have occurred to me in the last eighteen months. During that period I have not lost a single patient in confinement whom I have had sole control of, and I have attended four hundred cases, yet the statistician will credit me with seven or eight deaths. It is obvious why a prominent obstetrician has a high mortality in his practice; he is called in to the worst cases.

CASE OF ABDOMINAL BILIARY FISTULA.

DR. SAMUEL BOAKE, L.R.C.S., L.R.C.P.Irel. (Stamford Bridge, York) writes: The rare occurrence of such a case as the above renders it, I think, of sufficient interest to merit publication. It occurred in the practice of Mr. Wright, of Stamford Bridge, York, and the following is a brief outline of it:

M. Y., married woman, aged 54 years, experienced, five years ago, a severe attack of obstructive jaundice. Since then she has not regained her former health, being frequently troubled with pain about the region of the liver and the right hypochondriac region generally. In November, 1890, a larger swelling gradually appeared a little above and to the right of the umbilicus, which became inflamed and indurated. Round the summit appeared several minute apertures, which, on probing, seemed to lead into one channel. Sixty gall stones have come away through these apertures, varying in size from a pea to a marble, and bearing facets. The swelling has entirely disappeared, leaving an indurated opening which extends upwards and to the right in a slanting direction for about four or five inches. Gall stones come away occasionally through this opening, and there is a constant discharge of a yellow, watery fluid. The patient has greatly improved in health of late.

LETTERS, COMMUNICATIONS, ETC., received from:

(A) Dr. J. Adams, Eastbourne; R. Arthur, M.B., London; Dr. J. Anderson, Ulverston; Professor Attfield, London; Mr. C. Adam, Elgin. (B) Mr. J. Batteson, Forest Gate; Mr. W. A. Berridge, Redhill; Mr. R. Browne, King's Lynn; Dr. C. Beale, London; Mrs. Barling, Birmingham; R. C. Benington, M.B., Tynemouth; Mr. G. S. Bigg, London; Fleet-Surgeon W. Brown, Woolston; Dr. F. W. Bennett, Leicester; Dr. G. A. Ballingall, St. Leonard's-on-Sea; Dr. Balding, Royston; Mr. H. N. Baron, Pailton; Mr. H. Bullivant, Derby. (C) A. Clarkon, M.B., Leeds; J. F. Craig, M.B., Birmingham; T. E. Carter, M.B., Stamford; Mr. J. Cornwall, Kew; Mr. O. J. Currie, Colombo; Mr. J. Cantlie, Hong Kong; Candidate; Mr. Watson Cheyne, London; Mr. F. H. Cheesewright, London; Mr. A. M. Craythorne, Liverpool. (D) Mrs. A. Duncan, London; Dr. P. T. Duncan, Croydon; Dr. A. E. Davis, Liverpool; Mr. A. Doran, London; Mr. D. Dickinson, Chester; Dr. W. Dickson, Upper Norwood; Dr. L. Drage, Hatfield; Dr. V. Dickinson, London; J. Drew, M.B., Cheltenham; Messrs. W. and W. Davies, Brighton. (E) R. H. Elliott, M.B., Bedford; Mr. J. E. Erichsen, London. (F) Mr. G. M. Fox, Bilton; Dr. B. Fenwick, London; Dr. H. Fox, London; Mr. W. Fleming, London; Surgeon-General J. G. Faught, Aldershot; Mr. G. Foy, Dublin; Dr. Foss, Stockton; Dr. R. S. Fowler, Bath; Dr. A. F. Ferguson, Aden; Frame Food Company, London. (G) Mr. L. Gamgee, Manchester; Mr. A. Graham, St. Leonard's-on-Sea; Professor Gairdner, Glasgow; J. H. Glenn, M.B., Bray; Messrs. C. Griffin and Co., London; Mr. T. C. Grey, Swansea; Mr. F. George, East Finchley; Dr. A. Grant, Fairfield; Dr. J. Mortimer Granville, London. (H) Mr. G. L. Hill, Dursley; E. B. Hulbert, M.B., Windsor; Dr. P. J. Hensley, London; Dr. G. E. Herman, London; Mr. J. F. Harrison, Stockport; Dr. A. H. Hassall, San Remo; Dr. H. Handford, Nottingham; Mr. Jonathan Hutchinson, jun., London; T. D. H. Holmes, M.B., Bridgwater; Messrs. Hertz and Collingwood, London; J. Hamel, M.B., Sheffield; Brigade-Surgeon J. Hector, London; Mr. F. R. Humphreys, London; Mr. J. H. Harris, Modbury; Dr. G. Henty, London. Dr. M. Handfield-Jones, London; (J) Mr. V. Jones, London; Mr. G. S. Johnson, London. (K) Dr. Norman Kerr, London; Dr. R. Kirk, Glasgow. (L) Mr. G. H. Lund, Manchester; Mr. Clement Lucas, Lon-

don; Dr. R. Lee, London; Mr. W. H. P. Lewis, Woolwich; Mr. H. R. Leech, Edgbaston; Mr. J. E. Lane, London. (M) Mr. A. E. Muncester, Amptill; M.R.C.S., L.M.; Dr. F. H. Moore, Ely; Dr. J. W. Moore, Dublin; Mr. R. G. Macdonald, Dunedin; Professor McKendrick, Glasgow; The Malted Milk Company, London; Dr. J. A. MacWilliam, Aberdeen; Mr. E. Merch, Darmstadt; W. H. Murray, M.B., Pollok-shields; Mr. J. Metcalfe, Barkly East, Cape Colony; Dr. H. G. W. Mackenzie, London; Mr. W. Martindale, London; Dr. W. McMurray, London; Mr. F. P. Maynard, Black Mountain; Mr. G. Meadows, Hastings; Dr. E. Magennis, Lurgan; Mr. K. B. Murray, London; Dr. Martin, Blackburn. (N) Mr. J. T. Neech, Tyldesley; Mr. A. W. Nankivell, Rochester. (P) Mr. D. Pennington, Hyde; Perplexed; Mr. C. Pounds, Odiham; Dr. L. Parkes, London; Dr. H. Page, Redditch; Sir George Paget, Cambridge; Messrs. Paine and Co., St. Neots; Dr. Leslie Phillips, Birmingham. (R) Mr. H. Rainsford, London; Mr. C. T. Russell, London; Messrs. Richardson Brothers and Co., Liverpool; Dr. J. Reynolds, Brixton; Mr. E. H. Ryan-Tenison, Bexhill; Professor C. Ruata, Perugia; Mr. Mayo Robson, Leeds; Registrar of the Royal College of Physicians and Surgeons, Edinburgh; Mr. J. Ramsdale, Patricroft; Dr. G. Reid, Stafford; Mr. W. W. Rooke, London. (S) Dr. E. Seaton, London; Messrs. Seabury and Johnson, London; Mr. J. B. Sutton, London; Secretary of the University of London; Dr. C. E. Shelly, Hertford; Mr. H. H. Sturge, New Eltham; Mr. R. R. Slemam, London; Mr. E. R. Sims, London; Dr. Sykes, Mexborough; Dr. J. K. Spender, Bath; Dr. F. J. Sandford, Market Drayton; Messrs. Street and Co., London; Dr. Siordet, Cannes; Sanitas; Senex; Secretary of the London School of Medicine for Women; Miss Sands, London; Dr. Shore, Hornsey; Dr. R. Stockman, Edinburgh; Dr. J. Shaw, London. (T) Mr. F. H. Treherne, Windsor; Sir H. Thompson, Falmouth; Mr. J. Tay, Bristol; Dr. Trevelyan, Leeds; Dr. F. Taylor, London; Mr. J. H. Targett, London; Mr. Lawson Tait, Birmingham; Mr. T. Turner, Norwich; Mr. John Tweedy, London. (V) Mr. T. J. Verrall, Brighton. (W) Messrs. W. Wood and Co., New York; Mr. W. Wilson, Florence; Mr. V. H. W. Wingrave, London; Mr. W. Whitehead, Manchester; Dr. A. Whitelegge, Wakefield; Mr. G. E. Williamson, Newcastle-on-Tyne; Professor B. C. A. Windle, Birmingham; Dr. Hale White, London; Mr. Mr. J. R. Whitley, London; Dr. O. Wood, London; Dr. A. Wilson, Leytonstone; etc.

BOOKS, ETC., RECEIVED.

- Practical Treatise on Electricity in Gynecology. By Egbert H. Grandin, M.D., and J. H. Gunning, M.D. New York: William Wood and Co. 1891.
- Textbook of Bacteriology. By Carl Fraenkel, M.D. Third Edition. Translated and edited by J. H. Linsley, M.D. New York: William Wood and Co. 1891.
- Diseases of the Digestive Organs in Infancy and Childhood. By Louis Starr, M.D. Edinburgh and London: Young J. Pentland. 1891.
- General Physiology. By Camilo Calleja. London: Kegan Paul, Trench and Co. 1890.
- Morfologia del Corpo Umano: Studi del Dott. Achille Di Giovanni. Milano: Ulrico Hoepli. 1891.
- De la Tuberculose Mammaire. Par le Dr. Adrien W. Roux. Genève: H. Stapelmohr.
- Etude Clinique sur la Grippe Pandémique. Par le Dr. Hector A. Maillart. Genève: H. Stapelmohr.

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