

nection is not always very obvious. I will preface my first case with the following family history, on account of its instructiveness: The father first consulted me for a giddy fainting attack, and had marked oxaluria and a small retinal hæmorrhage. I see him from time to time for dyspepsia with oxaluria. The mother has gouty burnings in some of her finger-joints, flatulent dyspepsia, sometimes oxaluria, and, of late, liability to bronchitis. A son suffers from oxaluria, has a presystolic *bruit*, which gradually developed under my observation during a period of ill-health, without any antecedent rheumatic history. All the above look the picture of health. A daughter was recently under treatment for indigestion—likewise passing oxalates in considerable quantity and hyaline casts, in which numerous oxalates were embedded.<sup>1</sup> The case in point was that of another daughter. She had not been well for several months, when she suddenly developed an attack of acute iritis in one eye without apparent cause. I subsequently found that the two eyes were unequal, the affected one having a fair degree of myopic astigmatism, the other being almost emmetropic. Looking back upon the case now, I am convinced that the constitutional predisposition was an important factor, although at the time I did not realise it. A more marked instance was that of a man aged 40, whom I saw two or three years ago with Dr. Paterson, of Heckmondwike, for serous iritis in both eyes. Two days after a severe blow on the head he went to bed quite well, but was roused in the night by intense pain in both eyes. The next morning they were intensely inflamed, lids swollen, perception of light gone (?). When I saw him two days later matters were mending, and he could perceive the light of a candle. He had had attacks of regular acute gout in the toes and other joints, and was said to have had it in the stomach. His teeth were worn down, and his nails ribbed, and he had a gouty aspect. In everything save the part affected this resembled an attack of regular gout. He was treated in accordance with this supposition, and he made a very satisfactory recovery in about a fortnight. Cases of choroiditis occur in which a gouty origin may be suspected,<sup>2</sup> and it is not uncommon to find conjunctivitis developed in gouty people as the result of the irritation of chalky deposits in the Meibomian glands.

The tendency to congestion or inflammation which may be determined by a local defect, or by some irritation too slight under ordinary conditions to have that influence, is one of the most interesting feature of the gouty diathesis. Many, though willing to admit the substantial accuracy of the facts here related, may doubt the correctness of the interpretation placed upon them. Certainly, there is little to lay hold of but the completeness of the links in the gouty chain of evidence. Some points are usually more or less clear. There is often in the appearance of the subjects an aspect of health—often of robust health. They are usually well formed and well grown, differing widely from those of a scrofulous or tuberculous habit; though occasionally the two diseases are found combined. The majority are adults, and many attain to middle or advanced life before they first begin to be troubled. Many of these patients at times are unable to digest saccharine substances and fruit, and suffer from dyspepsia with oxaluria or lithiasis. Probably most of those thus suffering, who come under treatment in private practice, have an inherited or acquired gouty constitution. Ask if they can digest beer, and they will often tell you they never touch it, because it is the one thing that does not agree with them; then remember Sir James Paget's observation and suspect gout. The worn down teeth and ribbed nails are often present. These irregular manifestations of gout develop when the general health is depressed. Many of them disappear coincidentally with its improvement, often without any local treatment. The aural cases I have described illustrate this fact; but in others, the local treatment is very essential; but

if the constitutional condition is neglected, relapses or prolonged trouble result. A full recognition of the frequency of the gouty diathesis, as a factor in many of the ordinary forms of disease, is invaluable to the practitioner.

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

### MALIGNANT DISEASE OF SCROTUM AND PENIS.

MUKHAN, a Brahmin, aged 17 years, came to the Muttra Dispensary on July 10th, 1890. His face was anæmic, and expressed great suffering and anxiety. The body generally was much emaciated, but he presented no symptoms of acute or organic disease of the lungs. From the centre portion of the left side of the scrotum protruded a fungoid mass about the size of a small hen's egg. The envolving tissues were all involved, boggy, and infiltrated. In the right testicle the disease had not extended quite so far; all the tissues surrounding, however, were involved, as well as the penis itself, the foreskin being much elongated, and having the appearance of a fungus. The lad had the greatest difficulty in passing urine, and begged of me—so frightful had been his sufferings—to do something to relieve him. I therefore determined to remove the whole mass, viz., penis, testes, and scrotum. The testes were first exposed by vertical incisions, extending from the situations of the external rings on either side, and extending to the bottom of the scrotum; they were then removed, as in the operation for castration. Next, the scrotum was removed, as in the operation for scrotal tumours. Finally, the penis itself was amputated at its root. After removing all the parts, it was found that the commencement of the edges of the longitudinal incisions could be approximated; this having been done, all the rest of the wound, that is, the parts immediately surrounding, and below, the penis, were left to heal up by granulation; a catheter was passed, the wound dusted with iodoform, and the entire mass covered over with lint soaked in a solution of corrosive sublimate.

The patient experienced but little shock, and the parts healed most kindly; he was discharged cured on August 15th. Since his discharge I have seen him very often. The last time was in December last; he walked over to see me from his native village, distance eight miles. The parts had entirely healed, he passed his urine freely, and his general appearance was most striking. Instead of the thin, worn out, and worried looking lad of a few months back, he was looking quite fat, chubby, and cheerful.

J. FAYRER, M.D., F.R.C.S.E., Med. Staff.

### HYSTERICAL LARYNGEAL DYSPNŒA.

In the night of May 13th I was asked by a medical man to see a young woman, who, it was thought, would require tracheotomy. She had very marked laryngeal dyspnœa, with stridulous inspiration and marked retraction of the chest. At intervals the laryngeal spasm became so extreme that no air entered; she struggled for breath, the pulse nearly stopped, and then with a stridulous inspiration air began to enter again. On examination of the larynx I found there was no laryngitis, but the cords were strongly adducted. Her voice, though weak, was clear. Inhalation of a few whiffs of chloroform and the application of a hot sponge over the larynx had no effect. The history of the case was that a fortnight previously she began to suffer from these attacks of dyspnœa, which were very frequent and severe for the first few days, and then had gradually diminished in frequency and severity until they had quite ceased by May 10th. On the night of the 12th she had a severe one, but was never quite so bad as on the following night when I saw her. For a week before the attacks began she had suffered from rigidity of the muscles of the back. She had lately complained of "cramps" in the arms and legs, which I thought might be hysterical tonic spasm, and so decided to try galvanism. This I did over the larynx and in the course of the pneumogastric nerves, using thirty cells, but beginning with twenty. In

<sup>1</sup> Since the above was written another daughter has developed chronic synovitis of one knee, and her urine was very acid and contained oxalate of lime crystals. In every other respect she was perfectly healthy. I have also learnt that some years ago the father was attacked suddenly in the night with acute pain in the great toe, which became red and swollen and laid him up for several days. This was called rheumatism.

<sup>2</sup> A patient in whom a recent outbreak of choroiditis has appeared to me to have a gouty origin, has developed, with improving health, an unmistakable acute gouty inflammation of a phalangeal joint in one finger. Many years ago she had episcleritis.

five minutes the spasm, which had been urgent for five hours, had ceased. I then examined her larynx, and found the cords well abducted at the end of phonation. During that night there was only one very slight and short recurrence, and there have been only two since (May 17th), most trivial in character.

CHARLES A. MORTON, F.R.C.S., Registrar Bristol General Hospital, Pathologist Bristol Children's Hospital.

#### INFLAMMATION AND SUPPURATION OF SOFT PALATE WITH HEART FAILURE.

A MAN, aged 61, whose health had been failing for about a couple of years, and who had never thoroughly recovered from an attack of bronchial catarrh from which he had suffered a year previously, sent for me on February 23rd. I found the soft palate to the left of the uvula inflamed and swollen; there was very little external tenderness, no enlarged glands; the mouth was easily opened, and there was no dribbling from the mouth or nose.

On the 24th the swelling felt to the finger of the size and shape of a pigeon's egg, and was very tense, and it continued to increase in size until about noon on the 25th, when there was a sudden discharge from the mouth; and whereas previously he had had great difficulty with his breathing, and could only swallow a drop or two of fluid with great pain and difficulty, he now took up a glass of milk and swallowed it with comparative ease. When seen, shortly after, his throat was covered with a yellowish-white discharge, but this had entirely disappeared when he was again seen an hour or two later, and the swelling was less. From the time of the discharge he had very little further difficulty, either in breathing or swallowing. The swelling continued to decrease, and patches of discharge that were occasionally seen on his throat were never adherent, but easily washed off either with the spray or by swallowing. There was never any raw or bleeding surface, the mucous membrane always being smooth and unabraded. From first to last there was no glandular enlargement and no albumen. His heart became intermittent about the fourth day, and continued to get worse, though there was no very great prostration until the eighth day. From that time he gradually sank and died from heart failure on the eleventh day. The temperature was never very high, but the pulse became very quick as much as 120 after the first few days. His wife slept with him for the first three or four nights after the throat symptoms developed, and must have freely inhaled his breath. His sons and daughters were constantly in the room with him, and sitting near his head, and friends also came and saw him, and one friend, only just recovering from bronchial catarrh, sat near his pillow and close to his mouth, and talked to him for a considerable time; and I also was with him two and three times a day for a lengthy visit each time, and freely inhaled his breath. He was kissed by his near relatives, and not one of us had any bad symptoms. Moreover, on the third day, I casually examined the throat of a child of my own with the tongue depressor I had but a few minutes before used for this patient, it having simply been rinsed in cold water and wiped on a towel, and no evil effects whatever followed.

It was suggested by a gentleman who saw the patient in consultation with me that it was diphtheria. That I entirely disagreed with this diagnosis the above notes will clearly show and I think the freedom from infection bears me out in my opinion. There has not been any diphtheria in the village or immediate neighbourhood to my knowledge for two or three years past. An improperly nourished heart, due to deficient aëration of the blood, and the obstruction to its action consequent upon the great impediment to the breathing acting upon a system already weakened from failing health were, in my opinion, the causes of the heart failure.

Fulbourn.

F. L. NICHOLLS, L.R.C.S. and L.M.Ed.

#### DEATH DURING THE ADMINISTRATION OF CHLOROFORM.

THE patient, a woman, aged 30, was admitted into the Samaritan Hospital under the care of Mr. Alban Doran for operation on April 11th, 1891. The following is her history: she had enjoyed good health up to 14 years ago, when she bruised her right knee; the injury was neglected, and, two years later, her leg was am-

putated by Sir W. Savory. She afterwards married; in 1889 severe pains in left iliac fossa set in and became constant. In the autumn of 1890, a tumour began to rise above the pubes, and the patient was troubled with nausea and vomiting. When admitted into the above institution on April 11th, she was very weak, the tumour rose as high as the umbilicus, and the uterus was fixed, the left side of the pelvis being very tender, evidently through local inflammation. Small quantities of pus were passed daily in the urine, and the evening temperature was high, pulse usually 90, regular and small in volume. She suffered also from a slight cough at night. Mr. Doran proposed to remove the tumour if possible, and accordingly on May 9th, at his request, Mr. Stormont Murray administered chloroform by means of Junker's inhaler; she had barely been taking the anæsthetic two or three minutes when she gave a deep sigh, turned very pale, pupils dilating, and expired. All restorative measures were adopted, artificial respiration being carried on for half an hour without avail: she seemed to die from syncope. At the necropsy, performed by Dr. Allechin, the body was found to be in a very emaciated condition, the heart was dilated (with very thin walls); there was only one coronary artery; the left chambers were healthy; right ventricle full of fluid blood; there were large cavities in apices of both lungs; the tumour (evidently ovarian) arose from the left side of the uterus, and was intimately connected below with a mass of hard malignant disease, which communicated with the rectum and bladder. The kidneys contained malignant deposit, the blood throughout the body was of a very thin and watery consistence.

C. STORMONT MURRAY,

Administrator of Anæsthetics to the Samaritan Hospital.

#### THE TRANSMISSION OF INFLUENZA.

THE following narrative appears to me so suggestive that I send it for publication. Five persons were attacked in succession. The details given, and especially the date of the attack in each case, show that the disease was directly transmitted from one patient to another, and that no person caught the disease in any other way.

On April 24th, the house contained Mrs. W., in her 88th year, but otherwise in good mental and physical condition, Miss H. (her companion), myself, and two servants. On this day L. came to assist the housemaid in cleaning: L. suffered this day from the first symptoms of influenza. She did not sleep in the house, but returned the next day, and was then very decidedly ill. She was unable to return again, and had a well-developed attack which lasted about a fortnight, but was not seen by any medical man. During the two days, April 24th and 25th, she was working with the housemaid in the upper rooms of the house.

On April 27th, the cook went into the infirmary in order that a tumour of the breast might be excised. She returned on the evening of May 6th, slept in a spare bedroom, and left again on the morning of May 8th. I have good reason to believe that she has escaped the disease. On April 28th the housemaid began to suffer, but did not until April 30th go to bed, where she passed some days, and then gradually recovered. Miss H., whilst continuing to assist Mrs. W., attended to her. On April 30th, Miss H. was attacked, but did not go to bed till May 4th, when she seemed very ill. She remained in bed till May 8th, when she was somewhat better.

On May 2nd, Mrs. W., who had for years been free from cough or cold, had both to a slight amount, but without other symptoms of influenza; the cough gradually increased, but there were no threatening symptoms until the evening (? afternoon) of May 8th, when collapse appeared imminent; death followed on the evening of the 11th, apparently from failure of the heart.

On the evening of May 6th, I had headache, etc., and remained in bed till the evening of May 8th, when I was decidedly better. As soon as I heard about the dangerous state of Mrs. W., I arose and remained in attendance until her death. The symptoms of influenza gradually returned, and have persisted up to the day of writing—May 19th—notwithstanding treatment and remaining in bed.

On May 1st, Mrs. P. brought her cook; the latter remained mostly in the kitchen, and slept in a spare bedroom. She has had no illness. Mrs. P., was in constant attendance on

Mrs. W., her mother, and on Miss H. until May 8th, when she showed signs of illness. She went home about noon on May 9th, but returned next morning; her symptoms were on the whole slight, but continue to the present time.

Dr. Yeats has throughout given me every possible assistance, and Dr. Dreschfeld kindly saw Mrs. W. on several occasions. The facts just given are sufficient to justify me in recommending: (1) that during epidemics of influenza, all unnecessary communication with outsiders, workmen, washerwomen, etc., should be avoided; (2) that any person attacked should be at once isolated; at the same time any elderly person in the same house should be isolated as much as possible from the rest of the family; (3) that, in addition to isolation, disinfection, especially by ventilation, should be carried out as thoroughly and persistently as it can be; (4) further, it seems possible for the medical man sometimes to transmit the disease, and therefore proper means of prevention should be used.

Dudley Road, Manchester.

THOMAS WINDSOR.

## REPORTS

ON

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

#### GREAT NORTHERN CENTRAL HOSPITAL.

COMPLETE PARALYSIS OF PHARYNX AND LARYNX AFTER DIPHTHERIA: EXTREME PROSTRATION: RECOVERY AFTER SUBCUTANEOUS INJECTIONS OF STRYCHNINE.

(Under the care of Dr. CLIFFORD BEALE.)

F. N., a previously healthy young man, aged 22, was admitted on February 9th, 1891, suffering from increasing general weakness, especially of the lower limbs, and partial paralysis of the pharyngeal muscles, the soft palate being motionless and insensitive. The voice was "nasal," and fluid food occasionally returned through the nose, but deglutition was unimpaired for solid food. He had been attacked two days after Christmas, 1890, with diphtheria, from which he had suffered acutely for two weeks, the symptoms of paralysis coming on within a fortnight of the presumed recovery from the acute disease. General muscular weakness and the pharyngeal paralysis were at first the only symptoms. The knee jerks and superficial reflexes were still present but delayed. All the functions appeared to be normal except the action of the bowels, which was very sluggish. There were no ophthalmic symptoms; the lungs were quite free, and the heart's sounds fair. The pulse was about 88, and the temperature subnormal. For the first ten days there was no obvious change, but on the eleventh the breathing became shallow and a troublesome cough came on, which was manifestly due to the entrance of food into the air passages. The muscular weakness was not quite so great, but the knee jerks were quite absent. Two days later the patient's condition was very much worse. The voice was entirely lost, as also the power of coughing, and by the laryngoscope it was seen that the vocal cords were motionless in the cadaveric position, and that only the most feeble adductor movements could be induced by the attempts at phonation. The patient was then in such a complete state of prostration that nutrient enemata could no longer be retained, and attempts to feed through an œsophageal tube were equally unsuccessful owing to the completely paralysed state of the muscles of deglutition. A certain amount of congestive broncho-pneumonia had been set up by the attempts already made, and the patient was quite unable to rid himself of the bronchial mucus, so that it was necessary to invert the upper part of his body over the edge of the bed from time to time to allow the discharges to trickle out. The heart's action was very rapid and feeble, and it appeared that nothing but a fatal termination could be possible.

Subcutaneous injections of strychnine (3 minims of the liquor strychniæ) were administered, and within a short time a decided improvement in the strength of the cardiac action was noted; and little by little, as these injections were repeated, a steady improvement took place. On the following

day the respiratory movements were deeper, and the sputum could be forced out, although no cough could be produced. In the course of the next two days the general improvement continued, and nutrient enemata could be retained; the muscles of respiration and deglutition showed decided increase of power. The soft palate was motionless still, but there was slight return of sensation on one side of it. The laryngoscope showed that slight movements of adduction were produced in the vocal cords, although they could not be abducted beyond the cadaveric position. On March 2nd, a painful purulent discharge due to suppurative inflammation of the middle ear set in. The patient seemed to be losing ground again, and the muscular weakness became very much more marked in the limbs, while signs of the broncho-pneumonia, which had almost subsided, reappeared in the left lung. Once more the injections of strychnine were resorted to, 5 minims being given every four hours. Improvement followed, and within five days the soft palate was seen to move well for the first time, full sensation having returned to it. The laryngeal movements were perfect as far as adduction and tension were concerned, but abduction, although much more free than it had been, was still far from complete. During the next month, while the powers of respiration, phonation, and deglutition were completely restored, there was no corresponding recovery of muscular power in the limbs. By slow degrees these movements have been nearly recovered under careful rubbing, faradisation, and practice of movements in a wheel chair. The patient is now convalescent.

REMARKS.—The chief interest in this case centres round the fact that recovery is possible after the most extreme degree of paralysis after diphtheria. The patient at his worst had all the aspect of a dying man, being absolutely prostrate, unable to move, only breathing by the most shallow respiratory movements, and unable to rid himself of the mucus in his tubes without mechanical inversion. He had, moreover, the peculiar sour, earthy, smell which has so often been described as associated with the approach of death. The mode of recovery of the laryngeal movements is especially interesting, as illustrative of the law insisted upon by Dr. Semon and others, that paralysis of the vocal cords affects the movements of abduction before those of adduction, and that recovery takes place in the reverse order, adductor power being recovered before the movements of abduction return.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 26TH, 1891.

TIMOTHY HOLMES, M.A. Cantab., President, in the Chair.

*On the Changes observed in Healthy Arteries and in Tendon Ligatures during the first four weeks after Ligation.*—Dr. SHERIDAN DELEPINE and Mr. C. T. DENT, who read this paper, first explained its origin. They gave a detailed account of the state of healthy arteries five, nine, thirteen, seventeen, twenty, and twenty-three days after ligation in their continuity. They summed up these results as follows: I. (1) When a healthy artery is tightly tied in its continuity and the ligature is efficiently applied, a permanent obstruction is invariably obtained, whether a clot forms or not, and whether the point of ligation is near a collateral branch or not. (2) Up to the fifth day the proximal end of the occluded artery is gradually filled up with coagulated blood, which by the fifth day forms a plug composed of clots of various ages. Through the unequal shrinking of the various clots channels are produced, chiefly at the periphery of the thrombus, and into the crevices thus formed fresh blood penetrates. Thus a "spurious circulation" is established. (3) From the fifth to the thirteenth day the proliferating elements of the intima penetrate into the sides of the clot and bridge over its surface. By the thirteenth day tracts of young fibrous tissue extend all through the clot, and a thick layer of flattened cells, continuous with the intima, covers the proximal surface of the clot. (4) The remains of the clot are gradually absorbed,

## ASSOCIATION INTELLIGENCE.

## BRANCH MEETINGS TO BE HELD.

**METROPOLITAN COUNTIES BRANCH.**—The thirty-ninth annual general meeting of the Metropolitan Counties Branch will be held at the Holborn Restaurant on Tuesday, June 9th, at 5.30 P.M.—H. RADCLIFFE CROCKER, M.D., 121, Harley Street, W.; ANDREW CLARK, F.R.C.S., 71, Harley Street, W., Honorary Secretaries.

**METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.**—The annual meeting for the election of officers will take place at the Royal Forest Hotel, Chingford, on Thursday, June 4th, at 6 P.M. At 6.15 the members and their friends will dine together. Sir W. Mac Cormac, President of the Branch, will preside, and will be supported by Sir Guyer Hunter, K.C.M.G., M.D., M.P., and a large number of past presidents. The dinner will be followed by a smoking concert. Tickets 7s. 6d. each; morning dress. Members intending to be present are requested to communicate with the honorary secretary as early as possible, but not later than Saturday, May 20th.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston, N.E.

**MIDLAND BRANCH.**—The annual meeting will be held at Derby on Thursday, June 18th. Members desirous of reading papers, etc., are requested to communicate before Monday, June 1st, to W. A. CARLINE, M.D., Honorary Secretary, Lincoln.

**SOUTH MIDLAND BRANCH.**—The annual meeting of this Branch will be held at Cambridge, in conjunction with the Cambs and Hunts and East Anglian Branches, on Thursday and Friday, June 18th and 19th.—C. J. EVANS, Honorary Secretary.

**ABERDEEN, BANFF, AND KINCARDINE AND NORTHERN COUNTIES BRANCHES.**—A joint meeting of the Northern Counties and Aberdeen, Banff, and Kincardine Branches of the British Medical Association will be held at the Gordon Arms Hotel, Elgin, on Saturday, June 20th, 1891, at 2.50 P.M. It has been proposed that visits be paid to the Cathedral, Pluscarden Priory, Gray's Hospital, etc. Dinner will be served in the Gordon Arms Hotel at 3 P.M. Members are invited to bring medical or lay friends with them. Further particulars as to train and coaching arrangements will be given in future notices.—J. MCKENZIE BOOTH and C. THISELTON URQUHART, Honorary Secretaries.

**LANCASHIRE AND CHESHIRE BRANCH.**—The annual general meeting of this Branch will be held at Birkenhead on July 2nd, 1891. Members wishing to propose resolutions, read papers, or show cases, will please communicate at once with the Honorary Secretary, so that their names may duly appear on the circular convening the meeting.—CHARLES E. GLASCOTT, Honorary Secretary, 23, St. John Street, Manchester.

**WEST SOMERSET BRANCH.**—The annual meeting will be held at the residence of the President-elect, Mr. Charles Randolph, at Milverton, on Thursday, June 25th, at 2.45 P.M. Mr. C. Randolph will be happy to see gentlemen and offer them refreshments at his house before the business of the meeting commences. Dinner will be served at the White Hart, Milverton, at 5 o'clock. Members intending to be present, or having communications to bring before the meeting, are requested to send notice to Mr. C. RANDOLPH, or to the Honorary Secretary, W. M. KELLY, M.D.

**EAST YORK AND NORTH LINCOLN BRANCH.**—The annual meeting will be held at the Station Hotel, Hull, on Wednesday, June 3rd, at 1 o'clock. There will be an adjournment for lunch at 2 o'clock; tickets 3s. 6d. each. Business, election of officers. Communications: the President, Mr. E. P. HARDEY, will give an address on Obstetrics. Dr. J. Frank Nicholson: The Complications of Influenza. Dr. Lowson: Urachus and Allantoic Cysts in the Abdomen. Mr. R. H. B. Nicholson: (1) Further notes on Cases of Lupus treated with Tuberculin. (2) Enterectomy for Intussusception. (3) Suture of Tendo Achillis.—H. W. PIGEON, Honorary Secretary, 6, Albion Street, Hull.

**SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.** A MEETING of this District was held at the Greyhound Hotel, Croydon, on Thursday, May 14th, SHADFORTH MORTON, M.D., of Croydon, in the chair.

**Communications.**—Dr. GEO. MACDONALD read a paper on the Treatment of Certain Forms of Laryngeal Disease, including Subacute Laryngitis, Laryngitis Sicca, Edematous Laryngitis, and Chronic Laryngitis. He drew attention to the importance of nasal disease as a factor in the causation of the latter.—Mr. CHARTERS J. SYMONDS read notes of seven cases of Chronic Intestinal Obstruction, in five of which the sigmoid was opened, and in two the ileum. He preferred the inguinal to the lumbar operation, as being easier, quicker, with less shock and distress to the patient, and as giving more information.—Mr. A. MAUDE showed a case resembling Acromegaly, and described the clinical and pathological features of the disease.

**Dinner.**—After the meeting fifteen members and visitors dined together.

*Proposed Conjoint Meeting of East and West Surrey Districts.*

—It is hoped that the next meeting will be a conjoint one of the East and West Surrey Districts, to be held at Reigate in October, of which due notice will be given in the BRITISH MEDICAL JOURNAL.

## EAST ANGLIAN BRANCH: ESSEX DISTRICT.

The spring meeting of this district was held at the White Hart Inn, Brentwood, on May 21st. The chair was taken by Mr. A. W. WALLIS, of Brentwood, in the absence of the President of the Branch.

**Next Meeting.**—It was decided to hold the next meeting at Witham in the autumn.

**Election of Honorary Secretary.**—Mr. C. E. Abbott, Braintree, was re-elected Honorary Secretary for the ensuing year.

**Reform of the In-Patient Departments of Medical Charities.**—It was decided that the consideration of Dr. Rentoul's motions (BRITISH MEDICAL JOURNAL, July 26th, 1890, p. 246) be postponed until the annual meeting of the Branch in June.

**Medical Defence Union.**—The HONORARY SECRETARY gave a short account of the objects of the Union, and read the divisional report forwarded by Dr. Mead, Honorary Secretary of the Union for East Anglia.

**Papers.**—Owing to the unavoidable absence of Dr. W. E. STEAVENSON, the paper on The Choice of a Battery, and its Use in General Practice was read by Dr. SYDNEY BEAUCHAMP, who kindly, at short notice, came from London, and gave an instructive demonstration of the various forms of Batteries and Electrical Appliances used in Medical Practice.—Mr. C. B. KEETLEY (London) read a paper on the Indications for Surgical Interference in some Common Affections of the Head.

**Votes of Thanks.**—Votes of thanks were accorded to the readers of papers, the Chairman, and Honorary Secretary, and were duly acknowledged.

## BRITISH GUIANA BRANCH.

The second quarterly meeting of this Branch was held in the Pathology Room of the Public Hospital, Georgetown, on April 23rd. There were present:—Surgeon-General GRIEVE, M.D., in the chair; Drs. Anderson, Wallbridge, Williams, Law, Delamere, Hill, Godfrey, Shannon, Barnes, von Winckler, and the Honorary Secretary.

**Branch Representative and Auditors.**—Surgeon-General Grieve's nomination to be the Branch representative at home was unanimously agreed to, as was also the nomination of Drs. Ozzard and Ireland as auditors for the year.

**Segregation of Lepers.**—Dr. BARNES, medical superintendent of the Leper Asylum, read a paper on the segregation of lepers. He reviewed shortly the evidence for and against the communicability of leprosy, spoke of the discovery of the bacillus lepræ, of the fact that no doctors or nurses of any of the West Indian asylums had ever been known to acquire the disease, and drew attention to defects in all the cases of reported communicability. Passing to the question of compulsory segregation, he pointed out how it had hitherto failed to stamp out the disease. Finally, while admitting the possibility and probability under unknown conditions of the disease spreading from individual to individual, he pointed out how in other diseases, where the evidence of the spread (as, for example, syphilis and phthisis) was much clearer, no one asked for compulsory segregation. He advocated the isolation of leper beggars, and of those who were helpless, and not in a position to maintain themselves in a special place, that is, leper asylums.—Dr. GODFREY proposed a vote of thanks to Dr. Barnes, and expressed himself as generally agreeing with the views held by him.—After remarks from Dr. LAW and Dr. HILL, Dr. ROWLANDS quoted some figures from a recent paper on the subject in reference to Norway, where the statistics went to show that in something like 30 years leprosy, without compulsory segregation, had diminished by about two-thirds. He maintained that the degree of communicability of leprosy could only be of slight intensity, and that therefore there was no need for compulsory isolation.—The PRESIDENT said the disease might be communicable under very peculiar circumstances, but he was of opinion there was no real danger in lepers mixing in ordinary life. Speaking for himself, he thought if there was any severe case in the lower walks of life the party affected should go into the hospital for treatment, and he also thought those chargeable for

the upkeep of such institutions should see that such cases—if they thought there was any risk—were sent to places provided for them. He did not think that compulsory segregation was required in such a community as this. The idea that leprosy was increasing was only an assumption, and as an answer to leprosy being communicable he referred to the coolie population, where, instead of being looked on with fear, the leper coolie was an interesting being and became a cherished object of charity to them and went about begging. The decrease in the disease was no doubt on account of the great sanitary and other improvements that had been effected in recent years.

## SPECIAL CORRESPONDENCE.

### BERLIN.

#### *Proposed Alterations in the Medical Curriculum.*

At the last meeting of German physicians (*Aerztetag*) a committee, consisting of Professors Bardeleben, Krabber, Merckel, Penzoldt, Ruge, and von Ziemssen, was elected for the purpose of formulating proposed alterations in the plan of medical study. These alterations find expression in the following programme: 1. In the interest of thoroughness of training, it is advisable that the study of medicine at the university should extend over ten half-years, exclusive of the time required for hospital practice. 2. The arrangement of the course of study to remain as it is at present, attention being given to the following proposals: (a) In the study of anatomy more stress should be laid on a thorough practical training; (b) the same holds good for chemistry; the medical student should go through at least a half-year's practical work in the laboratory; (c) the preliminary examination (*Vorprüfung*) should be passed before clinical studies are permitted; (d) more attention than heretofore should be given by the faculty to regular theoretical courses on general and special pathology, therapeutics, general and special surgery, pathological anatomy, and materia medica. These courses should be attended before practical clinical studies are entered on. 3. Instruction in the chief clinics alone cannot be considered sufficient for the practical training of the student. It should be accompanied by practical courses and by polyclinical work. 4. The passing the present medical examination cannot be considered a sufficient preparation for exercising the medical profession. Independent medical practice should be preceded by at least a year's work as assistant in a hospital. It is desirable that this should become a matter of legislation, the hospitals suitable for the purpose to be designated by the authorities.

## CORRESPONDENCE.

### ON THE CONTRACTION OF THE PAPILLARY MUSCLES.

SIR,—In a paper which appeared in the *BRITISH MEDICAL JOURNAL* of May 23rd, p. 1117, Messrs. W. S. Fenwick and W. Overend give an account of some experiments which they have made on the above subject, employing the excised heart of the rabbit, regarding which, though unwillingly, we feel it necessary to say a few words. They refer to papers by "Roy" in the *Practitioner* of last year; the reference should be to "Roy and Adami."

It is not our business to criticise adversely the methods and results obtained by these observers. Such criticism would be all the more ungracious on our part seeing that, on the whole, Messrs. Fenwick and Overend's work confirms our own upon the same subject. They say, however, "Certainly it must be admitted that this difference" (in time between the commencement of the contractions of the ventricular wall and of the papillary muscle) "is not greater than one-twentieth of a second, and it is therefore difficult to see how the shortening of the papillaries can make itself apparent on the pulse curve, since the ventricle forms an absolutely closed cavity for a tenth of a second." In making this statement, Messrs. Fenwick and Overend seem to have overlooked the fact that in our articles upon the heart beat and pulse wave

we showed that the superposed wave in the curve of intraventricular pressure which appears in the pulse as the so-called percussion wave corresponds in time, not with the commencement of the contraction of the papillary muscles, but with the first rapid shortening of these when the auricular valves are being pulled downwards. In the curves we have given on p. 251 of our papers it can be seen that we have placed the beginning of the papillary contraction as taking place at the moment of opening of the sigmoid valves; and, as these curves also show, the superposed pressure wave (percussion or papillary wave of the pulse) occurs during the period of contraction of the *musculi papillares*, and not with the commencement of the contraction.

As Messrs. Fenwick and Overend's statement might lead to a misconception on the part of those unacquainted with what is undoubtedly a difficult subject, we think it right to note that our statements on the matter have been wrongly quoted.—We are, etc.,

C. S. ROY.  
J. G. ADAMI.

Pathological Laboratory, Cambridge.

### THE PROTEIDS OF MILK.

SIR,—The elaborate researches by Professor Halliburton on the composition of milk, published in the *BRITISH MEDICAL JOURNAL* of May 23rd, however interesting they may be as a contribution to the already varied literature of this important subject, are certainly depressing in their effect on those who, like myself, have been disposed to accept the careful inquiries and the critical experiments on which Professor Duclaux has founded his contention that there is only one proteid in milk, and that lactoproteine, lact-albumin, and casein are but one and the same body, namely, casein in different degrees of solution.

This contention, so congruous as it is with the inferences derivable from a survey of the physiological relations of milk in general, has the no small advantage of at the same time simplifying the theory of its composition, which is a very appreciable one to those who have to teach it, as well as of rendering intelligible the changes which take place in it when operated upon by rennet for the purposes of cheesemaking.

It can hardly be supposed that Professor Halliburton is unacquainted with the views of Duclaux, which have been so admirably summarised from his original memoirs in his monograph on "Le Lait;" and yet it is difficult to understand how, if he were acquainted with them, he should have ignored the powerful arguments on which Duclaux bases his criticism of the views of Hammarsten and others in regard to the separate identity of the proteids of milk, to which the paper referred to seeks to give support.

Looking at the distinguished position which Duclaux holds in the scientific world, it is not too much to say that any attempt to bolster up the older theory on this subject must, if it is to obtain recognition, be prefaced by a destructive criticism of the facts which Duclaux adduces in support of his contention.—I am, etc.,

Gloucester. FRANCIS T. BOND, M.D.

### THE ABUSE OF THE PROVIDENT PRINCIPLE.

SIR,—While some attention is being given to the abuse of the provident system, the following new developments may not be without interest:

In a well-known town in the Midlands is a friendly societies' medical association, embracing no fewer than 11,000 persons, consisting of members of clubs, their wives and families; also the members of a separate club conducted by the truly provident committee of the association (members of the working class), which provides medical attendance and drugs, etc., at the rate of a penny a week for adults, and a halfpenny a week for children. They tout for members among the patients of practitioners in the town.

They employ one surgeon at the rate of £220 a year, and a person described on a board over the dispensary door as a "Medical Officer," who is unqualified.

The new developments I refer to are:

1. The employment of an unqualified man by totally irresponsible persons to do the work of at least two medical prac-

<sup>1</sup> "Le Lait : Études Chirurgicales et Microbiologiques. Par E. Duclaux, Professeur à la Faculté des Sciences. Paris : 1867."



Surgeon C. M. THOMPSON, M.B., Madras Establishment, Secretary to the Surgeon-General with the Government of Madras, is appointed to act as Superintendent of the Lunatic Asylum at Madras, without prejudice to his own duties, as a temporary measure.

Surgeon-Major J. ARNOTT, M.D., Bombay Establishment, is appointed Physician to the European General Hospital, *vice* Brigade-Surgeon A. N. Hojel, retired. Surgeon H. P. DIMMOCK, also of the Bombay Establishment, is appointed Obstetric Physician to the Jamsetjee Jejeebhoy Hospital, *vice* Surgeon-Major Arnot.

Surgeon-Major WILLIAM HILBERS, late of the Indian Medical Service, died on May 23rd at Brighton, aged 75.

#### THE VOLUNTEERS.

ACTING-SURGEON T. D. GRIFFITHS, M.D., 1st Glamorgan Artillery, has resigned his appointment, which was dated February 21st, 1880.

The undermentioned Acting-Surgeons are promoted to be Surgeons in their respective corps, May 16th: W. J. LAWRIE, M.D., 2nd Volunteer Battalion Scots Fusiliers (late the 2nd Ayrshire); A. G. PATERSON, M.D., 1st Volunteer Battalion Berkshire Regiment (late the 1st Berkshire); and K. STARK, M.B., 1st Volunteer Battalion Highland Light Infantry (late the 5th Lanarkshire).

Acting-Surgeon P. P. YOUNG, 1st Volunteer Battalion Cheshire Regiment (late the 1st Cheshire) has resigned his appointment, dated June 10th, 1882.

MR. ROBERT JOHN PATON, M.B., is appointed Acting-Surgeon to the 2nd Volunteer Battalion South Wales Borderers (late the 1st Monmouthshire), May 16th.

MR. MILTON PRENTICE LEDWARD, M.B., is appointed Acting-Surgeon to the 1st Cadet Battalion of the Manchester Regiment, May 23rd.

Acting-Surgeon T. D. KEY, 1st London (City of London) Artillery, is promoted to be Surgeon, May 23rd.

Surgeon A. R. HOPPER, 8th Lancashire Artillery, is granted the rank of Surgeon-Major, ranking as Major, May 23rd.

Acting-Surgeon T. C. EAGER, 2nd Volunteer Battalion West Surrey Regiment (late the 4th Surrey), has resigned his appointment, which was dated July 18th, 1883.

Acting-Surgeon J. H. HOUGH, 4th Volunteer Battalion Suffolk Regiment (late the 2nd Cambridgeshire), is promoted to be Surgeon, May 23rd.

Surgeon G. CRAN, M.D., 5th Volunteer Battalion Gordon Highlanders (late the 1st Kincardine and Aberdeen), is granted the rank of Surgeon-Major, ranking as Major, May 23rd.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

#### PARTNERSHIP AGREEMENTS.

D. writes: Dr. A. agrees to act as assistant to Dr. B. for twelve months with a view to a partnership, his services for the twelve months to be in lieu of a premium, but if the receipts exceed a certain amount (which it will do), he is to have the excess over and above the amount specified to the amount of £100, and out of all above that to pay one-third of the surgery expenses and horse and man. If no arrangement is come to at the end of twelve months as regards the partnership, then an equivalent at the rate of one-ninth of the receipts for the twelve months will be paid him for his services, besides his board, washing, and lodgings; but he wants to stipulate in the bond that he may start practice in the neighbourhood on his own account in three years afterwards, or at any time within a radius of three miles.

\*.\* Such an arrangement would be most unreasonable as well as inequitable. In case the proposed arrangement ceases at the end of twelve months, Dr. A. should be pledged on no account to practise within a radius of ten miles of Dr. B.'s practice. Should, however, a partnership, on the other hand, continue, then the senior partner should be protected by a similar clause for at least ten years.

#### FEES OF SUBSTITUTES AND CONSULTANTS.

M.—Our correspondent, having been sent for by the patient late in the evening, and finding it necessary to pay a second visit before F. could conveniently be expected to attend, was fully justified in charging for his services. In rendering his account to the patient under the circumstances stated, he did not, as alleged, "commit a grave breach of professional etiquette." On the other hand, if the third visit was made in the absence of pressing necessity, or at the special request of the patient, it would ethically be regarded as an exceptional and questionable procedure, and would justify remonstrance on the part of F.

With regard to the second case, that of A. and B., we may note that in cases of consultation it is usually held as a duty devolving on the family doctor to intimate to the patient, where necessary, what the consultant's customary or expected fee is, and, as far as possible, to see that it be paid at the time, unless for pecuniary or other valid reasons deferred payment be deemed expedient. If, therefore, A. failed to do so, or to subsequently communicate thereon with the consultant, the latter would be justified in transmitting his professional account to the patient, or executors, as the case may be, without seeking the intervention of the family medical attendant, though preferably through him.

#### FREE ATTENDANCE ON DENTISTS.

A MEMBER OF THE BRITISH MEDICAL ASSOCIATION writes: I am very pleased to see "M.D.'s" remarks in the BRITISH MEDICAL JOURNAL of May 16th on "Free Attendance on Dentists." It would be a comfort to all parties if there could be some definite understanding on the subject. I am practising dentistry in a large provincial town, and it sometimes happens that after an hour or two of hard work operating I am told by my patient that her husband is a "medical man," and she supposes I won't expect a fee from her. Further inquiries sometimes disclose the fact that they live ten or even twenty miles away, and are

quite unknown to me. Am I expected to attend gratuitously the families of all medical men within a radius of twenty miles?

Again, after two sittings of an hour each, which means two hours' hard work operating, I have been told by my patient: "I am a medical student, so I suppose you won't expect a fee from me." Am I expected to see gratuitously a hundred or more students from the medical college if they wish to come to me?

A dentist cannot visit his patients of an evening as a surgeon can, and in the short dark days the loss of an hour or two of the best light for operating in is often a matter of serious consideration. Speaking from my own experience, I am obliged to differ from "M.D." when he says that the dentists have "very much the better of their self-determined bargain."

I have no desire to enter into a correspondence on the subject, but only wish to express a hope that the stone which has been set rolling will not be allowed to stop till the matter has been fully discussed, and an understanding arrived at between some of the leading medical practitioners and dentists as to when and from whom a fee should be expected.

#### RUMOURED RETIREMENT FROM PRACTICE.

A. O. P.—The course suggested by our correspondent would be contrary to the ethics of the profession, and might not unfairly be held as a covert attempt to obtain practice by indirect means. A wise and perfectly legitimate step would be to solicit two or three judicious friends to contradict the rumour.

#### RESIDENT AND VISITING STAFFS.

INQUIRER writes: In a general hospital a nurse is taken ill, and her superior sends for the honorary physician without any intimation or request to the resident physician, who, according to the rules, is to attend persons taken ill in the house. Then the honorary physician visits the patient after the hour at which the dispenser leaves, and gives a prescription to be dispensed by one of the resident physicians. There is a rule of course that the resident is required to dispense medicines for his patients after dispensary hours. The questions are: (1) Is he justified in refusing to dispense the prescription of the honorary physician for a patient the resident has not seen when the honorary has access to the dispensary; and should not the latter have asked the resident to see the patient in conjunction previous to writing the prescription and forwarding it by a servant?

\*.\* The proper course for the resident to have pursued under the circumstances would have been to have dispensed the medicine, and then to have written a courteous and friendly note to the honorary physician calling his attention to the rule. We see no reason to doubt that the latter acted in ignorance of the rule. The resident might have also called the attention of the head of the nursing department to the rule, as it was through her mistake that the whole trouble arose. Unless the relations between the honorary staff and the resident had been very much strained, a resident certainly would not be justified in refusing to dispense a prescription.

## INDIA AND THE COLONIES.

#### INDIA.

A GENEROUS BENEFACTOR.—Mr. Nusserwanjee Manockjee Petit, the younger son of Sir Dinshaw Petit, has given 50,000 rupees towards the Charitable Dispensary at Khetwady, bringing his total of benefactions to 10 lakhs.

HOSPITAL FOR EUROPEANS AT SRINAGAR.—Dr. Duke, the Residency Surgeon in Kashmir, proposes to build a hospital for Europeans at Srinagar, where the Maharaja has offered a site. The cost of the building is estimated at about 12,000 rupees, and the establishment will cost 600 rupees monthly. Subscriptions may be sent either to the Punjab Banking Company or to Messrs. Grindlay and Co., London and Bombay.

THE LADY DUFFERIN FUND.—The Raja of Durbhunga has offered a sum of 15,000 rupees towards the expense of building a dispensary for women. It is to accommodate six in-patients, and will be under the charge of a lady doctor, with whom a native assistant-surgeon will be associated. The Raja has also promised an annual sum of 5,000 or 6,000 rupees towards the maintenance of the dispensary. He writes: "I can assure you that both the Ranees—who have personally derived much benefit from the treatment of lady doctors, and therefore fully realise the advantage of such institutions—and myself will do our best to make it a success, and shall be willing to extend its scope if necessary." The Bengal Branch of the Lady Dufferin Fund has accepted the Raja's offer, and Rajnagar has been chosen as the site of the new dispensary.

#### HONG KONG.

INJECTIONS OF KOCH'S FLUID IN CASES OF LEPROSY.—Mr. Cantlie (Hong Kong) on March 27th injected seven lepers in

various stages of the disease with 0.01 g. of Koch's fluid. On March 23rd, of the seven men, four had an increase of temperature as follows: 99.6°, 100.5°, 101.3°, 101.5°. Of the others, three had low temperatures: 97°, 97.3°, 97.5°. On March 23rd six of the seven lepers were again injected with the solution of the same strength as before. In the evening the temperature in four was higher than after the previous injection, namely, 101.6°, 102°, 102.3°, 103.4°. The other two had low temperatures: 97°, 97.3°, two of the patients being the same as had low temperatures in the morning. On March 24th, the temperatures in each of the cases that had been high had fallen, and the temperature of the two who had depression was raised. By the fourth day all had normal temperatures. On March 27th one of the lepers was again injected at 10 A.M., and at 1.30 P.M. the temperature had risen to 99.8°; while at 5.30 P.M. the temperature was 104.3°. This patient was not seen next day, but upon the following morning the temperature was 99.7°. The following points appeared to be plain: 1. Lepers far advanced, that is, with hypertrophies and ulcers, show depression of temperature. (It may be that these patients had fever, which had passed off between the time of injection and their next visit, but from inquiries made this did not seem probable.) 2. That in early cases, such as those with facial hypertrophy and red maculæ on the limbs, the temperature increased and the spots became much redder. 3. That the blood of all the lepers showed bacilli after the operation, which was not the case before. 4. The bacilli in the blood seemed identical with tubercle bacilli, and when it is remembered how similar the two are in their behaviour to reagents and in appearance, the possibility of identity or species alliance at least is, in Mr. Cantlie's opinion, considerable. The Chinese go so far as to classify lupus as one of the varieties of leprosy, and if the behaviour of leprosy and tubercle under Koch's treatment present points of identity perhaps, Mr. Cantlie adds, a step further in the argument is attained.

#### MALTA.

**MEDICAL INSPECTION OF STEAMERS.**—No wonder ship agents and others complain of the vexatious interference exercised by the Board of Health at Malta in respect of vessels visiting that island if the memorial to the Government of Malta, signed by all the chief shipping agents in the island, and published in *Fairplay*, fairly represents the existing state of matters as regards that institution. It is indeed desirable that public opinion should intervene to prevent the continuance of a state of things which is as mischievous as it is useless and antiquated. That a vessel calling at any port should be subjected to such detention is simply absurd and should not be tolerated. The Maltese have, no doubt, a perfect right to take such measures as may seem good in their eyes to protect themselves against disease or aught else that may be imported; but that they have any right to insist for that purpose on imposing on ships visiting their ports conditions which are productive of no benefit to anyone and cause inconvenience as well as loss to many must be totally denied, and the sooner the regulations are modified to this intent the better for all. The inspection, as described by Messrs. Smith and Co., should be discontinued. For all sanitary purposes it should be sufficient that the medical officer or master of the vessel be required to declare officially that his ship is free from disease. Surely what is good enough for English ports for the requirements of the Local Government Board should be sufficient for Malta. It is sad to see a dependency of England clinging to such antiquated notions and practising under the British flag that which has long been considered obsolete at home. We may hope that the important subject of coercive measures in respect of the prevention of the extension of disease may be thoroughly considered at the approaching International Congress of Hygiene, with a view to the doing away with such a state of things as that which now exists at Malta.

#### SOUTH AUSTRALIA.

**TUBERCULIN.**—The Government has approved of the report of the Koch Lymph Board, which consisted of Dr. Paterson (colonial surgeon), Dr. Whittell (health officer), Dr. Perks (superintendent of the Adelaide Hospital), and Professor

Watson. The lymph has been forwarded to the Adelaide Hospital. The Board recommends that the injection of tuberculin be considered an extraordinary operation, which, under the regulations of the hospital, must be conducted in the presence of three of the four members of the medical staff, and in all cases only after the patient's consent has been obtained.

#### NEW ZEALAND.

**THE TREATMENT OF INEBRIETY.**—We learn from the *Lyttelton Times* that Dr. Hacon and others are taking active steps towards the opening of a home for the treatment of inebriates. Strange to relate, the Mayor of Christchurch, who presided at a meeting, thought that prevention was better than cure and that such a home would be labour ill spent and money wasted. Dr. Hacon had no difficulty in showing that inebriates required treatment like the subjects of any other disease, and he trusted that the accommodation which there was formerly for inebriates at Sunnyside Asylum, but which had somehow been withdrawn, would be restored. He also advocated greater simplicity in the mode of entrance. The Mayor does not seem to understand that no amount of prevention can cure present inebriates, and that those who are most interested in the cure are usually the most interested in the prevention of inebriety. It has been found that the association of inebriates with lunatics is bad for both, and that a special institution is required for the sound treatment of each. We wish the present effort in New Zealand every success.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF OXFORD.

Dr. W. D. HALLIBURTON has been elected Examiner in Physiology at the University of Oxford.

#### UNIVERSITY OF CAMBRIDGE.

**THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.** Easter Term, 1891. Examined and approved:—

*Part II (Medicine, etc.).*—Abram, Cai.; H. K. Anderson, Cai.; W. H. Beaumont, Down.; Bennetts, Cai.; G. Calthrop, Cai.; Carruthers, Christ's; Carter, Pemb.; Colclough, Cai.; Colvin-Smith, Cai.; Crosby, Cai.; Devereux, H. Selw.; Dumbleton, Pet.; Earl, H. Cav.; Felce, Jesus; Fisher, H. Cav.; Gimson, H. Cav.; Gornall, Cath.; R. H. Hall, Pemb.; Head, Trin.; Latter, Pemb.; J. Lea, Cai.; S. Lewis, Joh.; Low, Clare; Morris, Trin.; Palmer, Down.; Pethick, Down.; Phear, Trin.; Richards, Down.; Richardson, Cai.; Roberts, H. Cav.; Rowland, Cai.; Savory, H. Cav.; A. H. Smith, King's; Surridge, Cai.; A. H. Thompson, Trin.; Watts, Joh.; West, Joh.; Wilks, Cai.

**HIGH STEWARD.**—Lord Walsingham, F.R.S., late President of the Entomological Society, was on May 26th elected High Steward of the University, in the place of the late Earl of Powis.

**MUSEUM OF ZOOLOGY.**—Mr. J. W. Clark, the Registry, announces his intention of resigning the office of Superintendent of the Museum of Zoology. Some rearrangement of the duties and emoluments of the office will probably take place.

**CHANGE IN REGULATIONS FOR THIRD M.B. EXAMINATION.**—After October 1st, 1892, candidates for the Third M.B. Examination will be required to produce certificates that they have studied practical pharmacy and dispensing, and have attended in the fever wards of a general hospital or in a fever hospital for three months in each instance.

**EXAMINERS IN MEDICINE, ETC.**—Dr. Bradbury, Dr. Ord, and Dr. Dreschfeld are appointed Examiners in Medicine; Dr. Galabin and Dr. Playfair Examiners in Midwifery; Mr. H. W. Page, Mr. G. E. Wherry, and Mr. A. Willett Examiners in Surgery for the ensuing year.

**DEGREE.**—E. J. D. Mitchell, Caius, was on May 21st admitted to the degrees of M.B. and B.C.

#### UNIVERSITY OF LONDON.

**M.B. Pass Examination, May, 1891:—**

*First Division.*—F. G. Bushnell, University College; C. Coles, St. Bartholomew's Hospital; J. N. Collins, London Hospital; D. R. Green, University College; J. G. Hewitson, University College; A. C. Lankester, St. Thomas's Hospital; Florence G. Longbottom, London School of Medicine for Women; C. G. Mack, St. Mary's Hospital; L. Roberts, St. Bartholomew's Hospital; W. G. Rogers, Guy's Hospital; R. G. Rows, University College; J. A. Waring, University College.

**Second Division.**—A. E. Berry, Owens College and Manchester Royal Infirmary; G. A. Berry, Owens College and Middlesex Hospital; H. A. Burrows, Liverpool Royal Infirmary; W. A. Clark, St. Bartholomew's Hospital; J. H. Clayton, Birmingham Medical School; H. V. Hickman, Guy's Hospital; T. H. Ionides, University College; H. Mason, Queen's College, Queen's Hospital, and General Hospital, Birmingham; E. L. N. Pridmore, University College; Mildred Ernestine K. Staley, London School of Medicine for Women; W. W. H. Tate, University College; F. R. P. Taylor, Westminster Hospital.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen passed the First Professional Examination in Anatomy and Physiology for the Diploma of Fellow at a meeting of the Board of Examiners on Monday, May 18th:

A. G. R. Foulerton, M.R.C.S.Eng., student of St. Bartholomew's Hospital; C. B. Voisey, M.R.C.S.Eng., of Owens College, Manchester, and St. Mary's Hospital; F. N. Windsor, of Owens College, Manchester, and Cambridge University; C. F. M. Ward, of Queen's College, Birmingham; F. H. Marson, of Durham University and Queen's College, Birmingham; W. Edgecombe, of University College, Liverpool; J. Musgrove, M.R.C.S.Eng., of Edinburgh University; W. G. Laws, of Durham and Edinburgh Universities and St. Thomas's Hospital; G. Lawrence, of Cambridge University and Guy's Hospital; and J. Hawtley, M.R.C.S.Eng., of Middlesex Hospital.

Eleven candidates were referred.

Passed on Tuesday, May 19th:

F. H. Langlands, of Melbourne University and Middlesex Hospital; F. C. Scotson, J. B. Carter, and J. Stephenson, of Owens College, Manchester; H. B. Dickinson, of University College, Liverpool; C. W. Curtis, of Middlesex Hospital; A. E. Martin, M.R.C.S.Eng., of Durham University and London Hospital; A. H. Cheate, M.R.C.S.Eng. and W. Turner, of King's College.

Eleven candidates were referred.

Passed on Friday, May 22nd:

E. Cotterell, M.R.C.S.Eng., of University College; K. Lawson, of Middlesex Hospital; and E. W. Ormerod, of Cambridge University and St. Bartholomew's Hospital.

Eighteen candidates were referred.

Passed on Saturday, May 23rd:

J. S. Sloane, H. B. Maingay, and H. S. Elworthy, of St. Bartholomew's Hospital; W. F. Lucas and F. E. Rock, of Middlesex Hospital; W. J. Harris, of Cambridge University and Guy's Hospital; C. S. Pantin, J. B. Leathes, R. H. Luce, and D. W. Samways, of Guy's Hospital.

Eleven candidates were referred.

Passed on Monday, May 25th:

H. A. D. Dickson, of St. Thomas's Hospital; E. S. Cardell, of St. Bartholomew's Hospital; A. Foster, M.R.C.S.Eng., of St. Mary's Hospital; A. Channing-Pearce and D. M. Beddoe, of Guy's Hospital; F. W. J. Coaker and G. B. Robinson, of London Hospital.

Thirteen candidates were referred.

One hundred and three candidates presented themselves for this examination, 39 of whom passed, and 64 were referred for six months.

**SOCIETY OF APOTHECARIES OF LONDON.**—Pass List, May, 1891. The following candidates passed:

**In Surgery:**

V. H. Barr, Guy's Hospital. E. Middlebrooke, University of Iowa.  
H. B. Bates, Liverpool University College. W. K. Steele, Guy's Hospital.  
G. T. B. Blic, St. Mary's Hospital. H. E. Tomlinson, Yorkshire College, Leeds.  
T. F. Daniels, Manchester Royal Infirmary. L. Whitby, Royal Free Hospital.  
H. E. Pittway, University College.

**In Medicine, Forensic Medicine, and Midwifery:**

F. G. Bullmore, St. Mary's Hospital. H. B. Shepherd, Middlesex Hospital.  
R. T. Cassall, University College. H. E. Tomlinson, Leeds, Yorkshire College.  
G. E. T. Haydon, London Hospital. E. B. Wrench, Cambridge University and St. Thomas's Hospital.  
R. M. Hughes, University College. W. Wright, St. Bartholomew's Hospital.  
W. J. C. B. Pitt, Birmingham Queen's College. W. S. Wright, St. Mary's Hospital.  
H. W. Roberts, St. George's Hospital.  
W. Robinson, Middlesex Hospital.

**In Medicine and Forensic Medicine:**

T. F. Daniels, Manchester, Owen's College. R. A. Smith, Sheffield and Leeds College.

**In Medicine and Midwifery:**

M. Jenkins, Guy's Hospital. J. F. Brown, Toronto University.

**In Midwifery and Forensic Medicine:**

H. S. Cooper, Westminster Hospital.

**In Midwifery:**

W. E. S. Jones, Guy's Hospital.

**In Forensic Medicine:**

W. H. Savery, Sheffield.

To Messrs. Cooper, Haydon, Hughes, Middlebrooke, Preston, Shepherd, Tomlinson, Wrench, W. Wright, and W. S. Wright was granted the Diploma of the Society qualifying for registration and entitling them to practise Medicine, Surgery, and Midwifery.

## MEDICO-PARLIAMENTARY.

**HOUSE OF COMMONS.**—Friday, May 22nd.

**Vaccination.**—Mr. CHANNING asked the President of the Local Government Board whether Dr. Ballard's report upon the case of Emily Maud Child, who died, according to the finding of the coroner's jury at Leeds, on July 1st, 1889, of syphilis, acquired at or from vaccination, had been printed; whether he would lay a copy upon the table of the House; and whether he would direct a copy to be forwarded to the father of the child. —Mr. RITCHIE said he was not aware that the report had been printed. It was not the practice of the Local Government Board to give publicity to the reports of their inspectors, which had always been regarded as of a confidential character, but he had thought it right to submit this particular report to the Royal Commission on Vaccination, now sitting, and he understood that the report had been under their consideration, and might be the subject of evidence before the Commission.

**Infant Insurance.**—Sir H. MAXWELL, in moving the second reading of the Industrial Assurance Bill, and in referring to those provisions dealing with the question of infant insurance, said a Select Committee of that House had inquired very carefully into that matter, and the conclusion they came to was that, although undoubtedly there was evidence of the existence of many cases in which the present facilities had been abused, still the probability was that the extent of that evil had, from its very nature, so impressed itself on the public mind as to cause people to think the evil much more general than it was. His own opinion was that, although there were undoubtedly cases of great cruelty and crime arising out of the insurance of infant life, the prevalence of it was not so great as had been supposed. The Committee, at all events, came to the conclusion that a great hardship would be inflicted on numbers of deserving people were insurance for children's funeral expenses to be absolutely prohibited. It was not one of the least creditable motives of poor parents that they should wish to make cheap and easy provision for the decent burial of their children. These societies and companies, bad and costly as they were in many respects, still supplied a want among the working classes, which up to the present had not been otherwise supplied. Therefore the Bill, instead of prohibiting infant insurance, merely regulated the system and surrounded it with precautions which would limit the risks of abuse. In asking the House to read the Bill a second time he did not claim that it was at all a perfect measure. The subject dealt with was highly complicated, and it was proposed to send the Bill to the Standing Committee on Trade.—The Bill was read a second time, and ordered to be referred to the Standing Committee on Trade.

*Tuesday, May 26th.*

**Influenza.**—In reply to Mr. MORRIS, Mr. RITCHIE said no local authority had passed an order extending the Infectious Disease (Notification) Act to influenza. He was advised that influenza was an infectious disease, and therefore within the terms of the Act.

## OBITUARY.

**ROBERT MARTIN, M.D., F.R.C.P.**

By the death of Robert Martin, M.D., F.R.C.P., on May 13th, the medical profession has sustained a great loss. He was born on August 29th, 1827, at Pulborough, Sussex, where his grandfather, Peter Patrick Martin, had established himself in general practice in 1774, and had been succeeded by his son, Peter John Martin, who died in 1860.<sup>1</sup> Both these were men of talent, and were widely known not only for their professional skill, but also for their literary and scientific attainments. Robert Martin's father, Peter John, held distinguished rank as an authority on archæology and geology; and this, too, without any injury to his reputation as a shrewd and successful practitioner. He was also a man of refined and accurate taste in literature and in music. If intellectual and moral qualities are transmitted from father to son, we cannot be surprised to find that Robert Martin, with such an ancestry, was richly endowed with those which lie at the foundation of the character of a great physician.

In 1837, when about 10 years old, he was sent to the Clapham Grammar School, at that time presided over by a most excellent head master, Charles Pritchard, D.D., now Savilian Professor of Astronomy at Oxford and Fellow of New College. Of the advantages which he enjoyed there, and of the distinguished men who had been his schoolfellows, he often spoke with much satisfaction. In 1844, he obtained a Tancred studentship and went up to Caius College, Cambridge, where, as an undergraduate, he won sundry college prizes and a scholarship in chemistry and botany. In 1851, having spent his time partly in Cambridge, partly at St. Bartholomew's Hospital in London, he took his M.B. degree, and in the following year became a Licentiate in Medicine of the University. He then went abroad, and studied at Göttingen, Vienna, and Paris.

<sup>1</sup> For obituary notice of Peter John Martin, see BRITISH MEDICAL JOURNAL, May 26th, 1881.



pitals and in the London Fever Hospital on the same date was 927, against 911 and 924 at the end of the preceding two weeks. Sixty-six new cases were admitted during the week, against 79 and 118 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 7.0 per 1,000, and considerably exceeded the average.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, May 23rd, 825 births and 622 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 22.1 to 24.1 per 1,000 in the preceding four weeks, declined again to 23.8 during the week under notice, and was 4.9 per 1,000 below the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest rates were recorded in Leith and Greenock, and the highest in Glasgow and Paisley. The 622 deaths registered in these towns included 81 which were referred to the principal zymotic diseases, equal to an annual rate of 3.2 per 1,000, which exceeded by 1.3 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Glasgow, Edinburgh, and Paisley. The 622 deaths registered in Glasgow included 13 from measles, 9 from whooping-cough, and 4 from diphtheria. Thirteen fatal cases of measles were recorded in Paisley, and 6 of whooping-cough in Dundee. The death-rate from diseases of the respiratory organs in these Scotch towns was equal to 5.6 per 1,000, against 7.0 in London.

#### HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, May 16th, were equal to an annual rate of 22.9 per 1,000. The lowest rates were recorded in Armagh and Lurgan, and the highest in Dundalk and Kilkenny. The death-rate from the principal zymotic diseases averaged 1.0 per 1,000. The 173 deaths registered in Dublin were equal to an annual rate of 25.5 per 1,000, against 24.4 and 26.4 in the preceding two weeks, the rate for the same period being 26.1 in London and 22.7 in Edinburgh. The 173 deaths in Dublin included 7 which were referred to the principal zymotic diseases (equal to an annual rate of 1.0 per 1,000), of which 5 resulted from whooping-cough, 1 from diphtheria, and 1 from typhoid fever.

#### MEDICAL FEES FOR INQUESTS IN WORKHOUSES.

W. R. H. writes to ask whether he, as medical officer of a county workhouse (paid by salary with rations), is entitled to a fee of £2 2s. for giving evidence at an inquest and making *post-mortem* examination, by order of the coroner, of a patient who died in the workhouse in consequence of an accident.

\*.\* We are advised that the medical officer of a workhouse is entitled to a fee of one guinea for attending to give evidence at an inquest by order of the coroner. For making a *post-mortem* examination by order of the coroner, with or without an analysis of contents of stomach, we hold he is entitled to a fee of £2 2s. We understand that some county councils, relying on Section 22, subsection 2, of Coroners Act, 1887, appear inclined to raise the question as to whether medical officers of workhouses can claim the fees allowed by the Act to others. We have no doubt the law is sufficiently definite to enable them to recover the fees in question.

## MEDICAL NEWS.

THE authorities of the district hospital at Sarajevo have decided to appoint a female medical officer, whose special function it shall be to examine Mohammedan women.

PROFESSOR KOHTS, Director of the Clinic of Children's Diseases at Strassburg, has received and accepted a "call" to Berlin.

A FIRE, fortunately extinguished before any serious consequences ensued, occurred at the Royal Victoria Hospital, Bournemouth, on Tuesday last.

THE death is announced of Mr. William Ebenezer Poole, for upwards of twenty-five years Registrar of the Medical Society of London.

CONGRESS OF HYGIENE.—The Hungarian Minister of Education has appointed Ministerial Councillor Dr. Ludwig Markusovsky and Professor Josef Fodor to represent him at the forthcoming Congress of Hygiene and Demography.

COTTAGE HOSPITAL AT RUSH.—The Kenure Cottage Hospital, which has been endowed in the most generous manner by Sir Roger and Lady Palmer, was opened last week. Dr. Charles Fahie is the medical officer, and will be assisted by an efficient nursing staff.

PRESENTATION.—Dr. Buckley Pogson having resigned the post of Resident Medical Officer at the Durham County Hospital was, on Wednesday last, presented with a handsome clock, as a wedding present and mark of esteem, by the matron and nursing staff of that institution.

MR. HENRY TERRY, Northampton, has been allowed a pension of £39 a year on resigning the office of Medical Officer to the Hardingstone Union Workhouse and Milton District, after a service of forty-five years. This is a little less than two-thirds of his salary.

CLINICAL INSTRUCTION IN BELGIUM.—On May 14th the Belgian Chamber of Representatives passed a *projet de loi* compelling the administrative authorities of the hospitals of Ghent and Liège to open their wards to the Medical Faculties of the Universities of these towns for purposes of clinical teaching.

THE Metropolitan Provident Medical Association will hold a drawing room meeting at 24, Park Lane, on June 3rd, at 4.30 P.M., over which Lord Brassey will preside. The Earl of Derby, K.G., will move a resolution in support of the work of the Association, and the Rev. Prebendary Eyton and Mr. Albert Pell are announced to address the meeting.

AN Ethnological Congress will be held in Paris in September, 1892, in connection with which there will be an exhibition of living specimens of the different races of mankind. Several well known explorers have undertaken to do their best to make the collection of "specimens" as complete as possible.

LUNACY IN NEW YORK.—The Report of the Commission in Lunacy of the State of New York shows a material decrease in the proportion of lunatics to population. This satisfactory result is attributed by the Commissioners partly to improved methods of registration and partly to better housing and attention and better treatment generally.

At the last meeting of the Council of Queen's College, Birmingham, Dr. C. W. Suckling was elected joint Professor of Medicine in the room of Sir James Sawyer, whose retirement was recently announced. Dr. Suckling was educated at Queen's College, and has been for some time Physician to Queen's Hospital and the City Infirmary.

BIOLOGY IN NEW YORK.—The trustees of Columbia College have decided to devote the late Mr. Charles M. Da Costa's bequest of 100,000 dollars to the establishment of a biological laboratory to be built on the grounds of the Medical School (the College of Physicians and Surgeons). The professor in charge is to be designated the Da Costa Professor of Biology.

THERE was formally opened last week in St. Patrick's Road, West Brighton, by Mr. Edward Albert Sassoon, a commodious and well appointed auxiliary of the Norwood Home for Convalescent Jews, established in memory of Judith, Lady Montefiore. It affords accommodation for ten men, ten women, and ten children, and has cost between £2,000 and £3,000.

THE Rotherham Guardians lose the services of a veteran in Dr. Hardwicke, who has resigned the post of Medical Officer to the workhouse, after having held it for very nearly half a century. The kindly manner in which the guardians spoke of his lengthened services, and the wishes they expressed for his continued health and happiness are very pleasing to note.

LECTURES AT THE ROYAL COLLEGE OF SURGEONS.—Mr. William Anderson's lectures at the Royal College of Surgeons on The Varieties, Pathology, Diagnosis, and Surgical Treatment of Contraction of the Fingers and Toes will be given on June 8th, 10th, and 12th. Mr. Reginald Harrison's lectures on Stone in the Bladder, Enlarged Prostate, and Urethral Stricture will be given on June 15th, 17th, and 19th.

THE LESTE.—At the last meeting of the Meteorological Society Dr. A. Coupland Taylor gave an account of the hot wind of Madeira called the *leste*. It is a dry and sometimes very hot wind from the E.N.E. or E.S.E., and corresponds to the sirocco of Algeria and the north wind from the deserts which blows in South Australia. It is most frequent during July, August, and September, and lasts for about three days.

INSANE ASYLUM IN CHINA.—The insane asylum for Chinese projected by Dr. J. G. Kerr, of Canton, and Dr. E. P. Thwing, of Brooklyn, will probably be established on the island of Honam, opposite Canton. It will be placed in the charge of Wan, a native practitioner trained by the late Dr. Mackenzie, and it is hoped that in time paying patients may be obtained and the institution thus rendered self-supporting. It is hoped

that the sum of £5,000, needed for the erection and equipment of the necessary buildings, may be obtained by international subscriptions, as was the case with the first general hospital in China, founded by Dr. Peter Parkin in 1834.

**MEDICAL TEMPERANCE IN AMERICA.**—At the temperance breakfast to the members of the British Medical Association at the last Brighton meeting, Dr. N. S. Davis, then President of the American Medical Association, was warmly welcomed. At that gathering an English medical abstainer, after stating that the British Medical Temperance Association comprised some 450 abstaining English medical practitioners in its ranks, suggested that Dr. Davis should, on his return to the United States, form a similar society among his American medical brethren. This suggestion has now been followed out, and an American Medical Temperance Association has been founded. Dr. Davis is President, and Dr. T. D. Crother Secretary.

**CARE OF THE FEEBLE-MINDED AND EPILEPTIC.**—A conference, convened by the Council of the Charity Organisation Society, was held on May 25th, in the rooms of the Society of Arts, with the object of directing public attention to some of the difficulties experienced in dealing satisfactorily with the feeble-minded and epileptic. Mr. T. Holmes occupied the chair. Miss Stacey, of Birmingham, read a paper on the better care of feeble-minded paupers. The following resolution was passed: "That it is desirable that boards of guardians have permissive power to deal with feeble-minded and epileptic cases, similar to the powers which they now possess for placing adults and children who are blind or deaf and dumb in suitable institutions."

**POLITICAL DOCTORS IN AUSTRIA.**—Among the 353 members of the Austrian House of Deputies there are ten members of the medical profession. These are Dr. Johann Dvorák, Vice-President of the Central Association of Bohemian Medical Men; Dr. Emanuel Engel, Dr. Josef Heilsberg, Dr. Franz Kindermann, Dr. Franz Moriz Roser, and Dr. Josef Sil, Dr. Johann Georg Waibel, Dr. Gustav von Wiedersberg, formerly Assistant to the Professor of Pathology, now a large landed proprietor; Dr. Heinrich Wielowiejski, *Privat docent* of embryology and landowner; Dr. Basil Wolan, formerly Professor of Medical Jurisprudence. The Austrian House of Lords numbers 214 members, among whom Professors Billroth, Brücke, and Schneider represent the medical profession.

At the annual general meeting of the Medico-Chirurgical Society of Glasgow, held on May 8th, the following gentlemen were elected office-bearers for session 1891-2:—President: Dr. Joseph Coats. *Section of Medicine*: Vice-President: Dr. S. Gemmell; Councillors: Dr. Robert Pollok and Dr. Alex. Miller; Secretary: Dr. G. S. Middleton. *Section of Surgery*: Vice-President: Dr. Hector C. Cameron; Councillors: Dr. James Paton and Dr. D. Macartney; Secretary: Dr. John Barlow. *Section of Pathology*: Vice-President: Dr. J. L. Steven; Councillors: Dr. A. Milroy and Dr. R. M. Buchanan; Secretary: Dr. T. K. Dalziel. *Section of Obstetrics*: Vice-President: Dr. S. Sloan; Councillors: Dr. J. K. Kelly and Dr. M. Cameron; Secretary: Dr. Lawrence Oliphant; Treasurer: Mr. Henry E. Clark, 24, India Street; General Secretary: Dr. Walker Downie, 4, Woodside Crescent.

**LITERARY INTELLIGENCE.**—Dr. Charles W. Dulles has retired from the editorship of the *Philadelphia Medical and Surgical Reporter*, in which he is succeeded by Dr. Edward T. Reichert. The *Semaine Médicale*, which is certainly one of the most enterprising among existing medical journals, has published a *Guide Médical de Paris*, which is likely to be of great use to foreign doctors and students who wish to make the best use of their time in the French capital. It contains full information as to the organisation of medical study and teaching in Paris, the laws affecting practitioners, the sanitary administration of France, the Assistance Publique, etc. MM. J. B. Baillière have recently published a new work on surgery, *Nouveaux Eléments de Pathologie et de Clinique Chirurgicales*, by Dr. Fr. Gross, Professor of Clinical Surgery at Nancy, and Drs. J. Rohmer and A. Vautrin, *agrégés* in the same Faculty. The first number of the *New York Medical Examiner*, a new monthly journal devoted to medical matters in connection with life, accident, and masonic insurance, etc., appeared in April. The editor is Dr. G. W. Wells.

**THE STAINING OF TUBERCLE BACILLI.**—In a short note in the *Deutsche med. Wochens.*, 1891, No. 15, Professor B. Fraenkel claims that he was the first to use a decolorising acid along with a contrast stain in order to save time in the examination of sputa for tubercle bacilli. He is undoubtedly justified in making this claim, but he is not justified in assuming that his paper was of such very great importance that it must necessarily fall into the hands of every clinical observer working at tubercle bacilli. Dr. Gabbett did not use Professor Fraenkel's method, except in so far as he happened to combine his acid with the methyl-blue, and he states in his letter in which he makes his method known "possibly this method may have been already suggested; if so, it has escaped my notice." This should be quite sufficient for Professor Fraenkel. It is what a modest man would write under the circumstances, and it entirely does away with Professor Fraenkel's charge that Gabbett's method of staining the tubercle bacillus is a slight or immaterial modification of his method. We are sure that Dr. Gabbett will not claim priority as regards the general question, but he may certainly claim that his own method was quite original.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries and the colonies who have recently died are Dr. Carl Wilhelm von Nägeli, Professor of Botany in the University of Munich, aged 74—only two days before his death he celebrated the fiftieth anniversary of his graduation as Doctor of Medicine—his remains were conveyed to Zürich to be cremated; Dr. Frank J. Weed, Dean of the Medical Department of the Wooster University of Cleveland, U.S.A.; Dr. S. M. Bartlett, of Washington, aged 74, a grandson of Dr. J. Bartlett, who signed the Declaration of Independence; Dr. Abraham Coles, of New Jersey, well known in America for his scholarly accomplishments—among other translations of mediæval Latin hymns, he made thirteen different metrical versions of the *Dies Iræ*; Dr. Philip Leidy, of Philadelphia, within a few hours of his brother, the distinguished anatomist; Dr. Richard Gundry, Medical Superintendent of the State Hospital for the Insane, at Spring Grove, Maryland, and sometime Professor of Materia Medica, Therapeutics, and Psychology in the College of Physicians and Surgeons, Baltimore, aged 62; Dr. Edward Nusser, Member of the Superior Sanitary Council of Austria, aged 75; Dr. Cazin, of Berck-sur-Mer, a member of the French Academy of Medicine; and Sir Francis Murphy, M.R.C.S.Eng., the First Speaker of the Legislative Assembly of Victoria, aged 82. Sir Francis Murphy was born at Cork, and, after having been admitted a Member of the College of Surgeons he emigrated to New South Wales in 1836. Some years afterwards he abandoned the practice of the medical profession, and became largely engaged in agricultural and grazing operations. He was for many years a member of the Council of the University of Melbourne.

#### MEDICAL VACANCIES.

The following Vacancies are announced:

**BRISTOL CITY LUNATIC ASYLUM.**—Second Assistant Medical Officer: double qualifications; unmarried. Salary, £120 per annum, with furnished apartments, board, and washing. Applications to the Chairman of the Visiting Committee, Council House, Bristol, by June 13th.

**COUNTY ASYLUM, Whittingham, Preston, Lancs.**—Assistant Medical Officer and Pathologist. Salary, £200 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent.

**DERBYSHIRE GENERAL INFIRMARY.**—Resident Assistant House-Surgeon. Appointment for six months; board and washing provided, and £10 bonus. Applications to the House-Surgeon, by June 14th.

**DEWSBURY AND DISTRICT GENERAL INFIRMARY.**—House-Surgeon: double qualifications. Salary commencing £80 per annum, with board and residence. Applications, endorsed "House-Surgeon," to Chairman of the House Committee, by June 2nd.

**GENERAL HOSPITAL, Birmingham.**—Honorary Surgeon. Must be Fellow of one of the Colleges of Surgeons of the United Kingdom. Applications to Dr. J. D. M. Coghill, House Governor, by June 1st.

**GENERAL HOSPITAL, Birmingham.**—Assistant Physician for three years. Honorarium, £100 per annum. Applications to Dr. J. D. M. Coghill, House Governor, by June 1st.

**GENERAL HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester.**—Junior Resident Medical Officer; double qualifications; must devote his whole time. Salary, £80 per annum, with board and lodging. Applications to the Chairman of the Medical Board by June 1st.

- GUY'S HOSPITAL, S.E.**—Five additional Assistant Dental Surgeons; must be L.D.S. Eng. Applications to the Dean by July 1st.
- HALIFAX INFIRMARY AND DISPENSARY.**—Assistant House-Surgeon, unmarried, and doubly qualified. Salary, £50 per annum, with residence, board, and washing. Applications to Oaks Webster, Secretary, by June 3rd.
- HULL ROYAL INFIRMARY.**—Honorary Ophthalmic Surgeon; appointment for five years. Applications to the Chairman, Committee of Management, by June 5th.
- HULL ROYAL INFIRMARY.**—Four Honorary Assistant-Surgeons; appointment for five years. Applications to the Chairman, Committee of Management, by June 5th.
- KIDDERMINSTER INFIRMARY.**—House-Surgeon, unmarried. Salary, £140, rising £10 annually to £170, with rooms in the infirmary and attendance. Applications to the Secretary by June 5th.
- LIVERPOOL ROYAL INFIRMARY.**—Honorary Assistant-Surgeon. Applications to the Chairman of the Committee ten days before election on June 2nd.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-upon-Trent.**—Assistant House-Surgeon for six months. Board, apartments, and washing provided. Applications to R. Hordley, Secretary, by June 2nd.
- QUEEN'S COLLEGE, Birmingham.**—Medical Tutor and Demonstrator of Anatomy; must devote his whole time. Applications to Professor B. C. A. Windle, Dean of the Medical Faculty, by July 4th.
- QUEEN'S COLLEGE, Birmingham.**—Demonstrator of Anatomy. Applications to Professor B. C. A. Windle, Dean of the Medical Faculty, by July 4th.
- ROYAL BERKS HOSPITAL, Reading.**—Physician. Applications to the Secretary, John T. Hugo, at least ten days before the election on June 2nd.
- ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.**—Junior House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary, by June 4th.
- ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.**—Honorary Physician. Applications to Frank Stokes, Secretary, by June 1st.
- ST. MARY'S HOSPITAL, Paddington.**—Dental Surgeon. Appointment for five years. Applications to the Secretary by June 12th.
- ST. THOMAS'S HOSPITAL.**—Resident Assistant Surgeon; must be F.R.C.S. Eng. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by May 30th.
- STOCKPORT INFIRMARY.**—Assistant to the House-Surgeon for six months. Board and residence provided. Applications to Lieutenant-Colonel S. W. Wilkinson, Honorary Secretary, by June 1st.
- UNIVERSITY OF GLASGOW.**—Assistant Examiner in Physiology. Annual fee, £30. Twenty copies of printed applications and testimonials to the Secretary of the Court, Mr. A. E. Clapperton, 91, West Regent Street, Glasgow, by June 30th.
- VESTRY OF FULHAM.**—Medical Officer of Health, double qualifications, under 45 years of age. Salary, £400 per annum. Applications, marked "Applications for Medical Officer of Health," to the Clerk to the Vestry, Town Hall, Waltham Green, by May 30th.
- WEST LONDON HOSPITAL, Hammersmith Road.**—House-Physician. Appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by June 26th.
- WEST LONDON HOSPITAL, Hammersmith Road.**—House Surgeon. Appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by June 26th.
- WORCESTER AMALGAMATED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.**—Assistant Medical Officer. Salary, £140 per annum, and part of midwifery fees, also £20 per annum for cab hire. Applications to Mr. G. B. Gibson, Gasy Row, Worcester, by June 4th.
- FORDE, T. A. M., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Throat Department of St. Thomas's Hospital.
- FORWARD, F. E., F.R.C.S., L.R.C.P.,** reappointed Non-Resident Ophthalmic House-Surgeon to St. Thomas's Hospital.
- GRABHAM, Michael, M.A., M.B., B.Sc.** Cantab, appointed Resident Clinical Assistant to the Birmingham City Asylum.
- GRIFFITH, W. S., M.A., M.B., B.C.** Cantab, L.R.C.P., M.R.C.S., reappointed House-Surgeon to St. Thomas's Hospital.
- GROWSE, William, B.A.** Oxon., M.R.C.S. Eng., L.R.C.P. Lond., appointed as one of the Medical Officers on medical staff of the Convalescent Home, Kenilworth, *vice* Dr. Atkinson, resigned.
- HARPER, J. R., L.R.C.P., M.R.C.S.,** appointed Resident Accoucheur to St. Thomas's Hospital.
- HAWKINS-AMBLER, George A., L.R.C.P. Irel., M.R.C.S.,** appointed Medical Officer of Health for the Whitley Urban Sanitary District of the Huddersfield Union.
- HISLOP, John T., L.R.C.S., L.R.C.P. Edin., L.F.P.S.** Glas, appointed Medical Officer and Public Vaccinator to the Milton Abbott District of the Tavistock Union, *vice* F. M. Williams, resigned.
- HUTCHINSON, Joseph, L.R.C.P. Edin., M.R.C.S.,** appointed Medical Officer for the Fawley and Exbury District of the New Forest Union.
- KELLOCK, T. H., M.A., M.B., B.C.** Cantab, L.R.C.P., F.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.
- LACK, T. L., M.R.C.S., L.M.,** reappointed Medical Officer of Health for the Forehoe Union.
- LAKE, C. Leonard, M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the "Noble's Hospital and Dispensary," Douglas, Isle of Man.
- Low, H., M.A., M.B., B.C.** Cantab, L.R.C.P., M.R.C.S., reappointed Non-Resident House-Physician to St. Thomas's Hospital.
- MACKAY, Alexander, M.A., M.B., C.M.,** appointed Resident Surgeon in Aberdeen Sick Children's Hospital, *vice* Dr. Richard Eden, resigned.
- MACKINTOSH, A., M.D., L.F.P.S.** Glasg., reappointed Medical Officer for Chesterfield.
- MORRIS, J. J. N., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to King's College Hospital.
- MUDGE, J., L.R.C.P. Edin., M.R.C.S.,** reappointed Medical Officer for the Marazion District of the Penzance Union.
- OWEN, William, M.R.C.S.,** appointed Medical Officer for the Wells Street Workhouse of the Parish of St. Matthew, Bethnal Green.
- PARSONS, William, M.R.C.S. Eng., L.S.A.,** reappointed Medical Officer of Health for Godalming.
- PLAYFAIR, Hugh, M.B., M.R.C.S., L.R.C.P.,** appointed Assistant Physician Accoucheur to King's College Hospital.
- PRICE, A. E., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Skin Department of St. Thomas's Hospital.
- RAIMES, A., M.B., C.M. Edin.,** reappointed Medical Officer of Health for the York Rural Sanitary District.
- ROUILLARD, L. A. J., M.B., B.C.** Cantab, L.R.C.P., M.R.C.S., reappointed House-Surgeon to St. Thomas's Hospital.
- SANDIFER, H. S., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to King's College Hospital.
- SHAW, Raymond H., M.B., B.S.** Dunelm, appointed House-Surgeon and Assistant Secretary to the West Herts Infirmary, Hemel Hempstead, *vice* Dr. W. D. Arnison, resigned.
- SPENCER, Walter, L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer of Health for the East Retford Urban Sanitary District of the East Retford Union.
- STEPHENSON, O. T., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer for the Fifth District of the South Stoneham Union, *vice* C. J. Symonds, L.R.C.P., M.R.C.S., resigned.
- STILWELL, G. R. F., L.R.C.P., M.R.C.S., L.S.A.,** appointed Non-Resident House-Physician to St. Thomas's Hospital.
- STOKES, W. G. G., B.A., M.B., B.C.** Cantab, L.R.C.P., M.R.C.S., reappointed House-Surgeon to St. Thomas's Hospital.
- TOLIER, S. G., L.R.C.P., M.R.C.S.,** reappointed House-Surgeon to St. Thomas's Hospital.
- UMSEY, W. F., L.R.C.P., M.R.C.S.,** appointed Senior Obstetric Clerk to St. Thomas's Hospital.
- USHER, C. H., B.A., M.B., B.C.** Cantab, appointed Non-Resident Ophthalmic House-Surgeon to St. Thomas's Hospital.
- WADDELOW, J. J., L.S.A.,** appointed Assistant House-Accoucheur to King's College Hospital.
- WALKER, George, M.R.C.S., L.R.C.P. Lond.,** appointed Resident House-Surgeon to the Great Yarmouth Hospital, *vice* Mr. C. A. Duckett.
- WATSON, George A., M.B., C.M. Edin.,** appointed Assistant Medical Officer to the Birmingham City Asylum, *vice* Dr. Sprogue, resigned.
- WHITFIELD, Arthur, M.R.C.S., L.R.C.P.,** appointed Assistant House-Physician to King's College Hospital.
- WHITTINGTON, T. P., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer of Health for the Rural Sanitary District of the Neath Union.
- WOODFORD, W. T. G., M.D.** Lond., reappointed Medical Officer of Health for Abingdon.
- WYMAN, C., M.A., M.B., B.C.** Cantab, L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

### MEDICAL APPOINTMENTS.

- ALLAN, Charles J., M.B., C.M. Edin.,** appointed Medical Officer of the Burgh of Bonnyrigg, Midlothian.
- ARNISON, W. D., M.D.** Dunelm, appointed Senior House-Physician to the Royal Infirmary, Newcastle-on-Tyne, *vice* Dr. Baigent, resigned.
- ATKEY, P. J., L.R.C.P., M.R.C.S.,** appointed Clinical Assistant in the Throat Department of St. Thomas's Hospital.
- BALLANCE, H. S., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to King's College Hospital.
- BEVILLE, F. W., L.R.C.P., M.R.C.S.,** reappointed Clinical Assistant in the Skin Department of St. Thomas's Hospital.
- BLACK, W. A., M.B., C.M. Edin.,** appointed Medical Officer and Public Vaccinator for the Parish of Annan, Dumfriesshire.
- Box, C. R., B.Sc.** Lond., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.
- BRODRICK, C.** Cumberland, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for the Tavistock Rural Sanitary District, *vice* M. Williams, resigned.
- BURTON-FANNING, F. W., M.B.** Cantab, etc., appointed Physician to the Jenny Lind Infirmary for Sick Children, Norwich.
- CALVERT, W. D., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed House-Surgeon to the Sussex County Hospital, *vice* G. G. Hodgson, M.R.C.S.
- CAMERON, Alex., M.D., C.M.** Glasg., reappointed Medical Officer of the Workhouse of the Caistor Union.
- CLABURN, C. H., M.B., C.M. Edin.,** appointed Medical Officer for the Kitton District of the Stamford Union.
- COBBETT, L., L.R.C.P., F.R.C.S.,** appointed Assistant House-Surgeon to St. Thomas's Hospital.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.**—Professor Berry: On Gout: its Pathology, Diagnosis, and Surgical Treatment. Lecture I.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: On Cataract. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. J. H. Morgan: Congenital Deformities of Hands and Feet.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN**, 40, Leicester Square, W.C., 8 P.M.—Mr. F. H. Balkwill: Notes on Morphological Dental Irregularities in some of the Skulls in the Museum of the Royal College of Surgeons of England. Mr. Sewill: The production of Caries by artificial means out of the mouth; illustrated with microscopic sections. Mr. A. W. Barrett: (1) A Clamp extemporised to arrest Alveolar Hemorrhage. (2) An Underhung Bite, probably due to Incomplete Development of Upper Maxilla, dependent upon non-eruption of Wisdom Teeth. Mr. Ackery: Unilateral Absence of Teeth in a patient, aged 35.

#### TUESDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: General Paralysis of the Insane. Examination Hall, Victoria Embankment, 5 P.M.—Mr. Jonathan Hutchinson: Arsenic as a Drug.

#### WEDNESDAY.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**, 5 P.M.—Professor Berry: On Goitre: its Pathology, Diagnosis, and Surgical Treatment. Lecture II.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M.—Dr. T. H. Green: Demonstration of Clinical Cases. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Q. Silcock: Choroidal Affections.

**OBSTETRICAL SOCIETY OF LONDON**, 8 P.M.—Specimens will be shown by Dr. Kelson, Mr. Alban Doran, and others. Dr. Herbert Spencer: On Visceral Hemorrhages in Stillborn Children: an Analysis of 130 Necropsies, being a contribution to the Study of the causation of Stillbirth; with exhibition of museum and microscopic specimens. Dr. John Phillips: The Influence of Purpura Hemorrhagica upon Menstruation and Pregnancy.

#### THURSDAY.

**LONDON POST-GRADUATE COURSE**, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Ormerod: Varieties of Tremor. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. J. H. Morgan: Cases of Defective Gait in Children. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. R. H. Stewart: Some of the Causes of Ear Disease.

#### FRIDAY.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**, 5 P.M.—Professor Berry: On Goitre: its Pathology, Diagnosis, and Surgical Treatment. Lecture III.

**LONDON POST-GRADUATE COURSE**, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture: Actinomycosis. Practical Work: Sections of Actinomycosis. Hospital for Consumption, Brompton, 4 P.M.—Dr. T. H. Green: Demonstration of Clinical Cases. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Demonstrations of Morbid Anatomy: Kidneys and Genito-urinary Tract.

#### SATURDAY.

**LONDON POST-GRADUATE COURSE**—Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: 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.*

#### BIRTHS.

**ACKLAND**.—On May 25th, at 24, Southernhay, Exeter, the wife of J. McKno Ackland, M.R.C.S., L.D.S. Eng., of a son.  
**HILLSTEAD**.—On May 21st, at 71, Upper Richmond Road, Putney, the wife of Herbert John Hillstead, M.B., of a son.  
**LANGFORD-JONES**.—On May 21st, at Tan-y-Graig, Bangor, N.W., the wife of R. Langford-Jones, M.R.C.S. Lond., of a son.  
**MAKEHAM**.—On May 23rd, at 330, New Cross Road, S.E., the wife of H. W. Payne Makeham, M.R.C.S., L.R.C.P., L.S.A., of a daughter.  
**STRUGNELL**.—On May 20th, at 114, Brixton Hill, the wife of Walter T. Strugnell, M.B. Lond., M.R.C.S., of a son.

#### DEATHS.

**COSSAR**.—At East Craigs, Corstorphine, N.B., on May 21st, Thomas Cossar, M.D., F.R.C.P.E., aged 71 years. Friends will please accept this (the only) intimation.  
**FORBES-WINSLOW**.—On May 17th, at Rivercourt, Hammersmith, Percy Forbes, eldest and much-beloved son of Dr. L. Forbes-Winslow, aged 22, student at Charing Cross Hospital, after five months' terrible suffering, the result of blood poisoning.  
**HOGGAN**.—On May 18th, at Nice, George Hoggan, M.B. and C.M. Edin. Cremated at Pere-la-Chaise on his 54th birthday, May 24th.  
**JOSEPH**.—At Moi Mir, Little Bay Mines, Notre Dame Bay, Newfoundland, on April 24th, 1891, Alice Jane Duder, wife of Louis E. Joseph, M.B., C.M., Surgeon Newfoundland Consolidated Copper Mining Company.

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

**CANCER**, Brompton (Free). *Hours of Attendance*.—Daily, 2. *Operation Days*.—Tu. S., 2.  
**CENTRAL LONDON OPHTHALMIC**. *Operation Days*.—Daily, 2.  
**CHARING CROSS**. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days*.—W. Th. F., 3.  
**CHELSEA HOSPITAL FOR WOMEN**. *Hours of Attendance*.—Daily, 1.30. *Operation Days*.—M. Th., 2.30.  
**EAST LONDON HOSPITAL FOR CHILDREN**. *Operation Day*.—F., 2.  
**GREAT NORTHERN CENTRAL**. *Hours of Attendance*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day*.—W., 2.  
**GUY'S**. *Hours of Attendance*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. 1; Skin, Tu. 1; Dental, daily, 9; Throat, F., 1. *Operation Days*.—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.  
**HOSPITAL FOR WOMEN**, Soho. *Hours of Attendance*.—Daily, 10. *Operation Days*.—M. Th., 2.  
**KING'S COLLEGE**. *Hours of Attendance*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2.30; 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; (Obstetric), W., 2.  
**NATIONAL ORTHOPEDIC**. *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 ORTHOPEDIC**. *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; Orthopedic, 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; Orthopedic, 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; Orthopedic, 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; (Orthopedic), 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; Orthopedic, 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.

