came congested, and its serous coat took on a pink and then a red velvety aspect, and became granular. The coats of the bowel also became thickened, and this could be distinctly recognised at the time of opening the gut when a tranverse piece was taken between the finger and thumb prior to opening with scissors. In two of the cases the enlarged vessels of the bowel wall had to be tied when the gut was opened. After withdrawal of the rod the bowel is gradually drawn back by the mesentery and by its own weight as far as it is permitted by the adhesions formed between its mesentery and serous coat and the parietal peritoneum, or rather the muscles and skin, for the parietal peritoneum retracts, and is not in contact with it to any large extent. In from ten days to a fortnight no one would know what kind of operation had been done. Personally I think the result is neater, and that the feel of the spur would allow me to state the method of the operation. The simplicity of the proceeding is such that the dexterous surgeon may execute it in five minutes, and I have done it in seven in a thin woman in whom there was no delay in tying vessels and whose sigmoid mesentery was neither too short nor too long, but, if the latter condition exist, time is spent in finding the bowel, and I have had one such case by this method and two or three by the plan of opening the bowel at once, which I originally adopted. This patient recovered well from the operation with the slight exception of retention of urine, which I have not noted in other cases. She subsequently went into a workhouse, but before leaving hospital a growth on her sternum was noticed, and I heard that she died about three months after with large sarcomatous growths on her skull and elsewhere.

For notes of the following cases I am indebted to Mr. Ernest Brock, House-Physician to the Hospital for Women:

Mrs. H. P., aged 42, admitted September 8th, complaining of pain in the back. Pain in the abdomen, with frequent desire to go to stool, had come on eighteen months earlier. The motions were jelly-like, and she had lost flesh. About 4½ inches up the rectum the finger met with a hard, more or less nodular, irregular mass, almost blocking up the lumen of the bowel. It was very painful, but there was no hæmorrhage on examination. As it felt pedunculated and movable an attempt was made to pull it down under chloroform, and pass an *écraseur* round its base. As this could not be done, consent for colotomy or posterior excision was awaited. The general condition of the patient was fairly good. The temperature and urine were normal. On October 8th sigmoidostomy was performed, as obstruction was threatening. An incision was made just above and internal to the anterior superior spine, and extending downwards and inwards for about 2½ inches. The peritoneum was cut through on a director, and the bowel easily reached and drawn out. No "slack" could be obtained. The bowel was found to be full of rather hard motion, and an attempt was made to squeeze this into the rectum, but without success. The mesentery was then perforated with pressure forceps, and a gum elastic catheter No. 10 was drawn through and held the bowel in position on the abdominal wall. The upper and lower ends of the incision were then stitched up with silk. The whole was then covered with oiled protective and wool. On October 12th the bowel was opened with scissors in a line parallel with the gut. Flatus readily escaped. On October 14th the catheter and stitches were removed. On October 17th the bowels had acted well after a single enema. No fæces or matter had been passed by the rectum. In a few days the patient left hospital, having recovered from the operation.

Mrs. E. R., aged 35, was admitted September 28th, complaining of "pressure" in the back passage, with a feeling of weakness. "Six months ago she fell down, striking her fundament." Ever since then she had had more or less pain in defæcation; for the last two or three months she had had almost continuous slimy discharge from the rectum, and until ten days ago she had passed blood with almost every motion. She had no actual pain, but great sense of pressure. She had been losing flesh for twelve months. She was fairly well nourished, slightly anæmic, but otherwise looked in good health. About an inch within the anus the finger met with a very rugged indurated mass, extending about four-fifths round the gut, the free part being anterior; it extended upwards for about 1½ inch, the finger readily feeling healthy mucous membrane beyond. There was no enlargement of inguinal glands. The temperature and urine were normal.

Posterior excision was proposed and its risks pointed out. The patient preferred colotomy, as the nature of the growth was not made known to her. On October 1st an incision was made in the left inguinal region, about 2½ inches long, commencing just above and internal to the anterior superior spine, and extending downwards and forwards. The layers of the abdominal wall were cut through, and the peritoneum opened on a director, and the bowel easily reached; the latter was drawn out of the wound as far as possible, but no "slack" could be obtained; the mesentery was then perforated with a pressure forceps, and a gum elastic catheter drawn through to support the bowel, the upper and lower ends of the abdominal incision were then stitched up with silk, and the whole covered with a piece of protective and wool. Hæmorrhage was only trifling.

On October 8th the bowel was opened with scissors in a line parallel with the gut. Flatus readily escaped. The catheter and stitches were removed. The bowel protruded from abdominal incision about ¾ inch.

By October 15th the bowel had fallen back to some extent. The artificial opening acted well almost every day, and no discharge had occurred from the rectum. The patient was discharged a week later.

The second case is of interest to me, because at the first examination I was inclined to think that it was one of those remarkable coincidences which we meet with now and again in hospital and private practice. Shortly before this patient's admission, and within a week of each other, two women were admitted with broadly attached pedunculated growths high up the rectum, on the left side, which bulged externally or near the anal orifice during defæcation, and thus caused some obstruction and gave rise to much glairy mucous discharge. From their appearance I took them to be broken-down adenomatous growths; but microscopic examination by Dr. Dalton revealed their malignant nature. At the operation they were easily pulled outside the anus, but there was a long invagination of the upper part of the rectum and lower part of the sigmoid, so that I did not put a snare round the base of the growths but removed them with scissors, scraped their points of attachment, then cauterised, and finally applied a matico plug. They recovered rapidly.

The efficacy and extreme simplicity of the operation described, and also of that I adopted when first drawing professional attention to the advantages of inguinal colotomy, must be my excuse for saying that I entirely fail to appreciate the various modifications which have been introduced. What need can there be for prolonged and serious proceedings, such as cutting away some inches of colon, or of lengthening the operation by stitching the gut to the parietal peritoneum in various ways, or of dividing the bowel and invaginating the lower end according to Madelung? The double-barrel stitching and subsequent excision of part of the bowel as done by Maydl is a lengthy proceeding, and the method of Finc, of Geneva, recently revived, of opening the transverse colon is going unnecessarily high up the bowel. All the advantages claimed for these proceedings can be obtained by the simple plan herein recommended, and all their dangers and drawbacks obviated. I would urge surgeons to remember the fact that in opening the colon for malignant disease not amenable to a more radical proceeding, such as excision, the object is to relieve pain and prolong life, whether done for or without obstruction, and that any operation of a palliative kind, such as colotomy, should perforce be of a comparatively innocent nature. The simplification of operative measures should, in the interests of patients, be the aim of the surgeon, and experience abundantly proves that the simpler an operation is the better are its results.

Since writing the above I have operated on a fourth case in a man at the London Hospital, who recovered rapidly.

MEMORANDA:

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

A CASE OF PERFORATING ULCER OF THE DUODENUM.

THE following case, in conjunction with the two cases related by Mr. C. B. Lockwood, may be interesting to some.

E. J., aged 25 years, married, with one child, had always had very good health, with the exception of having had slight attacks of indigestion, about which, however, she had never had medical advice. On May 16th, 1890 (when away from home acting temporarily as housemaid), after tea, consisting chiefly of new bread and butter, she had an attack of severe abdominal pain, and felt sick, but the attack passed away in a little time, and on May 17th she had a little pain after food, but continued her work, and on May 18th drove home a distance of three miles, and walked about all day and back in the evening to her situation. On May 19th, after tea, the pain became very severe, and she vomited a little food, not mixed with blood, and nearly fainted; she was helped to bed, when she continued in great pain all night, vomiting several times some bilious fluid, which was not stercoraceous. The bowels had acted once naturally, on May 18th; and she had ceased to menstruate the previous Saturday week, having been regular up to that time. When seen for the first time on May 20th, at 10 A.M., she was lying in bed with sunken eyes and a very curious expression, and her knees and thighs flexed, com

plaining of abdominal pain and sickness. The abdomen was distended and tympanitic all over; the liver dulness was hardly recognisable, but no coils of intestine could be perceived through the abdominal walls. Tenderness was complained of all over the abdomen, but it was chiefly felt just above and below the umbilicus. The respirations were thoracic, 28 per minute, with a pulse of 140, and a temperature of 100.9°. She was decidedly chlorotic, with a murmur audible at the cardiac apex and over the pulmonary cartilage. A little flatus had been passed during the night. The diagnosis was septic peritonitis, due most probably to a perforating gastric ulcer, and any surgical procedure was thought out of the question, considering her general condition. She died at 5 P.M. the same afternoon. Mr. Wilcox, of Warminster, in whose practice the case occurred, and myself made a *post-mortem* examination the next day. On opening the abdomen, there was a great escape of horribly offensive gas; the intestines were not distended, but were matted together with purulent lymph, which was most abundant near the liver; the stomach was healthy, and contained one gooseberry—the remains of some she had had on May 18th—but on the anterior wall of the duodenum, about one-third of an inch from the pylorus, was a perforation, the size of a split pea, with clean-cut edges. The ulcer on the inside was nearly twice the size.

The following are the chief points which made the diagnosis fairly certain in this case, although it turned out not to be strictly accurate:

(1) The history of attacks of indigestion; (2) the pain coming on after an indigestible meal in a chlorotic woman; (3) the passage of flatus with the bilious vomiting; (4) the distension of the abdomen by free air in the cavity, which would have obscured the peristaltic action of any distended coils of intestine, even if there had been any, but in this case they were quite flaccid; (5) there had never been any symptoms of appendicitis, and menstruation had been regular, and had occurred only a week before.

F. W. JOLLYE, M.R.C.S., L.R.C.P.Lond., D.P.H.Eng.
Alresford.

A CASE OF CONTAGIOUS EXFOLIATIVE DERMATITIS.

I SEND a few notes of a case, which is perhaps of the nature of the epidemic disease recently described in your columns.

Ten days ago I was consulted by H. W., a female, aged 18, unmarried, for a crop of pimples which had come out on the back of the forearms, attended with great itching, there being no exudation. On the third day when seen, the following appearances were noted. On both arms and forearms, extending from the acromion to about two inches from the wrist, was present a papular rash, with considerable redness on the front of the arms where the patient had rubbed and scratched herself. The papules were in clusters, and on examination were seen to be on the hair follicles or in their immediate neighbourhood. It was very thick in the flexures. There was little or no erythema where the rash had not been rubbed, nor was there any moisture. The skin was cool, but felt puffy and less elastic than it ought to be. The next or fourth day it was noted that many of the papules were desquamating and that the rash was spreading further towards the wrists, but getting less on the arms. There was an increase of the puffiness both on the arms where the rash was, and on the backs of the hands where it had not extended. This condition continued for some days, the rash gradually fading, but there was marked exfoliation of the skin, especially in the flexures, where actual cracking occurred, and a peculiar pinky redness which has not yet disappeared. Considerable depression of spirits existed, but no great loss of appetite.

The patient stated that she had sat at work next to a girl who had just returned from an absence at home, and who was "peeling," which was said to happen to this girl and her sister every "fall."

The patient's arms were thickly painted with collodion, which relieved the itching and seemed to prevent the rash from spreading. Internally small doses of magnesium sulphate were given every other day. No fever was noted during the period of observation. I may add that the family history contributed nothing in the way of predisposing causes, nor had the patient ever had anything of the kind before.

Dr. Savill kindly saw the patient with me, and is of the opinion that it is probably a mild specimen of the disease. Had I not seen, through his courtesy, a number of patients at the Paddington Infirmary, and also the splendid series of photographs and coloured drawings with which he illustrated his paper at the Medical Society, I should, in all probability, have passed over the case as one of dry eczema. But the similarity of the later appearance, especially the dry scurfy papules, most marked in the flexures, the staining, though slight, and the puffy induration of the skin made me think that I had met with a case of the epidemic character. I am indebted also to Mr. Lunn, of the Marylebone Infirmary, for the hint as to the collodion treatment, which was most successful.

I think that I have seen two other slight cases, one in June and one in September last.

Porchester Houses, W. F. WILLIAM COCK, M.D.

TRACHEOTOMY IN AN INFANT FOUR DAYS OLD.

ON October 30th, with Dr. Price and Mr. Hedley, I saw a child born four days before. The frænum was long and the large swollen tongue filled and obstructed the mouth. Beneath the tongue there was a large nævoid mass which explained the position and appearance of the tongue. At first after birth the baby breathed through the nostrils with a snuffling sound, but later on the breathing was much less free owing to swelling of the mucous membrane. On insinuating the finger over the dorsum the tongue could be pressed down into the floor of the mouth and breathing was then free enough; but immediately pressure was removed the tongue slowly rose into the roof of the mouth again. As might have been expected the baby was unable to take the mother's breast—even feeding with the spoon was so difficult that only a few doses of nourishment had been administered during the four days. As the child was apparently almost moribund, therefore tracheotomy was decided upon, not as a solution of the difficulties, but as relieving the most urgent symptom. The operation was performed at 9 P.M. on October 30th, and a Foulis's No. 1 tube inserted (the diameter of the outer tube of which is 4 mm.). The infant breathed freely through the tube, and in the course of an hour the skin had become a bright red colour all over. On October 31st, the tongue was less congested and protruded a little from the mouth, lying against the upper lip. With care in introducing the nipple the infant had been able to grasp it and sucked like a leech, breathing all the time comfortably through the tube. The resonance over the back of both lungs was much impaired, the baby died early the following morning. We were only allowed to examine the neighbourhood of the wound *post mortem*. We found the opening in the trachea extended from below the cricoid cartilage nearly to the sternum and in the lower angle of the wound lay the innominate artery. The trachea was large enough to admit a No. 1 Durham's tube (the diameter of the outer tube of which is 7 mm.), but there was difficulty in getting so full-sized a tube into it.

REMARKS.—This is the youngest infant upon whom I have performed tracheotomy. I have operated at nine months for laryngeal diphtheria, and I had last year the pleasure of showing, at the Medical Institution, two cases of children recovered from diphtheria by the performanbe of tracheotomy, one at the age of fourteen months, the other at four years. In the performance of the operation, an ordinary scapel "Edinburgh shape," having a blade one inch long only, is the best. With such a blade there is no risk of transfixing the trachea, and the handle gives full command. The narrow-handled, long, delicate-bladed knives, fitted into tracheotomy cases, are most unsuitable instruments. A probe-pointed bistoury to enlarge the trachea wound is occasionally useful. There is no instrument more helpful in insuring a neat operation free from all distressing scenes than Parker's tracheal dilator. The automatic retractor I have found inferior to a curved pressure forceps applied on each side of the wound, and allowed to hang over on each side of the neck. These keep the wound nicely and evenly open and one can then manage quite readily without an assistant. For the rapid performance of tracheotomy, I find the least anxious method is to grasp the trachea between the fingers and thumb of the left hand and to cut between. This both fixes the trachea and keeps one safely to the middle line better than any hook director. In the infant, however, a tenaculum is necessary; so little can be felt of the

soft, yielding trachea. Lastly, in operating for foreign bodies, the incision should be very free and the edges of the trachea held open by thread retractors or by that excellent little instrument, Golding-Bird's trachea dilator.

Liverpool. W. T. CLEGG.

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

TUNBRIDGE WELLS GENERAL HOSPITAL.

NOTES OF TWO SURGICAL CASES.[1]

(By J. B. FOOTNER, F.R.C.S., Surgeon to the Hospital).

NEPHRO-LITHOTOMY.

W. P., aged 38, was admitted on June 9, 1890, under the care of Dr. Ranking, suffering from a tumour, exceedingly tender on palpation, in the left hypochondriac and lumbar regions, and severe paroxysmal pains in the same situation, with vomiting and fever. His father and mother were both dead, the mother of phthisis; one brother had died of phthisis, and one sister was consumptive. There was no history of gout.

The patient, who was an indoor servant, was a free liver. With the exception of troublesome constipation he had always enjoyed good health, until 20 years ago, when one day he was suddenly seized with colicky pains in the left loin, lasting 7 hours. A second similar attack occurred in a year's time. These attacks became more frequent until at last he was never quite free from pain. His urine sometimes contained blood, and generally he noticed a sediment at the bottom of the vessel, probably pus. He never suffered from increased frequency of micturition. In February, 1890, he had a very severe attack of renal colic, which laid him up for some weeks. The following May he was under treatment in London. He returned to Tunbridge Wells very ill.

On admission he was a wasted, sallow, anæmic man, of medium height. The heart and lungs were normal, the tongue was coated, the bowels were constipated, pulse, 120; respiration, 40; temperature in axilla, 102° F.; urine, acid; specific gravity, 1025; contains albumen, pus, and oxalate of lime crystals, no blood.

The patient was very sensitive to touch over the left hypochondriac and lumbar regions, where there was a rounded tumour. Dr. Ranking kindly invited me to examine the patient with him with a view to operation. Accordingly the patient was put under the influence of chloroform and the tumour thoroughly examined. It was found to consist of a fluctuating swelling occupying the space between the upper border of the seventh rib above and the iliac crest below, and extending horizontally from 2½ inches to the left of the umbilicus to within 3 inches of the spine, a line of resonance extending down the posterior aspect of the tumour. The bladder was sounded, but no calculus was felt. The tumour was diagnosed to be an abscess in connection with the kidney, and probably owing its origin to a stone therein.

It was decided to explore the kidney, and it was exposed without any difficulty by the usual lumbar excision; and on examining it with the finger, a large stone could be felt at once. On incising the kidney there was no hæmorrhage to speak of, but soon a great gush of pus took place from the abscess, which evidently communicated with the cavity in which the stone lay. On seizing the stone with forceps it was found to be immovable, and with the finger I discovered that it had a narrow neck leading towards the centre of the kidney, which no doubt became enlarged again, and so prevented its removal. I was forced to break this neck, and, after removing the first portion of the stone, was able with my finger to dilate the kidney substance sufficiently to get a forceps on to the part of the stone left behind. But this, again, was fixed, and had to be broken as before, when another piece remained. This process had to be repeated several times, and at length the branched calculus was all removed in fragments. The kidney was well syringed out with warm boric acid solution, two large drainage tubes inserted, and the wound brought together with silver wire sutures, and a dressing of sal alembroth gauze and wool applied, which was changed as soon as the discharge showed through.

Recovery was rapid, without any drawback, and he was discharged on August 12th, two months after the operation. A sinus in the loin remained, which discharged very slightly some thin pus and occasionally a little urine. He resumed his occupation, and still feels quite well. The sinus still remains, but no urine has passed through it for the last six months. Since the operation he has passed on two occasions through the sinus a small calculus about the size of a millet seed. These calculi are quite different in character to the original stone, being smooth and polished, and apparently consisting of uric acid. The original stone was encrusted with phosphates. I think these later calculi must have been formed since the operation. Their character appears to show a much better state of health on the part of the patient than was the case when the original stone was formed. There is still a considerable quantity of pus in the urine, but never any blood, and no pain. All objective signs of the abscess have disappeared. The original stone weighed 822 grains, or nearly 2 ounces. On the two days previous to the operation the patient passed 22 and 21 ounces of urine in the twenty-four hours respectively, on the day of the operation 24 ounces. After this time it increased considerably in quantity, and a week afterwards he passed 34 ounces in twenty-four hours; in another week's time 66 ounces, at which amount, with slight fluctuations, it remained afterwards.

SUPRAPUBIC CYSTOTOMY.

C. C., aged 40, a farm labourer, was admitted under my care on October 28th, 1890. There was a history of gout on the mother's side. The patient had worked on the farm all his life; he had never had rheumatism, gout, or any serious illness. He was in the habit of drinking tea or cocoa with his meals; seldom drank beer, never to excess, and never any wine or spirits. He seemed to have taken a deficient quantity of fluid, not more than 1½ pint altogether in the twenty-four hours. About 7 years ago he first began to suffer pain in the epigastrium and a feeling of distension coming on after meals, with constipation. Three years ago he began to pass blood occasionally in his water, and to suffer from cutting pains in the loins, hypogastrium, tip of penis, testicles, and inside of thighs. Then incontinence of urine came on, with intervals of temporary retention; also great pain and tenesmus on defæcation.

On sounding his bladder, the presence of a large stone was at once evident. A few days afterwards I extracted the stone by the suprapubic operation. The stone weighed ℥iij ℥iiss. The progress to recovery after the operation was uninterrupted. The patient passed water naturally on the fourteenth day after the operation and three weeks after this was discharged with the wound soundly healed.

REMARKS.—The following points connected with this case are perhaps deserving of mention: (1) The walls of the bladder were immensely thickened and its cavity contracted; so much so, indeed, that it was impossible to inject more than ℥iv of fluid into the bladder. As a corollary of this it was found, on cutting down to the bladder, that the peritoneum lay in the line of incision, reaching as far as the symphysis pubis. It was pushed up and held out of the way by an assistant, but its tendency to prolapse into the wound increased the difficulty of reaching the bladder. (2) The bladder was opened on the point of a silver catheter previously introduced, by a puncture large enough to admit the forefinger, and the latter made use of to dilate the opening sufficiently to allow a lithotomy forceps to be introduced along it. The large stone was then slowly extracted and insinuated through the opening without laceration. (3) The rectal bag was used, but was not found to be of much service in pushing forward the bladder. Instead of rising above the rectum, the bladder, perhaps owing to its contracted condition, appeared to slip off the rectum to one side. By making use of a silver catheter to cut down upon, the rectal bag is rendered unnecessary, and consequently all risk of injury to the rectum from over-distension is avoided. (4) No sutures were inserted in the bladder, but a large drainage tube introduced, which was removed on the seventh day.

[1] Read before the South-Eastern Branch of the British Medical Association, at Tunbridge Wells.

Ampthill "is for the greater part extremely unsatisfactory, not to say disgraceful." A large proportion of the water-closets are hand flushed, but at least half of the houses in the town appear to have privies. The abolition of these privy cesspits is dependent upon and equally imperative with the creation of a public water supply. The privies should be replaced by good well-trapped water-closets and ventilated drains. In this connection Dr. Garrett has done well to call the attention of householders to the fact that builders sometimes have on their hands old-fashioned closet-pans which, if allowed to do so, they will fix in preference to others of better pattern. The present sewerage system of the town and the house-drainage also appear to need attention. It is to be hoped that the Rural Sanitary Authority will take the improvement of Ampthill seriously in hand. Dr. Garrett has very justly, however, pointed out that "the condition of the dwelling-house and its appurtenances will continue to depend in very great measure upon the care of the individual householder, without whose co-operation it is impossible for any sanitary authority to ensure a sanitary town."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ELECTION OF CHANCELLOR.—On Monday, January 4th, at a special congregation, His Grace Spencer Compton, 8th Duke of Devonshire (better known as the Marquis of Hartington), was elected without opposition to the office of Chancellor of the University, vacated by the death of his father. The new Chancellor is a member of Trinity College, and graduated with mathematical honours in 1854. He has lately taken an active part on the University Syndicate for promoting a scheme of scientific education in agricultural subjects.

MEDICAL NEWS.

DR. FANCOURT BARNES has been elected Foreign Corresponding Member of the Obstetrical and Gynæcological Society of Paris.

STATISTICS recently published by the Russian Medical Department show that the average yearly number of suicides in Russia is 2,215, that of infanticides being 665.

THE Emperor of Austria has given a sum of 2,000 florins from his privy purse towards the building of a hospital in connection with the General "Poliklinik" of Vienna.

THE number of registered students in the University of Berlin this winter semester is 5,371, of whom 1,410 belong to the medical faculty.

A NEW clinic for diseases of the eye in the University of Strassburg was opened on December 19th with an address from the director, Professor Laqueur.

THE death is announced of Dr. Richard Bowes, of Richmond, Yorkshire, in his 83rd year. The deceased, who practised for fifty years in his native town, was formerly surgeon to the Richmond Borough Gaol.

The Lord of Humanity, by Frederick James Gant, F.R.C.S., Consulting Surgeon to the Royal Free Hospital, of which a review has already appeared in these columns, has, we observe, reached its second edition.

SMOKE ABATEMENT IN PARIS.—The Paris Municipal Council has placed a sum of £80 at the disposal of the Council of Public Hygiene for the Seine department, to be applied towards analyses of the different varieties of smoke which make up the atmosphere of the French capital.

PRESENTATION.—The house masters of Clifton College, through the Revd. M. Glazebrook, the head master, have presented Mr. Augustin Prichard with a handsome silver claret jug on his retirement from the post of surgeon to the college, which he had occupied since its foundation in 1862.

THE *Nottingham Daily Express* states that Lizzie Ann Mitchell, herbalist, has been charged before the Nottingham magistrates with the wilful murder of Eugenie Bagshaw, whose death, according to the medical evidence, resulted from blood poisoning following upon miscarriage. The prisoner was committed to take her trial at the next assizes.

SOCIETY OF ARTS.—Among the papers set down for reading at the ordinary meetings of the Society of Arts for the present session are the Scientific Value of Lovibond's Tintometer, by F. W. Edridge-Green, M.D.; Dust, and How to Shut it Out, by T. Pridgin Teale, F.R.S.; and Ancient and Modern Art Pottery of Japan, by Ernest Hart.

DUST REMOVAL.—The Commissioners of Police of the Metropolis have issued a notice (published in the *Gazette*) giving the names of London streets, in which no person may henceforward, between the hours of 10 in the morning and 7 in the evening, remove any ashes, dust, or refuse from any house.

THERE are three young children at the present time in the Women's Accident Ward of Westminster Hospital with fractured femur, all treated by weight and pulley, the limb being flexed at right angles to the body. The unusual event of three cases under treatment at the same time affords a good opportunity of witnessing this method, so efficacious in young subjects.

DONATIONS.—The Duke of Westminster has promised £1,000 towards the purchase of a site, and £2,000 towards the building, of the new Children's Hospital and Convalescent Home at Rhyl.—The Worshipful Company of Mercers have given a donation of 20 guineas to the St. Barnabas Convalescent Home, Ramsgate.—Sir William Evans has given a further donation of £2,000, and Sir Alfred Haslam an additional £500, towards the proposed extension of the Derbyshire Royal Infirmary, at a cost of £72,000.

NURSES' CO-OPERATION.—On Christmas Day Miss K. Philippa Hicks, Lady Superintendent, was the recipient of a sapphire and diamond ring, subscribed for by 112 members of the Nurses Co-operation, 8, New Cavendish Street, as a token "of their affectionate regard and grateful appreciation of her unremitting efforts to advance their interests during this first year of establishment." Miss L. Leigh, home sister, was presented with a similar acknowledgment by the same members, in the form of a necklet of aquamarines.

INFLUENZA AT BERLIN.—This year's epidemic of influenza in Berlin has been much severer in character than the epidemics of the two preceding winters. The highest number fo deaths per week from this cause registered in the winters of 1889-90 and 1890-91 was 30, while this winter the number has reached 80 per week. Happily, the epidemic seems now on the decline. The last official list is of the week from the 13th to the 19th of December, 1891, and gives the number of deaths as 73.

LEPROSY IN JAPAN.—Another missionary who devoted himself to the succour of lepers has just completed his sacrifice by giving his life in their service. Father Testevuide, who may be called the Damien of Japan, established the first leper house in that country in 1886. At that time no provision whatever was made either by the Government or the public for the care of lepers, and it was only by the most persevering efforts that the energetic priest was able to collect sufficient funds to build a leper house on Mount Fusi. This institution he personally managed till his death. His example has been fruitful, and now there are three asylums for the victims of leprosy in Japan, all apparently owing their existence to private charity.

HARVEIAN SOCIETY OF LONDON.—The following is a list of the names of gentlemen proposed by the Council as officers of the Society for the year 1892:—*President:* *W. B. Cheadle, M.D. *Vice-Presidents:* *T. Bryant, P.R.C.S.Eng.; J. F. Goodhart, M.D.; M. Handfield-Jones, M.D.; *C. B. Lockwood, F.R.C.S. *Treasurer:* Malcolm Morris, F.R.C.S.Ed. *Honorary Secretaries:* G. W. Hill, M.D.; *E. W. Roughton, F.R.C.S. *Council:* Watson Cheyne, F.R.C.S.; *G. Coates, M.D.; G. P. Field, M.R.C.S.; W. W. Hall, M.B.; *H. C. Lawrence, M.R.C.S.; R. Maguire, M.D.; *R. Owen, M.R.C.S.; *D'Arcy Power, F.R.C.S.; M. Prickett, M.D.; *Sir W. Roberts, M.D.; *S. Spicer, M.D.; C. T. Williams, M.D. An asterisk is prefixed to the names of those gentlemen who did not hold the same office the preceding year. The election will take place at the annual general meeting to be held on Thursday next, January 14th.

LONDON POST-GRADUATE COURSE.—The annual report states that during the spring term 1890, when the lectures were commenced, five courses were delivered, and that during the spring term 1892 there will be eleven courses given at the following hospitals and institutions: The Hospital for Consumption, Brompton; the Hospital for Sick Children, Great Ormond Street; the National Hospital for the Paralysed and

the Epileptic, Queen Square; the Royal London Ophthalmic Hospital, Moorfields; the Hospital for Diseases of the Skin, Blackfriars; Bethlem Royal Hospital for Lunatics; the London Throat Hospital; the Bacteriological Laboratory, King's College; the Pathological Department, Great Northern Central Hospital; the Parkes Museum; and a course on Midwifery and Diseases of Women at Charing Cross Medical School, by lecturers on these subjects, at the London medical schools. During 1891 there had been 172 entries (160 men and 12 women). Of these, 108 were from the British Isles; others from the United States, Canada, Australia, Sweden, Assam, China, and Japan, etc., more than one-half of whom possessed University degrees. The next term will commence on January 18th, all information as to which may be obtained of the Secretary, Dr. J. Fletcher Little, 60, Welbeck Street, W.

BERI-BERI IN THE MALAY PENINSULA.—Dr. A. W. Sinclair, Residency Surgeon, Kwala Lumpor, Selangor, in his report for 1890 again refers to the prevalence of beri-beri in his district, where no fewer than 1,619 cases of this little understood and much misunderstood disease were treated in the State and Prison hospitals during the year; the mortality among these cases amounted to 292, or 18 per cent. The prevalence and fatality of this disease in our fine possessions in the Malay peninsula and neighbouring islands is not properly apprehended in England. It undoubtedly is a serious, if not the principal, obstacle to the rapid populating of these rich and fertile lands. Dr. Sinclair has done well, in his present report and on previous occasions, to call special attention by a series of carefully prepared tables to this subject.

PHILANTHROPIC PHARMACY.—The pharmaceutical chemists of Saratov, in Russia, have, with one exception, adopted a self-denying ordinance, in accordance with which they agree to dispense medicines to poor patients free of charge. In no case, however, is any one druggist to be called on to stretch his charity in this particular direction beyond a total amount of 200 roubles (£20); whether this is to be an annual sacrifice, or whether the measure is merely temporary we are not informed. The resolution was taken in response to a suggestion made by Dr. Buchowzay, the Medical Inspector of the district. We have looked with some curiosity for an authoritative definition of the word "poor" in regard to this new development of medical—or shall we say medicinal?—charity, but none appears to be forthcoming.

THE HEALTH OF SCHOOL CHILDREN IN LEIPZIG.—It has been decided by the municipal authorities of Leipzig to divide the city into fifteen school districts, to each of which a medical officer is to be appointed, at a salary of 500 marks (£25). The duties of these officers will include the sanitary supervision of the schools in their respective districts. The new arrangement came into force on January 1st. The number of children attending the Leipzig schools is between 3,000 and 4,000. While acknowledging the enlightened regard for the health of the rising generation displayed by the Leipzig municipality, we cannot help regretting that, like many similar bodies elsewhere, they should have allowed their civic parsimony to imperil the success of their excellent intentions. If the labourer is worthy of his hire, it follows that the hire should be worthy of the labourer.

RUSSIAN UNIVERSITIES.—The total number of students in the University of Warsaw during the current semester is 1,189, of whom 621 belong to the medical faculty. In the University of Dorpat the total number of students on September 1st, 1891, was 1,723, of whom 863 were students of medicine. Between February 1st and September 1st the number of diplomas granted by the Medical Faculty of the University was 218. The degree of Doctor of Medicine was conferred on 46 candidates; the simple *venia practicandi* was granted to 39; the title of "District Medical Officer" to 14; the degree of Master of Pharmacy on 5; licences to dispense to 32; licences as druggists' assistants to 49; licences to practise dentistry on 15; licences to practise as midwives were also granted to 13 women. The number of students in the University of Kasan during the academic year 1890-91 was 757, of whom 402 belonged to the medical faculty. The degree of Doctor of Medicine was conferred on 5 candidates. In the Military Medical Academy of St. Petersburg the licence to practise was granted in 1891 to 100 candidates, of whom 38 passed "*cum laude*." Kieff licensed 72 candidates.

MEDICAL VACANCIES.

The following vacancies are announced:

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Clinical Assistant. Fee, £3 3s. for three months. Applications to A. C. Davis, Secretary.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board, etc. Applications to the Secretary, 24, Finsbury Circus, E.C., by January 14th.

COUNTY OF LONDON.—Assistant Medical Officer, between 26 and 40 years of age. Salary, £500 per annum, rising £50 yearly to £600 per annum. Applications to the Clerk of Council, Spring Gardens, S.W. (on forms to be obtained of him) by January 9th.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Assistant Dental Surgeon: must be L.D.S. Applications to J. Francis Pink, Secretary, by January 11th.

DENTAL HOSPITAL OF LONDON.—Medical Tutor. Salary, £40 per annum. Applications to the Dean by February 8th.

FOLKESTONE FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Doubly qualified Medical Practitioner. Salary, £200 per annum, and additional fees for midwifery cases, and lodging. Applications to the Secretary, C. J. Moore, 47, St. Michael's Street, Folkestone, by January 18th.

GENERAL INFIRMARY, Northampton.—House-Surgeon: doubly qualified; unmarried, and not under 23 years of age. Salary, £125 per annum, with furnished apartments, board, attendance, and washing. Applications to the Secretary by January 23rd.

HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE, Virginia Water.—Assistant Medical Officer. Salary, £200 per annum, with furnished rooms, board and lodging. Applications to Dr. Phillips, Virginia Water.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Resident Medical Officer, unmarried. Appointment for one year. Salary, £50 per annum, with board and residence. Applications to the Secretary by January 12th.

LIVERPOOL STANLEY HOSPITAL.—Honorary Assistant Ophthalmic Surgeon. Applications to J. E. Bennett, Honorary Secretary, by January 11th.

OWENS COLLEGE, Manchester.—Professor of Botany. Applications, addressed to the Council of the College under cover to the Registrar, by January 25th.

ROYAL ALBERT HOSPITAL, Devonport—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to the Chairman of Medical Committee by January 13th.

SHAW UNION.—Medical Officer of Health; doubly qualified. Salary, £80 per annum. Applications to R. Wilkes, Clerk to the Board, Stowmarket, by January 13th.

MEDICAL APPOINTMENTS.

ADAMS, John A., B.A., M.B., R.U.I., appointed House-Surgeon to the Halifax Infirmary and Dispensary, *vice* J. F. Woodyatt, L.R.C.P.Lond., M.R.C.S., resigned.

ANDERSON, James, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glas., appointed Public Vaccinator for Footscray, Victoria, Australia.

BROOKE, Wm., M.D.Irel., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Third Sanitary District of the Oldham Union.

BROWN, Dr. H., appointed Medical Officer for the No. 1 District of the Coventry Union, *vice* Dr. Webb Fowler.

CLARKE, G. G., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Halifax Infirmary and Dispensary, *vice* J. A. Adams, B.A., M.B.

DAVIES, Arthur Templer, B.A.Cantab., M.D., M.R.C.P.Lond., appointed Medical Officer to the Westminster and General Life Assurance Association.

FELCE, Stamford G., B.A., M.B., B.C.Cantab., appointed Assistant Medical Superintendent to the St. Saviour's Union Infirmary, East Dulwich, *vice* T. Fisher, M.D.

FULLERTON, Andrew, M.B., B.Ch., B.A.O., reappointed Senior House-Surgeon to the Miller Hospital and Royal Kent Dispensary.

GARTH, H. C., M.B., C.M., appointed Junior Resident Medical Officer to the Miller Hospital and Royal Kent Dispensary, *vice* C. Evans, resigned.

HALL, H. Mainwaring, appointed Medical Officer of Health for Malton.

HANSON, A. Stephen, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Titchfield District of the Fareham Union, *vice* Wm. Hoare, resigned.

HENRY, John P., M.D., B.Ch.Dub., L.M.R.C.P.I., appointed Medical Officer to the Blackheath Hill and Cold Bath districts of the Miller Hospital and Royal Kent Dispensary.

HICKS, Charles, L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Shornbrook District of the Bedford Union.

HUNGERFORD, L. M. T., L.K.Q.C.P., L.R.C.S.Irel., appointed Resident Medical Officer and Public Vaccinator for the Urban and Suburban Districts of Dongara and Rural District of Irwin, Western Australia.

HUNTER, W. L., M.D., appointed Medical Officer of Health to the Pudsey Local Board.

JACKSON, Mark, M.D., R.U.I., M.R.C.S.Eng., reappointed Medical Officer for the No. 2 District of the Barnstaple Union.

JOHNSON, H. Oswin, M.R.C.S., L.R.C.P., appointed House-Surgeon to the General Infirmary at Gloucester and the Gloucester Eye Institution, *vice* J. L. Adam, M.B., C.M., resigned.

LAYCOCK, G. L., M.B., C.M.Edin., appointed Honorary Medical Officer to the Melbourne Children's Hospital, Victoria.

MACAULAY, Thomas, M.R.C.S.Eng., L.M., L.S.A., reappointed Medical Officer of Health to the Market Harborough Rural District.

MACGREGOR, D. O., M.D., appointed House-Surgeon and Apothecary to the Northern Infirmary, Inverness.

M'CLOSKY, A. J., M.B., C.M.Edin., appointed Acting Colonial Surgeon, Penang, Straits Settlements.

M'CLOSKY, D. H., L.R.C.P., L.R.C.S.Edin., F.P.S.Glas., appointed Medical Officer, Aidings, Straits Settlements.

MORGAN, W. Lewis, M.A.Oxon., M.R.C.S., etc., appointed Coroner to the University of Oxford.

PENROSE, Francis George, M.D., M.R.C.P.Lond, M.R.C.S.Eng., appointed Medical Officer to the Westminster and General Life Assurance Association.

PRIOR, C. E., M.D.Aberd., F.R.C.S., appointed Medical Officer for the Woburn Sanitary Authority.

RICHARDSON, Dr., appointed Medical Officer and Public Vaccinator for the Benenden district of the Cranbrook Union.

RIDDALL, John, L.F.P.S., L.M.Glas., appointed Medical Officer of Health to the Ayr Town Council, *vice* Dr. Dobbie, deceased.

RIDLEY, Walter, M.B., M.S.Durh., F.R.C.S.Eng., appointed Honorary Surgeon to the Hospital for Sick Children, Newcastle-upon-Tyne.

RUSSELL, R. Hamilton. F.R.C.S.Eng., appointed Surgeon to Out-patients at the Melbourne Hospital for Sick Children.

SLOGGETT, Harry Paynter, M.R.C.S.Eng., Diplom. State Medicine, L.M. and L.R.C.P.Irel., appointed Assistant Medical Inspector (temporarily) to the Board of Public Health, Victoria, Australia.

STEWART, William, J. J., M.B., appointed Second Medical Officer to the Infirmary of the St. Saviour's Union.

THOMPSON, C. S., M.D., reappointed Medical Officer for the 5th District of the Barnstaple Union.

THOMPSON, J. E., M.B.Lond., C.M., M.R.C.S., appointed House-Surgeon to the Wolverhampton Eye Infirmary.

TURNER, Frederick, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Buxton Urban District.

WARE, John W. L., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer for the 4th District of the Barnstaple Union.

WYNTER, Walter Essex, M.D., B.S., M.R.C.P., F.R.C.S., appointed Assistant Physician to the Middlesex Hospital, *vice* J. K. Fowler, M.D.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Churton (Leeds): Remarks on a case of Cerebral Hæmorrhage, with demonstration of Brain. Mr. Bruce Clarke: The Radical Cure of Prostatic Obstruction by the Galvano-cautery. Dr. Frank J. Wethered: The Diagnostic and Prognostic Value of Tubercle Bacilli in the Sputum.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—Annual meeting. Mr Christopher Heath on Epithelioma of the Jaws. Casual communications by Messrs. H. L. Albert, J. F. Colyer, and A. C. Farnsworth. Valedictory Address by the President.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. John Phillips: On Tetanus as a Complication of Ovariotomy. Mr. H. J. Tylden: A Critique on Recent Researches in Diabetes Mellitus, with an original note on the Pathology of the Pancreas.

WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Dr. Patrick Manson: On a Method of Operating in Abscess of the Liver. Mr. F. R. Humphreys: On a case of Severe Renal Hæmorrhage after Parturition, with Phlegmasia Dolens later on.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Annual meeting.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. Louis Jones: On Electricity as an Aid to Medical and Surgical Diagnosis and Treatment.

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.

JARDINE.—On the 3rd instant, at 5, Clifton Place, Glasgow, the wife of Robert Jardine, M.D.Edin., M.R.C.S.Eng., of a son.

MANSELL-MACCULLOCH.—On December 8th, 1891, at the Touillets, Guernsey, the wife of W. Mansell-MacCulloch, M.D., of a daughter.

DEATHS.

DICKINSON.—On December 31st, 1891, at Brook House, Uffculme, Devon, William Wood Dickinson, M.R.C.S.Eng. and L.S.A.Lond., aged 52 years.

PRATT.—On January 2nd, at the Willows, Wolverhampton, George Arthur Pratt, M.R.C.S., L.R.C.P., aged 29.

WALLACE.—On December 9th, 1891, at May Cottage, Rostrevor, after a long illness (pleurisy), Wm. Wallace, M.B., C.M.Glasg., late of Innellan, Argyleshire.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

EYEPIECE asks whether the bacillus of syphilis has been cultivated outside the body on albuminous or proteid material.

STAMMERERS AND EMERGENCIES

JUVENIS writes: Perhaps one of your readers may be able to enlighten me on this matter, namely, Does a stammerer suffer from this complaint at all times—for example, in a great emergency, such as a shipwreck, or while in delirium caused by fever or alcohol, or in the presence of severe bodily pain?

FORMULA FOR PRESCRIBING ETHYL BROMIDE.

DR. E. LISTER (Leamington) asks: What is the best mode of prescribing ethylene bromide? I am in the habit of prescribing it thus: ℞ Ethyl brom., spt. vini. rect., āā gr. 75; ol. menth. pip. gtt 2. Misce, fiat solutio. ℞ Sol. ethyl brom. mxl; mist. amygdal. ʒviij. Misce. Pro dose unciam ter die. It is complained that unpleasant eructations are perceived three or four hours after being taken.

AN OBSCURE CASE.

DAERS asks for opinions as to prognosis and treatment of the following case: A gentleman, aged 32, married, of neurotic family, who has travelled abroad a good deal but has never had malarial fever, lives in a very healthy situation on the South Coast. During the last two years he has been gradually losing strength, with repeated attacks of the following kind: At intervals of one to six months, after an ordinary day, at night there is languor, sudden rise of temperature to 103° or even 104° F., with dry skin, more or less restlessness, but no great discomfort; temperature falling in the morning but rising again at night—and so on for two or three days, when there is profuse perspiration and gradual recovery. Many remedies have been tried, but so far nothing has succeeded in preventing the attacks.

ANSWERS.

I. M. S. should apply to the Honorary Secretary of the Dufferin Fund in Calcutta, or Simla, for the rules under which lady doctors are appointed.

ADMIRER.—No biography of Dr. Oliver Wendell Holmes has appeared in the BRITISH MEDICAL JOURNAL, but many references to his life and writings have been made from time to time.

MEDICAL TITLES.

HOSPITAL.—In view of the recent decision of the Queen's Bench Division we should prefer not to express any definite opinion on the question of the title of "Physician." The whole subject of medical titles may probably come under the consideration of the General Medical Council at an early date, when the title which each registrable qualification confers will perhaps be defined.

FOREIGN BODIES.

DR. TELFORD SMITH (A. M. O., Royal Albert Asylum, Lancaster) writes: In answer to Surgeon-Captain G. F. Poynder, I send the following note of a case of pin swallowing.

On the morning of October 9th, 1891, an imbecile girl, J. H. A., aged 13½ years, said she had swallowed a pin about 9 A.M. Throat examined, nothing to be seen. Sent at once to infirmary and put to bed, and fed entirely on oatmeal porridge. On the morning of October 11th the pin (1¼ inch long) was found safely embedded in her motion, having been passed through the alimentary canal in forty-eight hours.

DR. LLOYD G. SMITH (Tottenham) writes: In answer to Surgeon-Captain G. F. Poynder, I have the note of a boy, aged 7 years, who swallowed an ordinary pin on the afternoon of December 11th, 1891, and