

MEMORANDA:

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

A CASE OF FRACTURE OF THE STERNUM.

P. L., aged 50, a porter, was admitted to the Mildmay Mission Hospital, Bethnal Green, under the care of Dr. Gauld, on October 24th. He stated that at 12.30 A.M. that morning, in a drunken quarrel, he had been struck in the breast with a poker. From his description the injury seems to have been produced by a thrust from that weapon.

At the level of the fifth cartilage was a transverse ridge; on either side, and below this, the cartilages were rather more prominent than normal. Pain on handling in this situation was complained of, and on pressure on the lateral aspects of the chest, especially over the lower ribs. It was also greatly aggravated by coughing or deep inspiration. Crepitus could be elicited.

The injury was diagnosed to be fracture of the sternum; and it was easy to satisfy oneself that the lower fragment projected in front of the upper. No other abnormal condition was discovered. There was no evidence of any accompanying fracture of the ribs, or of implication of any of the thoracic viscera. The seat of the injury was probably at the line of union between the third and fourth segments of the gladiolus, or through a part of the bone immediately adjacent. These two segments are said to become united soon after puberty, the cartilage intervening between them being the first to ossify. The exciting cause in this case, as in the majority of uncomplicated sternal fractures, was direct violence. Amongst the predisposing causes should be mentioned the alcoholic habits of the patient, tending to early degenerative changes, and his advanced age. This he put down as 50 years, but as he looked considerably more than ten years older than that his statement was accepted with reserve.

The parts were restored to their normal position by placing a pillow in the small of the back—thus providing a certain amount of extension—and gently manipulating. One authority states that reduction is “most difficult.” In this case, however, no difficulty was experienced. The chest was then strapped in a similar way to that usually adopted in treating a fractured rib, and a bandage afterwards firmly applied. He was kept in bed for a fortnight, and then allowed up. He experienced some pain, and so remained in bed for some days longer. On leaving the hospital he still complained of slight pain, which was perhaps genuine; but with the exception of a small prominence along the line of fracture the result was perfectly good.

SIDNEY R. WEBB, M.B., C.M.
(Late House Surgeon.)

URÆMIC ERUPTIONS.

WHILE listening to the paper read at the Clinical Society on Uræmic Eruptions,¹ a case which I had seen at the Rotunda Hospital, Dublin, was recalled to my mind, the facts of which I could not, however, at that time recall. Since then I have referred to my notes taken at the time. A woman, aged 32, married, no history of syphilis, was admitted at about the sixth month of her second pregnancy. She had œdema of the feet and legs, swelling under the eyes, the urine was one-half albumen, and she had convulsions. Shortly after admission, she complained of intense headache. The convulsions continued.

A vapour bath was given, and pilocarpin injected subcutaneously. This treatment was continued for some three or four days, when the patient gave birth to a six months' fœtus.

Two days later an eruption appeared, as follows: over the tips of the fingers small red spots appeared, which spread and ultimately surrounded the fingers. Similar spots then appeared on the arms, more on the flexor than the extensor surfaces, and the spots were far apart. Some of the spots on the forearm formed small pustules. The spots next appeared on the face, at first as small isolated spots, raised from the surface and red in colour. These spots soon coalesced, and extended down the neck. The lips were covered with spots, from which blood was oozing. Spots were also seen on the

buccal mucous membrane and the soft palate. Spots next appeared on the upper part of the trunk, especially over the supra- and infra-clavicular regions. The spots were isolated, and varied much in size. Spots next appeared on the toes and feet, and afterwards spread up the legs. A large bulla of the size of an ostrich egg formed on the sole of the right foot.

This eruption subsequently disappeared. Unfortunately I have no note of the termination of this case, but to the best of my belief she died.

Considerable interest was at the time centred on this case, as no one then in the Rotunda had seen a similar eruption, neither was anyone cognisant of having seen an eruption associated with the conditions above described. Some who saw the case thought it was due to the injection of pilocarpin. Since that time I have seen many cases of uræmia, but in no single instance can I recall to mind the presence of any rash, neither can I call to mind any rash being described as due to the subcutaneous injection of pilocarpin.

Wimpole Street, W.

FRANCIS H. HAWKINS, M.B.

THE BINIODIDE TREATMENT OF RODENT ULCER, TINEA DECALVANS, RINGWORM, ETC.

THE importance of the communication upon fibrin in its practical bearings upon disease treatment by Dr. Wright, in the BRITISH MEDICAL JOURNAL of December 26th, 1891, cannot, I think, be over-estimated.

Dr. Goldsmith, in the JOURNAL of January 2nd, calls attention to the value of the biniodide solution treatment of ringworm. The rapidity with which cures of this kind are effected depends upon the fibrin solvent and consequent penetrant action of the biniodide vehicle—sodic iodide. Tinea decalvans is just as rapidly and effectually curable, as well as rodent ulcer. I have within the past year cured two cases of rodent ulcer, one of thirteen years' standing with four applications, and the other of six years' standing with three. The biniodide, carried into the deepest portions of the diseased tissues by means of its powerfully penetrant sodic iodide vehicle, kills every germ with one or two applications, and cicatrization of the ulcer is rapidly effected. I am now treating a case of lupus with the remedy, and in this also cicatrization is being quickly brought about. In the same manner specific febrile disorders, treated locally and internally by the soluble biniodide, are quickly and effectually aborted, because of the facility afforded by the penetrant solvent for the distribution to every corner of the economy of a potent germicidal agent.¹

The advocates of the bichloride require a six weeks' course of head-scrubbing for the cure of ringworm of the scalp, and are constantly meeting with poisonous effects from the use of the drug in other and more important operations. It is strange, therefore, that when Drs. Luff and Woodhead have since 1889 pointed out the dangers of the deposited albuminate, and the greater safety and power of the soluble biniodide, there should be a single grain of bichloride used in the practice of medicine, surgery, or midwifery.

Clayton-le-Moors.

C. R. ILLINGWORTH, M.D., M.R.C.S.

A MODIFICATION OF THE OPERATION OF INGUINAL COLOTOMY AND ENTEROTOMY.

I CAN confirm Mr. Mayo Robson's remarks concerning the advantages of allowing the escape of liquid fæces by drainage in colotomy and enterotomy. I have had four cases in which this procedure has materially improved the chances of the patient. Instead of using an apparatus such as that recommended by Mr. Robson, I have contented myself by slipping a firm piece of indiarubber tubing, fortified by a bit of glass lining at the portion introduced, into the bowel, making a small slit into the intestine, passing the tube through, and tying the intestine to the tube just below the slit. This operation is especially valuable in those cases of abdominal tension where a delay in directly opening the gut may be a grave danger, as it enables one to render perfectly safe and aseptic an operation which would otherwise be much more hazardous. The first occasion of my adopting this principle occurred some years ago in the case of a young woman who presented

¹ Vide BRITISH MEDICAL JOURNAL, May 1st, 1886, “Treatment of Scarlet Fever and Diphtheria;” also “Treatment of Specific Febrile Disorders by the Biniodide of Mercury,” published by H. K. Lewis, of London.

a very distended abdomen, accompanied by symptoms of occlusion. The tension was so marked that any exploratory operation was distinctly negatived, and enterotomy was performed. I passed a very narrow rubber tube with the idea of relieving the bowel of gas until its union to the wound had become assured. Only very little liquid faeces escaped, the tension being materially diminished by the escape of gas. In a second case, I performed inguinal colotomy upon an old man of over 70, where there were no symptoms of obstruction at the time of operation. I simply contented myself with stitching the wound to the skin, intending to delay incision in the usual way. The same evening, however, vomiting commenced, accompanied by symptoms of obstruction, and I thought it better to at once relieve tension by the introduction of a rubber tube. This proved quite satisfactory, the patient making an admirable recovery from the operation, and being subsequently much relieved, although he died later of rectal carcinoma. In both these cases the tubes introduced were narrow, and were merely intended for the relief of flatus. In a later case, I thought it advisable to introduce a larger tube, so that faeces might also pass. In this case, which was one of enterotomy intended to relieve malignant disease of the colon, the apparatus answered perfectly. It differed from my other tube in having its intestinal end lined by a celluloid tube with a flange attached, so that it would be impossible for the bowel to slip over the end. Stitching the free end of the intestinal wound to the rubber tube confirms this precaution. The tube need never be retained longer than two or three days, when the slit in the bowel may be enlarged in the usual way. In none of the cases, including another under treatment at present, has there been the slightest leakage, and I feel certain that this practice of relieving intra-abdominal tension will become more general.

ROBERT JONES, F.R.C.S.E.,

Honorary Surgeon Royal Southern Hospital, Liverpool.

REPORTS

ON

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

LIVERPOOL ROYAL INFIRMARY.

MONORCHISM: TUBERCULOUS EPIDIDYMITIS AND PROSTATITIS:
FATAL GENERAL TUBERCULOSIS.

(Under the care of Mr. RUSHTON PARKER.)

R. W., aged 45, a stonemason, was sent by Dr. Macloghlin, of Wigan, to the Liverpool Royal Infirmary on April 1st, 1890, for the opinion of Mr. Rushton Parker, on account of a swelling of the right testicle. No left testicle could be found or had ever been known to exist by the patient, who was then apparently in good health, and stated that he was the father of a numerous family. The enlargement was of recent date, ovoid, uniform, and was supposed by Mr. Parker to affect the body of the testicle. He regarded it as syphilitic or malignant, probably the latter, but in view of the former presumption, though in the absence of all history, advised the administration of hydrarg. perchlor., gr. $\frac{1}{16}$, and pot. iodid., gr. 5, for a fortnight at most before returning for inspection. The patient took these twice daily for three weeks before coming again. After this interval the testicle had become more defined, the epididymis hard at the ends and softened in the middle, the body of the testis being larger than appeared to be natural.

The patient looked anæmic, complained of having lost his appetite, and of being very weak; his voice, moreover, was husky, and the act of swallowing painful. The disease was at once now recognised as tuberculosis, and the prognosis considered most serious. He was admitted into hospital and the testicle removed on April 26th. The body of the organ was then found to be larger than that of the largest healthy specimens, but not otherwise diseased. The epididymis was cheesy and purulent throughout, and the tunica vaginalis dotted with miliary tubercles.

His swallowing continued painful, cough with purulent

expectoration became constant, a temperature of 102° each evening, and 101° each morning was maintained, and eventually a state of delirium set in about May 9th, ending in death on May 11th. The wound ran a healthy course under a dressing of cyanide gauze, and was in a fair way of healing when the patient died.

At the *post-mortem* examination miliary tuberculosis of the lungs, spleen, and kidneys was found, with tuberculous ulceration of the epiglottis and bladder. The prostate was a mass of purulent and cheesy tubercle in each lobe. The right seminal vesicle was dilated and filled with cheesy substance. The left vesicle appeared unaltered, and had attached to it a vas deferens that commenced in a blind tapering extremity at the upper end of the bladder. Above this any trace of epididymis, vas deferens, or testicle on the left side, was completely wanting.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 12TH, 1892.

TIMOTHY HOLMES, M.A., F.R.C.S., President, in the Chair.

Tetanus as a Complication of Ovariectomy.—Dr. JOHN PHILLIPS, after calling attention to contributions on this complication by Parvin and Olshausen, related a case of the kind occurring in his own practice. The results of eighty-one inquiries addressed to various university professors in Europe and sixty-seven in the British Isles were summarised, and details of sixty-four cases given. Many operators were found to have met with more than one case. An endeavour had been made to find out the reasons by tracing out the sites of operation, times of year, and the general surroundings of the cases. The various theories of the production of tetanus were discussed, and the possible complications in the operation and after-treatment which might be conducive to its onset. Allusion was made to recent bacteriological discoveries on the subject of the tetanus bacillus. A plan of treatment was recommended in consistence with these: local treatment was thought to be of the first importance. The conclusions drawn were (1) that the operation of ovariectomy has elements in it which are conducive to production of tetanus by nerve irritation, that is, tearing of adhesions and ligature of pedicle; but that tetanus in these cases does not deviate from the usual series of symptoms which are observed when it complicates other surgical operations; (2) that although some cases of tetanus arise *de novo*, and without necessarily the presence of sepsis, yet the usual manner of spreading is by contagion and is aided by sepsis; (3) that although the "garden mould" theory of causation is not established, yet that there is sufficient evidence to recommend avoidance of operating in a room recently plastered or situated near lately disturbed garden mould; (4) that on the first symptoms of tetanus arising, a strict local search should be made for irritating cause before proceeding to general treatment; (5) the folding over of a broad pedicle, which has already been ligatured, and then applying a second ligature is not to be recommended; (6) that the only means of disinfecting instruments is by boiling them for at least an hour.—Mr. ALBAN DORAN criticised the inclusion of four of the cases in the tables as ovariectomies. Out of some 1,300 cases of laparotomy at which he had been present, tetanus had occurred in two, and in both cases the patients had been exposed to draughts, the weather being very cold and changeable at the time.—Sir GEORGE MURRAY HUMPHRY gave the details of the cases in Dr. Phillips's list, which he had seen. In both cases death occurred very rapidly after the onset of symptoms. He knew of no line of treatment which was of the least use except possibly good feeding; at any rate, he was inclined to believe that low dieting was distinctly harmful. He had seen many cases, following all sorts of injuries, but had never been able to come to any conclusion why particular cases of injury should be attacked. It always appeared in cases in which there was not the least expectation of its occurrence. He thought that there was but little doubt that it was due to the presence of a specific micro-organism.—Mr. HULKE was satisfied that tetanus must be due to a specific contagion, if published accounts (which

DIPHTHERIA AT CHELMSFORD.

At a recent meeting of the Chelmsford Town Council, the medical officer of health (Mr. Carter) reported that diphtheria had been prevalent, causing five deaths out of 27 cases. The opinion was freely expressed, and particularly by Dr. Bodkin, a medical member of the Council, that the health of the town was injuriously affected by the soil being water-logged. As Dr. Buchanan pointed out long ago, and as Dr. Bodkin insists now, the drainage of the town cannot be satisfactory as long as the water is banked up at Moulsham Mill. It will be remembered that Chelmsford was one of the town in which Dr. Buchanan found no reduction in the phthisis and enteric death-rates after the completion of the sewerage, and this he attributes to the fact of the town being water-logged for the reason stated. Under such conditions it is not surprising to hear that diphtheria is more or less endemic. A fatal case in the adjoining rural district has been traced by the medical officer of health (Dr. Thresh) to a school in Chelmsford, where a pupil teacher suffering from diphtheria had continued work during part of her illness. It has since been ascertained that the drainage at this school is defective.

DISEASED MEAT IN EDINBURGH.

THE Public Health Authorities of Edinburgh are said to be investigating a case of a somewhat serious kind. It is stated that a bullock died at a farm in the county of Mid-Lothian; that it was bled and dressed in the ordinary way, and sent in to the city for sale. It is further alleged that a man who assisted in the dressing of the animal received a scratch or cut. Shortly after he showed signs of blood poisoning, and later died from what is believed to have been anthrax. The carcass was, of course, not sent in to the city through the medium of the public slaughter-house.

ADMITTING SMALL-POX CASES INTO WORKHOUSE.

At a recent meeting of the Dewsbury Board of Guardians a letter was read from the Assistant Secretary of the Local Government Board advertising to a letter of June 30th, 1891, with reference to the accommodation for small-pox cases in the Dewsbury Union, and stating that the Board must express their regret that the guardians have, notwithstanding that communication, admitted into the workhouse a considerable number of persons suffering from small-pox. If the guardians persist in receiving small-pox cases into the workhouse, the Board will feel that they have no alternative but to issue an order formally prohibiting the admission of any such cases into the workhouse. The Board, however, hope to receive from the guardians, immediately after their next meeting, such an assurance as will render it unnecessary for the Board to adopt this course. The letter was referred to a special committee to draw up a reply, but the representatives of the press were not permitted to copy the document. The medical officers for Ossett and Thornhill townships resigned their positions under the board.

FEE FOR NOTIFYING PATIENT IN COTTAGE HOSPITAL.

B. H.—Probably is., according to the letter of the Act; but the authority might reasonably be expected to pay the higher fee under the circumstances.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,862 births and 5,612 deaths were registered during the week ending Saturday, January 9th. The annual rate of mortality in these towns was equal to 24.7 per 1,000 of their aggregate population, estimated at 10,185,730 persons in the middle of this year. The rates in the several towns ranged from 15.7 in Croydon, 16.2 in Leicester, 16.6 in Bradford, and 17.8 in Huddersfield to 35.0 in Wolverhampton, 36.0 in Portsmouth, 36.3 in Liverpool, 37.2 in Brighton, and 43.7 in Newcastle-upon-Tyne. In the thirty-two provincial towns the mean death-rate was 25.8 per 1,000, and was 7.0 below the rate recorded in London, which was 32.8 per 1,000. The 5,612 deaths registered during the week under notice in the twenty-eight towns included 549 which were referred to the principal zymotic diseases; of these, 248 resulted from whooping-cough, 165 from measles, 44 from scarlet fever, 37 from diarrhoea, 32 from diphtheria, 23 from "fever" (principally enteric), and not one from small-pox. These 549 deaths were equal to an annual rate of 2.8 per 1,000; in London the zymotic death-rate was 3.6, while it averaged 2.3 per 1,000 in the thirty-two provincial towns. No deaths from any of these zymotic diseases were recorded in Brighton, Plymouth, and Huddersfield; while they caused the highest death-rates in Oldham, Sheffield, Cardiff, Newcastle-upon-Tyne, and Swansea. Measles showed the highest proportional fatality in Liverpool, Cardiff, Gateshead, Newcastle-upon-Tyne, Norwich, and Swansea; scarlet fever in Halifax and Swansea; and whooping-cough in London, West Ham, Sheffield, Swansea, Blackburn, and Oldham. The mortality from "fever" showed no marked excess in any of these large towns. Of the 32 deaths from diphtheria recorded during the week under notice in the thirty-three towns, 25 occurred in London, 2 in Sheffield, and 2 in Newcastle-upon-Tyne. No fatal case of small-pox was registered either in London or in any of the thirty-two provincial towns; 4 small-pox patients were under treatment in the Metropolitan Asylum Hospitals on Saturday last, the 10th instant. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital on the same date was 1,435, against numbers declining from 1,554 to 1,471 at the end of the preceding five weeks; 104 cases were admitted during the week, against 90 and 101 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 13.3 per 1,000, and considerably exceeded the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, January 10th, 982 births and 694 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 27.1 and 26.0 per 1,000 in the preceding two weeks, further declined to 24.9 during the week under notice, and was 3.8 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the lowest death-rates were recorded in Greenock and Perth, and the highest

rates in Dundee and Aberdeen. The 694 deaths in these towns included 58 which were referred to the principal zymotic diseases, equal to an annual rate of 2.1 per 1,000, which was 0.7 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Perth and Aberdeen. The 308 deaths registered in Glasgow included 10 from whooping-cough, 9 from measles, 5 from diphtheria, and 3 from scarlet fever. The death-rate from diseases of the respiratory organs in these towns was equal to 7.8 per 1,000, against 13.3 in London.

HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, January 2nd, were equal to an annual rate of 40.9 per 1,000. The lowest rates were recorded in Sligo and Dundalk, and the highest in Cork and Lisburn. The death-rate from the principal zymotic diseases averaged 3.1 per 1,000. The 305 deaths registered in Dublin were equal to an annual rate of 45.8 per 1,000 (against 33.9 and 29.1 in the preceding two weeks), the rate for the same period being 42.0 in London, and 22.9 in Edinburgh. The 305 deaths in Dublin included 21 deaths which were referred to the principal zymotic diseases (equal to an annual rate of 3.2 per 1,000), of which 10 resulted from enteric fever, 8 from whooping-cough, 2 from diarrhoea, and 1 from diphtheria.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DUBLIN.

DIPLOMA IN STATE MEDICINE.—The successful candidates at the examination for Diploma in State Medicine are T. Woulfe-Flanagan and S. W. Allworthy.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, PRIMARY EXAMINATION, PART I.—January, 1892. The following candidates passed in:

Chemistry, Materia Medica, Botany, and Pharmacy.—A. W. Fyffe, Galway and Belfast; J. Scarr, Littleborough; G. H. Wilkinson, Queen's College, Birmingham.

Chemistry.—L. M. Blake, Royal Free Hospital.

Materia Medica, Botany, and Pharmacy.—A. E. Hilton, Manchester, Owens College; A. W. Taylor, Edinburgh University; E. Wright, Queen's College, Birmingham.

Materia Medica and Botany.—F. T. Cole, King's College.

Pharmacy.—E. C. Bond and E. E. Evans, Royal Free Hospital; F. Mannin, Dublin.

PRIMARY EXAMINATION, PART II.—The following candidates passed in:

Anatomy and Physiology.—R. R. P. S. Bowker, Middlesex Hospital; W. J. H. Dawson, St. Thomas's Hospital; G. H. Pooley, Cambridge University and St. George's Hospital; G. H. Proctor, London Hospital; S. Smith, Middlesex Hospital; W. E. Stanton, Cambridge University and London Hospital; E. P. Staples, Cambridge University and St. Mary's Hospital; F. W. Sell, Cambridge University; F. A. Storr, Leeds, Yorkshire College; S. A. Stride, London Hospital; A. W. Taylor, Edinburgh; J. Thornton, London Hospital.

Anatomy.—S. Foster, St. Bartholomew's Hospital; A. E. Freer, St. Mary's Hospital; E. Grange, Edinburgh University; F. R. Heap, Bristol; T. Hopps, Manchester, Owens College; F. H. Humphris, Edinburgh University; T. E. Johnson and J. Joule, London Hospital; G. W. Pauli, Bristol; A. J. Pollard, Leeds, Yorkshire College; C. J. Underwood, Charing Cross Hospital and London Hospital; A. Whitby, Dublin.

Physiology.—R. K. Bayley, St. Mary's Hospital; E. T. Fitzpatrick, Dublin; T. Gregg, St. Bartholomew's Hospital; F. B. Hargreaves, Manchester, Owens College; J. A. F. Hatch, Dublin; A. Hilton, Manchester, Owens College; E. S. L. Lovell, Charing Cross Hospital; A. C. McLean, King's College; J. B. D. St. Cyr, St. Bartholomew's Hospital; J. J. Winn, London Hospital.

INDIA AND THE COLONIES.

INDIA.

VILLAGE SANITATION.—The efforts to bring the subject of Indian village sanitation within the practical criticism of European experts were well illustrated by the papers contributed by Indian gentlemen to the Congress of Hygiene and Demography held last autumn in London. We learn from a Calcutta correspondent of the *Times* that those efforts are being steadily pressed by the leading Maratha Association of Poona, and have drawn forth a valuable letter from Miss Florence Nightingale. After referring to the proposal that the Indian Government should be moved to appropriate certain funds to village sanitation, she proceeds to point out what can be effected in the meanwhile by Indian sanitary reformers independent of Government aid. She suggests that the Poona Association, which has taken so active a part in the movement, should institute a system of lectures on village sanitation, to be given in the villages and smaller towns, and the poor people made to see that much of the suffering and sickness from which they and their children suffer is preventable suffering. Miss Nightingale lays down in detail, for the guidance of the Poona Association, the main causes of village unhealthiness and the simple remedies which the people can themselves apply. Her letter to the chairman of the Sarvajanic Sabha forms a brief but practical code of village sanitation, in which she points out that Indian sanitation must proceed on Indian lines, and that the much-needed sanitary primers for the Indian elementary schools should not be mere adaptations from English textbooks, but productions from the best

native experience. What is even more wanted than sanitary primers for such schools, she truly says, "are sanitary masters—schoolmasters who believe in sanitation or prevention of disease, and know something about it. The officer of health is too often only a book and a pen. So is the schoolmaster. He must be a voice—a voice among the villages. Books often do no good, and so few can read." It is satisfactory to learn that arrangements are being made for the circulation of Miss Florence Nightingale's useful letter to sanitary associations and influential local bodies throughout Southern India.

AUSTRALIA.

INTERCOLONIAL MEDICAL CONGRESS.—The third session of the Intercolonial Medical Congress of Australasia will be opened in Sydney on September 26th, 1892, under the presidency of Hon. H. N. McLaurin, M.D., LL.D., M.L.C. The honorary treasurers are Drs. P. Sydney Jones and T. Chambers, the honorary secretaries Drs. T. P. Anderson Stuart and S. T. Knaggs. The Congress is to be divided into five sections, namely, medicine (including pathology and diseases of the skin), surgery (including diseases of the eye, ear, and throat), midwifery and diseases of women, public health (including State medicine, forensic medicine, psychological medicine, and demography), anatomy, and physiology.

NEW ZEALAND.

ST. JOHN AMBULANCE ASSOCIATION.—The St. John Ambulance Association has a branch at Christchurch which has been doing good work for the past six years. The credit of its success is due to the untiring efforts of Dr. Hacon. A branch has also been started at Dunedin, and is well supported by the medical men of the town.

HOSPITAL AND DISPENSARY MANAGEMENT.

EDINBURGH ROYAL INFIRMARY.

THE statutory general meeting of the contributors to the Edinburgh Royal Infirmary was held on January 4th, in the Council Chambers, the Lord Provost of Edinburgh (Dr. Russell) in the chair. The attendance was extremely small, only some twenty gentlemen being present.

The Clerk and Treasurer (Mr. Trainer) read the report by the managers for the year ending September 30th, 1891. The report is an extremely lengthy document. The following are the chief points touched on:—8,769 patients were treated during the year; 3,840 were sent out cured, 2,990 relieved, and 610 died in the hospital. The ordinary income of the hospital was £31,168, a decrease of £385 as compared with the previous year. The annual subscriptions from Edinburgh and Leith had diminished, while those from the country districts had increased. The ordinary expenditure of the hospital was £40,401, being an excess of £2,455 over the previous year. This excess is alleged to have occurred in consequence of the greater cost of heating and lighting, a larger supply of furnishings, and a larger outlay on cleaning and painting. The debt due to the bank amounts to £8,330. There were 491 applications received for admission as nurses, while only 24 vacancies were available. Reference is also made to the additions made to the hospital during the year—namely, nurses' home, two new lecture theatres, two small ophthalmic wards containing four beds each, two small wards each containing six beds, were opened for the treatment of patients suffering from diseases of the ear, throat, and skin. Full reference was also made to the proposed extension of the Royal Infirmary to the extent of 200 beds, at a cost of £73,500, in regard to which full notes have already appeared in the *BRITISH MEDICAL JOURNAL*.

The following gentlemen were then elected managers of the infirmary: Mr. James S. Fleming, Mr. W. J. Ford, Mr. W. Fergusson Pollock, Mr. Edmund Baxter, Mr. R. A. Lockhart, and Dr. Joseph Bell.

LONDONDERRY DISTRICT LUNATIC ASYLUM.

THE Privy Council has authorised the expenditure of a sum of £650 on the drainage and improvement of this asylum. A new system of drainage is about to be laid down all through the institution, a system on the most approved principle, carrying all sewers outside the building. The Inspectors of Asylums have, however, in a recent report, recorded their opinion that no alterations or improvements will ever supply to this institution the requirements demanded by a modern hospital for the insane, owing to its present position, surrounded and overlooked as it is by buildings of all sorts, and its limited capabilities for affording agricultural employment, space for walking, or, indeed, even elbow-room for exercise of any kind.

MEDICAL NEWS.

THE Local Government Board have sanctioned the raising of the salary of Dr. Robinson, medical officer of health to the East Kent Joint Sanitary Combination, from £900 to £1,000 a year.

THE PREVENTION OF ADULTERATION IN RUSSIA.—A municipal institute for the analysis of food and drink has been opened in the Hay Market of St. Petersburg. The director of the new institute is Professor Przibytsek, of the Military Medical Academy. Rough qualitative analyses of milk, butter, bread, wine, beer, etc., will be made gratuitously for the public; but for more elaborate examinations of these substances, and of water, flesh suspected of trichinosis, preserved meats, etc., payment of a fee will be required.

ITALIAN ORTHOPÆDIC SOCIETY.—The Italian Orthopædic Society was formally constituted at a meeting of the chief representatives of the speciality in Italy held at Milan on December 20th, 1891. The first annual meeting will be held in that city in Easter week. The following are the members of the Provisional Committee: *President*: Dr. Gamba, of Turin. *Vice-Presidents*: Drs. Bajardi of Florence, and Panzeri of Milan. *Secretary*: Dr. Bernacchi, of Milan. *Treasurer*: Dr. Agustoni of Milan.

LITERARY INTELLIGENCE.—ON December 22nd, 1891, Dr. W. A. Manassein, who has been Professor of Special Pathology and Therapeutics in the Military Medical Academy of St. Petersburg for twenty-five years, took formal leave of his class on resigning that appointment, in order to devote his whole time to the editorship of the leading Russian medical journal, *Vratch*, of which he is the founder.—The *Medicinal-Schematismus für 1892* (Moritz Perles, Vienna) contains complete lists of all the doctors of medicine and other legally qualified medical men, veterinary surgeons, apothecaries and midwives in the Austrian Empire.

It is proposed to perpetuate the memory of the late Princess Alexandra, wife of the Grand Duke Paul Alexandrovitch, by the erection of a hospital at Athens, on the lines of that recently opened at Berlin under the direction of Professor Robert Koch. The Greek Metropolitan is now collecting subscriptions for this purpose. The scheme is said to have had its origin in a remark made by Professor Koch to a Greek physician at the time of the famous pilgrimage to Berlin at the end of 1890, to the effect that he considered the climate of Greece the best in the world for the restoration of invalids to health. It is intended to make the "Alexandra Sanatorium" of a size equal to that of the principal hospitals of Paris and Berlin.

TUBERCULOSIS IN BUDA-PESTH.—Professor Fodor, of Buda-Pesth, asserts (according to the *Wiener medizinische Wochenschrift*) that that city occupies a bad pre-eminence among the large centres of population in Europe in point of its mortality from tuberculosis. The yearly average of deaths from that disease in the Hungarian capital is from 590 to 600 per 100,000 inhabitants. Professor Fodor attributes this state of things to the defective paving of the streets, owing to which the atmosphere is charged with an abnormal amount of dust. Taking this in conjunction with the recent closing of all the schools in the city owing to the prevalence of scarlet fever and diphtheria in the city, it seems as though the forthcoming meeting of the Congress of Hygiene at Buda-Pesth will be of the nature of a council of war held on the battle-field. With so much material for the most instructive object-lessons around them, the deliberations of the eminent sanitarians who take part in the proceedings should be of a highly practical character.

PUNISHMENT OF MALPRAXIS IN TURKEY.—In view of the charges of unskilful treatment now made against the native physicians of the late Khedive, the following example of the Draconian severity with which malpraxis is (under certain circumstances) punished by the Turkish military authorities may be of interest. "Lieutenant-Colonel Dr. Condoupolos Bey" (a designation which seems to show that the "unspeakable Turk" has at least solved the vexed question of titles), medical officer in charge of the Coubarrhané Hospital, was recently accused of causing the death of Hainé Hanoum, daughter of Marshal Ahmed Eyoub Pasha. He was tried by court-martial and found guilty. In accordance with Article 203 of the Turkish military penal code, he was condemned to have his medical diploma cancelled, with permanent loss of the right to practise medicine, to dismissal from the army, to forfeiture of all his medals and decorations, and to imprisonment for six months. This sentence, after having received the approval of the Council of Ministers, was made absolute by an imperial *iradé*. No information is given as to the nature either of the case or of the way in which it was treated, but it may be permissible to surmise that if the patient had not been the daughter of a Pasha and a Field-Marshal, the affair might possibly not have had such serious consequences for the unfortunate practitioner.

THE CHAIR OF PATHOLOGY AT ZÜRICH.—Professor Ribbert, of Bonn, has accepted a "call" to the Chair of Pathological Anatomy in the University of Zürich, in succession to Professor Klebs, who has resigned the appointment. According to the *Allgemeine Wiener med. Zeitung*, Professor Klebs threw up his appointment in consequence of a formal complaint made to the Senate of the University by the students, who charged the Professor with having failed to deliver any of the lectures announced in the official programme and with general neglect of the duties of his chair, his whole time being given up to research. Students sometimes have an imperfect appreciation of the privilege of "sitting under" a distinguished investigator who lectures "over their heads," and occasionally leave him to waste his scientific sweetness on the desert air, but a professor who does not lecture is a curiosity of Nature which we had hitherto believed to be discoverable only in some of the older universities of England. We venture to suggest to the rulers of these venerable seats of learning that a good beginning in the endowment of research might be made by appointing Dr. Klebs to some chair the incumbent of which has nothing to do but to exemplify the truth of the old maxim that "Silence is golden."

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are: Dr. Eugène Moutard-Martin, formerly physician to the Hôtel Dieu, Paris, President of the Académie de Médecine in 1890, and author of works on Diseases of the Heart, Pleurisy, Thoracocentesis, Influenza, etc., aged 70; Dr. P. M. Mess, of Schveningen, a well-known Dutch authority on balneo-therapeutics, to whom the fame of Schveningen as a watering place is chiefly due, aged 75; Dr. Antonio Caro, for many years Professor of Physics, and at the time of his decease Dean of the Faculty of Science of the University of Havana—he had given much attention to hygiene, and for a long time had practically a monopoly in Cuba of the somewhat gruesome speciality of embalming; Dr. J. Servais Stas, of Brussels, an eminent chemist, who in his early years did much for the advance of medical chemistry and for the improvement of the methods of medico-legal analysis, aged 79; Dr. G. Kordi, Chef de Clinique of the Gynæcological Department of the St. Petersburg Military Medical Academy, and author of a monograph on Dermoid Cysts of the Ovary (which is said to be ready for the press), aged 32; Dr. K. Leontjew, who as doctor, diplomatist (in Greece and Turkey), author, censor of the press at Moscow, and finally monk, had led an unusually varied life, aged 61; Dr. W. F. Peck, Professor of Surgery in the Iowa State University Medical School; Dr. P. Michelson, Lecturer on Laryngology and Dermatology in the University of Königsberg, and joint author with Professor Mikulicz of an Atlas of Diseases of the Mouth, which was recently published, aged 45; Dr. Paul Nikiforoff, Director of the Emperor Alexander the Third Lunatic Asylum at St. Petersburg, aged 60; Professor A. Richet, the distinguished surgeon of Paris; Professor Ernst W. von Brücke, of Vienna, aged 72; Dr. Eduard Lipp, Extraordinary Professor of Dermatology in the University of Graz, aged 59, who has bequeathed his property, amounting to some 100,000 florins, to the German School Association; Dr. Pierre Baillargeon, of Quebec, Senator in the Canadian Parliament, aged 88; Dr. Enrique Ferrer y Viñerta, for many years Professor of Clinical Surgery in the University of Valencia; Dr. Paul Laure, *agrégé libre* in the Medical Faculty of Lyons; Dr. Monterot de la Maladière, formerly a surgeon in the French army, and one of the oldest, if not actually the oldest, member of the medical profession in France, aged 99; and Dr. R. A. Kinloch, of Charleston, U.S., for many years Professor of Surgery in the South Carolina Medical College, Medical Director of Hospitals for South Carolina, Georgia, and Florida during the American Civil War, and one of the leading surgeons in the Southern States, who is said to have been the first in America to perform resection of the knee-joint for chronic disease, aged 65.

MEDICAL VACANCIES.

The following vacancies are announced:

ANCOATS HOSPITAL, Manchester.—Resident House-Surgeon; doubly qualified. Salary, £80 per annum, with board and washing. Applications to Alex. Forrest, Honorary Secretary, by January 19th.

BOURNEMOUTH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Assistant Medical Officer. Commencing salary, £100 per annum. Applications to F. Hounsell, 59, Old Christchurch Road, Bournemouth.

BUNTINGFORD UNION.—Medical Officer and Public Vaccinator for North-East and South-East District. Salary, £80 per annum, exclusive of medical extras and vaccination fees. Applications, endorsed "Medical Officer," to the Clerk to the Guardians, Board Room, Union House, Buntingford, Herts, by January 26th.

CHELSEA, BELGRAVE, AND BROMPTON DISPENSARY, 41, Sloane Square, S.W.—Surgeon. Applications to the Secretary by January 21st.

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

CLONES UNION.—Medical Officer to Clones Dispensary. Salary, £135 per annum, and fees. Applications to Mr. William Parke, Honorary Secretary. Election on January 21st.

CLONES UNION.—Medical Officer to Workhouse. Salary, £80 per annum. Applications to Mr. Alexander Bailey, Clerk of Union. Election on February 4th.

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

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Resident Medical Officer; unmarried. Appointment for two years. Salary, £30 per annum, with board and washing. Applications to the Secretary by February 18th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—House-Surgeon. Board and lodging provided. Applications to the Secretary by January 28th.

ECCELES AND DISTRICT MEDICAL ASSOCIATION.—Assistant Medical Officer. Applications to the Secretary, Mr. James Ramsdale, 15, Byron Street, Patricroft.

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 HOSPITAL, Birmingham.—Three Assistant House-Surgeons. Residence, board, and washing provided. Applications to J. D. M. Coghill, M.D., House-Governor, by January 30th.

GENERAL HOSPITAL, Birmingham.—Assistant Surgeon. Honorarium, £100 per annum. Applications to J. D. M. Coghill, M.D., House-Governor, by January 30th.

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.—Second Assistant Medical Officer. Salary, £200 per annum, with furnished rooms, board, and laundry. Applications to Dr. Phillips, Virginia Water.

LIVERPOOL DISPENSARIES.—Head Surgeon. Salary, £200 per annum, with apartments, board, and attendance. Applications to R. R. Greene, Secretary, Leith Offices, 31, Moorfields, Liverpool, by January 25th.

LONDON THROAT HOSPITAL, 204, Great Portland Street, W.—House-Surgeon. Applications to the Honorary Secretary of the Medical Committee by February 1st.

MONAGHAN UNION.—Medical Officer to Castle Shane District. Salary, £125 per annum, and fees. Applications to Mr. Mark Clarke, Honorary Secretary, Corlagan North, Clontibret. Election on January 29th.

NORFOLK AND NORWICH HOSPITAL, Norwich.—House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to the Secretary by January 26th.

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

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Resident Medical Officer. Appointment for four months. Salary, at the rate of £80 per annum, with board and residence. Applications to the Secretary by January 25th.

QUEEN'S COLLEGE, Belfast.—Lecturer on Pathology. Applications to the Medical Registrar by January 25th.

ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL, 137, Queen Street, Portsea.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing, and an honorarium of £15 15s. at expiration of term. Applications to J. A. Byerley, Secretary, by January 29th.

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Assistant House-Surgeon. Board and rooms provided. Applications to T. A. Fisher Hall, Secretary, by January 25th.

ST. GEORGE'S HOSPITAL.—Lecturer on Aural Surgery in the Medical School. Applications to the Dean by January 16th.

ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY, 1, Henstridge Villas, N.W.—Medical Officer; doubly qualified. Applications to the Honorary Secretary by January 25th.

THURLES UNION.—Medical Officer to Thurles Dispensary. Salary, £140 per annum, and fees. Applications to Mr. Frederick Burke, Honorary Secretary. Election on January 21st.

THURLES UNION.—Medical Officer for the Workhouse and Fever Hospital. Salary, £100 per annum. Applications to Mr. J. J. Copinger, Clerk of Union. Election on January 19th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon to the In-patients. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary by January 16th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician to the In-patients. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary by January 16th.

WELLINGBOROUGH AND DISTRICT MEDICAL INSTITUTE.—Dispenser. Salary, £1 a week. Applications to George Bayes, Secretary, Pipe Yard, Jackson's Lane, Wellingborough.

WEST DERBY UNION.—Resident Assistant Medical Officer; doubly qualified. Salary, £100 per annum, with rations. Applications to H. P. Cleaver, Brougham Terrace, West Derby Road, Liverpool.

MEDICAL APPOINTMENTS.

BISDÉE, A. J., M.R.C.S., appointed Medical Officer for the Sixth Sanitary District of the Ware Union.

BREMNER, James, M.B., C.M.Aberd., appointed District Medical Officer of the Strand Union.

BROGREN, J. E., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Medical Officer to the Castell Caerdydd Lodge of the Manchester Unity of Oddfellows.

BURKITT, J. C. S., M.D., M.Ch., D.P.H. Irel., reappointed Medical Officer of Health for the Whitwick Urban District.

CLARKSON, H. G. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Southern Sanitary District of the Pateleybridge Union.

COCKILL, T. Treffry, M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Physician to the North Staffordshire Infirmary and Eye Hospital, *vice* R. W. Cameron, B.A. Lond., M.R.C.S. Eng., resigned.

FOXROFT, F. W., M.B., C.M., appointed Assistant House-Surgeon to the General Hospital, Birmingham, *vice* J. H. Clayton.

FOXROFT, Frederick W., M.B., C.M., appointed Assistant House-Surgeon to the General Hospital Birmingham.

GIBBONS, H., M.B., C.M.Aberd., appointed Medical Officer of Health to the Desborough Local Board.

HARRISON, John, L.R.C.P. Edin., M.R.C.S., appointed Medical Officer of the Braintree Sanitary District of the Braintree Union.

HILL, Thomas Eustace, M.B., C.M., B.Sc., reappointed Medical Officer of Health for South Shields.

HUGHES, G. H., M.R.C.S., L.R.C.P. Lond., L.S.A. Lond., etc., appointed Junior Resident Medical Officer to the Royal Free Hospital, *vice* E. Trevelthick, M.B. Cantab., resigned.

JACKSON, George, F.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health for the Compton Gifford Urban Sanitary District.

JONES, George Francis, M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health for Southend.

JONES, R. Langford, M.R.C.S. Eng., etc., appointed Honorary Physician to the Carnarvonshire and Angelsey Infirmary and Dispensary, *vice* John Richards, M.R.C.S. Eng., deceased.

KENT, A. F. Stanley, M.A. Oxon., appointed Demonstrator of Physiology at St. Thomas's Hospital, *vice* Dr. Copeman.

LAWRENCE, Alfred, M.R.C.S., L.R.C.P., L.M., appointed Surgeon to the Fever Hospital, East London, Cape of Good Hope.

MOXEY, Vincent, M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Oldham Infirmary.

NAYLOR, W. R., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the Middleham Sanitary District of the Leyburn Union.

OWEN, Arthur Deaker, M.R.C.S., L.S.A. Lond., appointed Government District Surgeon of Perak, Straits Settlements.

POLSON, William, M.B., C.M. Edin., appointed Medical Officer for the Felton Sanitary District of the Alnwick Union.

PRENTICE, A. J., M.B., C.M. Edin., appointed Certifying Surgeon for the District of Lanark, *vice* Dr. James Ewing, resigned.

STEELE, H. Octavius, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for Gomersal.

STEPHEN, J. S., M.B., C.M. Edin., appointed Medical Officer for the Morland Sanitary District of the West Ward Union.

STRONHAM, H. A., M.R.C.S., L.R.C.P., appointed Resident Obstetric Assistant Physician to the Westminster Hospital.

SWIFT, T. C., M.R.C.S., appointed Medical Officer to the Foundling Hospital, *vice* H. W. Statham, resigned.

TA'BOIS, F. W., L.D.S. Eng., appointed Dental House-Surgeon to Guy's Hospital.

THOMAS, Griffith A., M.B., C.M. Edin., appointed Medical Officer to the Eye Department of the Oldham Infirmary.

WARD, J. A., M.R.C.S., appointed Assistant Medical Officer to the Infirmary of the Parish of St. Luke, Chelsea, *vice* — Lift, resigned.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Professor W. Rose: The Lettsomian Lectures on the Surgical Treatment of Trigeminal Neuralgia. Lecture II.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfield, 1 P.M.—Mr. R. Marcus Gunn: External Examination of the Eye. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Heart—Valvular Lesions.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Hypochondriasis and Melancholia. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: Contagion in Diseases of the Skin. Charing Cross Medical School, 8 P.M.—Dr. Playfair: On the Removal of the Uterine Appendages.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. A. A. Kanthack: Two specimens of Fungoid Disease (Madura Disease) of Hand and Foot. Mr. J. J. Clarke: Fibroma of Small Omentum. Dr. Arnold Chaplin: Ulcerative Endocarditis affecting the Pulmonary Valve. Mr. C. B. Lockwood: Polypus of the Small Intestine associated with Intussusception. Dr. Leonard Guthrie: A Toad whose mouth and nostrils were attacked during life with the Larvæ of Blow Flies. Dr. H. D. Rolleston: Thrombosis of Splenic Vein associated with Infarcts. Card Specimen: Dr. F. C. Turner: Malformed Heart.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 1 P.M.—Dr. Louis C. Parkes: Water—Sources: Distribution: Purification: Modes of Contamination, and Diseases produced by Impure Water. Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Mitral Valvular Disease. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Glaucoma.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 8 P.M.—Brigade-Surgeon R. Pringle: What is Efficient Vaccination?

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.—Annual Meeting. President's (Dr. R. Braithwaite) Address.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, 2 P.M.—Dr. Tooth: Anatomy of the Spinal Cord. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Octavius Sturges: Illustrations of Heart Disease in Children. No. 1. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. R. H. Stewart: The Examination of Ear Cases.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture: The Microscope. Practical Work: Types of Bacteria. Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Aortic Valvular Disease. Charing Cross Medical School, 8 P.M.—Dr. Playfair: Chronic Endometritis.

CLINICAL SOCIETY OF LONDON.—Living Specimens at 8 P.M. Dr. Frederick Taylor: A case of Tracheal Tugging in Aneurysm of the Arch of the Aorta. Mr. Bernard Pitts: (1) After-operation for Double Inguinal Hernia and Ectopia Vesicæ; (2) After-treatment for Double Ankylosis of Hip (scissor-legged deformity). Dr. Coutts and Mr. L. A. Dunn: A case of Hypertrophy of the Left Lower Extremity. Dr. Hadden: A case of Aphasia. Mr. C. Mansell-Moullin: A case of Laminectomy for Fracture of the Lumbar Spine. Mr. Openshaw: A case of Intrauterine Amputation of Both Legs, with Symmetrical Malformation of Fingers and Toes, and Talipes Varus on the Side. Papers at 9 P.M.—Mr. Herbert Allingham: A case of Punctured Wound of the Thigh: Femoral Artery and Vein divided: Ligature of Proximal and Distal Ends: Gangrene of Leg: Amputation through Knee-joint. Dr. W. M. Ord and Mr. H. B. Robinson: A case of Suppurating Hydatid of Lung treated by Incision. Mr. C. Mansell-Moullin: A case of Hydatid Cysts of Liver: Rupture into Peritoneal Cavity: Abdominal Section.

SATURDAY.

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

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.

DAVIES.—On January 8th, at 23, Finsbury Square, E.C., the wife of Arthur Templer Davies, M.D. Cantab., M.R.C.P. Lond., of a daughter.

WALLER.—On Tuesday, December 29th, 1891, the wife of Augustus D. Waller, M.D., of a son.

MARRIAGE.

GRIFFITHS—WATERS.—On December 31st, at Llangammarch Parish Church, by the Rev. T. Williams, uncle of the bridegroom, assisted by the Rev. W. Williams, Vicar, John Griffiths, Surgeon, Oswestry, to Caroline Sarah Winston Waters, youngest daughter of the late Dr. Waters, Waverley Lodge, Jersey. No cards.

DEATHS.

BAKER.—At Cheadle, near Manchester, on December 30th, 1891, George Benson Baker, M.D. Brux., M.R.C.S.E., L.R.C.P. Lond. (late of Hampton Road, Southport), aged 52 years.

FISHER.—On January 7th, at Portlannington, Queen's County, Maddison Wall Fisher, sen., M.D., aged 77.

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

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

BURNLEY will be glad to know what steps are necessary to be enabled to practise in Spain or any of her dependencies?

MR. R. DENISON-PEDLEY (Railway Approach, S.E.) asks to be recommended an effectual and economical method of warming a ten-roomed house which has a good cellar. Have any members had experience with the Choubersky portable stove, and with what result?

TREATMENT OF SCIATICA.

JUNIOR asks for a hint as to treatment of the following case: A gentleman suffers from sciatica. He is a very nervous subject and a thorough hypochondriac. All the usual remedies, including sod. salicyl., pot. brom., pot. bicarb., quinine, ferri perchlor., morphine (hypodermically and by mouth), belladonna, etc., also blistering and galvanism have been tried, but with very little effect. His general health is very good, but he has many domestic causes of worry. "Junior" has suggested an operation (both the puncture by needles and stretching the nerve) but the patient will not hear of either.

ANSWERS.

ASSISTANT should consult his own solicitor.

C. E. S. should consult an experienced physician. We do not give medical advice.

STEAMSHIP APPOINTMENTS.

PHTHISIS.—The proper persons to apply to for medical appointments on steamships are the secretaries of the respective lines, or one of the managing directors. There are always numerous applicants for such appointments, and not much is to be expected by an applicant unless his degrees are of a superior character or he has specially evident suitability. A British registered degree is required.

AN OBSCURE CASE.

DR. W. FELKIN (Edinburgh) writes: In reply to "Daers's" query in the BRITISH MEDICAL JOURNAL of January 9th, I may say that I have had three very similar cases to the one he mentions. I have held them to be cases of masked malaria, and the following treatment has been successful: First, a brisk aperient has been administered; then Warburg's tincture has been administered in full doses until profuse sweating has been induced. (Of course the ordinary precautions when giving Warburg's tincture were attended to). The patients have then been brought under the full influence of quinine, and this in my cases required large doses, and the physiological symptoms of the drug were kept up for three days. Subsequently careful dieting and a prolonged course of iron, arsenic, and quinine in small doses completed the cure. In one case, which was very much run down, massage was necessary. If "Daers" will give me rather fuller particulars, I shall be glad to communicate with him. I should say that in all my cases slight paroxysmal symptoms of varying nature were found after careful inquiry.

DR. JOHN FREELAND (Government Medical Officer, Antigua, W.I.) writes: "Daers" may be quite certain that his patient is suffering from malarial fever with probably some slight enlargement of the spleen. And he may be equally certain that sulph. quinine in small doses and Fowler's solution of arsenic will do more for the symptoms described than any other treatment.

I have always found quinine in small doses, say 3 grains three times a day, of greater use in chronic cases of malarial fevers than when administered in large doses—it should be continued for ten or twelve days regularly—then gradually lessened until a day or two before the