

insoluble in water, dissolved with difficulty in alcohol, but soluble in oils, chloroform, and ether. Fowls fed on it made into pellets with sodium carbonate and meal soon showed gangrene of the combs and wattles; a diagram of such a one was shown at the lecture taken from a sketch sent by Professor Kobert in advance of an illustration which is to appear in the forthcoming number of the *Arbeiten des pharmakologischen Institutes zu Dorpat*. Sphacelinic acid causes gangrene by inducing a hyaline thrombosis of the arterioles, at first acting locally, but afterwards by being absorbed. *Post-mortem* changes consisting of follicular catarrh of the mucous membrane of the cesophagus, crop, and stomach, while numerous extravasations, many of them as long as the finger, are found all along the alimentary canal from the pylorus to the cloaca, in fowls which died from its effects.

The alkaloid cornutine Kobert considers to be the only ingredient suitable for therapeutic use. It is soluble in alcohol, and its chloride and citrate in water,  $\frac{1}{2}$  milligramme killed a strong frog in a few minutes. With dogs and cats, in the proportion of 5 milligrammes to the kilogramme, a peculiar and distinctive train of symptoms are induced, consisting of tremors or quivering of the body, salivation, evacuation of the contents of stomach and bowels with great straining. The straining recurs at intervals of a few minutes, accompanied by the expulsion of flatus, fæces, and bile. The cardiac action is retarded and irregular. A large dose causes clonic, becoming tonic, spasms resembling epileptiform convulsions, the similarity to which is heightened by the tongue of the animal being frequently bitten. Death arises from respiratory failure, which ceases before the heart's pulsations. In pregnant and non-pregnant animals it causes wave-like contractions of the uterus, but not "tetanus uteri." It acts on this organ through the lower part of the spinal cord; it raises the blood pressure, but does not cause gangrene. Kobert considers that it is best administered in a sterilised solution. He further adds this interesting fact, that the ergot produced in France and Spain is richer in sphacelinic acid than that of Germany and Russia, while the latter is richer in cornutine, which accounts for gangrenous ergotism being more prevalent in France and Spain, while convulsive gangrenism occurs in Germany and Russia.

## MEMORANDA:

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

#### OXYGEN AND STRYCHNINE IN PNEUMONIA.

On the evening of January 22nd, 1892, when I received my *BRITISH MEDICAL JOURNAL* for January 23rd, I had a very severe case of double pneumonia and pericarditis following influenza, with rheumatic pains but without swelling of the joints. Immediately on reading the article by Drs. Brunton and Prickett on the above subject, I ordered a jar of compressed oxygen to be got in readiness. It arrived the following day, but was only used occasionally at first, to get the patient used to it, there being no immediate cause for alarm, but on February 3rd, at 4 A.M., I was sent for by the nurse and found the patient almost livid, nails blue, extremities quite cold, cold perspiration on forehead, pulse barely perceptible and very irregular, in fact with all the symptoms of collapse, nurse had already injected ether and applied all the usual remedies without benefit. Immediately I had recourse to the oxygen, giving it direct from the cylinder, to which a tube and mouthpiece was attached. The effect after five minutes was most striking, the colour improved rapidly, pulse became stronger and more regular, respirations deeper, extremities warmer, and the patient rallied from an almost dying condition. Liq. strych., B.P. (3m dose) was injected hypodermically to try to keep up the good effect, though it had previously been discontinued on account of tetanic spasms, which appeared after it had been injected in 2m doses every twelve hours, when respiratory centres commenced to fail.

On February 4th, Dr. Mitchell Bruce, who had previously seen the case in consultation with me three times, was sent

for. Just before his arrival oxygen was administered, the patient again rallied and was wonderfully restored, this, together with the fact that resolution had set in in the lungs, caused Dr. Bruce to still hold out hopes of recovery. An hour after he left, the patient had again relapsed into an imminently critical condition. Inhalations were continued at intervals till the morning of February 6th, when they ceased to have any effect and the patient succumbed in a few hours, the temperature rising rapidly before death to 108.4°.

Last week I again used the oxygen, with very similar results, in a case of double pneumonia following influenza and complicated with premature parturition. This case, too, improved marvellously for a time, and I have no doubt life was prolonged for some days through its use, but even though resolution was taking place in the lungs, the cardiac failure was too strong for any remedies to battle against. Heart sounds ran into one, and the patient died quite suddenly during my absence one and a-half hour after inhaling the oxygen.

In both these cases stimulant treatment was adopted throughout, but the complications of endo-pericarditis with effusion in the first, and premature confinement with general debility in the second, made the prognosis in both most unfavourable from the beginning. Still, there is no doubt the oxygen had a most wonderful effect, and in any uncomplicated cases of pneumonia or asphyxia in acute respiratory diseases should prove of very great service.

The hypodermic injection of strychnine was used in both cases and with good effect, but in the first there were undoubted signs of strychnine poison, though only small doses were given every twelve hours for three days, when it was discontinued. In bad cases of anæmia, too, might not oxygen be used with advantage?

W. HAMILTON ALLEN, B.A., M.D.T.C.D., L.R.C.S.I.

Stanmore, Middlesex.

THREE weeks ago I was called in to see a woman whom I found suffering from influenza. A more unfavourable subject for the disease it would be difficult to meet with—she was a sufferer from chronic bronchitis and asthma, with a weak, dilated heart and intermittent pulse.

She was very ill, the temperature was 102° F., and the pulse about 120; she complained of pains all over the body, and especially in her back and head. She rapidly became worse, and next day I heard fine crepitation, mixed with bubbling râles, over the right lower lobe behind; the temperature rose to 103° F.; the pulse was 140 and very intermittent, respiration was about 44 per minute. The breathing was very laboured, and, the strain upon the heart evidently severe, I ordered free stimulation.

On seeing her next day, I found her condition worse. She was delirious, the pulse was rapid, feeble, and intermittent; breathing was extremely laboured, and she had scarcely strength to cough up and expel any of the copious mucus which was filling up her bronchi. She lay with her mouth open, gasping for breath, and with her eyes half shut, the face was of a dusky hue and the finger nails were becoming purple. I telegraphed to Brin's Oxygen Company, and in a few hours received a cylinder containing 40 cubic feet of oxygen, and at once commenced to administer it by allowing it to play through the tube and mouthpiece upon her face and open mouth. The effect was marvellous, the purplish hue of the fingers and nails gave place in a very short time to a more natural colour, she revived very considerably and gained sufficient strength to sit up in bed and cough and expel a quantity of muco-purulent matter. I directed her husband to continue the inhalations at intervals through the night, and I gave two hypodermic injections of  $\frac{1}{15}$  grain of strychnine. Next morning I found her in much the same condition; I repeated the strychnine injections, and desired that the inhalations should be continued at intervals during the day, as they always revived her and enabled her to clear her lungs of mucus.

I must say that I did not believe that there was the least chance of recovery, but I determined to persevere with the treatment and sent for a second cylinder of oxygen.

For five days this treatment was pursued. Every time I called I expected to hear that she was dead, but always

when she seemed worse the oxygen was administered and she revived. At the end of these five days her temperature fell and she began to breathe a little better. We then discontinued the inhalations, and though she was fearfully weak and for some days seemed to hover between life and death, she gradually began to improve. The lungs cleared and appetite returned. When I saw her just three weeks from the date of my first visit, I found her sitting up, looking almost like her old self, though bearing in her face the traces of her severe illness. What she complains of most now is the pain of the bedsores, which, in spite of careful nursing, had formed upon her back and heels, and which I think show the ebb to which her vital powers had reached.<sup>1</sup>

Seaford, Sussex.

W. PRINGLE MORGAN, M.B.

## REPORTS

ON

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

#### WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

DEATH FROM CHLOROFORM.

[Reported by E. R. RANDALL, M.D.]

F. P., aged 11. On September 11th, 1891, the left hip was excised by Mr. Vincent Jackson (post. operation) for tuberculous disease.

On October 16th the right elbow was excised for tuberculous disease.

On February 6th, 1892, the date of the fatality, the lad's general condition was fairly good, the left hip had healed, and he walked well. The right ulna was now carious almost throughout. The child was very frightened when brought on to the operation table, but did not struggle. The chloroform was administered by Dr. Randall, using the end of a towel (in the same manner as he had done at the two previous operations on the lad. Rather much chloroform was required to produce complete anaesthesia; about ten minutes after commencing the operation, the patient vomited, and his colour was somewhat pale after this, but respiration was good; about three minutes later, the patient moved slightly and again vomited (ejecting only a little frothy mucus as before). The dusky colour produced during the straining did not pass off, and the pulse at the wrist could not be detected; shallow respirations continued though. The entire ulna had just been removed. Artificial respiration was at once resorted to, nitrite of amyl inhaled, and ether 3ss injected hypodermically, but in about one minute spontaneous respiration ceased, all sphincters relaxed, and cornea insensitive to touch. Artificial respiration was kept up for about ten minutes, and duskiess gave way to pallor, but the heart remained motionless, as far as could be ascertained.

*Post mortem*, no abnormality was detected in the heart, except rather more fat on the surface of the right ventricle than is usual at the age of 11. The right side of the heart was empty and flabby. The lungs and other viscera were healthy.

#### FEVER HOSPITAL, PARLIAMENTARY ROAD, GLASGOW.

MENSTRUATION DURING MEASLES IN A GIRL AGED 9.

(By WILLIAM GEMMELL, M.B., Resident Medical Officer.)  
INSTANCES are not unknown in which the occurrence of an exanthem in adult females is coincident with an appearance of the menstrual discharge. But it must be rare to find in young children the same manifestation under the same circumstances; and, therefore, the following case seems worthy of record.

M. G., aged 9 years, school girl, became sick and vomited on December 5th, 1891, and during the next two days had

<sup>1</sup> I have to acknowledge the promptitude with which the cylinders were sent to me by Brin's Oxygen Company. In each instance they were sent by the earliest train after the receipt of my telegrams.

sneezing, catarrh of the eyes and nasal passages, headache, and some degree of pyrexia. The characteristic eruption of measles appeared on December 8th. She was admitted to hospital on the evening of December 9th, when her temperature was found to be 103° F., the conjunctivæ much injected, the tongue dry and glazed, and the lips and cheeks swollen with numerous small white ulcers upon their surface. The measles rash extended over nearly all the body, and was very vivid. There was some slight cough, but the chest was clear both to percussion and auscultation, and there was no diarrhoea.

At the visit next morning it was found that during the night there had been a discharge of blood from the vagina, amounting to about half a drachm, and examination of the fluid by the microscope showed it to consist chiefly of blood corpuscles, squamous epithelium, and *débris*. This discharge continued to take place each day regularly for five days, and it gradually ceased as the eruption faded. The rash was very pronounced in the acute stage, and the staining after its subsidence was well marked. I think it fair to assume that the hæmorrhagic discharge from the vagina was a true menstrual discharge. It is true that I did not actually see it oozing from the lips of the os uteri externum, and that chiefly from want of a suitable speculum at the time; but examination by the finger showed no laceration nor abnormality of the vaginal walls, nor could any other reason for the discharge be detected. The girl herself was well nourished, and tall for her age, and had previous been in robust health; although her mother was dead her father and immediate relatives were all in excellent health. No history that could be interpreted in favour of hæmophilia could be elicited.

The patient was dismissed well; and inquiries show that there has been no renewal of the discharge from the vagina since the subsidence of the measles rash.

## REPORTS OF SOCIETIES.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 26TH, 1892.

Sir DYCE DUCKWORTH, M.D., LL.D., F.R.C.P., President, in the Chair.

*Living Specimens.*—Mr. DAVIES-COLLEY showed a lad, aged 13, who had sustained a Traumatic Separation of the Epiphysis of the Head of the Femur, which had become repaired, leaving considerable range of movement.—Dr. ARTHUR DAVIES showed a case of Myxœdema. The patient was a woman, aged 40.—Dr. HADDEN showed a Microcephalic Child affected with idiocy and with rigidity of limbs. He discussed the propriety of having recourse to craniectomy.—Dr. WALLIS ORD showed a case of Microcephalus; and Dr. LEES showed another similar case. Dr. JONES (Earlswood) remarked that the prognosis of these cases was decidedly unfavourable, and considered an operation permissible. He had operated in four cases.—Mr. L. A. DUNN showed a lad with growths (Sarcoma?) on his Face and Neck, some of which had been excised. Others, however, had re-formed, and the boy was losing weight.—Mr. W. SPENCER showed a boy who, upon recent exposure to cold, had his Toes in Both Feet Frostbitten. He was the subject of hæmatinuria. The toes were now gangrenous.

*Cholelithiasis: Operation.*—Mr. BLAND SUTTON communicated the details of this case. The patient was a woman, aged 58, suffering from gall stones impacted in the common duct, who was submitted to operation. After opening the peritoneal cavity the liver was found obscured by dense omental adhesions. The gall bladder was shrunken, and contained three polygonal calculi, but no bile. No communication existed between the gall bladder and the common duct. After the careful separation of adhesions from the under surface of the liver, the common duct was detected blocked with four calculi. Two were firmly fixed at the duodenal orifice of the duct. The remaining two slipped into the hepatic duct, but could not be passed into the gall bladder, as the cystic duct was obliterated. Various attempts to move the calculi impacted at the duodenal orifice failing, the duct was incised close to the wall of the duodenum, and the stones extracted. One of the stones pushed into the hepatic duct was not recovered. A

vernment of India to warrant these drastic rules of the Bombay Government, which in effect ignore or abrogate the right of private practice enjoyed by medical officers, not only through long usage, but secured by Act of Parliament. It is true that Section 24 of 13 George III, chapter 63, enacts that no person holding a civil or military office under the Crown in India shall accept any donation or gratuity from any of the natives of Asia; but the very next section provides that such an order does not extend to, or prohibit the taking of fees, gratuities, or rewards by a councillor-at-law, physician, surgeon, or chaplain acting in the way of his profession. In Section 54, chapter 52, it is also enacted that such physicians and surgeons may take fees "bond fide in the way of their profession only."

It is argued that the action of the Bombay Government is virtually contrary to these enactments, and places in the hands of political agents discrimination and power which should rest with the medical head, the Surgeon-General to the Government. The matter is one of which we have not heard the last, and it behoves the authorities in India to act cautiously, for the right of private practice has hitherto been a strong inducement for the best medical men to adopt an Indian career.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### TARIFF OF MEDICAL CHARGES.

IF "V.'s" necessities are limited to the charges he should "make for professional services rendered," he will find the desired information in the *Medico-Chirurgical Tariffs*, published by Mr. H. K. Lewis, 186, Gower Street, W.C., which he may obtain, post free, by sending a post-office order for two shillings; if, however, he be a young practitioner in need of advice on entering into private practice, he may consult with advantage *The Young Practitioner: His Code and Tariff*, issued by the same publisher.

### MIDWIFERY ENGAGEMENTS.

M.D. writes: Some time ago the husband of a woman living considerably out of my district sent word that he wanted to see me; I went and found his business was to engage me for his wife's confinement. I booked the item, and subsequently visited her and gave orders as to her conduct, etc., pending her delivery. I heard nothing for some time, and on going to see her again found she had been delivered by a medical man in her own neighbourhood. Can I legally claim my fee for the case? If not, should I send in account for visits paid?

\*"We do not think that our correspondent would recover the fee in question. If the contract, and the breach of it by the defendant, were duly established in an action, a sum equivalent to the proper remuneration might be awarded, but the matter is too uncertain to enable us to suggest the adoption of legal proceedings. Perhaps the only practical method of preventing loss in these cases (and there are doubtless many objections to such a course) would be to require part prepayment on making the engagement.

### MEDICAL ATTENDANCE BY SURGICAL DIPLOMATES.

P. P. writes: Kindly tell me can a man with the L.R.C.S.I. only recover in the county court for medical attendance, not surgical attendance?

\*"The holder of a qualification in surgery only would probably not recover in the county court for attendance, etc., in a purely medical case in the event of the absence of a medical qualification being duly raised by way of defence.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

DEGREES IN SCIENCE.—A grace for the appointment of a syndicate to consider the question of establishing degrees in science was on February 25th rejected by 154 votes to 105. The grace was opposed by Dr. Hill, Master of Downing, Dr. D. MacAlister, and other teachers in the science and medical schools, as tending to place their students in a position of isolation and perhaps of inferiority as compared with other students.

MEDICAL DEGREES.—At the same congregation the following degrees were conferred: *M.B. and B.C.*—Sydney Kent, B.A., Trinity; John Dixon Stubbs, M.A., Trinity; George Armstrong Mason, M.A., St. John's; M. R. Phipps Dorman, B.A., Clare; W. G. Hawkins Bradford, B.A., Caius; W. H. Cantrell Shaw, M.A., Jesus; F. Gore Wallace, B.A., non-collegiate.

### UNIVERSITY OF EDINBURGH.

FINANCIAL PROPOSALS OF THE UNIVERSITY COURT.—On January 18th last this Court sent in to the Scottish Universities Commission a "Memorandum on the Financial Requirements of the University of Edinburgh." Till now the document has been kept rigorously private, but a copy has somehow got astray, and has been printed almost *in extenso* in the Edinburgh daily papers. We quote such points as refer to the faculty of medicine.

"No new chair is asked for by the Faculty of Medicine, but the Faculty of Law suggest that if a Chair of Public Health be formed, an adequate endowment should be provided for the Chair of Medical Jurisprudence."

An additional sum of £300 is claimed on behalf of lectureships, £50 for each of three new lectureships, namely, clinical medicine, fevers, and laryngology, rhinology, and otology; also £50 for each of three lectureships now existing without salary, namely, ophthalmology, mental diseases, and diseases of children.

"The institution of a number of new lectureships," is suggested, "as the mode in which the teaching staff of the University should be increased. The Commissioners have also by their Draft Ordinance (General, No. 10) indicated their approval of this procedure, and have framed statutes to provide for the mode of appointment. The Court agree generally with these proposals, both because they give greater elasticity to the educational system by providing a method by which changes in the educational arrangements can, when necessary, be made, and because the University chest would not have new claims for pensions imposed on it, such as would arise by the foundation of new professorships. Under the power to be conferred by the Draft Ordinance (General, No. 10), the Faculty of Medicine think it not unlikely that adjunct lectureships would be instituted within several of the professorial departments by conjoining lectureships with the duties of some of the assistants."

Additional claims on behalf of assistantships are made as follows:

	Present.	Additional.
Anatomy (4 or 5) ... ..	£200	£440
Chemistry (4) ... ..	200	445
Materia Medica (3) ... ..	100	300
Institutes of Medicine (3) ... ..	100	350
Practice of Physic (1) ... ..	50	50
Surgery (3) ... ..	50	300
Midwifery (1) ... ..	50	50
General Pathology (3) ... ..	100	300
Clinical Medicine (3) ... ..	100	125
Clinical Surgery (1) ... ..	50	50
Medical Jurisprudence and Public Health (2) ... ..	50	350
Botany (2) ... ..	50	250
Natural History (3) ... ..	50	400
	£1,150	£3,410

The statement continues: "The professors have from time to time appointed such additional assistants as this increase (in the number of students) rendered necessary, and either paid altogether or supplemented the stipends out of their class fees. From the returns for 1889-90 made to the University Court it would appear that Professors in the Faculty of Medicine and Science supplemented from this source the grants from the Parliamentary vote and the general university fund by paying £2,667 in salaries."

[The import of all this is that the medical and science professors are to be relieved, not only of the sum of £2,667 a year, which at present they pay out of their fees to the assistants, but they are also to avoid the further sum of £1,243 a year which they ought to pay. In other words the professors, whose incomes are, on the average, £2,000 a year each, are each to receive £200 to £300 a year from the new Parliamentary grant. Probably the gain to each professor would be £284.]

Additional claims for laboratory and class expenses are made as follows:

	Present.	Additional.
Anatomy ... ..	£50	£100
Chemistry ... ..	100	600
Materia Medica ... ..	50	150
Institutes of Medicine ... ..	50	150
Practice of Physic ... ..	25	24
Surgery ... ..	5	145
Midwifery ... ..	—	40
General Pathology ... ..	50	300
Clinical Medicine ... ..	—	50
Clinical Surgery ... ..	—	50
Medical Jurisprudence and Public Health ... ..	35	115
Botany ... ..	—	100
Natural History ... ..	15	85
	£381	£1,909

"The Faculty of Medicine suggest that, owing to the great educational value of research work, and its importance as a means of maintaining and increasing the success and reputation of the University, the Commissioners should establish a research fund, out of which grants might be made to the different departments in which original work is being pursued for the purpose of defraying the expenses incurred."

"It is also important to state that many of the professors in that Faculty have provided from their private resources apparatus and other appliances for improving and illustrating their teaching. The Faculty consider, if the method of payment of the professors be materially altered, that this outlay should be returned, and that the articles should be secured for the University so far as they may be considered valuable for the purposes of teaching and research."

### UNIVERSITY OF GLASGOW.

APPOINTMENT OF EXAMINERS.—At the last meeting of the Court of Glasgow University, Dr. A. M. Buchanan, of Anderson's College Medical School, was appointed examiner in anatomy; Dr. John Phillips, of London, was appointed examiner in midwifery; and Dr. W. J. Naismith, of Ayr, examiner in medical jurisprudence, all for four years from April 1st, 1892. Mr. J. R. Green, M.A., of London, was appointed examiner in botany from April 1st, 1892, to March 31st, 1895.

QUEEN MARGARET COLLEGE.—The first college to be affiliated to Glasgow University, under the new Act, is likely to be a college for the education of women Queen Margaret College. The University Court lately referred to a committee an application from this College for affiliation, and at the last meeting of the Court the report of the Committee was presented. It contained a memorandum of conditions which would be agreeable to the authorities of Queen Margaret College, and these conditions were approved by the Committee. The Court adopted the report, approved the conditions, and ordered the documents to be transmitted to the Commissioners. It says much for the Council of Queen Margaret College that they have been able to satisfy the Court that the curricula they offer women, both in arts and in medicine, justify their affiliation. It is anticipated that the first detachment from the College of candidates for degrees in medicine will soon be permitted to come up for examination.

## UNIVERSITY OF DUBLIN.

At the spring commencements in Hilary Term, held, according to custom, on Shrove Tuesday in the Examination Hall of Trinity College, the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput in the presence of the Senate:

*Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetricia*.—A. O. Eastwood, J. L. Falkner, R. W. Johnston, J. H. Head, A. H. Holmes, J. E. Jameson, M. T. Kelly, E. V. Legge, M. McDonald, T. H. Murphy, G. J. Peacocke, E. H. Shaw, A. E. Taylor, E. H. Townsend.

*Baccalaureus in Chirurgia*.—A. W. Bate.

*Doctores in Medicina*.—C. Orpin, R. W. Johnston.

## MEDICO-PARLIAMENTARY.

## HOUSE OF LORDS.—Monday, February 29th.

*The Gresham University*.—The Earl of DERBY presented a petition from provincial schools of medicine in England at Birmingham, Bristol, Leeds, Liverpool, and Sheffield objecting to the provisions of the proposed charter of the Albert (now Gresham) University for various reasons.

Tuesday, March 1st.

*Local Government Repeal Bill*.—Lord DENMAN moved the second reading of the Local Government Acts of England and Scotland Repeal Bill.—The motion was negatived without a division.

## HOUSE OF COMMONS.—Thursday, February 26th.

*Royal Commission on Tuberculosis*.—Mr. CHAPLIN, in reply to Mr. FURNESS, said he was informed that the Royal Commission on Tuberculosis held its last meeting on January 28th last, but he might observe that investigations were being carried on, in addition to the taking of evidence at the meetings of the Commission. Minutes of the evidence given before the Commission had been printed for the use of the Commissioners, but the evidence had not been distributed to the public. He did not underestimate the interest with which the report of the Commission was awaited, but he was not in a position at present to state when their investigations were likely to be concluded.

Monday, February 29th.

*The Gresham Charter*.—Mr. MUNDELLA asked whether, for the convenience of the House, the Government could state whether they would afford sufficient time for the discussion of the Gresham Charter, as one hour before the usual time of closing debate would not be sufficient.—Mr. BALFOUR replied that he had pointed out that this was not a discussion which could be brought to a premature close by the 12 o'clock rule, and although continuance to a late hour might not be agreeable or convenient, still the discussion could go its full term. He could not at the present moment give the right hon. gentleman the time he required.

*The Vaccination Act*.—Mr. RITCHIE, in reply to Mr. BALLANTINE, said he could not undertake to introduce a Bill for the purpose of suspending prosecutions under the Vaccination Acts until the Report of the Royal Commission had been issued.

Tuesday, March 1st.

*Yellow Fever at Santos*.—Mr. LAWRENCE asked the President of the Board of Trade whether he was aware that it was reported that the yellow fever at Santos had reached such a height that there was no one left to carry on business, the well being obliged to devote attention to the sick; that the epidemic had been aggravated by the authorities continuing to dredge the port; and whether he had any means of informing the shipping community of the condition of the port, or of otherwise guarding against the risks of British subjects trading in that port.—Sir MICHAEL HICKS-BEACH said he believed the facts as stated were substantially accurate. On February 8th he caused notices to be sent to the press suggesting that, owing to the insanitary condition of Santos, no ships should be chartered for that port.

*Movable Dwellings Bill*.—Mr. BURT has again taken charge of, and will shortly introduce, the Movable Dwellings Bill of Mr. George Smith of Coalville, to bring the gipsy and van children and their homes under educational and sanitary influences. It has been modified as to the powers of inspection, and strengthened in the clauses relating to the passbooks for the education of the gipsy and van children. The names on the back of the Bill are Mr. Burt, Dr. Cameron, Mr. James Campbell, Mr. Elton, Q.C., Mr. Fenwick, Mr. M. Kenny, Mr. John R. Kelly, and Colonel Makins—the same as last year.

## OBITUARY.

## JAMES ROSS, M.D., F.R.C.P., LL.D.

By the death of Dr. James Ross, Manchester, the medical profession in England has lost one whose name and fame in certain departments of medical science were known throughout the land as well as abroad. James Ross was a native of Scotland, having been born at Kingussie in 1837. He was educated in the parish school of Laggan, Inverness-shire, and also at Edinburgh. He pursued his medical studies at Aberdeen University, where he graduated as M.B. and C.M. with highest honours in 1863, and the degree of M.D. was conferred on him a year later.

After graduating, he settled in the Rossendale Valley and practised for some time in Waterfoot. After thirteen years

of general practice, and after having thus laid a thorough foundation by the acquirement of an all-round grasp of the science and practice of medicine, he came to Manchester in 1876 and began work as a consulting physician, a career which he continued to follow with so much distinction, until he became so well known and esteemed that his services were continually in request in obscure cases of nervous diseases, not only in and around Manchester, but also across the Tweed.

When he first came to Manchester he acted as physician in connection with the Children's Department of the then newly-founded Southern Hospital. He then became pathologist to the Royal Infirmary, a post which he held for some time, and one which enabled him to accumulate an immense number of pathological facts which were afterwards to be woven into his subsequent writings and works. After acting for a number of years as assistant-physician, he became full physician on the staff of the Royal Infirmary, a post which he held until his death. In 1876 he became a Member of the Royal College of Physicians, London, and in 1882 he was elected a Fellow.

But Dr. Ross was much more than a physician tending and healing the sick in the hospital wards—more even than a busy, highly-esteemed, and much-sought-after consulting-physician—he was a great instructor of students of medicine in the principles and practice of our art. The immense amount of material in the out-patient rooms and in the wards of the Royal Infirmary not only afforded him a rich field for his own observations, but it also enabled him to impart to the large number of students who followed him in his daily rounds a sound training in the art of observing, studying, and treating disease. The very philosophical and rigid analysis to which he submitted all his observations and any theory based on these was an intellectual discipline of the greatest value to his students.

In 1887 the Council of Owens College honoured itself, as much as it honoured Dr. Ross, by offering him the post of Joint Professor of Medicine in the College. Professor Morgan—who, to the regret of all his colleagues and the profession in Manchester, has been obliged, owing to ill-health, to retire from the Chair of Medicine—was joint Professor along with Dr. Ross.

It is inexpressibly sad to think that of the two joint professors of Medicine in Owens College—Professors Morgan and Ross—both of whom a little over a year ago seemed hearty and well—one has had to resign from ill-health, while the other—considerably his junior in years—has been snatched from his field of usefulness in the full tide of his prosperity, and when his wise, judicious, and friendly council was so highly valued and esteemed by all his colleagues.

Dr. Ross was a great deal more than a specialist; in fact, he was proud of being a physician who had studied widely and deeply the phenomena of disease, and it was only after this foundation had been laid deep and strong that he more especially cultivated that department of disease—disorders of the nervous system—with which his name must indelibly be associated. He was endowed with very active and critical mental faculties, and had been well trained in his *Alma Mater* to apply his vigorous intellect to the solution of philosophical problems; the combination of these qualities with his careful and accurate habits of observation enabled him, even when he was busily engaged in general practice, to produce some works which arrested the attention of the medical profession. It was but natural that, with a mind of such a philosophical bias, his attention should be attracted to such subjects as these: "protoplasm," and "the graft theory of disease"—subjects which were well suited to arouse his analytical faculty. The latter most especially was remarkable for the ingenuity of the theories put forward in it. Dr. Ross's fame will, however, rest on his work as a neurologist. He was not a neurologist merely on the clinical side, but his early pathological experiences enabled him to attack the subject from the side both of pathology and physiology. For many years—during the day carrying on an extensive practice—he collected the material for the work by which he will be best remembered—*Treatise on Diseases of the Nervous System*, published in 1881. It reached a second edition two years later. Although another was demanded, the increasing claims upon Dr. Ross's time prevented him from ever undertaking a third.

## INDIA AND THE COLONIES.

### INDIA.

COUNTRESS OF DUFFERIN'S FUND.—We have received a copy of the seventh annual report of the National Association for Supplying Female Medical Aid to the Women of India, commonly known as the Countess of Dufferin's Fund, and we are happy to find that it is making steady progress. Not only is there an advance in the number of women under medical tuition, and of patients attending the hospitals and dispensaries, but new hospitals are being opened and others are being built and planned, while the financial position is on the whole satisfactory. If the Association has not received in some places the encouragement which was anticipated, it has received in others far more than was to be expected.

### SOUTH AUSTRALIA.

SOUTH AUSTRALIA FOR THE SOUTH AUSTRALIANS.—The address at the Commemoration of the University of Adelaide was delivered by Dr. Verco. He said that when he first became a student, three-and-twenty years ago, a qualification to practise was not to be had in the colony, whereas now a university, thoroughly equipped was granting degrees to medical men wholly educated in South Australia. The present rate of supply, three or four medical men per annum, was quite equal to the requirements of South Australia, which would henceforth practically be furnished by the Adelaide University, and immigration would almost cease. As to the standard of its degrees, he said that the double degree M.B., B.S. was now admitted to registration by the General Medical Council of Great Britain. The Conjoint Board in England had accepted the Adelaide University course of medical studies, and the Universities of Oxford and Cambridge had accorded to it the status of an affiliated university. The University was not merely an examining but also a teaching body. The undergraduates had some five years' contact with each other, and an *esprit de corps* was thus generated which would bind them "not only to their *alma mater*, but to one another as members of an educated, honourable, and beneficent profession, not for trades-union purposes, but to render impossible professional envious and jealousies, and dishonourable dealing. And, moreover, to perpetuate scientific intercourse, and thus to build up through the medium of the University Medical School an Australian school of medicine."

## MEDICAL NEWS.

THE Imperial Leopold-Caroline Academy of Scientists of Halle has awarded its Cöthenius Medal to the well-known anatomist, Professor Retzius, of Stockholm.

THE International Congress of Experimental Psychology will meet in London on Monday, August 1st, not Tuesday, August 2nd, as previously announced.

THE number of medical practitioners in Munich, according to the most recent enumeration (1892), is 387, which gives a proportion of 1 doctor to 902 inhabitants.

PROFESSOR ADOLF KUSSMAUL celebrated the completion of his 70th year on February 22nd. The eminent physician received congratulatory telegrams from all parts of Germany and from many foreign countries.

DR. LOUIS PARKES, M.O.H. for Chelsea and Lecturer on Public Health at St. George's Hospital, will read a paper at the Parkes Museum on March 9th, on "The Air and Water of London; are they Deteriorating?" A discussion will follow.

THE annual general meeting of the Irish Medical Schools and Graduates' Association will be held on March 17th, at 11, Chandos Street, Cavendish Square. On the same evening the Association will dine at the Holborn Restaurant, at 7.30 P.M., Dr. James N. Dick, C.B., Director-General R.N., in the chair.

THE SEUTIN PRIZE.—The Seutin Prize of 5,000 francs (£200) for 1890-91 offered by the Brussels Royal Society of Medical and Natural Sciences for the best essay on "The Etiology, Diagnosis, and Treatment of Inflammations of the Fallopian Tube" has been awarded to Dr. Theodore Landau, of Berlin. The essay, which is written in French, will be published by the Royal Academy of Brussels.

LEPROSY IN SPAIN.—Leprosy has been on the increase in different parts of Spain for some years past, and the extension of the disease has at last aroused the attention of the Government. On February 16th, the Director-General of Beneficence and Sanitation sent a circular letter to all governors of provinces calling on them to take such steps as may seem necessary under the circumstances.

GERMAN UNIVERSITIES.—According to Ascherson's *Universitäts-Kalender*, the total number of students in the twenty universities of the German Empire and the Munster Academy during the last half-year was 28,515, of whom 8,916 were students of medicine. Berlin heads the list with 4,611 matriculated students, Munich coming next with 3,551, and Leipzig third with 3,242. Rostock stands lowest with 368. The teaching staff comprises a *personnel* of 2,445, of whom 1,049 are ordinary, 532 extraordinary, and 60 honorary professors.

UNQUALIFIED ASSISTANTS.—At a council meeting of the General Practitioner's Alliance, Mr. G. Brown, the President, read a correspondence with a practitioner in the north of England, whose unregistered assistant was reported to be in the habit of signing certificates, and appending to his name initials implying that he was duly qualified. The practitioner referred to explained that his assistant held qualifications from a colonial university, and that he would see that he did not give similar certificates in future.

INFLUENZA IN HORSES.—In reference to the concurrence of influenza in men and horses, Dr. Partridge, of Stroud, in his annual report for 1891, just presented to his authority, states that very many cases of influenza have occurred in his district, causing some deaths, directly or indirectly. It appears that Mr. Boscombe, veterinary surgeon, had informed Dr. Partridge that he had several cases in horses under treatment, and that some mills had been impeded in their work; owing to the illness of the *employés*, to such an extent that one large firm could hardly carry on their business in consequence.

THE GERMAN SURGICAL SOCIETY.—The twenty-first Congress of the German Surgical Society will be held at Berlin in Whitsun week, from June 8th to 11th, under the presidency of Professor von Bardeleben. It is hoped that the Langenbeckhaus, the formal opening of which has been fixed for June 1st, will be ready for the accommodation of the Congress. The first general meeting will be devoted to a discussion on "The Surgical Significance of the New Firearms," to be introduced by Professor P. Bruns. Another specially interesting feature of the Congress will be a debate on Anæsthetics, to be introduced by the presentation by Professor Gurlt of the report of a collective investigation on the subject.

PRIZES.—The Spanish Medico-Chirurgical Academy offers prizes of 250 pesetas (£10) with the title of Corresponding Member of the Academy, for the best essays on the following subjects: 1. (Academy prize) Clinical Concept and Critical Discussion of the Modern Theories of Inflammation. 2. (Pedro Espina y Martinez prize) Critical Discussion of the Clinical Value of Changes of the *Timbre* of Physiological Murmurs and Rhythm in the Early Diagnosis of Cardiac Disease. Essays, which may be written in Spanish, Portuguese, French, Italian, English, or German, must be sent before September 1st, 1892, to the General Secretary, Señor Enrique Oliván y Sanz, Montera 22, Madrid.

LITERARY INTELLIGENCE.—MESSRS. J. and A. Churchill have in the press a *Dictionary of Psychological Medicine*, edited by Dr. Hack Tuke. Among the contributors are Dr. Clifford Allbutt, Professor B. Ball, Professor M. Benedikt, Professor Charcot, Sir Andrew Clark, Dr. A. Erlenmeyer, Professor V. Horsley, Professor Mendel, Dr. Blandford, Dr. Buzzard, Dr. F. Needham, Dr. Savage, Professor Tamburini, Dr. Gilles de la Tourette, Dr. Wilks, and other distinguished representatives of psychological and general medicine. As the printers have reached the letter "R," the work will probably be published at an early date.—A new medical journal, *The Doctor's Weekly*, has recently appeared in New York, under the editorship of Dr. Ferdinand King.—Dr. J. A. Fordyce has taken the place of Dr. Morrow as editor of *The Journal of Cutaneous and Genito-Urinary Diseases*.—The *Revue Générale de Médecine, de Chirurgie, et d'Obstétrique*, a weekly journal on the lines of our own *ÉPITOME OF CURRENT MEDICAL LITERATURE*, began to appear in Paris last January. The editor is Dr. F. de Ranse.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Vailhé, formerly *Professeur Agrégé* in



the Medical Faculty of Montpellier; Dr. Libert, a member of the French Senate; Dr. Francisco de P. Campá, Professor of Obstetrics and Gynaecology at Barcelona, and author of various works on these subjects; Dr. J. Hasner, Ritter von Artha, some time Professor of Ophthalmology in the University of Prague, and author of "Clinical Lectures on Eye Diseases" (1860-66), and other works, in his 73rd year; Dr. J. Wagner, Professor of Anatomy in the University of Charkow; Dr. Kopp, Professor of Chemistry in the University of Heidelberg; M. Amédée Amette, for thirty years honorary secretary of the Paris Faculty of Medicine, and author of a Medico-legal and Medico-ethical Code, which was translated into several languages, aged 70; Dr. Abel Joire, honorary Professor of Therapeutics in the Medical Faculty of Lille, aged 72; Dr. Cyprien Dufourq, of Metz, aged 92; Dr. Vincenzo Santi, Professor of Materia Medica in the University of Perugia; and Dr. Libérale Signoretti, of Venice, aged 85.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BEDFORD GENERAL INFIRMARY.**—Resident Surgeon, doubly qualified. Salary, £100 per annum, with apartments, board, and washing. Applications to the Secretary by March 26th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by March 10th.
- BRIDGWATER INFIRMARY.**—House Surgeon. Salary, £80 per annum, with board and residence. Applications to Mr. John Coombs, Hon. Sec., by March 11th.
- CAMBERWELL HOUSE ASYLUM,** Camberwell, S.E.—Junior Medical Officer; unmarried. Salary, £100 per annum, with board, lodging, washing, etc. Applications to the Medical Superintendent.
- CANCER HOSPITAL, FREE,** Brompton, S.W.—Two Surgeons; must be F.R.C.S. Eng., and reside within the four miles radius. Applications to W. H. Hughes, Secretary, by March 7th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** 328 A, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coals, and light provided. Applications to the Secretary by March 5th.
- CHORLEY GENERAL DISPENSARY.**—House-Surgeon and Apothecary, doubly qualified. Salary, £120 per annum, with house, rates and taxes, coals and gas. Applications to Bernard Stanton, Secretary, by March 12th.
- CITY OF LIVERPOOL INFECTIOUS DISEASES HOSPITALS.**—Resident Medical Officers for the City Hospital North, Netherfield Road, and City Hospital South, Grafton Street, doubly qualified, and not more than 30 years of age. Salary, £100 per annum, increasing £10 annually to £120, with board, washing, and lodging. Applications, endorsed "Resident Medical Officer," to be addressed to the Chairman of the Hospitals Committee, under cover to the Town Clerk, Municipal Offices, Liverpool, by March 23rd.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Board, residence, and allowance for washing provided. Applications to the Secretary at the Office, 24, Finsbury Circus, E.C., by March 12th.
- COUNTY ASYLUM,** Whittingham, Preston.—Assistant Medical Officer.—Salary, £150 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by March 15th.
- DENBIGHSHIRE INFIRMARY,** Denbigh.—House-Surgeon. Must be conversant with the Welsh language. Salary to commence at £85 per annum, with board, residence, and washing. Applications to W. Vaughan Jones, Secretary.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Two Assistant Dental Surgeons; must be Licentiates in Dental Surgery. Applications to the Secretary, F. J. Fink, by March 14th.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square.—Demonstrator. Honorarium, £50 per annum. Applications to Morton Smale, Dean, by March 14th.
- EAST SUFFOLK AND IPSWICH HOSPITAL,** Thoroughfare, Ipswich.—House-Surgeon, unmarried, doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 15th.
- EXETER CITY ASYLUM,** Digby, near Exeter.—Assistant Medical Officer, unmarried. Salary, £100 per annum, rising £10 annually to £150, with board, lodging, and washing. Applications to the Medical Superintendent by March 19th.
- HOXTON HOUSE ASYLUM,** N.—Assistant Medical Officer. Salary, £120 per annum, rising £10 a year to £160, with board, lodging, and washing. Applications to the Medical Superintendent.
- LEEDS PUBLIC DISPENSARY.**—Resident Medical Officer. Salary, £35 per annum. Applications to the Secretary by March 12th.
- LEEDS PUBLIC DISPENSARY.**—Junior Resident Medical Officer. Salary, £85 per annum. Applications to the Secretary of the Faculty by March 8th.
- LINCOLN COUNTY HOSPITAL.**—House-Surgeon; doubly qualified; unmarried, and under 40 years of age. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 12th.
- LONDON LOCK HOSPITAL AND ASYLUM,** Harrow Road, W., and 91, Dean Street, Soho, W.—Registrar. Applications to the Secretary at Harrow Road by March 26th.

- LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Physician, doubly qualified. Applications to E. Wilson Taylor, Secretary, by March 12th.
- LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Assistant Physician, doubly qualified. Application to E. Wilson Taylor, Secretary, by March 12th.
- MANCHESTER ROYAL INFIRMARY.**—Assistant Medical Officer for the Monsall Fever Hospital. Appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, by March 5th.
- MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.**—Resident House-Surgeon. Applications to G. W. Fox, Honorary Secretary, 53, Princes Street, Manchester.
- METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—Two Assistant Surgeons; must be F.R.C.S. Eng. Applications to C. H. Byers, Secretary, by March 5th.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC** Queen Square, Bloomsbury.—Senior House-Physician; doubly qualified. Salary, £100 per annum, with board and apartments. Applications to B. Burford Rawlings, Secretary, by March 10th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, N.E.—Junior House-Surgeon for nine months; doubly qualified. Salary at the rate of £80 per annum. Applications to A. Nixon, Secretary, 27, Clement's Lane, E.C., by March 12th.
- PADDINGTON UNION,** W.—Assistant to the Medical Superintendent of the Infirmary, and Assistant Medical Officer of the Workhouse; doubly qualified; unmarried. Salary, £100 per annum, rising £5 annually to £120, with board, lodging, and washing. Applications by March 5th.
- PARISH OF BERMONDSEY.**—Analyst. Fee, 10s. each analysis. Applications addressed "Application for Analyst," Town Hall, Spa Road, S.E., by March 7th.
- QUEEN'S COLLEGE,** Birmingham.—Professor of Therapeutics. Applications to Dr. B. C. A. Windle, Dean of the Faculty, by March 16th.
- ROTHERHAM HOSPITAL.**—Resident House-Surgeon, doubly qualified, unmarried. Salary, £100 per annum, with board, furnished apartments, and washing. Applications to the Honorary Secretary by March 8th.
- ROYAL BERKS HOSPITAL,** Reading.—Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Appointment for six months. Applications to the Secretary by March 15th.
- SHEFFIELD UNION.**—Resident Assistant Medical Officer for the Workhouse at Fir Vale, Pitsmoor. Salary, £100 per annum, with rations and other usual allowances. Applications to Joseph Spencer, Clerk to the Guardians, Union Offices, Sheffield, by March 16th.
- ST. MARK'S HOSPITAL FOR FISTULA, Etc.,** City Road, E.C.—House-Surgeon. Salary, £50 per annum, with board and residence. Appointment for twelve months. Applications to the Secretary by March 12th.
- WEST LONDON HOSPITAL,** Hammersmith Road, W.—House-Physician. Appointment for six months. Board and lodging provided. Applications to R. G. Gilbert, Secretary Superintendent, by March 16th.
- WEST LONDON HOSPITAL,** Hammersmith Road, W.—House-Surgeon. Appointment for six months. Board and lodging provided. Applications to R. G. Gilbert, Secretary Superintendent, by March 16th.
- WESTON-SUPER-MARE HOSPITAL.**—House-Surgeon; unmarried; doubly qualified. Salary, £50 per annum, with board and residence. Applications to the Hon. Secretary by March 9th.

### MEDICAL APPOINTMENTS.

- BEADLES,** Cecil F., appointed Assistant Medical Officer to Colney Hatch Asylum, *vice* H. G. Shaw, resigned.
- BEVAN,** Richard, L.R.C.P., M.R.C.S., appointed Medical Officer of Health for Ashford, Kent.
- BOGAN,** J. H., L.R.C.P., L.R.C.S. Irel., appointed Medical Officer for the Fethard No. 2 Dispensary District, Medical Attendant to the Constabulary, Irish Light, and the Admiralty, Duncannon Fort, co. Wexford.
- CAMPBELL,** Marshall John, L.R.C.P., L.R.C.S. Edin., appointed Police Surgeon for the Essex Street and Brunswick Dock Bridewells, Liverpool, *vice* Howard Arnold, L.R.C.P., L.R.C.S. Edin., deceased.
- CLARK,** James, M.D. Aberd., F.R.C.S. Edin., reappointed Medical Officer of Health for Lichfield.
- CLAYTON,** J. H., M.B. Lond., L.R.C.P., M.R.C.S., appointed Casualty Surgeon to the Queen's Hospital, Birmingham, *vice* A. Clay, M.R.C.S. Eng., resigned.
- DICKINSON,** J. C. H., M.B. Camb., L.S.A., appointed Medical Officer of the Workhouse of the Stepney Union.
- DUFFEY,** G. F., M.D. Dub., F.R.C.P.I., appointed Inspector of Examinations for the General Medical Council.
- DUNSTAN,** Professor Wyndham R., M.A., F.I.C., F.C.S., appointed Lecturer on Chemistry at St. Thomas's Hospital Medical School.
- EASBY,** W., M.D., reappointed Medical Officer and Public Vaccinator of the Castor District of the Peterborough Union.
- GEDDIE,** D. Watson, M.A., M.B., C.M. Aberd., appointed Medical Officer for the Lochaber District of the Kilmonivaig Parish.
- GERATY,** Thomas, M.R.C.S. Eng., L.R.C.P.I., appointed Honorary Consulting Surgeon to the Nottingham General Dispensary, *vice* Joseph Thompson, L.R.C.P., M.R.C.S., resigned.
- HAWKINS,** Walter R. T., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the No. 3 District of the Barton Regis Union.
- HIGGINSON,** John W., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of the Aldborough District of the Beckham Union.

**HUMPHRY, F. A., F.R.C.S.**, appointed Honorary Consulting Surgeon to the Sussex County Hospital.

**MACKIE, John, L.R.C.P. Edin., L.F.P.S.**, appointed Medical Officer for the Lowdham District of the Southwell Union, *vice* Dr. Sers, resigned.

**MCKAY, W. J., M.B., M.Ch., B.Sc. Sydney**, appointed Resident Medical Officer to the Soho Hospital for Women.

**MORGAN, William, M.R.C.S. Eng., L.S.A.**, appointed Surgeon to the Morfa Works, Swansea, *vice* H. A. Latimer, M.R.C.S. Eng., resigned.

**MORLAND, Chas. Hy. D., M.B., B.A. Durh., L.R.C.P. Lond., M.R.C.S.**, appointed House-Surgeon to the Cardiff Infirmary, *vice* Dr. John Thomas, resigned.

**MORRIS, Edgar, M.R.C.S.**, appointed Honorary Surgeon to the Hereford General Infirmary, *vice* H. Vevers, M.R.C.S. Eng., resigned.

**MORTLOCK, Robert Hy., M.B., C.M. Edin.**, appointed Medical Officer for the Caldebeck District of the Wigton Union, *vice* John Furness, L.F.P.S. Glas., deceased.

**O'MAHONY, Daniel Joseph, M.D. R.U.I., L.R.C.P.I.**, appointed Dispensary Medical Officer for the Cork Dispensary District, *vice* T. Crowley, M.D.

**PHILLIPS, John, M.A., M.D. Cantab., M.R.C.P.**, appointed Examiner in Midwifery to the Glasgow University.

**PICKEN, James, M.B., C.M. Glas.**, reappointed Medical Officer of Health for the Urban Sanitary District of the Rawmarsh Union.

**RENNET, D., M.B., C.M., D.P.H. Aberd.**, appointed one of the Medical Officers of the City Parish, Aberdeen, *vice* Dr. Hutcheon, deceased.

**REYNOLDS, E. S., M.D. Lond., M.R.C.P., M.R.C.S.**, appointed Medical Officer of the Crumpsall Workhouse, Township of Manchester.

**RICHARDS, Mr. W.**, appointed Honorary Dental Surgeon to Fowey Cottage Hospital.

**ROBERTS, Frederick Thomas, M.D., F.R.C.P. Lond.**, appointed Consulting Physician to the Hospital for Consumption, Brompton.

**SCOTT, Arthur Wm., M.D. Brux., M.R.C.S. Eng.**, reappointed Medical Officer of Health for the Handsworth Urban Sanitary District.

**SELLERS, A. E., M.R.C.S., L.R.C.P.**, appointed Medical Officer and Public Vaccinator for Thornhill and Whitley Lower Districts of the Dewsbury Union, *vice* W. T. Brand, M.B.

**SIMPSON, E., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Calverton Sanitary District of the Basford Union.

**STOKES, A. W., F.C.S.**, appointed Public Analyst for Hampstead.

**THOMAS, E., L.R.C.P. Edin., L.F.P.S. Glas.**, appointed Medical Officer for the Aberdaron Sanitary District of the Pwllheli Union.

**TURNER, John Andrew, M.B., C.M. Edin., D.P.H. Camb.**, reappointed Medical Officer of Health for the Hinckley Rural Sanitary District.

**TURRELL, W. J., M.A., M.B., B.Ch. Oxon.**, appointed Medical Officer to the Cutler Boulter Provident Dispensary, Oxford.

**WATSON, F. S., M.R.C.S.**, appointed Medical Officer for the Linton Sanitary District and the Workhouse of the Linton Union.

## DIARY FOR NEXT WEEK.

## FRIDAY (March 4th).

**WEST-LONDON MEDICO-CHIRURGICAL SOCIETY**, West London Hospital, 8 P.M.—Clinical meeting. Mr. Bidwell: Tumour of the Tongue. Mr. Lake: Umbilical Polypus. Mr. Keetley: (1) Suture of the Patella. (2) Severe Flat Foot. Dr. Ball: Cancer of the Oesophagus.

## MONDAY.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. A. Stanford Morton: Ocular Injuries. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Malignant Growths.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN**, 8 P.M.—Discussion on Irregularities associated with Anterior Protrusion of the Upper Teeth, opened by Mr. D. Hepburn. Casual communications by Mr. F. Newland Pedley and Dr. E. W. Roughton.

**MEDICAL SOCIETY OF LONDON**.—General meeting, 8 P.M.: Election of officers and Council. Ordinary meeting, 8.30 P.M.: Dr. Lauder Brunton: The Pathology and Treatment of Piles. Mr. Boyce Barrow: Proctectomy by the Clamp and Caution.

## TUESDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Moral Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Local Treatment of Cutaneous Inflammation. Charing Cross Medical School, 8 P.M.—Dr. Dakin: Convulsive Affections of Pregnancy and Labour.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY**, 8.30 P.M.—Mr. J. Greig Smith: Enterostomy in Intestinal Obstruction. Mr. Richd. Barwell: The Operative Treatment of Congenital Dislocation of the Hip.

**ROYAL COLLEGE OF PHYSICIANS**, Examination Hall, Victoria Embankment, 5 P.M.—Dr. Francis Warner: The Milroy Lectures: An Inquiry as to the Physical and Mental Condition of School Children. Lecture I: On the Principles Employed and the Basis of the Methods of Inquiry.

## WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Parkes Museum, 74A, Margaret Street, W., 1 P.M.—Dr. Louis C. Parkes: School Hygiene and Hygiene of Special Trades and Occupations. Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Exami-

nation of the Sputum for Tubercle Bacillus. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: Toxic Amblyopia.

**HUNTERIAN SOCIETY**, London Institution, 8.30 P.M.—Pathological evening. Mr. T. H. Openshaw: Subdural Hemorrhage. Dr. F. C. Turner: Malignant Stricture of Sigmoid Flexure: Secondary Growths in Colon. Dr. Chaplin: 1. Gangrene of Lung from Pressure of Aneurysm of Aorta. 2. Enlarged Bronchial Glands producing Asphyxia. Mr. John Poland: Extensive Epithelioma of Cicatrix, from a man, aged 35. And other specimens.

## THURSDAY.

**LONDON POST-GRADUATE COURSE**, National Hospital for the Paralyzed and the Epileptic, 2 P.M.—Dr. Semon: Paralytic Affections of the Larynx. Hospital for Sick Children, Great Ormond Street, 4 P.M. Dr. Arkle: Pathological Demonstration. No. 2. Tuberculosis. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Whistler: Syphilis of the Throat.

**ROYAL COLLEGE OF PHYSICIANS**, Examination Hall, Victoria Embankment, 5 P.M.—Dr. Francis Warner: The Milroy Lectures: An Inquiry as to the Physical and Mental Condition of School Children. Lecture II: The Signs observed in Describing Children.

**MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND**, Hall of the Faculty of Physicians and Surgeons, St. Vincent Street, Glasgow, 2.30 P.M.—Dr. Carswell: The Practical Difficulties of Granting Certificates of Insanity, and How they may be Best Overcome. Dr. Oswald: Certain German Asylums.

**BRITISH GYNÆCOLOGICAL SOCIETY**, 8.30 P.M.—Dr. W. J. Smyly: On Extirpation of the Uterus for Myoma. Mr. Lawson Tait and Mr. C. Martin: Note on the Alleged Occurrence of Tubal Abortion in Ectopic Gestation.

**NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY**, Great Northern Central Hospital, 8.30 P.M.—Dr. Patterson will show a series of Lantern Slides illustrating Surgical Diseases. Dr. O'Reilly will show a specimen of Thyroid Tumour removed by operation, and the patient, and will also read a paper on Unusual Case of Twins.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM**, 8.30 P.M.—Patients and Card Specimens at 8 P.M. Dr. Rockliffe: Case of Proptosis. Mr. Hartridge: Double Lachrymal Fistula, probably congenital. Mr. Work Dodd: Scleroderma of Lip and Cheek. Dr. Wood: (1) Disease of Retina and Choroid with Detachments of Retina. (2) Double Coloboma in Fundus. (3) Bleaching of Eyelashes and Eyebrows in Sympathetic Irido-Cyclitis. Mr. Lawford: Reversible Spectacle Frame. Mr. Treacher Collins: On the Minute Anatomy of the Pyramidal Cataract (lantern slide demonstration). Mr. Tweedy: The Physical Factor of Conical Cornea. Mr. E. C. Kingston: Rare Fatal Disease of Infancy, with Symmetrical Changes at Macula Lutea.

## FRIDAY.

**LONDON POST-GRADUATE COURSE**, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture—Typhoid Fever, Diphtheria; Practical Work: Sections. Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Some Forms of Myocardial Disease. Charing Cross Medical School, 8 P.M.—Dr. J. Watt Black: Metrorrhagia.

**CLINICAL SOCIETY OF LONDON**, 8.30 P.M.—Mr. Damer Harrison: A Case of Nerve Grafting. Mr. Page: Peritonitis from Hemorrhage: Abdominal Section in a Case of Ruptured Spleen and in Two Cases of Ruptured Liver. Dr. Percy Kidd: A Case of Mediastinal and Pulmonary Carcinoma, associated with Retraction of the Chest Wall. Mr. Arbuthnot Lane: Cases illustrating the Modes in which a Strangulated Loop of Bowel Reacts to the Constricting Medium.

## SATURDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 11 A.M.—Dr. Hyslop: Legal Aspects of Insanity.

## BIRTHS, MARRIAGES, AND DEATHS.

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

## BIRTH.

**GODFREY**.—On February 23rd, at Ventnor, Isle of Wight, the wife of H. W. Godfrey, M.B., M.R.C.S., of a son.

## MARRIAGES.

**GREEN—CROWDY**.—On February 25th, at St. Giles's Church, Reading, by the Rev. G. M. Johnson, Rector of Barnham Parish, Norfolk, assisted by the Rev. F. G. Greenham, Edward F. S. Green, M.D., of Woodside, South Norward, to Elizabeth, second daughter of the late Charles Crowdy, Surgeon, of St. John's, Newfoundland. No cards.

**WILDING—SCRIVENOR**.—On February 25th, at St. Thomas, Seaforth, by the Rev. C. F. Smithwick, M.A., Walter F. W. Wilding, M.R.C.S. Eng., L.R.C.P. Lond., and L. M. Coombe, Medical Officer of Health, Hindley, Lanc., eldest son of Captain James Wilding, Bootle, to Lucretia Mary Scrivenor, youngest daughter of the late G. H. Scrivenor, Esq., Inspector-General Her Majesty's Customs, Hopeton House, Seaforth, Liverpool.

## 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; (Gynaecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30; *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

*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.

L. G. would feel much obliged to anyone who would advise him what books to read on the subject of electricity as applied to medicine and surgery?

SUBSCRIBER writes: I have three boys aged 13, 11½, and 6½, whom I intend taking on the Continent for a year or so to learn French and German, whilst continuing the English subjects. Will one of your readers kindly give me the address of some good school where the cost of education and living are moderate, and the climate is healthy, but not cold?

M. D. BRUSSELS.

A MEMBER asks what books, written in a concise form if possible, would be suitable to read for the degree of M.D. of the Brussels University on the following subjects, namely, special pathology and therapeutics of internal diseases, mental diseases, public and private hygiene, and medical jurisprudence.

### FOLK MEDICINE.

HAMPSHIRE SURGEON writes: I was consulted by a mother concerning her little boy who suffered from nocturnal incontinence of urine. She informed me that before consulting me she had, on the advice of an old nurse, caught a mouse, killed it, roasted it, and given it to the child to eat, and that the nurse informed her the remedy was an infallible one, a dictum which the events of the next night disproved. She did not tell the child the nature of his meal, which he ate and enjoyed very much. The mother in question did not belong to the uneducated classes.

Can any of your readers inform me of a similar case, or give me some clue to the origin of the belief? Cases of folk medicine are becoming rare, and deserve careful collection, preservation, and classification.

### COVERING A QUACK.

L.R.C.P., L.R.C.S. ED. writes: About a month ago I was called to attend a family. I found the husband was suffering from pneumonia, a daughter was also ill from the same complaint, while the wife was suffering from chronic bronchitis and asthma. I prescribed for them all, and ordered them to go to bed. On calling next day I found the husband and daughter had done so, but the wife had not, and continued to sit by the fireside. Late at night I was sent for, but was out. They then went for another medical man, but he was out. They then called in a quack, who has a qualified man for an assistant. This quack gave the woman a brown powder and a bottle of medicine. She took the powder and a dose of the mixture, and went to sleep from which she never awakened and died. They came to me next morning for a certificate of death, which I refused. The next day I found out they had gone to the quack, and obtained a death certificate from his qualified assistant, who had never seen the woman. As medical officer of health I communicated with the registrar, and he informed the coroner, who, however, did not think it a case for an inquest, and gave a certificate of burial. I understand the case has been reported to the Registrar-General, but up to now have not heard the result. I wish to know the course I ought to follow, whether it should be reported to the General Medical Council, or who is the proper body to deal with a case of this kind?

\*The facts should be reported to the General Medical Council, and to Dr. Leslie Phillips, 22, Newhall Street, Birmingham, Secretary of the Medical Defence Union.

### DIET AND HEALTH.

MR. JOSIAH OLDFIELD, M.A., B.C.L. Oxon. (Memorial Hall, Farringdon Street, E.C.) writes: The question of the value or the reverse of abstaining from flesh as an article of diet is a scientific one, and should not be ignored because of its being more or less associated with faddism. In a work on which I am engaged some authenticated experiments up to date would be very valuable, and I should esteem it a favour if you will allow me to ask, through the BRITISH MEDICAL JOURNAL, for an answer to any or all of the following questions by as many of your readers as have themselves experimented on their own