

throughout the inhalation. If Professor Wood and his friends refuse to accept this challenge, judgment must go against them by default.

A NOTE ON AN EARLY DESCRIPTION OF INFANTILE HERNIA.

By J. MACREADY, F.R.C.S.,

Surgeon to the City of London Truss Society.

THE species of hernia, known as "infantile," was observed by Hey, of Leeds, in 1764, and up to the present time he has always been credited with its discovery. To question the claim to priority of this celebrated surgeon would almost seem sacrilegious, and yet there was another surgeon, earlier than Hey and no less famous, whose description of this disease might well entitle him to contest it. M. Méry,¹ in 1701, narrated a case which appears to be undoubtedly of this nature, but he did not stamp it with a name.

It may not be unprofitable, before quoting M. Méry's words, to recall the manner in which infantile hernia usually presents itself. When the coverings of the tumour are incised, it is not the sac but the tunica vaginalis which is opened; below is seen the testis, and above is the hernial sac projecting into the cavity. The sac is more or less free, so that it may have no attachment to the wall of the tunica vaginalis, except at the neck, or it may be united besides in its whole length to the posterior wall of the tunica vaginalis, and be joined also to the testis by a fold (plica vascularis) containing the spermatic vessels. The peritoneum of the tunica vaginalis invests the outer surface of the hernial sac, so that, when viewed from the interior of the cavity containing the testicle, it appears smooth and shining, and might at first be mistaken for intestine. This deceptive serous covering has to be divided, and afterwards the pouch of peritoneum lining the sac, before the bowel is reached. These characteristics serve to identify M. Méry's hernia.

A man, 70 years old, arrived at the Hôtel Dieu on August 20th, 1701. He had a right inguinal hernia as large as a goose's egg. The integuments were in a condition that betokened gangrene of the gut within, and as in those times gangrene of the gut was considered absolutely fatal, M. Méry thought the patient should be left to die. M. Petit, however, urged the operation so strongly that M. Méry consented. M. Méry incised the coverings of the hernia, and no sooner were they divided than a blackish, foetid fluid escaped, leaving a large cavity "in which I saw the testis, sound and naked." He expresses his astonishment at this, and then his still greater astonishment on seeing in this open cavity "*un intestin aveugle*," healthy, and not tense, instead of being gangrenous as he had anticipated. "It was pierced by a hole so small as would scarcely admit a pin." (He appears to have pricked the sac with his bistoury.) This *intestin aveugle*, "from the groin to the bottom of the tumour, was separate from the membranes of the scrotum; but it was so closely united to the ring of the abdominal muscles that, despairing of overcoming its adhesion without rupturing it, I proposed to M. Petit to leave it and to content ourselves with dilating the rings. Of this he did not approve. I then separated this supposed intestine from these parts of the muscles and returned it to the belly. I perceived that in returning it to the abdomen it was still adherent to the peritoneum." As he thought the fæces would be no longer obstructed, he dressed the wound. During the next four days the bowels acted and the vomiting ceased, but hiccup and delirium came on and the man died.

At the post-mortem examination a mortification of that part of the ileum which had been strangulated was found with a rupture of two-thirds of the circumference of the gut and extravasation of fæces. The gangrenous part was nowhere adherent. After careful examination of the parts in the groin, "I found," he says, "I had been mistaken, and that the part which I had taken for *un intestin aveugle* was only the peritoneum prolonged in the form of a *cul-de-sac* into the scrotum..... In ordinary hernia the prolongation of peritoneum (sac) is always found united to the membranes of the scrotum on the one side and to those of the testis on the other; but, on the contrary, in this hernia it (the sac) was entirely separated from the one and the other....."

M. Méry deprecates criticism on his case, and says surgeons had better try to resolve the questions (1) how to discern the peritoneal *cul-de-sac* from the intestine, and (2) how to discover the cause which was able to separate the *cul-de-sac* (sac) from the scrotal membranes and to expose the testis in the tumour. This case seems to admit but of one interpretation, and is given so clearly and circumstantially by Méry that it is surprising it has received so little attention from the profession. Even Mr. Lockwood, who has done so much to elucidate the mystery of infantile hernia, has made no mention of it. M. Méry's case appears to belong to that variety in which the sac

hangs free in the tunica vaginalis, and is only attached to it at the neck, in which, as Thompson Forster said, the sac is "pendent from the ring."

MEMORANDA:

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

GENERAL SYMPTOMS PRODUCED BY ACCUMULATIONS OF CERUMEN.

CASE I.—A little girl, aged 8, suffered from incessant cough, bad nights, with frequent night terrors, almost complete loss of appetite, and emaciation. Her mother had been told that her lungs were much affected. A careful examination revealed nothing wrong in the chest, but, upon looking into the ears, one was found blocked with wax. The removal of this was followed by the happiest results—all symptoms rapidly disappearing. It is interesting to note that all the other members of the family also suffer from aural disorders—the father, mother, and one boy from catarrh with gradually advancing deafness, while another boy had a foul otorrhœa.

CASE II.—A gentleman, aged 81, complained of dreadful nervousness and restlessness with disordered digestion. His wife said he could not now settle to anything in the daytime, and that the disturbed nights were affecting her too. He had, during the few previous years, sought advice on several occasions without result, and he had now commenced to doctor himself with no happy results. Beyond a very furred tongue and considerable shaking, nothing could at once be observed which would suggest treatment. The temptation was strong, especially considering his age, to conclude that any advice would be no more successful than the former. It was noticed, however, that he was deaf, and, though he somewhat demurred, the ears were examined and found to be filled with large and hard masses of wax. These accumulations proved to be specially adapted to act as irritants, for embedded in the cerumen were large quantities of aural bristles, whose sharp ends projected like needles. It is remarkable that at such an age great improvement followed, and, at the end of a few months, the old gentleman sprightly declared himself "quite well."

CASE III.—A girl, aged 11, who had an exceedingly bad family history. Her mother and aunt had died of phthisis, her father suffers at present from lung disease, and an infant sister died of tuberculous meningitis. The facts demanded special care in the examination. The symptoms were rise of temperature and quick and irregular pulse. There were no head, eye, chest, nor abdominal symptoms, and her urine was normal. Her father, who had used a thermometer for some years, took her temperature for some days, and then sought advice. It ranged from 100° in the morning to 102° or 103° in the evening. She appeared to hear quite well, but more careful examination showed that the right ear was dull and filled with wax. This was very hard, and came away in two parts like small almonds. The temperature was normal the evening after removal, and has continued so since. The pulse also has gradually improved.

Edinburgh.

DAVID WM. AITKEN.

CASE OF VARICOSE VEINS IN THE FAUCES.

THIS was the case of a mechanic who had suffered for several years from an irritating hawking, with a mucous discharge from the back of his throat. I examined him, and found a mass of varicose veins projecting into the back of the throat, from the wall of the naso-pharynx on the right side. Its base sprang from the space behind the posterior pillar of the fauces, and extended upwards, so as partly to occlude the right posterior nares, while it invaded the back of the soft palate on that side. Running downwards it was attached by the side of the epiglottis and back of the tongue to the right aryteno-epiglottidean fold. The whole presented the appearance to the eye or laryngoscope of a mass of blackberries or a very long and wrinkled black snail. As the attachments were so extensive, and the walls of the mass—which hung out loosely from its broad base—were so very thin, it was not considered

¹ *Mém. de l'Acad. Roy. des Sciences* for 1701, p. 273, Obs. sur les Hernies. Observ. ii.

advisable to recommend operation, the inconvenience to the patient being insignificant.

Belfast.

GEO. CROKER, M.D., F.&L.R.C.S.I.

INTERMITTENT FEVER WITH HIGH TEMPERATURE. THE remarkable case of intermittent fever with high temperature, recorded by Dr. Stephen Mackenzie in the *BRITISH MEDICAL JOURNAL* of February 13th, has recalled to my memory a somewhat analogous case that occurred in my practice many years ago in India.

My patient was a soldier's wife, admitted for fever to the women's hospital at Kirkee. The points in which her case resembled the one reported by Dr. Mackenzie were as follows: The fever was intermittent and ran high, but I, unfortunately, cannot give the thermometric readings. There was no visceral affection, such as enlarged spleen or liver, with which the fever could be connected. Quinine had absolutely no effect in checking or even modifying the fever in the slightest degree. Lastly, even at the height of the paroxysms, the patient did not complain of feeling unwell. She only complained of feeling very hot, but not ill in herself, as they express it. This corresponds with the feature in Dr. Mackenzie's case, that "the patient did not seem profoundly ill when the high temperatures were recorded," etc.

Of course, it was evident that my patient was not suffering from ordinary malarial fever, and I felt completely in the dark until, in questioning her about her health in general, the fact came out that she was troubled with tapeworm. This hint was at once acted upon, an anthelmintic was administered, the woman passed an enormous tapeworm, and all her symptoms vanished at once and for good.

Dr. Mackenzie's patient is a sailor, and has knocked about all over the world; no one more likely to be the host of a tænia. If the man can be got at it would be interesting to ascertain whether he harbours any species of intestinal parasite.

King's Lynn.

R. W. HARE, M.B.

ASTHMA FROM NASAL DISEASE.

CASE I.—A young woman, aged 22, who used to suffer most violent attacks of spasmodic asthma. I attended her some years before I was aware of the connection between asthma and nasal diseases. I was called to attend her in another violent attack of asthma. On this passing away she came to my surgery to have the nostrils examined. I found both nostrils crowded with polypi. I then removed with the cold snare four from the left nostril and two from the right. This was on July 27th, 1889. On July 30th three were removed from the left nostril; on August 11th three from the left, one from the right. I may here add that the lady was nervous, and though she said I scarcely gave her any pain, still she would not consent to have more removed at one sitting. She did not come any more, thinking she was a good deal better, but there were still some polypi remaining, and the old enemy—asthma—again presented itself. On April 2nd, 1890, she again presented herself for treatment of the polypi. Both nostrils were crowded with them, and they could be easily seen without the aid of a speculum. Nasal respiration was quite impossible. In three sittings I removed thirty-one, so that on April 16th both nostrils were quite clear, and I could observe through the nostrils contraction of the throat muscles during deglutition. On April 23rd I applied the galvanocautery to the points of attachment of the polypi. It is now a year and three-quarters since the patient was treated, and her nostrils remain clear, and she has never had a single attack of asthma since that day, though previously the attacks came on at intervals of a few weeks only.

CASE II.—A lady's maid, aged 24, lived 800 feet above the sea level. She came to me on August 8th complaining of great difficulty in breathing, coming on spasmodically three or four times a day. Dr. — had told her she was suffering from "consumptive asthma." She had recently lost flesh, and felt quite unable to do her work. I found the lungs and heart healthy. There was a nasal intonation of voice, and on examining the nose I found polypi in the right nostril and hypertrophic rhinitis of the left side. On August 11th I applied the galvanocautery to the hypertrophied mucous membrane and removed the polypi with the cold snare. She

again came to me for treatment on August 18th, and said that the asthma was worse for three days after her last visit, but that she had gradually improved since then. I saw her at fortnightly intervals until October 3rd, when she expressed herself as feeling quite well. She looked better, was gaining flesh, and was entirely free from asthma. She got married on December 29th, and up to then had had no return of asthma.

Both these cases speak for themselves. The improvement in both was too sudden and too permanent for it to be possible to attribute it to anything but the cure of the nasal troubles.

Wrexham.

H. DRINKWATER, M.D.

INGUINAL BUBO: SUPPURATIVE PERITONITIS: DEATH.

SEPOY A. B., came into hospital with a suppurating inguinal bubo; it was freely incised, but became of a somewhat chronic nature. It was apparently going on well, when suddenly he developed acute peritonitis, which rapidly progressed to a fatal issue. On the onset of the peritonitis the secretion from the incised bubo, which for some time previous had been practically *nil*, now became abundant and foul.

Post-mortem Examination.—The usual appearances of acute suppurative peritonitis were present. On the inside of the abdominal wall, in the groin beneath the bubo, there was an abscess about the size of half a walnut, presenting a small puncture, through which some of its contents had been emptied into the abdomen. The abscess was thin-walled with the secreting membrane usual in cold abscesses. It had no connection with bone, and no connection by continuity of inflammatory tissue with the superficial suppurating bubo. As to symptoms, it was perfectly latent.

Cawnpore.

H. SMITH, M.D., Surgeon Medical Staff.

HYPERPYREXIA IN INFLUENZA.

A CHILD, aged 18 months, with influenza during the last epidemic, had the highest temperature which I have observed, (though I believe higher have been recorded), namely, 110°; it may have been higher, as the mercury reached the highest point possible, the thermometer being only capable of registering up to 110°. The child was comatose, and the respirations very rapid and shallow. The cold pack was used for an hour and a-half, antifebrin given, and next morning the temperature had fallen to 103°; it continued to vary from 100° to 102° for about a week, but the child is now well.

Tottenham.

GEO. B. BEALE.

OXYGEN IN PNEUMONIA AND IN CARDIAC DISEASE. I HAVE at present under treatment two cases which illustrate, each in its own way, the remarkable restorative powers of oxygen.

CASE I.—The first case is that of a little girl, aged 11 years, with a distinctly strumous tendency, who came under treatment with influenza early in January. She progressed favourably for a few days, and then developed pneumonia of the right base; this rapidly took on a septic and infective character, and attacked the whole of the right lung, and then spread to the left, the right meanwhile clearing up; it then re-attacked the right lung, going from part to part as before, till both lungs were again fully involved, and the bronchi well nigh blocked with large quantities of purulent sputa. Having tried, almost in vain, all the remedies I could remember, I asked my friend, Dr. Young of West Calder, to see her, which he did on March 1st, and suggested some slight changes in the treatment, and agreed with me that the case was quite hopeless.

She was a little better on March 2nd but had a very bad night, and on the 3rd and 4th expectoration had stopped altogether, and she seemed to be gradually sinking. The dyspnoea was very great, pulse 140, and the respirations about 56, but so interrupted by coughing and spasmodic attacks of sneezing as to be almost uncountable.

On the evening of March 4th I obtained from Glasgow a cylinder of Brin's oxygen, and at 7 p.m. gave her her first inhalation, which lasted twenty minutes. When we began the face was of a dusky hue and covered with clammy sweat, the

lips were blue, temperature 102° , pulse 132, respirations 52. About ten minutes after the inhalation was over she was asleep, the face looking quite natural; perspiration had ceased, the temperature had fallen to 99° , the pulse to 126, and the respirations to 36. The inhalations were repeated every four hours (oftener if necessary), and in two days the improvement was so marked that they were only given every six hours.

On March 10th the temperature was normal, pulse 108° , respirations 32; the front of the chest was wonderfully free from abnormal sounds; there was some loose crepitation behind in both lungs, and a solid patch in the outer aspect of the right lung, and I felt justified in telling the parents that I had now hopes of her ultimate recovery. She is still progressing favourably.

CASE II.—My second case is one of mitral disease, both obstructive and regurgitant, with great dilatation, rheumatic in origin. She has been under my care for several years, and lately has had some very bad attacks of angina. Since the beginning of March, she has been apparently sinking rapidly; there is almost complete anuria, with general dropsy, and, since March 12th, great dyspnoea, aggravated by large collections of mucus, to remove which she coughs almost incessantly and without much result. On March 15th, I tried oxygen merely to try to relieve the distress, and it acted like a charm. She coughed and expectorated freely; the dyspnoea was almost gone, and she was able to lie down, a luxury she had not enjoyed for some days. In this case, of course, one cannot look for permanent benefit, but the relief was most striking, and, I think, fully warranted the use of the gas.

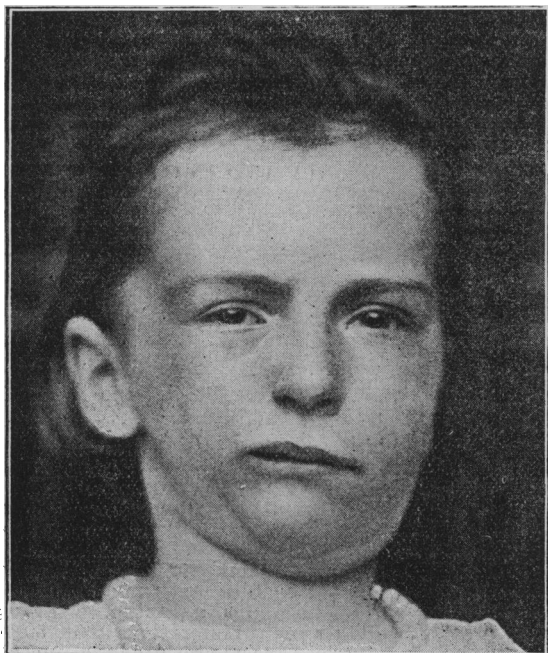
I may mention that in both cases a sense of hunger seems to be developed almost immediately after the inhalation. This was most marked in the second case, the patient asking for food a few minutes after getting the gas. She had not previously requested food for over thirty-six hours, and could with difficulty be induced to swallow anything.

Shotts, Lanarkshire, N.B.

JOHN BLAIR.

CASE OF HEMIATROPHY OF THE FACE.

The subject of this comparatively rare affection is a female, aged 7 years, whose father, aged 40 years, suffers from rheumatism; mother, aged 39, quite healthy; two sisters quite



healthy; no history of syphilis or of any like affection in the family; the mother is a very nervous woman; the child has never had scarlatina, typhoid, measles, or acute rheumatism. The patient's face was quite natural at birth, and remained unaltered until she was $3\frac{1}{2}$ years old. When 3 years of age

she got her head jammed in the bars of an iron gate, with an iron spike pressing under the chin, the head being rotated to the left and looking a little back. Beyond the pain caused by the twisting of the head there was no appearance of injury at the time more than the loosening of a lower incisor tooth, nor was anything wrong noticeable until six months later. The first evidence of the disease was a depressed yellowish-seam on the cheek just below the right eye; the lower teeth then began to fall out and the cheek to fall in, the atrophy extending and implicating the skin, subcutaneous tissue, muscles, and the upper and lower jaw of the right half of the face, giving to the face the appearance of being made up of halves from different individuals, and the smallness of the jawbones making the affected side look smaller than the healthy. There is no loss of hair, nor is there any change in its colour; the skin, which is very much thinner than on the opposite side, is drawn closely on to the bone, presenting depressions which do not exist on the unaffected side; the ala of the nose is smaller and the lips thinner on that side; the right half of the tongue is wasted, and when protruded points to the affected side. There is no marked difference in the halves of the palate; taste and sensation are unaffected, the muscles have undergone no change either in their electrical reactions or voluntary control, but the spot touched by the electrode flushes up in a very marked way.

The child is subject to attacks of migraine. This is interesting, as the disease is often classed with migraine. The disease is limited to the parts supplied by the two lower divisions of the fifth, that nerve giving through its lingual branch a communicating branch to the hypoglossal, and so affecting the tongue. The question is whether, in the absence of the diseases that the affection has usually followed, the injury was not the cause.

Cardiff.

HY. E. SKYRME, M.R.C.S., L.R.C.P.Lond.

ADDENDUM TO NOTE ON THE KNEE-JERK.

SINCE writing the short note on the localisation of the knee-jerk which appeared in the BRITISH MEDICAL JOURNAL of March 12th, I have repeated once more some of the experiments to which the note referred, and have used a slightly different mode of procedure. I find that the knee-jerk becomes greatly exaggerated after section of the posterior roots of the spinal nerves which supply the hamstring muscles. I have therefore, prior to examining the effect of section of the fifth root on the "jerk," secured artificially an exaggerated jerk in the above-mentioned way. Proceeding thus, it has become clear to me that section of the fifth anterior root alone does not ensure complete abolition of the "jerk;" a trace of the jerk can still be detected by careful testing, and this trace is only abolished by section of the fourth anterior root. The jerk therefore depends to a slight extent on the fourth as well as the fifth anterior root. On the other hand, section of the anterior root of the fourth without the fifth does not detectably affect the "jerk." The more delicate method I have now used has not made it apparent that, of the posterior roots, any other than the fifth lumbar is concerned with maintenance of the jerk. Section of the posterior root of the fifth lumbar alone suffices to abolish the jerk completely, as mentioned in my previous note.

I take this opportunity of correcting a slip which escaped my notice in the former communication. Instead of *vastus internus* and *subcrureus*, should have stood, *vastus externus* and *crureus*, for the parts of the quadriceps extensor on which the jerk depends.

Brown Institution, S.W.

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

A CASE OF ABNORMAL TWIN PREGNANCY.

ON February 23rd I attended Mrs. T., aged 26, at her first confinement. She had been in labour eighteen hours; the liquor amnii had escaped some three or four hours before my arrival. I found the head presenting and jammed in the pelvis. Without further delay I delivered her with the forceps of a full-term living female child. When expressing the placenta a second fetus was simultaneously expelled, enveloped in its own membranes, which, along with its cord, were attached to the same placenta as the living child.

On examination it presented the appearance of a mummified female fetus, developed to about the fifth month. There

was some torsion of the cord, which was looped round its neck in a figure of 8, both of which factors may have arrested the umbilical circulation.

Cases of "unequal development" in multiple pregnancy, being comparatively rare, I mention the case as it may interest readers.

Shankhill, Belfast.

R. C. McCULLAGH, M.D.

REPORTS

ON

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

MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.

LAMINECTOMY FOR SPINAL CARIES.

(Under the care of Mr. SOUTHAM.)

E. S., aged 3½ years, was admitted in October, 1889, suffering from cervical caries. Evidences of spinal disease had been present for about a year, and during that period she had twice previously been an in-patient and undergone the ordinary treatment—rest in bed, fixation of the spine, etc. The symptoms had, however, steadily progressed, and were rapidly becoming much more marked. Though there was not much deformity of the cervical portion of the spine, there was complete paralysis of both upper and lower extremities, with incontinence of urine and feces. She lay quite powerless with the arms extended and the legs flexed. Sensibility was impaired but not entirely destroyed. There was ankle-clonus and exaggeration of the knee-jerks. The respiration was shallow and the body perspired very profusely.

October 25th, 1889. Laminectomy was performed, as it seemed probable that the case would soon terminate fatally unless the pressure upon the cord was removed. The spines and laminae of the two most prominent vertebrae, the sixth and seventh cervical, having been exposed and resected, the vertebral canal was found to be filled with a quantity of soft granulation tissue; this was removed with a Volkmann's spoon and scissors, the dura mater, which showed no pulsation, not being opened. The operation was at once followed by a partial return of power in the arms, but there was no improvement in the condition of the lower extremities.

January, 1890. A second operation was performed, as it was thought probable that there was still some pressure acting upon the cord. The spines and laminae of the fourth and fifth cervical and first dorsal vertebrae were removed, and a quantity of granulation tissue was dissected off the cord. For some months there was very slight improvement in the patient's condition except in the arms, which gradually became stronger, so that she was able to feed herself and play with toys as she lay in bed.

Nine months after the second operation there was a slight return of power in the legs, and she also began to regain some control over the bladder and rectum. Since that date she has gradually and steadily improved, so that at the present time she can stand and walk without assistance, and has also gained complete control over the sphincters. The neck is left somewhat shortened, and the head is sunken on the shoulders. The operation wound is marked by a depressed linear cicatrix, beneath which the gap in the vertebrae can be felt, now filled up by a deposit of new bone.

REMARKS.—The object of operative interference in cases of caries of the spine, when paralytic symptoms are present, is to relieve the compression of the cord which is the cause of the paralysis. This is not usually due to the pressure of carious and displaced bone, for in these cases the curvature of the spine is often very slight, but is generally the result of a localised pachymeningitis, the cord being compressed by the inflammatory exudation which is poured out into the vertebral canal. Before performing laminectomy for caries accompanied by pressure symptoms, it must be borne in mind that with complete rest in the recumbent position and fixation of the spine, the paralysis will as a rule gradually disappear. Consequently, operative interference is only

indicated in a very small proportion of cases, and should not be adopted until palliative treatment has been given a fair trial, and then only when no benefit has resulted, or when the symptoms are progressing in spite of treatment, as in the case above recorded.

CHICHESTER INFIRMARY.

EPITHELIOMA IN UPPER LIP OF A WOMAN.

(Under the care of Mr. SKAIFE.)

[Reported by STANLEY B. DE BUTTS, House-Surgeon.]

J. P., aged 80, married, was admitted on November 14th suffering from an irregular ulcer in the centre of the upper lip. She stated it had been about two months reaching its present size, namely, that of a marble. She had never been a smoker



and there was no special family history. The base of the growth was somewhat indurated, but there was no lymphatic enlargement.

Mr. Frederick Skaife removed the growth by a A-shaped incision, and the wound healed rapidly by first intention. Mr. J. Jackson Clarke, curator of St. Mary's Hospital Museum, kindly undertook the microscopical examination, and found it to be a "typical squamous epithelioma."

I can find no record of a similar case. Mr. Erichsen¹ says he has "never seen an epithelioma in the lower lip of a woman," and I presume his statement applies *a fortiori* to the upper lip.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 22ND, 1892.

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

Operative Treatment of Congenital Dislocation of the Hip.—

Mr. RICHARD BARWELL read a paper in which he observed that the condition thus called was, as many anatomical investigations had shown, absence, more or less complete, of the acetabulum, usually combined with a certain truncation of the head of the femur. The well-known signs of the deformity were mentioned, and a symptom not hitherto noticed was described and illustrated by a sketch rapidly taken from a patient; in bowing forward with straight knees till the back of the pelvis was nearly horizontal, the great trochanters, or the trochanter in unilateral cases, projected upwards and outwards from the ossa innominata, and lay in some cases actually higher than those bones. Stress was laid also on a jolt which occurred when the limb was drawn down far

¹ *Science and Art of Surgery*, vol. II, p. 583.

into Committee on this Bill, and, Clause 1 having been agreed to, progress was reported.

Agricultural Labourers' Dwellings.—Sir Walter Foster, Mr. Stern, and other members have introduced a Bill for the purpose of facilitating the operation of the Housing of the Working Classes Act, 1890, in so far as it relates to rural sanitary districts.

Hospitals, etc. (Assistance from Rates) Bill.—A Bill has been prepared and brought in by Mr. Mather, Mr. S. Buxton, Mr. Knowles, Mr. Atherton Jones, Sir Albert Rolitt, and others to enable municipal corporations and other local authorities to give grants in aid out of the rates if they think fit to hospitals and infirmaries and such like charitable institutions supported by voluntary contributions. The object of the present Bill is to confer upon the more important local authorities, that is, county councils, borough councils, and urban sanitary authorities the power of contributing to the support of those hospitals, etc., which are maintained by voluntary subscriptions, and are not carried on for private profit. The power of subscribing to hospitals, infirmaries, and similar institutions is already possessed by guardians of the poor under the provisions of 14 and 15 Vict., c. 105 (Poor-Law Amendment Act, 1851), and 42 and 43 Vict., c. 54 (Poor-Law Act, 1879); and the Public Health Act, 1875, enables local authorities then existing to provide district hospitals, and to contract for the use of hospitals for the inhabitants of their districts; but there is no Act which enables local authorities to make grants in aid of hospitals, etc., which are maintained by voluntary contributions, and to make an agreement involving representation of the local authority on the governing bodies of such institutions.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE Regius Professor of Physic at Cambridge, Dr. Clifford Allbutt, F.R.S. has been elected to a Fellowship at Gonville and Caius College. Dr. Allbutt graduated as a member of the College in 1859, and in 1860 obtained a first class in the Natural Sciences Tripos. He took the degrees of Bachelor of Medicine in 1861 and Doctor of Medicine in 1869.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST. March, 1892. The following candidates passed:

In Surgery.—A. D. Bensusan and W. T. B. Donnelly, King's College Hospital; H. J. Forster, Westminster Hospital; R. T. Gilmour, St. Mary's Hospital; J. D. Hessey, Middlesex Hospital; F. V. H. Mossman, Owens College, Manchester; N. F. Roth, St. Mary's Hospital; S. A. L. Sodipo, Newcastle-on-Tyne; E. J. Steegmann, St. Mary's Hospital; R. S. Whitford, Charing Cross Hospital; J. Wood, St. Thomas's Hospital.

In Medicine, Forensic Medicine, and Midwifery.—P. Goold, Cork; G. B. Hillman, Yorkshire College, Leeds; F. V. H. Mossman, Owens College, Manchester.

In Medicine and Forensic Medicine.—W. D. Akers, St. Mary's Hospital.

In Medicine and Midwifery.—V. H. Barr, Guy's Hospital; J. Kyffin, London Hospital; W. K. Steele, Guy's Hospital.

In Medicine.—C. A. Davies, Owens College, Manchester; E. E. Frazer, Guy's Hospital; G. Grace, Bristol.

In Forensic Medicine and Midwifery.—C. O'Sullivan, London Hospital; W. A. Ward, Middlesex Hospital.

In Midwifery.—J. Dulberg, Owens College, Manchester; H. F. Ealand, St. Mary's Hospital; A. C. Fenn, St. Bartholomew's; W. Fowler, Durham University; W. M. Palmer, Charing Cross Hospital; R. A. Smith, Edinburgh.

To Messrs. Barr, Bensusan, Donnelly, Dulberg, Forster, Goold, Hessey, Mossman, O'Sullivan, Palmer, Steegmann, and Ward was granted the diploma of the Society entitling them to practise medicine, surgery, and midwifery.

The results of the examination in arts qualifying for registration as medical student, held in the hall of the Society, on March 4th and 5th, have just been published. There were 75 candidates, and from the pass list it appears that 2 were placed in the first class, and 15 in the second class, and 21 were certified as having passed in some subjects, thus completing for registration. The next examination will be held on June 3rd and 4th, and again on September 2nd and 3rd, 1892.

OBITUARY.

DON VICTOR PEREZ, M.D. (PARIS).

VISITORS to Orotava, in the Canary Islands, will regret to hear of the death of a venerable and esteemed practitioner in the person of Don Victor Perez, M.D. (Paris), who for many years past has been a central figure in the society of Teneriffe. Himself the son of a medical man, Don Juan A. Perez, he belonged, as well by birth as by choice, to the medical profession of which he was a distinguished ornament. To the erudition of a student who had acquired his information in the principal clinics of Europe, the deceased added the courtesy and hospitality of a Spanish gentleman, qualities which gained for him the confidence and esteem of his patients and of a large circle of friends. As an operating surgeon his reputation extended far beyond the limits of his island home, and in the course of a long life spent in active practice it fell to his lot to perform most of the more difficult operations in surgery,

including several successful cases of ovariectomy, a large number of lithotomies, operations for cancer on various organs, and an unprecedentedly large number of tracheotomies, which, thanks to the admirable climate, yielded more favourable results than usually follow this operation.

In addition to medical practice Dr. Perez took a great interest in agriculture, and he was the author of a number of publications on various points in connection therewith. The best known of these is a treatise on tagasarte (*Cytisus proliferus var.*), a remarkable fodder shrub, which he made known to European botanists and of which he distributed seeds far and wide. He believed that it was destined to revolutionise agriculture on the hills in warm countries, where the rearing of cattle is the principal resource. A crop can be cut three times a year, and it is readily eaten by horses, cattle, and sheep, both fresh and when fermented into a kind of ensilage. It is remarkable in that it can flourish for several months at a time without rain.

It is largely due to the efforts of Dr. Perez that the climatic advantages of the Canary Islands as a health resort have at last come to be appreciated by the European public. Thanks to his unceasing activity, hotels have been built and the lack of accommodation, which excited the hostile criticisms of Professor Jaccoud some years ago, has long since been remedied, and there now exists on the coast a health resort with probably the most equable climate the world enjoys.

The late King of Portugal made him a Commander of the Royal Military Order of Christ, and for many years he occupied the rank of captain in the National Militia under Queen Isabella. At the time of his death he was President of the Royal Economical Society of Teneriffe, and this position enabled him to further his views on agricultural reform. He died on February 21st, at the age of 65, from phlebitis of the femoral vein, consequent on an attack of influenza.

GEORGE SHEARER, M.D. EDIN., F.L.S.

WE regret to record the death of Dr. George Shearer, which took place at his residence, 173, Upper Parliament Street, Liverpool, on March 14th, in his 55th year. He was a native of Thurso, and was educated at the University of Edinburgh, where he graduated M.D. in 1859. He was gold medallist in anatomy, chemistry, surgery, and materia medica, and took Sir James Simpson's silver medal in midwifery. After holding the office of resident physician to the Edinburgh Royal Infirmary, he spent some years as a missionary in China. Coming to Liverpool eighteen years ago, he entered upon private practice, and endeared himself to a large circle. An enthusiastic botanist, he was soon appointed to the congenial office of lecturer on botany to the School of Medicine, and the introductory address, which it fell to his lot to deliver that year, testified to his mastery and love of the subject, and is well remembered by many who were students at the time. He was also a Fellow of the Linnean Society, and lecturer on animal physiology and general biology in the Liverpool School of Science, and was senior assistant physician to the Consumption Hospital.

He was the author of several pamphlets, including an "Essay on the Best Means of Curing the Opium Habit," which carried off a £50 prize. His practice and his prominence in learned societies made him many friends, and his contributions to the press, which were frequent, made him widely known in Liverpool as a clear and graceful writer. His death resulted from an attack of pneumonia, which he appears to have caught while attending a funeral ten days before. He leaves a widow, three sons, and two daughters.

THE Great Charité Hospital, where most of the university clinics and special institutes for teaching and research in Berlin are housed, is about to be rebuilt on a new site.

A WEEK or two ago a monument to Pietro Loreta, the late distinguished Professor of Surgery at Bologna, was unveiled in the Sant'Orsola Hospital of that city. He is represented as about to perform for the first time the operation of digital dilatation of the pylorus with which his name is identified.

MEDICAL PRACTITIONERS IN GERMANY.—During the academic year 1890-91 the number of persons who received the licence to practise medicine in the German Empire was 1,570, as against 556 in 1880-81. The medical profession in Germany has therefore almost trebled itself in ten years.

MEDICAL NEWS.

PROFESSOR KUSSMAUL, who recently celebrated the completion of his 70th year, has, in memory of his student days at Heidelberg, given a sum of 10,000 marks (£500) to the Luise Sanatorium in that city, for an endowment to be called by the name of a daughter who died in early youth.

SIR OSCAR CLAYTON'S will was proved at upwards of £150,000 personal property. Among other bequests he leaves his house in Harley Street and £2,000 to his friend Mr. Hickman, M.B.—Sir Morell Mackenzie's will is proved at upwards of £21,000 personal property.

MEDICAL men have always had a good deal to say on the subject of dietetics and cookery, and we are asked to mention that at the Cookery and Food Exhibition which the Lord Mayor will open in May Dr. Cranstoun Charles, of St. Thomas's Hospital will lecture upon the Digestion of Food, and Dr. Schulz Young, M.A., will lecture on Cookery, its Medicinal Aspect.

DR. DANFORD THOMAS held an inquest, on Wednesday, on the body of Dr. Apatowski, who was found dead in his rooms on Friday last. The evidence showed that death was caused by self-inflicted wounds, and a verdict of "Suicide during temporary insanity" was returned. Dr. Apatowski was a constant reader at the College of Surgeons, and was a familiar figure to all who frequent that institution.

In reference to the case which is being tried at Marlborough Street Police-court, and which is headed in the newspapers "A Charge against a Doctor," in which a Mr. Elgin Laws, describing himself as an advertisement contractor and a medical practitioner, of Black Horse Road, Walthamstow, is concerned, it may be worth while to note that we have been unable to find the name in the last edition of the *Medical Register*.

A NEW MEDICAL SOCIETY IN CUBA.—The "municipal doctors" of Havana, who functionally seem to correspond more or less closely with our medical officers of health, have recently, on the initiative of Dr. Francis W. Dumas, determined to form themselves into a society for the protection of their interests and the furtherance of sound sanitary principles. They hope in time to include the whole body of "municipal doctors" throughout Cuba in their organisation, and it is intended to make the Sociedad de Medicos Municipales a consultative committee to advise municipal authorities on sanitary matters, in the same way as the Havana Academy of Sciences advises the Government.

NEW RESEARCH SCHOLARSHIP.—An anonymous benefactor has established a scholarship of £100, tenable for one year, in connection with the College of State Medicine. The selection will be made by a committee consisting of Dr. George Thin, Surgeon-General Cornish, and Professor Wynter Blyth. The scholar will be required to undertake some research selected by the committee, with his concurrence, and requiring for its elucidation both chemical and bacteriological methods. Applicants (who will be required to devote their whole time to the work) should write to Surgeon-General Cornish, at the College of State Medicine, 101, Great Russell Street, on or before April 18th, 1892. The research will be carried on in the laboratories of the college.

THE UNITED STATES AND THE RESTRICTION OF IMMIGRATION.—A feeling of dissatisfaction has, as we have more than once indicated, for some time past been growing among our American cousins at the careless way in which the human refuse of European countries is admitted to the United States. Attempts have from time to time been made by the Legislature to stem the tide of this undesirable kind of immigration, but with only partial success, the evasion of the rules for the rejection of unfit persons being apparently often winked at by the officials. Secretary Foster therefore recently suggested to Congress that the head tax of 50 cents on each immigrant be abolished, and that a tax of 1 dollar, to be paid by the importing company, be substituted for it; also that each company file a bond of not less than 50,000 dollars for the return of immigrants found within two years after landing to have

been brought in contrary to the laws of the United States. A system of preliminary inspection before embarking is also proposed, such inspection to be under the charge of a body of officials responsible to the United States Consuls.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Bourgarel, Surgeon to the Hôtel-Dieu at Toulon; Dr. Libert, of Alençon, a member of the French Senate, aged 63; Dr. Georg Mayer, of Innsbruck, the oldest practitioner in the Tyrol, aged 92; Dr. Joseph Lerch, sometime Professor of Zoochemistry in the University of Prague, aged 75; Dr. João Paes Mamede, of Gouveia (Portugal), aged 96, an example of the ruling passion strong in death, inasmuch as he died while visiting a patient; Professor B. Kuessner, of Halle, a clinician rising fast into deserved fame, aged 39; Christoph Hellmann, Master of Veterinary Medicine, an active member of the St. Petersburg Institute of Experimental Medicine, who died on March 10th from the effects of an accidental inoculation with glanders two years before while pursuing researches on "mallein," a substance which he believed to be a remedy for that disease; and Dr. Victor Ivánchich de Margita, the well-known surgeon of Vienna, and author of numerous works on genito-urinary subjects. He was a pupil of Civiale, Heurteloup, and Leroy d'Etiolles, and was the first to introduce the operation of lithotripsy into Austria-Hungary. He was a brilliant operator, and had a record of some 300 successful cases. Dr. von Ivánchich, who was 80 years of age, retired from practice in 1881.

AMERICAN JOTTINGS.—It is said that Dr. Paul Gibier contemplates closing the New York Pasteur Institute, of which he has been director since its establishment, on the ground of want of support. There are plenty of patients, but very inadequate practical recognition of the work done. The city councils of several Western cities had, it is alleged, guaranteed payment for the treatment of patients sent by them, but Dr. Gibier complains that they have so far failed to honour his bills. He has been compelled to use his private means to defray expenses, and not unnaturally thinks that, in such an undertaking, he should at least be indemnified against loss by State aid.—Some benevolent ladies have formed themselves into an association to ensure proper care for the students of Yale when struck down by illness. The committee is trying to raise 25,000 dollars for the purpose of establishing a small infirmary for their reception. Subscriptions to the amount of 22,000 dollars have already been promised.—The Kentucky State Board of Health has decided to take active measures against quacks.—The Massachusetts General Hospital is to be sued for malpractice by a patient who had undergone amputation of a limb, and who had contracted pneumonia in consequence, as he alleged, of the windows of the ward having been kept open.—A Bill has been introduced into the New York State Legislature providing for the establishment of a State epileptic hospital.—A doctor of Maine, on hearing a man boast that he had paid only 25 dollars in doctor's bills in the last forty years, although he had "raised" six children, replied that he knew men "meaner than that," as they had not paid a cent. of their doctor's bills for the past fifty years, nor did he think they ever would.

LITERARY INTELLIGENCE.—The Imperial Institute of Experimental Medicine at St. Petersburg is about to publish a journal of its own, under the title of *Archiv für biologische Wissenschaft*. The new periodical is to be published in two languages, Russian and French.—We have received a copy of *The Corpuscle*, a new monthly periodical, which, as the title-page informs us, is "edited by the students of Rush Medical College, Chicago, Ill., Medical Department of Lake Forest University." Our youthful contemporary is well got up, and its contents are varied and interesting. The able editors are, however, mistaken in thinking that *The Corpuscle* is the first medical student's journal that has ever been published. Is the light of our bright little contemporary, the *Guy's Hospital Gazette*, so hidden under a bushel that no glimmer of it has found its way to Rush Medical College? We are under the impression, too, that several other periodicals written by students for students, as Thackeray's prophetic *Pall Mall Gazette* was written "by gentlemen for gentlemen," have at one time or another flourished in various medical centres, but

as a rule the life of such publications is that of the rose, *l'espace d'un matin*. We hope, however, that *The Corpuscle* may have a different fate, and may live and thrive long enough to justify the boast of the editors that "by incessant toil they have infiltrated (it) with hæmoglobin of the *crème de la crème* quality!"—A new monthly medical journal, entitled *Archives Cliniques de Bordeaux*, has recently appeared under the editorship of Professors Demons and Pitres. The first number contains papers by M. Pitres on "Partial Sensory Epilepsies," by M. Pousson on the "Operative Treatment of Incontinence of Urine of Urethral Origin in Women," and by MM. Arnozan and W. Dubrueil on "Trichophytic Lesions of the Hands and Nails."—The first number of the *International Medical Magazine*, edited by Dr. Judson Daland, and published monthly at Philadelphia (J. B. Lippincott Company), appeared in February. It presents a decidedly handsome appearance, and contains, among other original papers, "Six Successful Cases of Delayed Union and Ununited Fracture," by Dr. J. W. White; "Two Cases of Hernia treated by Laparotomy," by Dr. W. W. Keen, with clinical lectures by Professors W. Pepper, Charcot, Loomis, etc.—The first dental journal in Hungarian has recently begun to appear at Buda-Pesth, under the title of the *Odontoskop*. The editor is Dr. Josef Iszlai.—The Italian journal entitled *Archivio Italiano per le Malattie Nervose e Mentali*, lately edited by Professor Verga and Dr. Biffi, has been incorporated with the *Rivista Sperimentale di Freniatria*, which is henceforth to be known as the *Rivista ed Archivio di Psichiatria*. In like manner *La Psichiatria*, of Naples, has been incorporated with the *Giornale di Neuropatologia*, and now appears under the title of *Annali di Neurologia*.

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.
- BELGRAVE HOSPITAL FOR CHILDREN**, 79, Gloucester Street, S.W.—House-Surgeon. Board, lodging, fuel, and light found. Applications, endorsed "House-Surgeon," to the Honorary Secretary by April 1st.
- BETHLEM HOSPITAL, S.E.**—Two Resident Clinical Assistants. Applications, endorsed "Clinical Assistantship," to the Treasurer by March 30th.
- BUCKINGHAM GENERAL INFIRMARY**, Aylesbury.—Resident Surgeon and Apothecary; doubly qualified. Salary, £80 per annum, rising £10 yearly to £100, with board and lodging, washing, coals, and candles, in furnished apartments. Applications to Mr. George Fell, Solicitor, Aylesbury, by April 5th.
- CHARING CROSS HOSPITAL.**—Pathologist and Curator. Salary, £100 per annum. Applications to the Chairman of the Medical Committee, by April 4th.
- COLLEGE OF STATE MEDICINE.**—Research Scholarship, tenable for one year. Salary, £100. Applications to Surgeon-General Cornish, College of State Medicine, 101, Great Russell Street, W.C., by April 18th.
- DERBYSHIRE ROYAL INFIRMARY.**—Resident Assistant House-Surgeon. Appointment for six months, but eligible for an additional six months. Salary, £10 for first six months, £25 for second six months, with separate apartments, board, and washing provided. Applications to the House-Surgeon by April 9th.
- HOLBORN DISTRICT BOARD OF WORKS.**—Public Analyst. Salary, £100 per annum. Application marked outside "Public Analyst" to the Clerk of the Board, Holborn Town Hall, by March 29th.
- HULME DISPENSARY**, Manchester.—House-Surgeon; doubly qualified. Salary, £140 per annum, with apartments, attendance, coal, and gas. Applications to F. H. Collins, M.D., Secretary Medical Committee, by April 6th.
- LONDON HOSPITAL**, Whitechapel Road, E.—Surgical Registrar. Salary, £100 per annum. Applications to the Secretary by March 26th.
- LONDON LOCK HOSPITAL AND ASYLUM**, Harrow Road.—Surgeon to in-patients; must be F.R.C.S. Eng.; appointment for ten years. Applications to the Secretary by March 29th.
- 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.
- LONDONDERRY LUNATIC ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, rations, fuel, light, washing, and attendance. Applicants must be unmarried, and not more than 30 years of age. Apply with copies of testimonials to Dr. Hetherington. Election on April 14th.
- MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.**—Resident House-Surgeon; must reside near the Hospital. Applications to G. W. Fox, Honorary Secretary, 53, Princess Street, Manchester.
- MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.**—House-Surgeon. Honorarium at the rate of £75 per annum. Applications to Geo. Wm. Fox, Honorary Secretary, 53, Princess Street, Manchester, by April 9th.

- NORTH RIDING ASYLUM**, Clifton, York.—Second Assistant Medical Officer. Salary, £100 per annum, with board, apartments, washing, and attendance. Applications to the Medical Superintendent by March 26th.
- PARISH OF GLENELG**, Inverness-shire, N.B.—Medical Officer for the Southern Division. Salary, from Parochial Board, £50 a year, free house and garden, and additional fixed salary of £100 from other sources. Applications to Chairman of the Parochial Board, Inverie, Isle Ornsay, N.B.
- PAROCHIAL BOARD OF UIG, LEWIS.**—Medical Officer. Salary, £180. Gaelic indispensable. Applications to the Chairman, Parochial Board of Uig, by Stornoway, before April 15th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Member of the Court of Examiners. Applications to the Secretary by March 30th.
- ROYAL FREE HOSPITAL**, Gray's Inn Road.—Senior Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board and residence. Applications to the Secretary by April 11th.
- ROYAL FREE HOSPITAL**, Gray's Inn Road.—Junior Resident Medical Officer. Board, residence, and washing. Applications to the Secretary by April 11th.
- ROYAL PIMLICO DISPENSARY**, 104, Buckingham Palace Road, S.W.—Resident Medical Officer and Assistant Secretary. Salary, £100 per annum, with percentage of payments of members, unfurnished house free of rates and taxes, with gas and two-thirds of coal. Applications to the Secretary by April 5th.
- SALFORD UNION.**—Assistant Medical Officer for the Union Infirmary, Hope, near Eccles; doubly qualified. Salary, £130 per annum, with furnished apartments. Applications, endorsed "Assistant Medical Officer," to T. H. Bagshaw, Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by March 28th.
- SOUTHALL-NORWOOD LOCAL BOARD.**—Analyst. Applications marked "Application for Analyst" to the Board Officer, High Street, Southall, Middlesex, by April 12th.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL**, Plymouth.—Honorary Assistant House-Surgeon. Applications to J. W. Wilson, Honorary Secretary, by April 5th.
- TAUNTON AND SOMERSET HOSPITAL**, 13, Hammet Street, Taunton.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to J. H. Bidolph Pinchard by April 2nd.
- TOWNSHIP OF MANCHESTER.**—Assistant Medical Officer to the Workhouse at Crumpsall; doubly qualified; unmarried. Salary, £100 per annum, with furnished apartments, fire, light, washing, and attendance. Applications, endorsed "Assistant Medical Officer," to George Macdonald, Clerk, Poor-Law Offices, New Bridge Street, Manchester, by March 26th.
- UPTON-UPON-SEVERN UNION.**—Two District Medical Officers. Salary, £50 per annum, with extra fees. Applications to George Powell, Clerk, by March 29th.
- VICTORIA HOSPITAL FOR CHILDREN**, Queen's Road, Chelsea.—Honorary Medical Officer to New Convalescent Branch at Broadstairs; to be opened in May. Applications to the Secretary, Captain Blount, R.N., by April 18th.

MEDICAL APPOINTMENTS.

- BALDWIN**, Thos. Arthur, B.A., M.D. Dub., L.R.C.S. Irel., appointed Medical Officer to the Sculcoats Rural Sanitary Authority, *vice* T. Walton, M.R.C.S.
- BERKELEY**, G. H. A. C., M.R.C.S., L.R.C.P., appointed House-Physician at the Middlesex Hospital.
- BOLUS**, H. B., M.R.C.S., L.R.C.P., appointed Assistant House-Physician to Guy's Hospital.
- BRENNER**, Jas. M.B., C.M. Aberd., appointed Medical Officer for the Eastern Sanitary District of the Strand Union.
- CHAMBERS**, A. B., M.D., M.Ch. Irel., reappointed Medical Officer of Health for the Long Eaton Urban Sanitary District.
- COLLIE**, Robert John, M.D., M.B., C.M. Aberd., appointed Divisional Surgeon to the Police of the P Division stationed at Catford.
- DAVIES**, T. B. P., M.B., B.S. Lond., appointed House-Surgeon to Guy's Hospital.
- DAWSON**, W. H., M.D. Durh., M.R.C.S., appointed Medical Officer of Health for Great Malvern, *vice* W. Tyrrell, M.R.C.S. Eng., L.S.A., resigned.
- DURHAM**, H. E. M.B., B.C. Cantab., appointed Assistant House-Surgeon to Guy's Hospital.
- ESKRIDGE**, R. B., L.R.C.P. Edin., M.R.C.S., appointed Medical Officer for the Royston and Carlton Townships of the Barnsley Union.
- FISHER**, W. H., M.B., B.C. Cantab., appointed Assistant House-Physician to Guy's Hospital.
- HENRY**, George Fraser, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer and Public Vaccinator to the St. James's District of the Bury Union.
- HODGES**, James, M.R.C.S. Eng., L.S.A., appointed Medical Officer and Public Vaccinator to the St. Mary District of the Bury Union.
- MACLEOD**, A. L., M.B., C.M. Univ. Glasg., appointed Junior House-Surgeon to the Macclesfield General Infirmary, *vice* A. J. Beesley, resigned.
- MARTIN**, Sidney H. C., B.Sc., M.D., F.R.C.P. Lond., M.R.C.S. Eng., appointed Assistant Physician to the Brompton Hospital for Consumption.
- MILLIGAN**, George C., M.A., M.B., C.M. Aberd., appointed Medical Officer to the Forbes Leachon Hospital.
- MILLIGAN**, H. N. D., M.B., C.M. Edin., appointed Junior House-Surgeon to the Bradford Infirmary.
- MORRIS**, H. C. L., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the Hamleden Sanitary District of the Henley Union, *vice* A. D. Deane, L.R.C.P. Edin., resigned.
- MURDOCH**, W. H., M.D., Senior Resident Medical Officer, Parish Infirmary Liverpool, appointed Physician to Convalescent Home for Children Fulwood, and Surgeon to Dinglemourt Home for Epileptics.

OGDEN, Charles, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for the Milnrow Urban District.

PARTIDGE, Thomas, M.R.C.P.I., M.R.C.S., reappointed Medical Officer of Health for the Stroud Urban Sanitary Authority.

RAKE, A. T., M.B., B.S. London, appointed Assistant House-Surgeon to Guy's Hospital.

RIDEAL, Samuel, D.Sc. Lond., F.I.C., Lecturer on Chemistry at St. George's Hospital, appointed Public Analyst to the Lewisham District Board of Works.

ROBINS, Geo. Norman, M.R.C.S. Eng., L.R.C.P. Edin., appointed Surgeon to the Gas Light and Coke Company, Limited, *vice* Dr. George Pearse, deceased.

SALTER, Howard, M.R.C.S., appointed Medical Officer for the Northern District of the Bideford Union, *vice* F. Pratt, M.R.C.S. Eng., L.S.A., resigned.

SHORT, William Rushton, M.B., B.S., L.R.C.P. Lond., M.R.C.S. Eng., appointed Third Assistant Medical Officer to the Durham County Asylum.

STUART, Robert, M.R.C.S. Eng., L.R.C.P. Lond., appointed Fourth Assistant Medical Officer to the Durham County Asylum.

SULLY, Albert Max, L.R.C.P. Lond., M.R.C.S. Eng., appointed Resident Medical and Surgical Officer to the Jaffray Suburban Hospital, Birmingham *vice* J. D. Ballance, L.R.C.P. Lond., M.R.C.S. Eng.

TANNER, C. E., M.D. Durh., reappointed Medical Officer for the North and Sea Sanitary Districts of the Farnham Union.

TREND, Theophilus William, M.D. St. And., M.R.C.S. Ed., appointed Physician to the Royal South Hants Infirmary, Southampton, *vice* George Scott, M.D. Edin., deceased.

TURNER, F. M., M.B., B.C. Cantab., appointed House-Physician to Guy's Hospital.

TWINING, Alfred Hughes, M.R.C.S. Eng., D.P.H. Camb., L.S.A., appointed Medical Officer of Health to the Kingsbridge Rural Sanitary Authority.

WOOD, F. S., M.R.C.S., L.R.C.P., appointed House-Surgeon to Guy's Hospital.

WRENCH, E. B., L.S.A., appointed Deputy Vaccination Officer, Bakewell.

YOUNG, J., M.B., B.S. Lond., appointed House-Physician to Guy's Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Amand Routh: Rapid Dilatation of the Uterus for Diagnosis and Treatment in Cases of Uterine Hemorrhage, with cases.

TUESDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Examination Hall, Victoria Embankment, 5 P.M.—Dr. Sidney Martin: The Goulstonian Lectures on the Chemical Pathology of Diphtheria compared with that of Anthrax, Infective Endocarditis, and Tetanus. Lecture III.

THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. Pye-Smith: The Lumleian Lectures on Certain Points in the Etiology of Disease. Lecture I.

FRIDAY.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8 P.M.—Pathological Specimens by Dr. Ball and Mr. Dunn. Dr. W. P. Herringham: On Lumbago and Sciatica. Dr. Symons Eccles: On Sciatica.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Royal Kent Dispensary, Greenwich, 8 P.M.—Discussion on Influenza, opened by Dr. Geo. Newton Pitt.

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.

SIMPSON.—On March 18th, at East Acton, W., the wife of G. A. Garry Simpson, M.R.C.S. Eng., of a daughter.

MARRIAGES.

CLEWOW—FORD.—On March 15th, 1892, at Whitley, by the Rev. E. S. Hilliard, Vicar of St. Andrew's, West Kensington, Arthur H. Weiss Clemow, M.D., of 1, Comeragh Road, West Kensington, to Blanche Graham, third daughter of John Ford, Tancred, Whitley, in the county of York.

POTTS—HENRY.—March 16th, at the Reformed Presbyterian Church, Crelvagh, co. Monaghan, by the Rev. J. P. Potts, B.A., brother of the bridegroom, Renewick McCarroll Potts, L.R.C.P. & S.I., Forkhill, co. Armagh, eldest surviving son of John Potts, Esq., Belfast, to Agnes (Addie), eldest daughter of Thomas Henry, Esq., of Monaghan.

DEATHS.

ANDERSON.—On March 17th, at 2, Harley Street, W., Mary Margaret, wife of William Anderson, F.R.C.S., aged 40 years.

LOVE.—On February 8th, at Forres, N.B., James Love, B.A., M.D., eldest son of the late Rev. Joseph Love, Killeter, co. Tyrone, Ireland, aged 48.

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.

M. A. CANTAB. asks if there is any school or institution where a child who stammers can be specially educated with a view to curing the stammer?

M. D. would like suggestions for treatment of a general scurfiness of the scalp, with loss of hair, which before coming out splits. Is pilocarpin of service in such cases, and in what form and combination?

L. R. C. S. & P. E. D. writes: I should be pleased to have an opinion as to whether anything can be done in the following case: A girl, aged 8, who has but two incisor teeth in the upper jaw—a family peculiarity—has one of them so that it grows at right angles to the other. It has its long diameter antero-posteriorly. The child is healthy in all respects. All the other teeth are normal as to size and position.

UNSHOD HORSES.

C. S. B. would be glad to know if any medical men have tried running their horses without shoes, and if so with what results; and what treatment of the foot was necessary?

. Some medical men have, we believe, tried running horses without shoes, but with varying results. Only hoofs specially adapted will sufficiently resist the ill effects of artificial conditions to which horses under domestication are subjected. The wall of the majority of feet is liable to "chip," and render the underlying sensitive structures vulnerable. From our experience of the practice we cannot recommend its general adoption; but should our correspondent be disposed to put it to the test, it will be advisable to select an animal whose hoof horn shows no tendency to brittleness. The "wall," "frog," and "sole" should be allowed to grow down until the last named begins to exfoliate, when the frog may be "cut," and the wall "rasped" down to its level. The only other treatment necessary is to maintain this state of level with the sole by occasional application of knife and rasp. Should any tenderness of foot ensue we think it would be advisable to apply a shoe. That known as the "Charlier," a mere rim of iron "let in" at the bottom of the wall, prevents chipping, and allows the other parts of the hoof to perform their natural functions.

ANSWERS.

INQUIRER should consult a respectable medical man in Glasgow—not an advertiser.

ABERDEEN M. B.—So far as we are aware no examinations for medical officerships of health are required in Queensland, New South Wales, Victoria, and South Australia.

DR. GOULD (Hatherleigh).—Dr. Patrick Manson has kindly examined the contents of the parcel marked "a pathological specimen from Dr. Gould" (exhibited at a recent meeting of the British Medical Association, South-Western Branch), accompanying a letter to us. Dr. Manson reports that the pathological specimen is evidently of a vegetable character, and consists, in his opinion, of pieces of imperfectly-masticated and wholly-undigested orange, blackened by the action on it of the juices of the stomach. A fragment of fresh orange was placed in spirit and then compared with the specimen; they were found to correspond very closely except in colour. Under the microscope the oat-shaped cells of the specimen corresponded very closely with the large cells of orange pulp, and the vegetable membrane to which these cells were attached seems to be the same in both cases.