

## MEMORANDA:

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

## AUTO-INFECTION IN SCARLATINA.

In the proceedings of the Bradford Medico-Chirurgical Society, published in the BRITISH MEDICAL JOURNAL of April 16th, I find a record by Dr. Bates of what he calls auto-infection in scarlatina. As it is certainly unusual for a case of scarlet fever to run such a course, I should also like to make a short note of a similar occurrence which came under my observation during a somewhat extensive epidemic which recently prevailed in this neighbourhood.

A little girl, aged 4, was first seen on October 16th, 1891. She had a temperature of 103° F., and the trunk and limbs were pretty generally covered with a typical scarlatinal rash. During the succeeding days the temperature came down, and all the other symptoms gradually disappeared. On October 22nd the temperature was normal; appetite good; no trace of rash; but there were signs of incipient desquamation of skin. The child remained practically well till October 26th, when she sickened again; the temperature went up to 104° F., and the greater part of the body was again covered with the same typical eruption of scarlet fever. The urine in this case remained normal in quantity, and not the least smoky in appearance. This second attack ran just the same course as the first, and eventually terminated favourably. Desquamation then followed.

I am not prepared to say that this patient must necessarily have infected herself, as I found that she had been allowed to go about the house after the disappearance of the first febrile symptoms, but the fact that this recurrence or recrudescence does occasionally take place during convalescence ought, I think, to have more special notice in the description of the disease given by different writers, as it is of some practical importance for physicians to bear it in mind in giving their instructions to those who have to do with nursing such cases.

The fact that a considerable elevation of temperature sometimes occurs during the process of desquamation led Trousseau to infer that "the fever is far from being ended when the more palpable symptoms of the disease have ceased," and that the "morbific action is not completely exhausted." But in view of the distinctly apyrexial period of some days which occurred between the two attacks we would now be inclined to say that the scarlatinal bacilli must have sprung up into renewed activity after a period of rest, and, accepting Metschnikoff's theory, that the phagocytes were at first unprepared for such an unexpected invasion by the enemy, although they eventually completely routed the bacilli. In view of the supposed immunity believed to be conferred on the individual by one attack of these infectious diseases against another, it is a little strange that the bacilli should have found such a suitable soil for their development on their second invasion after so short an absence.

HUGH JONES, M.B.,  
Late Resident Physician Glasgow Western  
Infirmary.

Dolgelly, North Wales.

## "CATARRHAL ENTERITIS."

In connection with Dr. Bottentuit's paper in the BRITISH MEDICAL JOURNAL of April 16th, I should like to mention two cases which have occurred in my practice during the last fortnight. In the first case, that of a woman some 60 years of age, there was many years history of dyspepsia with chronic constipation, accompanied at the time I was attending her by much colicky pain in the abdomen, and tenesmus on defæcation. From time to time she passed pieces of membrane of various sizes and shapes, some being about 9 by 2 inches. This membrane was quite white in colour, and in appearance closely resembled the thickened wall of a hydatid cyst. Sometimes hard lumps of faecal matter coated with bits of this membrane were voided, while at other times simply lumps of mucus were passed. On one occasion some bright blood in considerable quantity was noticed, which evidently came from some hæmorrhoids.

The second patient was a little girl, aged 7 years, whom I was attending for a very mild attack of rōtheln. She had no pain in the abdomen and no diarrhoea, and, in fact, felt and looked quite well during the short illness. The membrane passed was shown me by the nurse, who thought it was a worm. In colour and appearance it resembled the membrane in the last case. I had a piece put into a bottle, but unfortunately, when I came to examine it, found nothing but turbid water, the membrane having dissolved in the water.

Weston-super-Mare. CH. PERCIVAL CROUCH, M.B., F.R.C.S.

## EPITHELIOMA IN THE UPPER LIP IN A WOMAN.

When I was house-surgeon at Steevens's Hospital five years ago a woman from the country presented herself at the outpatient department with a growth on the upper lip a little to the left of the middle line. She was aged 42, healthy in other respects, and said she had had the growth for a long time. I admitted her under the care of the late Dr. Robert McDonnell, F.R.S., who kindly allowed me to excise the disease, which proved to be typical epithelioma. It is the only case I have seen in the upper lip in woman. She is still quite well, and there is no return at all.

RICHARD B. MCCAUSLAND, M.B.,  
Surgeon to Steevens's Hospital, Dublin, etc.

## A CASE OF MENINGITIS, PROBABLY CONSEQUENT ON INFLUENZA.

On the night of March 13th I received a summons to attend a case about four hours away. I reached the patient's house at 3 A.M., March 14th. The history I obtained was to the effect that a short time previously he had been laid up in bed for eight days with fever, headache, and pains all over the body. This was supposed to have been influenza, and as that disease was very prevalent in the district at the time the supposition was probably correct. After this he got up for four days, went about the house and garden, and once for a drive to a place distant about one hour. He went to bed a second time on March 6th, complaining of his head. When I saw him he was delirious (and was said to have been constantly so since March 10th), with a temperature of 103.5°, pulse 120, and respirations 40 a minute. The left arm was contracted, urine and fæces were passed unconsciously, and there was no knee reflex. He was able to swallow. Owing to his restlessness I did not attempt an ophthalmoscopic examination. He died March 15th at 4 A.M.

In a house some 500 or 600 yards from that of this patient I saw the same morning a woman suffering from influenza—a fact that lends some support to the view taken as to the nature of the original illness in the first case.

I cannot recall having heard or read of any instance of meningitis following influenza, though I have no doubt such cases have occurred, and I report this possible example as being of interest in connection with the accepted pathology of the latter disease, namely, some undefined affection of the central nervous system.

Douglas, Griqualand West.

JAS. T. BOLGER.

## ACUTE DERMATITIS FOLLOWED BY EXFOLIATION FROM HEAD TO FOOT.

THE case described by Dr. Stopford Taylor in the BRITISH MEDICAL JOURNAL of April 23rd, induces me to record the following one.

J. W., aged 71, a gardener, suffered, on October 10th, 1891, from acute pain in the lower part of the left side of the thorax, especially during inspiration. There were no physical signs, but the patient was treated with hot applications as for pleurisy. Pain subsided and a dry constant cough came on; again no physical signs could be detected. About five days after the commencement of the attack the patient complained of a sensation of great heat and irritation of skin. At this time the face, trunk, arms, and legs became successively bright red and swollen. Numerous yellow points were visible which were elevations of the epidermis by collections of pus, the largest being equal in size to an oat-grain. At this stage the patient was greatly exhausted, but the constant cough, which no treatment had allayed, almost suddenly ceased.

The bright red colour of the skin faded leaving an ashy white hue, and gradually the whole surface of the body be-

came denuded of epidermis in the form of powder and flakes, and in the case of the fingers almost in complete casts. A soft, pink, and apparently healthy skin resulted, and the patient quite recovered his former health. There was no illness in the village where he resided, and his occupation did not bring him into contact with others. Influenza did not spread after July, and did not reappear in the neighbourhood until December.

As the case seemed to be of an uncommon character, as soon as exfoliation commenced I invited Dr. Colcott Fox to come and see the patient, but at the moment he was unable to leave London.

Farningham.

T. F. HUGH SMITH.

#### THE HYPODERMIC INJECTION OF STRYCHNINE.

As there has been some correspondence lately relative to the use of strychnine hypodermically, I think it may be interesting to mention two cases in which I used it, and also to note a symptom arising from the use of the drug by the mouth which I have not seen mentioned in the usual textbooks.

The first case was one of cardiac failure in a case of puerperal septicæmia. The woman had a temperature of 102°, but there were no abdominal symptoms or anything to give cause for alarm until one day I found her with pulse almost imperceptible, face and lips blue, and presenting all the symptoms of impending dissolution. I gave brandy and Valentin's meat juice, a teaspoonful of each alternately every twenty minutes, and she showed no improvement for over an hour, so I injected liquor strychninæ  $\frac{m}{jss}$  on two occasions at intervals of about half an hour, after which the blueness disappeared and she much improved, regaining consciousness and speaking, although in a whisper. I repeated the dose a few hours afterwards with benefit. She eventually recovered.

The second case in which I adopted the hypodermic administration of strychnine was that of a chronic dipsomaniac who had symptoms of delirium tremens and cardiac weakness. I was led to try the drug by the alleged effect it has in lessening the craving for stimulants. The liquor strychninæ was the same as in the previous case. I began with doses of  $\frac{m}{ij}$ , and noticed no effect; the dose was increased at intervals of a few days, until after a week or two liquor strychninæ (*B.P.*)  $\frac{m}{x}$  was injected without any appreciable effect. I then had a solution made of the same strength as the liquor, and used that, thinking perhaps the drug had crystallised out. Ten minims of this were injected, and no appreciable effect resulted. The man, however, got much better in health, and left the cottage hospital practically well. He, however, has not lost the appetite for stimulants, although he is in every way better than before.

The question arose in my mind as to whether the small quantity ( $\frac{m}{jss}$ ) could have had any real action in the first case, considering that  $\frac{m}{x}$  caused no symptoms in the second. I would have expected to have twitching of the arms or other symptoms of strychnine poisoning with such a dose, and would like to have the experience of those who have used the method more largely as to what is the proper dose for an adult, and also whether alcoholic patients possess any immunity from the poisonous action of strychnine.

In several cases in which I have given strychnine as a tonic I have had complaints made as to its causing peculiar sensations in the head. Some have likened it to intoxication, others can give no description beyond saying "it makes them feel so queer in the head." I imagine they have slight vertigo and a sensation of fullness in the head. The dose usually given was five minims with nitro-hydrochloric acid, and no other symptoms beyond the head symptoms were noticed. So common was this complaint that I give strychnine much less frequently than formerly.

Chesham, Bucks.

ARTHUR E. LARKING, M.D.

**PRESENTATION.**—Dr. Archibald Harper has been presented with a beautifully-illuminated address and one of Dent's keyless gold watches with the following inscription: "Presented to Dr. Archibald Harper by over 300 of his friends, as a mark of their high esteem and goodwill on the occasion of his leaving St. Austell. April, 1892."

## REPORTS

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

#### CUMBERLAND INFIRMARY.

CASE OF HYDATIDS OF THE SPLEEN TREATED BY INCISION AND DRAINAGE.

(By RODERICK MACLAREN, M.D., Senior Surgeon to the Infirmary.)<sup>1</sup>

C. W., female, aged 26, was admitted on May 13th, 1891, under the care of Dr. Lockie. The abdomen was distended, and occupied to a great extent by a tumour which filled the whole of the left side, and extended across the middle line into the right hypochondrium. It was dull on percussion, and continuous with the splenic dulness. The tumour was rounded, tense, and distinctly fluctuated. A notch in it could be felt in line with, and two inches below, the umbilicus. This was believed to be, and doubtless was, the splenic notch. In the right lumbar region there was another tumour, which felt solid, was dull on percussion, and was continuous with the hepatic dulness. There also existed a third tumour, about the size of a hen's egg, situated between the other two. This was very movable, and sometimes slipped away altogether on pressure, and disappeared for a time. The girth at the umbilicus was 37 inches.

She stated that the abdomen had been enlarging for two years; that a year ago an abdominal section had been performed in a London hospital; that an enlarged spleen had been found, and that it was not deemed advisable to interfere with it. She thought the swelling was then about half its present size. (The cicatrix of this operation is visible in the middle line above the umbilicus.) She further says that she has a good deal of abdominal pain; that she has on two or three occasions vomited a small quantity of blood, and that she has not menstruated for six months.

At Dr. Lockie's request I saw her with him; subsequently he handed the case over to my care. It seemed to us that her condition was due either to rapidly growing malignant disease or to hydatids. Dr. Lockie favoured most the hydatid view, I the other. To settle the question we decided to aspirate, and did so on May 26th. Twelve pints of clear fluid were drawn off. It had a peculiar beef-tea odour and contained large quantities of scolices, thus putting the hydatid nature of the disease beyond doubt. During the following week the temperature was slightly raised, the highest in the morning being 100.2° F., the highest in the evening 101.8° F. She had no symptoms of general disturbance, the thermometer alone showing its existence. On June 2nd her temperature was normal, and remained so.

Gradual refilling of the cyst occurred, and Dr. Lockie agreed with me as to the advisability of drainage. On July 7th I cut down on the tumour in the left hypochondrium. I sewed the parietal peritoneum to the tumour with fine silk, and then stitched each side of the skin wound to the spleen, thus leaving the splenic tumour exposed for 3 inches at the bottom of the incision. Five days afterwards I cut into the tumour through half an inch of spleen substance. The incision gave no pain and there was no bleeding. The wound was large enough to admit three fingers. Four pints of fluid escaped, and the ectocyst, which resembled in appearance soaked parchment, was slowly drawn out. Two long drainage-tubes were inserted.

The cavity left was deep; for long after the operation an instrument twelve inches long did not fathom it. It was washed out twice daily, first with a solution of boric acid, afterwards with a weak solution of iodine. For three weeks membranous shreds came away with every washing. Till August 3rd her temperature range was high, twice 104.8° in the evening. She however felt perfectly well, took food with good appetite, and was little incommoded by her feverishness. From this date steady improvement went on; the cavity contracted and the discharge diminished.

On September 29th (two months and a-half after the in-

<sup>1</sup> Read before the Border Counties Branch.

that the 16th section did not apply, and that the defendant was liable. A fine of £5, with 5 guineas cost, would be imposed. It was intimated that the case would be carried to a higher court.

QUEEN'S BENCH DIVISION.  
(Before Mr. Justice DAY and Mr. Justice CHARLES.)  
A MEDICAL PARTNERSHIP QUESTION.

DUKES v. ROBINSON.

THE plaintiff in this case sued to recover the last instalment payable by the defendant for the purchase of a share in the plaintiff's business. The partnership deed was dated December 31st, 1887, but was executed on the 24th of that month, and it recited that the plaintiff had carried on and conducted a medical and surgical practice at Lewisham for more than twenty years, and the average cash receipts for the last three years amounted to £2,500 per annum, as shown by the books. The Court was asked upon a special case to say what was meant by the words "the last three years." If the phrase meant the years 1884-5-6, then the statement in the deed as to the cash receipts was correct, but if the three included 1887, then it would be incorrect. The Court held that the years referred to were those of 1885-6-7, and there was judgment upon that special case for the defendant.

DIFFICULT MEDICO-LEGAL INQUIRIES.

THE *Lancaster Observer* of April 29th gives an account of a coroner's inquest held on the deaths of two children, aged respectively 7 and 10.

The facts elicited are briefly as follows: On April 7th three children of an architect were in their usual health, but during the night all three were seized with diarrhoea and sickness, which continued during the next day, and in the course of the evening of that day (April 8th) two of the children died; the third, the eldest of the three, recovered. The symptoms were in all three cases vomiting with diarrhoea, and it is stated that one, the boy, just previous to his death had dilated pupils. A careful *post-mortem* examination of the two fatal cases, made by Drs. Saul and Hall in the presence of Drs. Mannix and Devin, revealed no trace of inflammation or irritation in the stomach and intestines, and they came to the conclusion that death was due to poison. The stomachs, with their contents (milk and farinaceous food), and other organs were forwarded to Mr. Estcourt, analyst, of Manchester, but he failed to find any poison. The jury returned a verdict "that the children died from poison, according to the medical evidence, but of what nature or where obtained there was no evidence to show, and an analysis of the stomach and intestines further failed to discover any traces of poison."

No doubt the results of the inquiry are as unsatisfactory as negative results ever must be. What the cause of death really was must continue to be a matter of ingenious surmise. The symptoms belong to a wide class of vegetable and animal poisons, and also to certain toxins formed by pathogenic bacteria. Ordinary analysis signally fails to detect a toxin, which can only be separated by special methods and identified by the use of living tests. It is a question whether in any one of the fourteen cases of food poisoning summarised in the last Report of the Local Government Board a coroner's jury and an ordinary analyst would have discovered anything but the absence of ordinary well-known definite poisons.

It is only by the union of bacteriology and chemistry, supplemented by experiments in the living animal, that the true nature of such cases can be discovered. The incident points to a reform in the procedure of the coroner's court in difficult and important inquiries, and accentuates the immense importance of appointing to such an office men who have received a medical and scientific education.

CLUB PATIENTS AND DOCTORS.

P. writes: P. and F. are two practitioners in the same town, P. being old enough to be the father of F. P. is attending a club patient for influenza, and the patient so far recovered that F. suggested his going to work on the Monday. Without any mention of dissatisfaction being given to P., F. is called in to see the case, and visits the patient, examines him, and gives a certificate to the effect that the boy is unable to work from nervous exhaustion after influenza. As F. was leaving the street where the patient resided he met P., but did not mention having been to see the case, which P. was then on his way to visit.

\*.\* Assuming the above statement justly to represent the facts, and that F. was cognisant of P. being in attendance on the case, there can, we think, be little doubt that F. committed a breach of medical etiquette, and an ungenerous act towards a brother practitioner of mature age and experience.

ADVERTISING HANDBILLS.

H. H. is recommended to send a copy of the handbill referred to to the Registrar of the College of Physicians of Edinburgh, of which the practitioner in question appears to be a licentiate.

BONDS NOT TO PRACTISE.

M.—We are not aware of any recent alteration in the principles of the law of this country governing the subject referred to by our correspondent. In order to secure the validity of a bond of the kind there are three essential elements: 1. The restraint sought to be imposed must be partial; 2. The restriction must be fair and reasonable; 3. There must be a good consideration. If these principles were observed in the case our correspondent mentions, we see no reason to doubt that it could be enforced. We do not think the suggested substitution of an annuity for a fixed sum to be paid by way of damages would be a safer arrangement; indeed, it might give rise to the observation that it was unusual or unreasonable.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES, Easter Term, 1892.—The following candidates were examined and approved: *Part I (Surgery and Midwifery)*—

E. Baines, B.A., Cal.; J. S. Barnes, B.A., Pemb.; Beggs, B.A., Sid.; Bird, B.A., Emman.; G. T. Birdwood, B.A., Pet.; Bolus, B.A., Jesus; W. Bower, B.A., Trin.; R. C. Brown, B.A., H. Selw.; Buttar, B.A., Pemb.; Dodgson, B.A., Emman.; Edwards, B.A., Emman.; C. H. Evans, B.A., Emman.; Ferguson, B.A., Cal.; Freer, B.A., Cal.; W. S. Frith, B.A., Trin.; Garratt, B.A., Trin.; J. H. Godson, B.A., Joh.; Goldsmith, B.A., Cal.; Gooding, B.A., Cal.; Harvey, B.A., Joh.; C. A. Hill, B.A., Trin.; E. B. Hill, B.A., Clare; Hoffmeister, B.A., Cal.; Kempson, B.A., Cal.; H. T. Maw, B.A., Christ's; W. B. Mercer, B.A., Cal.; C. G. Monro, B.A., Cal.; Parsey, B.A., Pet.; Phillips, M.A., Queen's; Phillips, B.A., Down; Powell, B.A., Clare; Reece, B.A., Down; Rogers, M.A., Cal.; Russell, B.A., Down; Sankey, M.A., Joh.; Sevestre, B.A., Trin.; Shuter, B.A., Down; W. A. L. Smith, B.A., Trin.; T. R. H. Smith, B.A., Trin.; Swanson, B.A., Cal.; G. W. Thompson, B.A., Christ's; H. M. Tickell, B.A., Trin.; C. C. Vigurs, B.A., Down; West, B.A., Joh.

INAUGURAL LECTURE.—The Regius Professor of Physic (Dr. Clifford Allbutt) will give an inaugural lecture in the New Anatomical Theatre on May 10th, at noon.

CRANE'S CHARITY.—The distributors of Crane's Charity for the medical relief of poor scholars will meet to consider applications for assistance on May 17th. Applications should be made to the tutors.

MEDICAL SCHOOL BUILDINGS.—A proposal to spend some £400 in the repair and adaptation of the Old Anatomy School for the purposes of the medical and surgical teachers has been opposed in the interest of the geologists, who desire the site. The proposal was, however, carried in the Senate on April 28th by 84 votes to 30. The very large number of candidates for the Third M.B. this term (over 100) has rendered urgent the need of extended accommodation for the strictly professional branches of medical study.

### UNIVERSITY OF GLASGOW.

At the statutory meeting of the General Council there was a very meagre attendance, and there was very little of interest in the proceedings. The Court have declined to make any grant of money to the Council to defray any expenses in connection with the new ordinances, and have also declined to hold their meetings in public. Over these refusals the Council spent some time in mourning. The Business Committee was again entrusted with power to watch the proceedings of the University Commission and to convene special meetings if necessary.

### UNIVERSITY OF ST. ANDREWS.

THE following gentlemen, having passed the required examinations, had the degree of Doctor of Medicine conferred upon them on April 14th:

J. H. Ashworth, M.R.C.P. Edin., F.F.P.S. Glasg., L.S.A., Halstead; O. Barber, M.R.C.S., L.S.A. Lond., Sheffield; W. J. Fleetwood, L.R.C.P., L.R.C.S. Irel., Aintree, Liverpool; W. W. Hardwicke, M.R.C.P., L.R.C.S. Edin., Dovercourt; S. Hyde, M.R.C.S., Buxton; R. Jennings, M.R.C.S., L.R.C.P. Lond., Haslingden; T. Langston, M.R.C.S., L.R.C.P. Edin., L.S.A., London; E. S. Lee, M.R.C.S., L.S.A., London; W. Ridden, M.R.C.S., L.S.A., London; T. Smailes, M.R.C.S., L.R.C.P. Edin., Honley, Huddersfield.

### UNIVERSITY OF DURHAM.

FACULTY OF MEDICINE.—At the Convocation held on Saturday, April 30th, 1892, the following degrees were granted:

*Doctor in Medicine for Practitioners of Fifteen Years' Standing*.—J. Charlesworth, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A.; C. Dawson, M.R.C.S. Eng., L.R.C.P. Lond.; W. Donovan, L.R.C.P., L.R.C.S. Edin.; S. A. Gill, B.A. Dub., M.R.C.P. Lond.; T. Horne, L.R.C.P., L.R.C.S. Edin.; F. D. Miller, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A.; R. G. Price, L.R.C.P. Edin., L.F.P.S. Glasg.; W. H. Putsey, M.R.C.S. Eng., L.S.A.

*M.D.*—A. P. Arnold, M.B., B.S. Durh.; W. J. Burleigh-Robinson, M.B. Durh.; C. A. Dalglish, M.B., B.S. Durh.; C. J. Evers, M.B. Durh., M.R.C.S., L.S.A.; H. Fowler, M.B. Durh.; J. Hindhaugh, M.B., B.S., L.S.Sc. Durh.; E. B. Hulbert, M.B. Durh., M.R.C.S. Eng., L.R.C.P. Lond.; J. F. Johns, M.B. Durh., M.R.C.S. Eng., L.R.C.P., D.P.H. Lond.; W. Landsdale, M.B. Durh., M.R.C.S. Eng., L.R.C.P. Lond., L.S.A.; A. E. Martin, M.B. Durh., M.R.C.S. Eng., L.R.C.P. Lond.; J. W. Sandoe, M.B., B.S. Durh., M.R.C.S. Eng., L.R.C.P. Lond., L.S.A.

*Master in Surgery (M.S.)*.—R. H. Shaw, M.B., B.S. Durh., College of Medicine, Newcastle-upon-Tyne.

*Bachelor in Medicine (M.B.)*.—Honours, Second Class: F. B. Rutter, London Hospital; J. A. W. Watts, M.R.C.S. Eng., L.R.C.P. Lond., Owens College, Manchester. Pass List: D. J. Caddy, College of Medicine, Newcastle-upon-Tyne; A. G. R. Cameron, St. Mary's Hospital; H. A. H. Claridge, Queen's College, Birmingham; P. Coleman, M.R.C.S. Eng., L.R.C.P. Lond., St. Thomas's Hospital; H. A. Collinson, College of Medicine, Newcastle-upon-Tyne; T. Dixon, College of Medicine, Newcastle-upon-Tyne; F. Hawthorne, College of Medicine, Newcastle-upon-Tyne; S. A. Leigh-Sodipo, University College, London; W. Martin, B.A., College of Medicine, Newcastle-upon-Tyne; A. A. J. McNabb, College of Medicine, Newcastle-upon-Tyne; E. Mitchell, College of Medicine, Newcastle-upon-Tyne; J. Peacock, College of Medicine, Newcastle-upon-Tyne; H. L. Rutter, M.R.C.S. Eng., L.R.C.P. Lond., London Hospital; C. B. Smith, College of Medicine, Newcastle-upon-Tyne; R. Sterling, B.A., College of Medicine, Newcastle-upon-Tyne; L. G. C. Vintras, M.R.C.S. Eng., L.R.C.P. Lond., B.Sc. Paris, St. Mary's Hospital.

*Bachelor in Surgery (B.S.)*.—A. G. R. Cameron, St. Mary's Hospital; H. A. H. Claridge, Queen's College, Birmingham; P. Coleman,

M.R.C.S.Eng., L.R.C.P.Lond., St. Thomas's Hospital; H. A. Collinson, College of Medicine, Newcastle-upon-Tyne; T. Dixon, College of Medicine, Newcastle-upon-Tyne; F. Hawthorn, College of Medicine, Newcastle-upon-Tyne; W. Martin, B.A., College of Medicine, Newcastle-upon-Tyne; A. A. J. McNabb, College of Medicine, Newcastle-upon-Tyne; E. Mitchell, College of Medicine, Newcastle-upon-Tyne; J. Peacock, College of Medicine, Newcastle-upon-Tyne; F. B. Rutter, London Hospital; H. L. Rutter, M.R.C.S.Eng., L.R.C.P., London Hospital; R. Sterling, B.A., College of Medicine, Newcastle-upon-Tyne; J. A. W. Watts, M.R.C.S.Eng., L.R.C.P. Lond., Owens College, Manchester.

*Licence in Sanitary Science.*—C. S. Hall, M.R.C.S., L.S.A.

REPRESENTATIVE ON GENERAL MEDICAL COUNCIL.—Professor George Hare Philipson, M.A., M.D., D.C.L., F.R.C.P., has been elected the representative of the University on the General Council of Medical Education and Registration of the United Kingdom.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following gentlemen having conformed to the bye-laws and regulations and passed the required examinations were, at the meeting of the College on April 28th, admitted licentiates:

\*Abbott, F. W., Charing Cross.  
 Agar, M. F., London.  
 Anderson, J. B., St. Bartholomew's.  
 Anson, W. J., St. Bartholomew's.  
 Arathoon, H. C., St. Bartholomew's.  
 Argyle, S. S., Melbourne.  
 Atkinson, J. A., St. Mary's.  
 Bakewell, R. T., University College.  
 Barberi, J. I., Liverpool.  
 \*Berridge, W. R. M., St. Thomas's.  
 Bird, W. E. F., London.  
 Birdwood, G. T., Cambridge and Guy's.  
 Bligh, W., Guy's.  
 Bowring, W. A., St. Thomas's.  
 Boyd, A. B., St. Bartholomew's.  
 Bromhall, E., Birmingham.  
 Brown, S. M., Manchester.  
 Browning, G. D., Rennes and Westminster.  
 Bubb, W., St. Bartholomew's.  
 \*Cade, H. L., St. Thomas's.  
 Campbell, A. M., Oxford and St. Thomas's.  
 Carre-Smith, H. L., Charing Cross.  
 Colclough, W. F., Guy's.  
 Croft, J. T. H., St. Bartholomew's.  
 Crossing, A. V., St. Mary's.  
 Cummings, H. J., Toronto.  
 Daniel, R. N., St. Thomas's.  
 Davies, G. C., St. Bartholomew's.  
 Dow, W. A., St. Bartholomew's.  
 Easton, F. E., St. Mary's.  
 Elliott, C. C., Guy's.  
 Emery, A., Birmingham.  
 Evans, J. R., Guy's.  
 Foster, M. B., Charing Cross.  
 Frazer, E. E., Guy's.  
 Fuller, C. A., St. Mary's.  
 Fullerton, A. Y., University College.  
 Garman, J. B., Birmingham.  
 German, A. W., Liverpool.  
 Gideon, G. V. M., St. Mary's.  
 Gilpin, B. B., King's College.  
 Gowing, B. W. N., St. Bartholomew's.  
 Grant, C. W., St. Bartholomew's.  
 Greaves, E. H., Guy's.  
 Gross, P., Leeds.  
 Hake, J., London.  
 Hanham, L. L., St. Bartholomew's.  
 Harcourt, C. H., Birmingham.  
 Harper, W. J., St. Thomas's.  
 Harris, J. E., St. Thomas's.  
 Harvey, A. G., Cambridge and Charing Cross.  
 Harvey, J., Liverpool.  
 Harvey, J. O., St. Bartholomew's.  
 Hatch, H. L., St. Mary's.  
 Heaton, A. F., St. George's.  
 Hey, H. D., Durham and St. Mary's.  
 Hill, E., Middlesex.  
 Hocken, J. P., Charing Cross.  
 Hughes, E. L., University College.  
 Isaacs, E. P., St. Thomas's.  
 Jackson, R. H., St. Bartholomew's.  
 Jäger, H. J., King's College.  
 James, B. W., King's College.  
 \*Jones, H. H. A., London.  
 Jones, H. J. R., London.  
 Kendall, B. C., Bristol.  
 Kendrick, G., Birmingham.  
 King, J. C., Westminster.  
 Landon, E. E. B., Guy's.  
 Lattey, A. J., St. George's.  
 Loveday, W. D., Guy's.  
 MacGrath, E. J., St. George's.  
 Mackenzie, K. M., London.  
 Makalua, M. M., King's College.  
 March, E. G., Guy's.  
 Master, G., Cambridge and St. Bartholomew's.  
 May, P. M., Guy's.  
 Mellor, G. M., Leeds.  
 Mercer, W. B., Cambridge and St. Bartholomew's.  
 Morgan, W. H., Middlesex.  
 Morrice, C. G. F., Guy's.  
 Morris, F. T., University College.  
 Moseley, C. K., St. Bartholomew's.  
 Motteram, H. P., Birmingham.  
 Noble, F. S., University College.  
 Nunes, H. Fitz-S., St. Mary's.  
 Oliver, T., King's College.  
 Orr, W. H., St. Bartholomew's.  
 Paling, A., Glasgow and Middlesex.  
 Palmer, W. M., Charing Cross.  
 Paton, R. M., Charing Cross.  
 Peake, G. A., Bristol.  
 Pickthorne, E. B., St. George's.  
 Pollock, J. R. R., Guy's.  
 Pond, F. A., St. Bartholomew's.  
 Prada, E., King's College.  
 Rayner, D. C., Bristol.  
 Rayson, H. K., Guy's.  
 Read, A. W., St. George's.  
 Rivers, J. H., St. Bartholomew's.  
 Ryde, C. A., London.  
 St. John, A. S., Bristol.  
 Saffery, F. G., Guy's.  
 \*Scott, T. G., Guy's.  
 Senior, E. W., St. Thomas's.  
 Shearer, D. F., St. Thomas's.  
 Sheen, A. W., Guy's.  
 Sichel, G. T. S., Guy's.  
 Sims, D., St. Thomas's.  
 Smith, A. A., Leeds.  
 Smith, W. W., St. Bartholomew's.  
 Stead, D., Birmingham.  
 Stearn, F. C., Guy's.  
 Sworn, E. A., University College.  
 Thompson, P. O., St. Bartholomew's.  
 Thynne, J. A., Edinburgh.  
 Tibbetts, T. M., Birmingham.  
 Tildesley, J. P., Birmingham.  
 Tootal, J. H., St. Bartholomew's.  
 Twynnam, A. E. E., University Col.  
 Waltherd, R. R. M., Berlin, Würzburg, Berne.  
 Warnford, S. W. C., Birmingham.  
 Waters, G. W. B., University Col.  
 Watts, J. A. W., Manchester.  
 Wason, R. L., Guy's.  
 Weir, A. N., St. Bartholomew's.  
 West, H. W., London.  
 \*Wetherall, P. S. P., University Col.  
 Wheeler, C. E., St. Bartholomew's.  
 Wicks, S. L. B., Leeds.  
 Williamson, J., St. Bartholomew's.  
 Willamson, A. M., St. Thomas's and Durham.  
 Wright, W. C., Manchester.

\*Candidates who have not presented themselves under the regulations of the Examining Board.

#### QUEEN MARGARET COLLEGE, GLASGOW.

DURING the past winter the total number of medical students (female) in attendance at Queen Margaret College was 27, 12 taking the first year's course, 11 the second, and 4 the third. In the last summer the number was 14. Of science students there were 5 in chemistry and 5 in physiology. The total number of matriculations was 203, and the corre-

spondence classes 201 were enrolled. During the year £532 were added to the endowment fund, which now stands about £18,000, and to raise it to £25,000 a bazaar is being organised.

#### ROYAL UNIVERSITY OF IRELAND.

THIRD EXAMINATION IN MEDICINE, APRIL, 1892.—The Examiners have recommended that the following should be adjudged to have passed the examination.

*Upper Pass Division.*—A. G. Caldwell, Queen's College, Belfast; Emily W. Dickson, Royal College of Surgeons, Dublin; W. Hanna, B.A., Queen's College, Belfast; P. K. Joyce, B.A., Catholic University School of Medicine and Queen's College, Galway; W. J. Maguire, Queen's College, Belfast; J. J. Wallace, Queen's College, Belfast.

All the above may present themselves for the Further Examination for honours.

R. Allen, Queen's College, Galway; C. L. Birmingham, Catholic University School of Medicine; J. M. Browne, Queen's College, Cork, and Catholic University School of Medicine; J. Clements, Queen's College, Galway; T. J. Connolly, B.A., Queen's College, Galway; J. A. Corbett, Queen's College, Belfast; J. H. de Blaquiére, Catholic University School of Medicine; J. W. Furey, Queen's College, Belfast; P. Gerety, Catholic University School of Medicine; M. Halpenny, Catholic University School of Medicine; P. N. O. G. Lalor, Catholic University School of Medicine; J. Mathewson, Queen's College, Galway; J. Mathewson, Queen's College, Belfast; H. C. Mooney, Catholic University School of Medicine; J. Morrow, Queen's College, Cork; A. Park, Queen's College, Belfast; J. Reid, Queen's College, Cork; J. Rusk, B.A., Queen's College, Belfast; M. J. Ryan, Queen's College, Belfast; T. H. Scott, Queen's College, Belfast; W. Scott, Queen's College, Cork; J. Shine, Catholic University School of Medicine; M. Sisk, Queen's College, Cork; J. Young, Queen's College, Belfast.

## MEDICO-PARLIAMENTARY.

#### HOUSE OF COMMONS.—Thursday, April 28th.

*Insane Convicts.*—Mr. JACKSON, in reply to Mr. J. O'CONNOR, said if a convict in Ireland was found to be insane while undergoing his term of imprisonment he was not kept in the prison, but was transferred to the Central Criminal Asylum at Dundrum. This practice had been followed in the case of the convict Hehir, now confined in Dundrum. This convict had not, so far, shown signs of recovery.

#### Friday, April 29th.

*Prison Surgeons.*—Dr. CLARK asked the Secretary to the Treasury whether it was the case that the surgeons of Northampton Prison, with a daily population of 104 and commitments of 1,140, and Shrewsbury Prison, with a daily population of 95 and commitments of 1,290, each received a salary of £110 per annum, while the surgeons of Dundee Prison, with a daily population of 109 and commitments of 3,500, and of Ayr Prison, with a daily population of 70 and commitments of 1,750, received respectively £80 and £70 per annum; why the salary of the Ayr Prison surgeon had been reduced; and under what rules were these salaries determined.—Sir J. GORST said he had no information to enable him to check the accuracy or otherwise of the numbers quoted. The salary at Ayr was recently revised on the death of the former surgeon so as to correspond more closely to the present scale at other prisons in Scotland. The salaries of prison surgeons in Scotland who did not give their whole time to the public were fixed so far as possible with reference to the number of commitments and daily average number of prisoners at the time when the surgeons were appointed, a maximum of £80 being fixed in accordance with the recommendation of a Committee which sat in 1879.

*Small-pox in the West Riding.*—Dr. TANNER asked the President of the Local Government Board whether his attention had been called to the fact that an epidemic of small-pox now prevailed in Dewsbury, Batley, and the neighbourhood known as the heavy woollen district, and had led to heavy local expenditure in providing for the necessities of the case; whether complete isolation of persons capable of spreading infection was attended to; and whether the origin of the epidemic could be traced to inefficient vaccination.—Mr. RITCHIE said he was aware that there had been an outbreak of small-pox in the district referred to in the question. The town councils of Dewsbury and Batley had provided some hospital accommodation, but he could not state that the arrangements in the district were such as adequately to provide for the complete isolation of all persons capable of spreading infection, although the necessity for providing such means of isolation had on several occasions been urged on the sanitary authorities by the Local Government Board. The question of the origin of the epidemic and of its relation to vaccination were being investigated for the Royal Commission on Vaccination by Dr. Sydney Coupland, of the Middlesex Hospital, who had already been in the district for some weeks.

*Burgh Police and Health (Scotland) Bill.*—Mr. SHAW-STEWART asked the First Lord of the Treasury whether there was any truth in the rumour that the Government intended to withdraw the public health clauses from the Burgh Police (Scotland) Bill.—Mr. BALFOUR said he understood that a rumour had got abroad that he had entered into an arrangement with an hon. member by which the Bill was to be altered in the sense indicated in the question. He had had some conversation, and it was possible that a compromise between those who objected to the Bill in its present shape, and those who desired to see it passed, might be come to on the lines suggested; but he never indicated that it was his opinion that that course ought to be pursued. He hoped that some arrangement would be come to, because the Bill was one which could not be passed without general consent.—Dr. CLARK said that he had understood the right hon. gentlemen to agree that the public health clauses should be passed over as contentious, and that the remaining clauses should be proceeded with.—Subsequently in Committee: On Clause 340 (notice to be given of persons suffering from infectious disease), Dr. CAMERON objected to the clause standing part of the Bill. He showed that the Society of Medical Officers

The coroner in this case appears to have assumed that there was a deliberate intention on the part of Dr. Kenney to shirk his duty. He asked a question of him which is sufficient of itself to indicate marked want of judgment and dignity on the part of a presiding officer of a court, namely, "Do you mean to say it is the duty of people to fix a time when children shall be ill, in order to oblige medical men?" Such a question needs no comment. A further remark by the coroner that Dr. Kenney had taken money from the ratepayers for doing the duty in question, implied that Dr. Kenney had been paid in advance for his services as district medical officer, whereas any payment which Dr. Kenney may have received was certainly for past services to other patients—an inaccuracy which it is quite possible might be misleading to jurors and others. A further assertion of the coroner that it was Dr. Kenney's duty to give the same attention to the children of the poor as he did to his private patients is also invidious and conveys an offensive imputation. The fact is that the latter often insist on having more attention than is necessary for the proper treatment of their cases.

After the verdict was returned, which cast no blame whatever on Dr. Kenney, this officious coroner seemed to think he had something more to do, and stated that if a similar case again occurred he should have to draw the guardians' attention to the matter, and if the guardians should disagree with his views he would have to go to a higher power. We wish to point out that such action is no part of a coroner's duty. There was in this case no doubt a strong disposition on the part of both coroner and jury to return a verdict incriminating Dr. Kenney, but the evidence did not substantiate it, and a non-criminal verdict was consequently returned. The coroner's duty, therefore, in reference to Dr. Kenney was then at an end. A reference to past decisions on this question will, we should hope, convince Mr. Coroner Maynard that if he were to carry out his threat he would step beyond his province, and that by so doing he might bring upon himself a censure for which he would probably be quite unprepared.

#### THE OUTBREAK OF SMALL-POX.

Two of the four small-pox patients at the Shaftesbury Workhouse have succumbed. No fresh cases are reported in the district, and the authorities are hopeful they have succeeded in stamping out the disease.

It is reported that four fresh cases of small-pox have occurred at the mining village of Denaby Main, making five altogether, and there is some concern in the district lest by a lack of necessary care the number should go on increasing. Denaby Main is under the control of the Doncaster Rural Sanitary Authority.

#### DRUGS FOR OUTDOOR PAUPER PATIENTS.

MR. JOHN T. MARSHALL, one of the Holbeach Board of Guardians, writes to say that he has had his attention directed to an article in the *BRITISH MEDICAL JOURNAL* of February 27th, p. 476, on "Liberality of Guardians at the Expense of Medical Officers," and he appears to think it unreasonable for relieving officers to be called on to arrange for the conveyance of medicine to patients in the district, when they are themselves unable to procure it, although this is distinctly the regulation of the Local Government Board. We wish, therefore, to point out that however inconvenient it may be for the relieving officers to do this, yet this inconvenience does not make it incumbent on the medical officers to undertake the duty, and even if as Mr. Marshall says, some do so, we are quite sure the great majority will decline such responsibility.

Our correspondent is evidently philanthropically inclined. We, therefore, recommend him to turn his attention to a better plan still, namely, to the dispensary system now in operation in London, and for a long time past throughout Ireland; and to endeavour to get this system, or some modification of it, established in his union, and so to relieve the medical officers of all responsibility in reference to the supply of medicine. If the guardians could be persuaded to undertake this themselves, they would be able to arrange for all patients to have their medicines provided for them as soon as prescribed by the medical officer; none would then be kept waiting for any they might require.

#### SERIOUS CASE OF ADULTERATION.

At Leek, on April 27th, John Plant, farmer, and his daughter, who regularly attended the market, were fined, with costs, £40 for selling butter adulterated with 94 per cent. of margarine.

#### METROPOLITAN ASYLUMS BOARD.

At the meeting of the Metropolitan Asylums Board held on April 30th, the returns which were presented as to the fever and small-pox patients under the charge of the Board showed that in regard to fever 447 patients had been admitted during the fortnight, 45 had died, and 285 had been discharged recovered, leaving 1,660 under treatment, or an increase of 117, as compared with the figures of the preceding fortnight. There were 54 small-pox patients in hospital, as compared with 45 in the preceding fortnight.

#### CHURCHYARD DRAINS.

RURAL MEDICAL OFFICER OF HEALTH asks whether it would be advisable for him to interfere in the following case. The sewage of about seventy houses, after passing by a deep drain through a churchyard, is carried by an open drain through two fields, where it becomes gradually lost. Part of the milk supply is obtained from cows whose drinking water is derived from this open drain. No suspicion or ground of suspicion is or has been attached to this milk supply. Is it dangerous to the public health?

\*.\* The conditions described are certainly to be regarded as dangerous to the public health.

#### PUBLIC VACCINATION IN SCOTLAND.

M.B. (Scotland) writes: I am parish doctor here. The Inspector of Poor has handed me a list of the names of the children in the parish who have not been vaccinated, and requested me to have them done

before a certain date. Their parents, though poor, are not paupers. In several of the houses there is more than one child who has not yet been vaccinated. There is no vaccinating station, but I have to go to each house, some of which are long distances away. Am I bound to do this in virtue of my being parochial medical officer? If not, to whom am I to look for payment, and what would be the right charge for going twelve miles and vaccinating three children in one house? Of course I have to go to each house twice.

## MEDICAL NEWS.

**THE MANCHESTER CREMATORIUM.**—The Duke of Westminster has shown his interest in this undertaking by contributing another £100 towards the building. A great effort is now being made to open the same freed from debt. The scheme includes a lodge, the ornamental laying out of the grounds, and an organ, and the total cost is expected to reach £7,750, towards which a sum of about £5,000 has already been subscribed. It is expected that the crematorium will be ready for use not later than July next. Mr. J. Harvey Simpson, of 15, Princess Street, Manchester, the secretary to the company, should be communicated with by any persons interested in the movement.

**RAILWAY ACCIDENTS.**—A Blue Book just issued shows that in the year 1891 there were 1,168 persons killed and 5,060 injured on railways in the United Kingdom. These numbers show an increase on those of 1890, when 1,076 were killed and 4,721 injured. From accidents to trains, rolling stock, permanent way, etc., 5 passengers were killed and 875 injured, as against 18 and 496 respectively in 1890, while 98 passengers were killed and 737 injured by accidents from other causes, these latter numbers being slightly less than those of the year before. There were 549 servants of companies or contractors killed and 3,161 injured. The other injuries are accounted for as follows: Persons passing over railways at level crossings, 66 killed and 31 injured; trespassers (including suicides), 393 killed and 161 injured; other persons, not coming in above classification, 57 killed and 95 injured.

**THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY, LIMITED.**—The first annual general meeting of the London and Counties Medical Protection Society, Limited, was held on Monday, April 25th. The steps already taken in the formation of the Society were unanimously approved and ratified by the meeting. The objects of the Society, as set forth in its memorandum of association, are: To protect, support, and safeguard the character and interests of legally qualified medical and dental practitioners, and to advise and defend members of the Society when attacked, etc. At a subsequent meeting of the Council a number of new members were elected. Rules for the formation of District Councils, and the regulation of their duties and expenditure were agreed upon. The Honorary Secretaries reported that the organisation of the various districts of London, and of several provincial districts, was being actively carried on. The Society dates the commencement of its operations from May 1st, 1892, and the annual subscription of 10s. becomes due in advance on May 1st in each year. Medical or dental practitioners, duly registered, and not given to advertising themselves, or to other unprofessional practices, can obtain from the secretaries forms of application for membership; and on returning these duly filled in, they will be elected members if approved by the Council. Gentlemen willing to assist in organising branches in their districts are requested to communicate with the secretaries. The president is Mr. Jonathan Hutchinson, F.R.C.S., F.R.S.; the treasurer, Dr. George A. Heron; and the honorary secretaries are Drs. George B. Mead, Mentmore, Newmarket, and Hugh Woods, 11, Archway Road, Highgate, N.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**ADDENBROOKE'S HOSPITAL, Cambridge.**—Resident House-Surgeon. Salary, £25 per annum, with board, lodging, and washing. Applications to the Secretary by May 25th.

**BALLACHULISH SLATE WORKS, Ballachulish.**—Medical Officer; unmarried. Salary, £218 per annum, and general practice. Applications and testimonials till May 18th to Dr. Campbell, Ballachulish, N.B.

**CHARING CROSS HOSPITAL MEDICAL SCHOOL.**—Lecturer on Bacteriology. Applications to Mr. Stanley Boyd, Dean, by May 9th.



**CHELSEA HOSPITAL FOR WOMEN**, Fulham Road, S.W.—Resident Medical Officer, Salary, £80 per annum, with board and residence. Applications to A. C. Davis, Secretary, by June 1st.

**DERBY COUNTY ASYLUM**, Mickleover, near Derby.—Assistant Medical Officer from June 18th to August 31st. Terms, £2 2s. per week, board, lodging, and washing. Applications to the Medical Superintendent.

**HOSPITAL FOR DISEASES OF THE THROAT**, Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board and lodging. Applications to W. Thornton Sharp, Secretary-Superintendent, by May 16th.

**HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, W.C.—House-Physician, unmarried. Appointment for one year. Salary, £60 per annum, with board and residence. Applications to the Secretary by May 24th.

**HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, W.C.—Assistant House-Surgeon. Appointment for one year. Salary, £50. Applications to the Secretary by May 24th.

**HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, Bloomsbury, W.C.—Medical Registrar and Pathologist. Appointment for one year. Honorarium, 50 guineas at end of term. Applications to the Secretary by May 17th.

**LEWES DISPENSARY AND INFIRMARY AND VICTORIA HOSPITAL**, Lewes.—Resident Medical Officer, doubly qualified. Salary, £100 per annum, furnished apartments, coal, gas, and attendance. Applications to the Honorary Secretary, Mr. Reginald Baker, by May 13th.

**MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT**—Resident Medical Officer. Salary, £60 per annum, with board, apartments, and washing. Application to C. W. Hunt, Secretary, by May 9th.

**METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—Vacancy on the Provident Department Staff. Honorarium at the rate of £100 per annum. Applications to Charles H. Byers, Secretary, by May 14th.

**NORTHAMPTON FRIENDLY SOCIETIES MEDICAL INSTITUTE**—Assistant Medical Officer; out-door. Salary, £200 per annum. Applications to the Secretary, Mr. George Knight, 22, Cromwell Street Northampton, by May 14th.

**ROTHERHAM HOSPITAL**, Rotherham.—Assistant House-Surgeon. Rooms, commons, and washing provided. Appointment for six months. Applications to the Resident House-Surgeon.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**—Election of the Board of Examiners in Anatomy and Physiology for the Fellowship. Applications to Edward Trimmer, Secretary, by May 26th.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**—Election of Examiners under the Examining Board in England by the Royal Colleges of Physicians and Surgeons. Applications to Edward Trimmer, Secretary, by May 26th.

**ROYAL SURREY COUNTY HOSPITAL**, Guildford.—Clinical Assistant. Board, lodging, and washing provided. Applications to the Honorary Secretary by May 7th.

**SIR PATRICK DUN'S HOSPITAL**, Dublin.—Assistant Physician. Applications to Dr. C. B. Ball, 24, Merrion Square, Dublin, by June 1st.

**SIR PATRICK DUN'S HOSPITAL**, Dublin.—Assistant Surgeon. Applications to Dr. C. B. Ball, 24, Merrion Square, Dublin, by June 1st.

**SOUTHPORT INFIRMARY**—House-Surgeon, doubly qualified. Salary, £100 per annum, with board, furnished rooms, and attendance. Applications to Joseph Worall, Secretary, by May 14th.

**UNIVERSITY COLLEGE HOSPITAL**, London.—Resident Medical Officer. Applications to the Secretary by May 9th.

**WESTERN GENERAL DISPENSARY**, Marylebone Road, N.W.—Junior House-Surgeon, unmarried. Salary, £50 per annum, with board and apartments. Applications to the Secretary by May 16th.

### MEDICAL APPOINTMENTS.

**ARKLE**, Charles, M.D., M.R.C.P., appointed Pathologist and Curator of Museum at Charing Cross Hospital.

**BARRATT**, J. O. W., B.Sc., M.B.Lond., F.R.C.S., appointed Visiting Physician to the Birmingham Workhouse Infirmary.

**BARTLETT**, Ralph C., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Teignmouth, Dawlish, and Newton Infirmary.

**CARTER**, A. H., M.D.Lond., F.R.C.P., M.R.C.S., appointed Visiting Physician to the Birmingham Workhouse Infirmary.

**COLE-BAKER**, George, B.A., M.B., B.Ch., B.A.O.Dub.Univ., L.M.Rot., appointed Assistant Master to the Coombe Lying-in Hospital, Dublin.

**COONEY**, John Edwin, L.R.C.P.Edin., L.F.P.S.Glas., D.P.H.Camb., reappointed Medical Officer of Health for Fulham.

**COWEN**, B. Stewart, M.B., C.M.Glasgow, appointed Medical Officer to Druids' and Sons of Temperance Friendly Societies, Charlton, Victoria, vice Dr. T. G. Beckett, resigned.

**CROSS**, George Frederick, M.B., B.S.Durh., appointed Medical Officer of the Finesham District of the Downham Union.

**CROWTHER**, Thomas, M.D., M.R.C.S., appointed Medical Officer of Health for the Warley Urban Sanitary District of the Halifax Union.

**CUMINE**, J. M., L.R.C.P., L.R.C.S.Irel., appointed Medical Officer of Health for the Tunstall Urban Sanitary District of the Wolstanton and Burslem Union.

**CURTIS**, Henry J., M.B., L.R.C.P.Lond., M.R.C.S.Eng., appointed Physician to University College Hospital.

**DYSON**, William, B.A., M.D.Lond., appointed Honorary Consulting Physician to the Sheffield Hospital.

**EDWARDS**, Arnol J., M.B., B.Ch.Vict., appointed House-Surgeon to the Manchester Southern Hospital and the Manchester Maternity Hospital.

**GAMGEE**, L. P., L.R.C.P.Lond., M.R.C.S., appointed Obstetric and Ophthalmic House-Surgeon to the Queen's Hospital, Birmingham.

**GRANT**, J. W., M.B., appointed Medical Officer for the Eighth District of the Newport Pagnell Union.

**GRAY**, A. C. E., M.B., C.M.Edin., appointed House-Surgeon to the Royal Maternity and Simpson Memorial Hospital, Edinburgh.

**HASWELL**, John Francis, M.B., C.M.Edin., M.R.C.S.Eng., appointed Medical Officer for the No. 1 District of the Penrith Union.

**HAWKINS**, W. R. T., M.R.C.S., appointed Medical Officer for the Third Sanitary District of the Barton Regis Union.

**HICKS**, Dr. Sidney, appointed District Medical Officer of the City of Roborough, Western Australia.

**HINDE**, Francis R. B., M.D., M.R.C.S., appointed Medical Officer for the Seventh District of the Ware Union.

**JONES**, Dr. H., appointed Medical Officer for the Penryn District of the Falmouth Union, vice Wm. J. Essery, M.B., M.R.C.S., resigned.

**KEER**, John Cordy, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the No. 8 District of the Woodbridge Union.

**KER**, C. B., M.B., C.M.Edin., appointed House-Surgeon to the Royal Maternity and Simpson Memorial Hospital, Edinburgh.

**LOWE**, G. M., M.D., C.M., L.R.C.P., L.R.C.S.Edin., appointed Honorary Surgeon to the Lincoln General Dispensary.

**MCILRAITH**, Charles H., M.A., M.B., C.M.Glas., appointed House-Surgeon to the Paddington Green Children's Hospital.

**MATHEWS**, T. G., M.B., C.M.Edin., appointed House-Surgeon to the Cumberland Infirmary.

**MITCHELL**, Dr. appointed *pro tem.* Medical Officer for the No. 2 District of the Penrith Union.

**MOSSOP**, Arthur George, L.R.C.P., L.R.C.S.Irel., reappointed Medical Officer of Health for the Port of Newhaven.

**MOUNSEY**, G. H., M.B., C.M.Edin., appointed Medical Officer of the Lincoln General Dispensary.

**PALMER**, H., M.R.C.S., L.S.A., appointed Medical Officer by the Newtown and Llanidloes Board of Guardians.

**PORTER**, Dr. S., appointed Honorary Consulting Physician to the Sheffield Hospital.

**PRITCHETT**, S. J., L.R.C.P.Lond., M.R.C.S., appointed House-Physician to the Queen's Hospital, Birmingham.

**RICHARDS**, Harold Meredith, M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Physician to the University College Hospital.

**SHORT**, T. S., M.B.Lond., M.R.C.S., appointed Visiting Physician to the Birmingham Workhouse Infirmary.

**SPRENT**, Wm. Swanson, L.R.C.P., L.R.C.S.Irel., appointed Medical Officer for the Hovingham District of the Malton Union, vice T. M. Watt, L.R.C.P., M.R.C.S., resigned.

**STEAD**, G., L.R.C.P.Lond., M.R.C.S., appointed House-Surgeon to the Queen's Hospital, Birmingham.

**TEMPLEMAN**, Charles, M.D., B.Sc., appointed Surgeon to the Dundee Royal Infirmary.

**UNDERHILL**, C. E., M.B., F.R.C.P., F.R.C.S.Edin., appointed Physician to the Royal Maternity and Simpson Memorial Hospital, Edinburgh, vice D. Berry Hart, M.D.Edin.

**WATSON**, Wm. Tyndale, B.A., M.D., M.R.C.S., reappointed Medical Officer of Health for Tottenham.

**WHITE**, Sinclair, M.D., M.Ch.Irel., D.P.H.Camb., appointed Honorary Surgeon to the Sheffield Public Hospital and Dispensary.

**WHYTE**, Andrew, M.D., C.M.Aberd., appointed Medical Officer of Health for the Brecknock Urban Sanitary District of the Brecknock Union.

**WILLIAMS**, J. T. C., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of Health for the Rural Sanitary District of the Narberth Union.

**WILLIAMS**, Mr. Samuel, appointed House-Physician to the University College Hospital.

**WILLIAMSON**, Charles F., M.R.C.S., L.R.C.P.Lond., L.S.A., appointed Medical Officer and Public Vaccinator for the Third District of the Reigate Union, vice James W. G. Farwell, L.R.C.P.Edin., M.R.C.S., deceased.

**WILSDEN**, Alfred, M.B. and C.M.Aberd., appointed Junior Assistant Medical Officer to The Retreat, York.

**WOLVERSON**, Thomas, M.R.C.S., L.R.C.P., L.M., appointed Anaesthetist to the Wolverhampton and District Hospital for Women, Chapel Ash.

**YEARSLEY**, Percival Macleod, M.R.C.S.E., L.R.C.P.L., appointed Senior House-Surgeon to the Western General Dispensary, Marylebone Road, N.W.

**YUILL**, John L., M.B., C.M.Glas., appointed Resident Medical Officer to the Monkwearmouth and Southwick Hospital, Sunderland.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Lachrymal Affections. Parkes Museum, 74A, Margaret Street, W., 4 P.M.—Dr. A. Wynter Blyth: Sanitary Appliances. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Lungs—Tubercle and other Lesions.

#### TUESDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. H. Corner: Hypochondriasis. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: Arsenic and Mercury.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Adjourned discussion on Renal Dropsy. Dr. A. E. Garrod: The Changes in the Blood in the Course of Rheumatic Attacks.

### WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Laryngeal Tuberculosis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Myopia.

### THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Beevor: Locomotor Ataxy. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. Edmund Owen: Selected Surgical Cases from the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Law: Examination of Throat and Nose Cases.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Dr. G. Cleghorn: Cases of Ectopic Gestation, with pathological report and observations by Dr. Shaw Mackenzie. Mr. Lawson Tait: Specimens.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 8.30 P.M.—Annual general meeting. The President of the Society, William Cholmeley, M.D., F.R.C.P., will deliver a short address, and afterwards the following papers will be read:—Dr. Henry Campbell: On Children's Diseases. Dr. Rattray: Three Cases of Suppurating Kidney.

### FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture, Cultivation Methods. Practical Work. Examination of Cultivations. Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Angina Pectoris. Lecture Theatre, Charing Cross Medical School, 8 P.M.—Dr. J. Braxton Hicks: Funis Presentation and Prolapsus.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. F. Paul: A Case of Enterectomy. Mr. Howard Marsh: A Case of Spontaneous Cure of Two Aneurysms of the Femoral Artery, apparently by Inflammatory Action. Dr. Francis Hawkins: A Case of Non-tuberculous Hæmoptysis of Four Months Duration, occurring in association with Cirrhosis of the Kidneys. Mr. Arbuthnot Lane: Two Cases of Tuberculous Disease of the Breast and Axillary Glands.

### SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. H. Corner: Melancholia.

## 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 orders or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.*

### BIRTH.

WILSON.—At Tai-yuen Fu, Shan Si, China, on April 28th, the wife of William M. Wilson, M.B., C.M., of a son.

### MARRIAGES.

HAWORTH—BROADBENT.—On April 27th, at Bolton-le-Sands, by the Rev. J. P. Haslam, assisted by the Rev. J. M. Callinson and the Rev. S. A. S. Ram, M.A., John Parkinson Haworth, only son of the late Rev. Henry Haworth, of Bolton-le-Sands, to Eliza Frances, youngest daughter of Samuel Winn Broadbent, M.R.C.S.E., of The Glebe, Dalton-le-dale, co. Durham.

HIGGINSON—MORETON.—On April 28th, at the Parish Church, Tarvin, by the Rev. Canon Upperton, M.A., vicar, assisted by the Rev. E. S. Richardson, B.A., curate of St. Philip's, Bradford Road, Manchester, brother-in-law of the bride, Percy Forbes Higginson, eldest surviving son of Arthur Higginson, Esq., Penywern Road, Kensington, London, to Katherine, daughter of J. E. Moreton, F.R.C.S., Tarvin.

HOUGHTON—SQUAREY.—On May 3rd, at Bebington Church, by the Rev. Canon Feilden, assisted by the Rev. Frank Ellerton, Philip Arthur Houghton, M.R.C.S., L.R.C.P., of 8, Fitzjohn's Avenue, South Hampstead, to Léonie Mabel, youngest daughter of A. T. Squarey, Esq., of Gorsey Hey, Bebington, Cheshire.

JONES—WILLIAMS.—On April 27th, at St. David's Church, Morriston, Swansea Valley, by the Rev. J. Jones, vicar of Abergwesyn, Breconshire (father of the bridegroom), assisted by the Rev. D. Watcyn Morgan, vicar of the parish, John Arnall Jones, surgeon, Aberavon, to Alice, second daughter of William Williams, J.P., Maesygwernen Hall, Swansea Valley.

RENSHAW—GOUGH.—On April 27th, at the Cathedral, Manchester, by the Rev. George London, vicar of St. George's, Altrincham, and Rev. J. W. Challenor, W. Agar Renshaw, M.R.C.S., to Annie, elder daughter of the late Thomas Gough, of Manchester, and Mrs. Gough, now of Altrincham.

### DEATHS.

HADLEY.—On April 25th, at Wadham House, Lozells Road, Birmingham, Elizabeth, wife of G. Percival Hadley, M.D., aged 46.

HARRIES.—On May 3rd, at Belmont, Shrewsbury, John Frail Harries, L.R.C.P., M.R.C.S., and L.S.A. Lond., aged 28, only son of John Davies Harries, surgeon.

KERR.—On April 28th, at 42, Grove Road, Regent's Park, N.W., Eleanor Georgina, wife of Norman Kerr, M.D., aged 42 years. No cards.

## 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.

MEMBER would like to know if there are any sick benefit societies for ladies.

S. A. READE asks when the first medical college was established in Europe, and where?

A. B. desires to know upon which subjects most stress is laid at the examination for the M.D. Brussels.

M. D., suffering from gall stones, has been advised to drink Barland perry, and also take olive oil. He will be glad of any information as to these remedies.

### READING AND EYESIGHT.

HEALTH OFFICER would feel greatly obliged for information as to what ill-effects to the eyes may follow: (a) Reading in the lying down position—on the back; (b) reading when riding in a carriage in which there is not excessive vibration.

### EPISTAXIS DURING PREGNANCY.

M. D. asks if epistaxis, occurring rather frequently and without any apparent cause, point to the probability of post-partum hæmorrhage? In such a case would a course of iron and strychnine be indicated, irrespective of any pronounced anæmia, simply as a tonic, with a view to guarding against post-partum hæmorrhage?

### DANGEROUS ELECTRIC CURRENTS.

ENQUIRER asks: What is the greatest strength of electric current—in volts and amperes—that could without harm be passed through a person?

\*.\* There are not sufficient data for an answer to this question. It is probable that individuals differ greatly in their susceptibility to injury from electric currents. "Enquirer" might read an account of a lecture recently delivered by Mr. Tesla, at the Royal Institution, and reported in the *Times* and in *Nature* of February 12th.

### BOOK ON PRACTICAL PATHOLOGY.

TYRO writes: I am anxious to study with the microscope during the summer, and shall feel obliged by your informing me through your correspondence column what is the best recent publication on the subject of the microscope, what to see, and how to see it, as it is twenty-five years since I examined an object, and then only very little; of course I mean pathological, bacteriological, etc., specimens.

\*.\* Dr. G. Sims Woodhead's *Practical Pathology: a Manual for Students and Practitioners* (Edin.: Y. J. Pentland), the third edition of which is now in the press, will probably meet our correspondent's requirements.

### ANSWERS.

DR. J. MACDONALD (Burslem) should, we think, apply to the Registrar of the General Medical Council for an official opinion on the facts stated.

CYMRO.—There are three small handbooks upon hygiene and public health—Parke's, Whitelegge's, and Wilson's, any one of which would suffice.

CELT does not say whether he is surgeon to the friendly society in question. The permission of the patient would have to be asked, but if he be the officer of the society and paid by them, the patient would naturally expect that the customary full statement of facts would appear in the certificate. If he be only the medical attendant of the patient, nothing should be disclosed without his express assent.