

## MEMORANDA:

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

**FRACTURE OF THE FEMUR BY MUSCULAR ACTION.**  
In the interval between the publication of Mr. E. H. Jones's case and that of Mr. W. Gifford Nash's, another case of fracture of the femur due to muscular action has been admitted into the South Devon and East Cornwall Hospital under the care of Mr. Whipple.

M. M., aged 12, two years ago was knocked down and fractured her right femur in the upper third of the shaft. After three months she began to walk, and lately had got about very well, but continued to walk rather lame. On January 21st she was walking down the street holding on to a friend's hand on either side; suddenly she exclaimed that her leg was broken, but she did not fall, and remained standing with the aid of her friend until a cab came. On admission the right femur was found to be broken just below the great trochanter; there was marked crepitus and 2 inches of shortening. In this case there is a strong tuberculous history on the mother's side.

R. STANLEY THOMAS,  
House-Surgeon South Devon and East Cornwall Hospital, Plymouth.

## THE GENU-PECTORAL POSITION IN CERTAIN UNFAVOURABLE PRESENTATIONS.

In the first volume of the *BRITISH MEDICAL JOURNAL* for 1890, page 888, I drew attention to the fact that delivery was easily effected in a case in which the head, hand, and foot presented—and in which I had failed to accomplish it whilst the patient was lying on her side—by placing the woman in the knee-chest position. I have recently had another case in which the same method of procedure served me well.

Mrs. W., a very stout woman, aged 39, one child born seventeen years before, never pregnant since, was taken in labour at the eighth month. I found the membranes ruptured and the child presenting by the breech. Labour proceeded normally until all but the head was born, when a delay occurred. Passing my fingers, I discovered the head of another child occupying the pelvis, interlocking that of the first. The patient being on her left side, I found that I could not, without using an unjustifiable amount of force, disengage them. The condition was exactly that illustrated in Dr. Playfair's plate of locked heads.

Remembering my former case, and obtaining the aid of my assistant, I found that by placing the patient on her knees and chest, and thus allowing the uterus and its contents to fall forward, I was able with very slight exertion to push the head of the second child above the brim. The delivery of the first was then easily effected, and a few pains completed the birth of the second. The mother did well, but the children were stillborn, the first having been dead before the advent of labour, as was proved by its macerated condition.

I think these two cases tend to show that in the useful, if somewhat indelicate, genu-pectoral position we have a method which may be used with advantage, possibly, in rectifying unfavourable conditions such as face presentations, or to aid the operation of turning.

North Kensington, W.

EDWIN T. ENSOR, M.D.

CASE OF PLACENTA PRÆVIA TREATED BY DR. CHAMPETIER DE RIBES'S BAG.<sup>1</sup>

On the morning of February 17th, 1893, I was called to Mrs. C., eight months pregnant with her tenth child. She had had a sudden loss of blood from the vagina, without any apparent cause. I found that she had had no pains, and that the hæmorrhage had been very copious whilst it lasted. Examination revealed the os very high up, and sufficiently dilated to admit the introduction of one finger. More complete examination revealed the soft placental mass presenting. In

<sup>1</sup> The bag ("ballon") and forceps were described and illustrated by Drs. Herman and Herbert Spencer in the *BRITISH MEDICAL JOURNAL* of January 7th. The instruments can be procured from Messrs. Krohne and Seseman, 8, Duke Street, Manchester Square, W., and 241, Whitechapel Road, E.

the evening, the hæmorrhage having been slight since the morning, Dr. G. E. Herman saw the case in consultation, confirmed my diagnosis, and agreed with me that it was necessary to bring on labour at once, suggesting the use of Dr. Champetier de Ribes's bag. This was introduced by him with strict antiseptic precautions, and filled with warm water.

The patient passed a quiet night, with very little discomfort from the bag. No further hæmorrhage occurred, and the labour pains commenced about 7 A.M., that is to say, twelve hours after the insertion of the bag, and on my visiting her again at 10.30 A.M.—the os being sufficiently dilated—the bag was emptied. At the same time I introduced my left hand, and first encountering the partially detached placenta (fully one-third of its surface was free), found the child lying obliquely, vertex over pubes and face looking backwards. Grasping the left foot I had no difficulty in turning and delivering, the placenta following within a few minutes. The child, a boy, was alive and well nourished. The uterus contracted firmly, and the case presented no further difficulty. The patient made a rapid recovery, and the child was thriving when I left on the tenth day.

**REMARKS.**—I have recorded the case to testify to the satisfactory manner in which Dr. Champetier de Ribes's "ballon" fulfils its purpose, and can with confidence recommend it in all such cases. It is easy of application, arrests the hæmorrhage at the same time that it dilates the os, and with antiseptic precautions seems to me perfectly safe and reliable. I may mention, in conclusion—as a coincidence—that my patient's sister lost her life from hæmorrhage from placenta prævia five years back.

Aldgate, E.C.

H. J. SEQUEIRA, M.R.C.S.Eng., L.S.A.

## PROLAPSUS OF THE UMBILICAL CORD.

DR. G. SCROGGIE's suggestion in the *BRITISH MEDICAL JOURNAL* for February 18th, to employ forceps in descent of the cord, reminds me of a simple and satisfactory method of keeping up the cord.

Take a soft sponge the size of a large orange, wash it well in hot water, then push up the cord in an interval of pain, passing up immediately after it the moist warm sponge between the uterus and the head of the child.

This simple operation prevents the return of the cord, and the sponge comes away with the placenta. After an experience of more than thirty-six years I have found this method the most satisfactory way of dealing with cases of prolapsed funis.

Sale, Cheshire.

HERBERT SMITH RENSHAW, M.D.

## PUERPERAL PERITONITIS: RECOVERY.

On November 12th, 1892, I was called to attend Mrs. W. in her confinement. The patient, an elderly primipara, had been in labour forty-eight hours, and the membranes had ruptured two hours before my arrival. I found the head well down in the pelvis, and presenting in the first vertex position. As the labour was a tedious one, and the patient drifting towards exhaustion, I applied the forceps and delivered, the placenta being removed by expression a quarter of an hour afterwards. Before leaving I instructed the nurse to syringe out the vagina twice daily with Condy's solution.

On November 17th, five days after delivery, I was sent for hurriedly, and found the patient presenting all the characteristic evidences of puerperal peritonitis—agonising pain over the abdomen, exquisite tenderness on pressure, tympanitic distension of the intestines, vomiting, and well-marked "facies Hippocratica." Temperature 103°, pulse 130. Since my experience of these cases had led me to look upon the routine exhibition of opium as having little or no effect on the disease beyond the relief of pain and the masking of symptoms, I abandoned the beaten track, and so administered a turpentine enema. This brought away a large quantity of liquid fecal matter, with relief of pain and obvious subsidence of the meteorism. She had a bad night, vomiting and diarrhoea being very distressing, and on November 18th the temperature was 104°, pulse 125. She was ordered salol gr. 5 every four hours, iced champagne to allay the vomiting, and an opium enema to check the diarrhoea. On November 19th vomiting and diarrhoea were less frequent, temperature 101°,

pulse 120. Without giving any more details I may say that the patient made a slow recovery, convalescence being retarded by the formation of a large axillary abscess.

REMARKS.—I was led to try the turpentine enema by reading a paper by Mr. Lawson Tait on peritonitis following abdominal section. Whether the salol as a germicide had anything to do with the favourable termination of the case I am unprepared to venture an opinion.

Thomastown.

P. J. MURPHY, F.R.C.S.I.

## REPORTS

ON

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

### METROPOLITAN HOSPITAL.

DIPHTHERITIC PARALYSIS WITH TEMPORARY ABSOLUTE  
DEAFNESS.

(By HOWARD H. TOOTH, M.D., F.R.C.P., Physician to the Hospital.)

J. T., aged 5, was admitted on December 2nd, 1891, with a severe sore throat, which had begun that morning. His temperature on admission was  $101^{\circ}$ , and rose at night to  $103.4^{\circ}$ ; pulse 140, respiration 32. Small patches of membrane were seen on the tonsils; the cervical glands were slightly enlarged; there was no nasal discharge at that time, nor was there any albumen in the urine. His sister had been admitted the day before with severe nasal and laryngeal diphtheria, and died the same day after tracheotomy. Another sister was admitted some days after, and also died after tracheotomy.

On December 3rd an ichorous nasal discharge made its appearance, and pieces of membrane were blown out of the nasal passages, which bled easily. At the same time there was much coryza and some salivation.

On December 11th a cloud of albumen was found in the urine. All the other symptoms were abating. The temperature had steadily fallen from the beginning. The nasal discharge was slight.

On December 12th and next three days there was a slight exacerbation of temperature, never above  $101.4^{\circ}$ . Knee-jerks found to be present.

On December 14th the voice was nasal in quality, and there was some dysphagia, but fluids did not return through the nose. The knee-jerks were still present; the urine gave a thick cloud of albumen.

The patient went on well, with still a slight nasal intonation, for about ten days, when, on December 27th, it was noted that his urine was quite free from albumen, and he was allowed to get up.

On January 5th, 1892, the voice was distinctly nasal; he had also become almost suddenly very deaf. At the same time it was noted that his gait was unsteady, though he could get about fairly well. The palate was immobile, the ribs moved well in respiration.

He eventually became stone deaf. At one time he could not hear the loudest shout in his ears. Unfortunately the knee-jerks were not examined day by day, but they completely disappeared.

On January 25th the palate was noticed to be mobile again, but only slightly. The voice was less nasal. He could hear when spoken to loudly. On January 29th he could hear a watch at one inch from the right ear, but was quite deaf in the left still. Perosseous deafness was absolute; he swayed with eyes shut, and could not walk toe and heel along a line without falling. On February 23rd, the hearing in the right ear was apparently normal. He could hear the watch at six inches from the left. Perosseous hearing was normal on the right side, *nil* on the left. On February 26th, tympanic and perosseous hearing were normal on both sides. The knee-jerks were absent on both sides.

The patient left the hospital in March, apparently in excellent health, except that he tended to fall in walking down a line.

He was seen again on August 22nd. His mother said he was still a little deaf, that is, he had often to be spoken to twice, though he heard the watch at normal distance, about 18 inches; he was also a little unsteady on his legs but could run about well. The knee-jerks were still absent. He speaks with a childish ill-formed articulation.

REMARKS.—The most interesting point in this case is the affection of hearing. The diphtheritic processes were more evident in the nasal passages than on the tonsils, and that might favour the view that the Eustachian tubes were both blocked. But the deafness was too absolute to be accounted for in this way; moreover, it made its appearance after all active diphtheritic inflammation had disappeared and at the same time as the paralysis of the palate and the staggering gait. In fact, it is difficult to avoid coming to the conclusion that deafness was caused by a lesion of the auditory nerve or centre, of the same nature as that which gives rise to the ordinary diphtheritic paralysis. The rapid recovery from stone deafness to almost normal hearing also favours this view. If so, this must be a very rare sequela of diphtheria. Dr. Gowers, in his *Diseases of the Nervous System*, p. 833, vol. ii, says that "hearing is never impaired." The balance of opinion is now rather in favour of the neuritic origin of diphtheritic paralysis; if so, it is still difficult to account for the almost complete absence of sensory disturbance in association with the paralysis. In this case, if the auditory nerve was the seat of the lesion, it is an unusual instance of a sensory nerve being affected by diphtheritic changes. It is easier to suppose an affection of the centre. Another point of some interest is the non-reappearance of the knee-jerk. It is usually supposed to return in some weeks after the paralysis has disappeared. I have seen several cases in which it has not returned after many months or even years, and am inclined to think that there are cases in which it may never return. It would be well to bear this in mind in estimating the value of this symptom, when unsupported by other signs, in the diagnosis of tabes.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

SIR GEORGE M. HUMPHRY, F.R.S., President, in the Chair.

*Tuesday, March 7th, 1893.*

#### PROTOZOA AS THE CAUSE OF MALIGNANT NEW GROWTHS.

THE debate on this subject was resumed.

Dr. BOYCE, Assistant Professor of Pathology, University College, showed for himself and Dr. ARTHUR GILES a series of microphotographs illustrating some phases of cancer bodies which they recently met with in a case of carcinoma of the pancreas. The tumour was hardened in alcohol and stained with logwood, and the sections were all equally and highly magnified. They were inclined, from want of stronger evidence, to believe that many of the bodies recently described in cancer cells were not parasitic, but of the nature of endogenous cells. The processes of cell invagination and of nuclear and cell plasma degeneration had been discussed by those holding the parasitic view, but endogenous cell formation, which had been briefly dismissed or left out of account, must be sharply differentiated from parasitic enclosures, for the endogenous cell and the parasite were alike nucleated protoplasmic masses, and the unicellular parasites of certain mollusca, as well as those found occasionally in the alimentary tract and lungs of man, showed how very difficult it was to distinguish the parasites from certain cells of the host. Failure to do so had led, on the one hand, to the mistaking of the parasites of the blood corpuscles of the frog for active phenomena of the protoplasm of the corpuscles themselves; and, on the other hand, certain nuclear forms had been regarded as parasites (Bütschli). Arnold had described and figured endogenous cell formation in the giant cells of marrow, of tuberculous glands, and of neoplasms. This phenomenon resembled closely the appearances of parasitism described by recent observers. Müller, working in Arnold's laboratory, had come to the conclusion that the bodies described by Drs. Ruffer and Walker as parasites were typical examples of endogenous cell formation. Müller's figures and

officers of tried value. It is pleaded that selection is difficult, but it is freely exercised in the combatant branch without serious friction. The scheme would cause no extra expense, but relieve the dead seniority which at present is crushing out all vitality from the army medical service.

\*.\* We merely hinted that extension of service might be resorted to as a temporary palliative, and to stave off immediate difficulties. We are well aware that, like some other remedies, it would in the end only aggravate the disease. One difficulty in amalgamation is that a Lieutenant-General's command implies a Surgeon-Major-General, P.M.O.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS.—The following table of dates has been issued by the Registry:

	Names Sent in.	Certificates Sent in.	Examination Begins.
First M.B.—			
Part I .....	May 19 .....	June 1 .....	June 6 .....
Part II .....	" 19 .....	" 2 .....	" 8 .....
Second M.B.—			
Part I .....	" 19 .....	" 7 .....	" 12 .....
Part II .....	" 19 .....	" 1 .....	" 6 .....
Third M.B.—			
Part I .....	April 8 .....	April 19 .....	April 25 .....
Part II .....	" 8 .....	" 22 .....	" 28 .....
M.C. ....	" 8 .....	" 22 .....	" 28 .....

DEGREES.—At the Congregation on March 2nd the following medical degrees were conferred:

M.B. and B.C.—S. H. A. Lambert, B.A., St. John's; C. G. Monro, B.A., Caius; H. T. Maw, M.A., Christ's; G. Master, B.A., Downing.

### UNIVERSITY OF ABERDEEN.

MEDICAL STAFF CORPS. The Aberdeen University Company of the Volunteer Medical Staff Corps have made application to the War Office for permission to form a regimental camp in the country. This is a substitute for the "marching column" hitherto engaged in by the volunteer students of the Northern University, which was discontinued two years ago because of a War Office edict. The camp will be formed about May 1st, for three clear days. Application has also been made to be represented at Aldershot in the first week of August, when it is expected 50 men will attend.

### UNIVERSITY OF EDINBURGH.

DRAFT REGULATIONS FOR THE DEGREES OF B.Sc. AND D.Sc. IN PUBLIC HEALTH.—The Commissioners under the Universities (Scotland) Act, 1889, have, during the last few days, issued several new draft ordinances. The only one of medical importance is "Edinburgh, No. 8—Regulations for Degrees in Science in Public Health." The chief points of this ordinance are that two degrees, B.Sc. and D.Sc. in Public Health, may be conferred; that candidates for the degree of B.Sc. in Public Health must be graduates in medicine of some university, and also registered medical practitioners; that they must be matriculated for the year in which they appear for examination; that candidates for the degree of B.Sc. must give evidence (1) that after their graduation in medicine they have worked for at least twenty hours per week during nine consecutive months in not more than two successive sessions in the Public Health Laboratory of the University of Edinburgh; and (2) that they have attended, either before or after graduation in medicine, such a course of lectures in physics, either in the University of Edinburgh or elsewhere, as would qualify for graduation either in medicine, in science, or in arts.

Candidates for the Second B.Sc. Examination cannot be admitted sooner than eighteen months after taking their degree in medicine, nor sooner than six months after passing their first examination in public health, and they must have attended fifty lectures on public health. Further, they must give evidence that for six months they have practically studied sanitary work under the medical officer of health of a county, or burgh, or district containing a population of not less than 25,000; and that they have had three months' clinical instructions regarding fevers and infectious diseases; and that they have had three months' instruction in mensuration and drawing.

The first B.Sc. Examination shall be in: (1) Laboratory Work, and (2) in Physics.

The Second B.Sc. Examination shall be in (1) Sanitation; (2) Sanitary Law and Vital Statistics; (3) Medicine in its bearings on Public Health.

Graduates who have held for five years the degree of B.Sc. may offer themselves for the degree of D.Sc. They shall present a thesis or a published memoir or work, and shall also be required to pass an examination in public health of such nature as the Senatus shall determine.

## OBITUARY.

JAMES BUTLER, M.R.C.S. ENG., L.M.DUB., L.S.A.

THE death occurred, on February 23rd, of Mr. James Butler, of Beeston, at the age of 74. The deceased took the M.R.C.S. Eng. in 1841. For close upon fifty years Mr. Butler practised in and around Beeston. He was medical officer of health for the Beeston and Long Eaton Sanitary Districts, medical officer to Basford Union, to various Oddfellows and

friendly societies, and certifying surgeon under the Factory Act, etc. The funeral, which took place on February 27th, was attended by a great number of friends.

## MEDICO-PARLIAMENTARY.

### HOUSE OF LORDS.—Tuesday, March 7th.

Metropolitan Hospitals.—Lord CLINTON moved for papers and copies of the correspondence which had passed between the Chairman of the Metropolitan Hospitals Committee of that House and the Chief Charity Commissioner, on the subject of certain evidence given before that Committee, and the report of the Committee thereon. The motion was agreed to.

### HOUSE OF COMMONS.—Thursday, March 2nd.

New Hospital at Jerusalem.—Sir J. KENNAWAY asked the Under-Secretary of State for Foreign Affairs whether he would make inquiries, through Her Majesty's Ambassador at Constantinople, as to the reason of the long delay in granting the firm applied for for the erection of a new hospital for poor sick Jews on the Jaffa road, outside the walls of Jerusalem, for which a site had been purchased and £5,000 provided to begin the building; and whether Her Majesty's Secretary of State for Foreign Affairs would move Sir Clare Ford to use his best endeavours to facilitate and expedite the granting of the firm?—Sir E. GREY: This matter is receiving the attention of Her Majesty's Ambassador at Constantinople.

Glanders and Farcy in London.—Mr. H. GARDNER, in answer to a question by Mr. E. H. BAYLEY as to outbreaks of glanders and farcy in London, said an order was issued in September last, and under that order vigorous measures had been taken by the County Council, assisted by the police. He was happy to say that the number of outbreaks recorded in the present year was less than in the corresponding period of last year. There was no cause whatever for alarm on the subject. He was carefully watching the operations under the order, with the view of seeing whether further action on his part was necessary.

Indian Hemp in Bengal.—Mr. G. RUSSELL, in answer to Mr. CAINE, said: The Secretary of State proposes to request the Viceroy to appoint a commission to inquire into the cultivation and trade in hemp drugs, and he will be glad if the result of their inquiry is to show that further restrictions can be placed upon the sale and consumption of these drugs. The commission will be composed, in part, of non-official natives of India. The Secretary of State will give instructions to insure that the inquiry shall be as thorough and complete as possible; but he does not consider it desirable to interfere with the discretion of the commission as to the methods of procedure which they may think best to adopt.—Mr. G. RUSSELL, in answer to Sir J. GORST, said it was not contemplated that the commission should deal with the opium question, which was, however, receiving the attention of the Secretary of State.

New Bills.—Mr. JOHN MORLEY brought in a Bill to enable sanitary authorities in Ireland to take possession of land for the erection of temporary cholera hospitals. The measure was read a first time.

Small-Pox Amongst the Soldiers at Halifax.—Mr. HOPWOOD: I beg to ask the Secretary of State for War whether his attention has been called to a statement in the *Manchester Courier* of February 16th that an outbreak of small-pox has occurred amongst the soldiers at Halifax Barracks; and that, on being detected, the men were at once removed to the hospital, and that since Saturday the soldiers generally have been confined to barracks; whether all the soldiers had been once or twice or more times vaccinated; and whether he is advised by the medical authorities that revaccination is a sure protection against small-pox?—Mr. CAMPBELL BANNERMAN: Five militiamen at Halifax were attacked with small-pox and removed to the civil hospital. The troops were confined to barracks for three days after the outbreak. None of the men attacked had been vaccinated. In reply to the last question, I have to say I am advised by the medical authorities that in their opinion vaccination or revaccination is amply proved by statistics to be a valuable preventive of small-pox. When that disease does occur it mitigates its severity and reduces the risk of mortality.—Mr. HOPWOOD: May I ask my right hon. friend if he is prepared to say that vaccination is a sure protection against small-pox?—Mr. CAMPBELL BANNERMAN: I am not an authority on small-pox and vaccination. I merely quote the opinions expressed to me by my medical advisers.

### Friday, March 3rd.

The Ventilation of the House.—Mr. SHAW LEFEBVRE, in answer to Sir H. ROSCOE, said he had been wrongly reported in the press as having come to an adverse opinion on the ventilation of the House. Great improvement had been effected only recently in consequence of the recommendations of the Committee on Ventilation, and sufficient time had not elapsed for determining whether anything more was required.

Medical Officers and Public Bodies.—Sir G. TREVELYAN, in answer to Mr. WEIR, said: A parochial medical officer is not disqualified by law from sitting on the county council, and I do not think that if he enjoys the confidence of his neighbours he should be disqualified on grounds of public policy.

Vaccination.—Mr. PICTON asked the Home Secretary if he could say when he would bring in a Bill to carry out the recommendations of the interim report of the Royal Commission on Vaccination.—Mr. H. GLADSTONE: I shall put down the Bill for Monday next.

Cholera Hospitals (Ireland) Bill.—On the motion of Mr. J. MORLEY, this Bill was read a second time.

Small-pox in Cumberland.—Sir W. FOSTER, in answer to Mr. HOPWOOD, said: I am informed by the guardians of the Wigtown Union that a fatal case of small-pox occurred at the workhouse on February 3rd, and that the child referred to had occupied a ward close to that in which the small-pox patient had died. The medical officer of the workhouse, under these circumstances, deemed it necessary that the child should be vaccinated. The mother objected, but the vaccination was authorised at an emergency meeting of the guardians, and the child was vaccinated accordingly. Upon the facts stated I have no doubt that the guardians

## MEDICAL NEWS.

THE next (sixty-fifth) annual meeting of the German Society of Naturalists and Medical Men will be held at Nuremberg from September 11th to the 15th.

DINNER TO MR. KENT HUGHES.—At the Horse Shoe Restaurant on Tuesday, February 28th, the members of the United Hospitals Hare and Hounds and Boxing Clubs entertained Mr. Kent Hughes, to whom the two last clubs owe their existence, at a farewell dinner previous to his departure for Melbourne, Australia.

THE LABRADOR HOSPITAL SHIP.—On Monday, at 7.30 P.M., Mr. Wilfred Grenfell, M.R.C.S., will give a lecture under the auspices of the Mission to Deep Sea Fishermen on his recent cruise in the Albert Hospital Mission Vessel to Newfoundland and Labrador at the Vestry Hall, Hampstead. Mr. Frederick Treves, F.R.C.S., will take the chair.

EAST LONDON NURSING SOCIETY.—The Lord Mayor presided at the Mansion House at the annual meeting of this Society. The report showed that operations had been carried on among a population of some 250,000; that 3,587 persons had been nursed, and 80,106 visits paid by nurses to patients. The Lord Mayor spoke in warm terms of the good work done by the Society.

ELECTRIC LIGHTING OF HOSPITALS.—Baron Hirsch has given a sum of £3,000 to the London Hospital to defray the cost of introducing the electric light. It was stated at the quarterly meeting of the governors last week that arrangements had been made to obtain a report from an electrical engineer on the cost of carrying out the work.

THE Medical Faculty of the University of Freiburg has conferred the degree of doctor *honoris causa* on Herr Winterer, the burgomaster of the town, in recognition of the services which he has rendered to public health. It is hardly necessary to say that a university degree in Germany, even if obtained by less royal paths, does not carry with it the right to practise.

THE TEETH OF SCHOOL CHILDREN.—Following the example set at Hanwell by the Central London District, the Kensington and Chelsea School District have appointed a dental surgeon Mr. Louis Maitland, who has been selected for the post, is to attend at Banstead once a week, and is at first to be allowed the services of an assistant. A systematic inspection will be made, all operations recorded, and periodic reports made. There are about 700 children, and the remuneration is to be £75.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died are Dr. Constantin Rose, some time Professor of Internal Medicine in the University of Warsaw; Dr. Karl Prantl, Professor of Botany and Director of the Botanical Garden of the University of Breslau; Dr. R. F. Fristedt, Professor of Pharmacology and Medical Natural History in the University of Upsala, aged 60; and Dr. Georges Pichon, formerly *Chef de Clinique* in the service of mental diseases in the Paris Medical Faculty.

HYGIENIC WALL PAPERS.—We had recently an opportunity of inspecting a remarkably fine exhibit of arsenic free papers destined for the Chicago Exhibition by Messrs. Woollams and Co., of 110, High Street, Manchester Square. The stand was put up exactly as it will be at the "World's Fair," and consisted of an irregular parallelogram facing four avenues, each side divided into four sections, covered with different designs in embossed leather, or flocks, or bronzes. The designs are all original by such artists as Miss Louisa Aumonier, Messrs. T. W. Hay, C. F. A. Voysey, A. Silver, F. Darling, Owen W. Davis, and others. The ceiling papers are also of novel design and of great beauty. Messrs. Woollams have been successful in combining purity of material with excellence of workmanship, and their exhibit will without doubt attract attention and be appreciated in the States.

THE DANGERS OF UNQUALIFIED MIDWIFERY.—An inquest recently held at Ipswich illustrates the waste of infant life which goes on from the practice of midwifery by incompetent persons. A child was born on Wednesday at noon. It

appeared "queer," according to the evidence of the father, as reported in the *East Anglian Daily Times*, soon after birth, and remained about the same until Saturday morning at 9 o'clock, when a doctor was sent for; but when the doctor arrived he found the child dead. The doctor stated that the cause of death was non-inflation of the lungs, and that if medical aid had been procured in the first instance the child would undoubtedly have lived. The midwife who attended at the birth of this child had undergone no examination or training, but stated that she had attended 109 cases. The jury returned a verdict in accordance with the medical evidence, and expressed the extremely sensible opinion that midwifery duties ought not to be undertaken except by qualified persons. In this it is needless to say that we concur, and hope that the Legislature may one day come to see the matter in the same light.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.—A meeting of this Society was held on February 23rd; Mr. Simeon Snell, President, in the chair. The President showed two cases (both men) of hemianopia, and made remarks on the condition. Mr. Dale James showed a case of almost universal exfoliative dermatitis. Dr. Geo. Wilkinson showed, for Dr. Clapham, two cases (sisters) with nervous symptoms; the differential diagnosis between saltatorial spasm, myoclonus multiplex, insular sclerosis, and hysteria was discussed. Mr. Garrard showed 1 ounce of urates, removed by litholapaxy, and a uric acid calculus,  $2\frac{3}{4} \times 2 \times 1\frac{1}{4}$  inches in size and  $3\frac{1}{2}$  ounces in weight, removed by suprapubic lithotomy. Mr. F. Harrison showed an extensive collection of dental anomalies. Drs. Ruxton and Adair, of the South Yorkshire Asylum, showed several brains, prepared by Giacomini's process, illustrating various morbid conditions—paralysis of the insane, etc. They also showed microscopic specimens of nuclear saculation of the cells of the second layer of the cerebral cortex from cases of epilepsy, spider cells from cases of alcoholic insanity, fuscous degeneration of nerve cells, and slides illustrating the existence of marked changes in the peripheral nerves of cases of general paralysis of the insane. The microscopic specimens were illustrated by photomicrographs.

AMERICAN JOTTINGS.—Senator Van Cleaf's Bill amending the statute so that when medical practitioners or house owners fail to report to the Board of Health the existence of any contagious disease they shall be fined not less than ten dollars nor more than fifty dollars, at the discretion of the mayor, passed the Senate on February 2nd. On the same day the House passed Mr. Schrock's Bill making it unlawful, and punishable by a fine of from 100 to 1,000 dollars, to publish advertisements of patent medicines or instruments for the cure of private diseases or the prevention of conception.—The friends of the late Professor Agnew of Philadelphia propose to erect a ward to be called the "D. Hayes Agnew Memorial Children's Ward" in the hospital of the University of Pennsylvania. This mode of commemorating the distinguished surgeon is peculiarly appropriate, as, though himself childless, he was known to be very fond of children, and he often expressed a contempt for the *post-mortem* vanity of monuments and statues. The new ward will probably contain from 30 to 50 beds, and will be devoted particularly to the treatment of surgical diseases and injuries of children. The sum required is estimated at 150,000 dollars, of which one-third will be spent in building and furnishing, leaving the remainder as an endowment.—The report of the Philadelphia Cremation Society shows that that method of disposing of the dead is steadily growing in public favour in the city of brotherly love. Since the establishment of the Society 186 bodies have been cremated, the numbers showing a progressive increase year by year. Thus in 1888, the first year of the Society's existence, the number of cremations was 14; this increased in 1889 to 28, in 1890 to 31, in 1891 to 51, and in 1892 to 62.

VICTORIOUS VOLES.—In spite of the havoc wrought by Professor Loeffler among the field mice in Thessaly last summer, these little pests have reappeared there in great numbers. The Prefect of Phthiolis appeals to the whole civilised world, apparently for "protection" against his tiny enemies—a pathetic figure recalling that of Hannibal wandering about in his old age trying to stir up someone to fight the Romans.

## MEDICAL VACANCIES.

The following vacancies are announced :

- BAILLEBOROUGH UNION**, Bailleborough Dispensary.—Medical Officer. Salary, £125 per annum, with £25 as Medical Officer of Health, and vaccination and registration fees. Applications to Robert Gibson, J.P., Honorary Secretary. Election on March 18th.
- BEDFORD GENERAL DISPENSARY**.—Dispenser, under 45 years of age. Salary, £70 per annum. Applications to the Secretary by March 22nd.
- BOARD OF WORKS FOR THE POPLAR DISTRICT**.—Medical Officer of Health for the Poplar and Bromley Parishes. Salary, £400 per annum. Applications, endorsed "Appointment of Medical Officer," to be sent to the Offices of the Board, 117, High Street, Poplar, by March 15th.
- CANCER HOSPITAL (FREE)**, Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by March 18th.
- CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY**, Wakefield.—Junior House Surgeon; unmarried. Honorarium, £40 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by March 16th.
- DENTAL HOSPITAL OF LONDON**, Leicester Square, W.—Assistant Anæsthetist. Applications to J. Francis Pink, Secretary, by March 20th.
- FARRINGTON GENERAL DISPENSARY**, Bartlett's Buildings, Holborn Circus, E.C.—Surgeon. Applications to W. K. Taunton, Honorary Secretary, by March 11th.
- GENERAL HOSPITAL**, Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to Howard J. Collins, House Governor, by April 1st.
- GENERAL HOSPITAL**, Birmingham.—Assistant Surgeon. Honorarium, £100 per annum. Applications to Howard J. Collins, House Governor, by April 1st.
- GENERAL HOSPITAL**, Birmingham.—Pathologist. Salary, £120 per annum. Applications to Howard J. Collins, House Governor, by April 1st.
- HARTLEPOOLS HOSPITAL**.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to Robert Edger, Honorary Secretary, by March 20th.
- MELLOWAY AND NORTH ISLINGTON DISPENSARY**.—Resident Medical Officer. Salary, commencing £130 per annum, with £20 allowed for servants, unfurnished house, rent, rates, and taxes free, with supply of gas and coal. Applications to the Honorary Secretary, Charles Walton Sawbridge, 68, Aldermanbury, E.C., by March 14th.
- ISLE OF WIGHT UNION**.—Medical Officer for the Ryde District. Salary, £110 per annum, with usual fees for vaccination. Applications to Mr. F. Stratton, Clerk, Newport, Isle of Wight, by March 15th.
- LIVERPOOL INFIRMARY FOR CHILDREN**, Myrtle Street, Liverpool.—House-Surgeon. Salary, £35 per annum, with board and lodging. Applications to C. W. Carver, Honorary Secretary, by March 18th.
- LIVERPOOL ROYAL INFIRMARY**.—Honorary Laryngologist and Honorary Dermatologist. Applications to the Chairman of the General Committee by March 20th.
- LONDON COUNTY ASYLUM**, Claybury, Woodford, Essex.—Second Assistant Medical Officer; unmarried; not more than 35 years of age; doubly qualified. Salary, £180 per annum, rising by £10 a year to £230, with board, lodging, and washing. Applications, on forms to be obtained of the Clerk, to R. W. Partridge, Clerk to the Asylums Committee, 21, Whitehall Place, S.W., by March 20th.
- LONDON HOSPITAL**, Whitechapel Road, E.—Surgical Registrar. Salary, £100 per annum. Applications to the House Governor by March 23rd.
- MANCHESTER ROYAL INFIRMARY**.—Assistant Medical Officer at the Monsall Fever Hospital, unmarried. Appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, Royal Infirmary, Manchester, by March 21st.
- MASON COLLEGE**, Birmingham.—Co-Professor of Surgery. Applications to G. H. Morley by April 15th.
- NATIONAL HOSPITAL FOR CONSUMPTION**, Ventnor.—Dispenser; unmarried. Salary, £80 per annum, with board and residence. Applications to the Secretary, 34, Craven Street, Charing Cross.
- PARISH OF GLENELG**.—Medical Officer for the Northern Division. Salary, £95 per annum, with free house and gardens. Applications to D. McLure, Inspector of the Poor, Glenelg, by March 15th.
- ST. MARYLEBONE GENERAL DISPENSARY**, 77, Welbeck Street, Cavendish Square, W.—Honorary Surgeon. Applications to the Secretary by March 22nd.
- ST. MARYLEBONE GENERAL DISPENSARY**, 77, Welbeck Street, Cavendish Square, W.—Honorary Physician. Applications to the Secretary by March 22nd.
- ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES**, Henrietta Street, Covent Garden, W.C.—House-Surgeon. Appointment for six months. Honorarium, 25 guineas, board, lodging, and washing. Applications to Walter E. Scott, Secretary, by March 21st.
- SEAMEN'S HOSPITAL SOCIETY**.—Senior House-Surgeon for Branch Hospital, Royal Victoria and Albert Docks, E.; doubly qualified. Salary, £75 per annum, with board and residence. Applications to P. Michelli, Secretary Seamen's Hospital Society, Greenwich, by March 21st.
- SEAMEN'S HOSPITAL SOCIETY**.—Junior House-Surgeon for Branch Hospital, Royal Victoria and Albert Docks, E.; doubly qualified.

Salary, £50 per annum, with board and residence. Applications to P. Michelli, Secretary Seamen's Hospital Society, Greenwich, by March 21st.

**SHEFFIELD CHILDREN'S HOSPITAL** (East End Branch), Sheffield.—House-Surgeon; doubly qualified. Salary, £70 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by March 30th.

**SOUTH DEVON AND EAST CORNWALL HOSPITAL**, Plymouth.—Assistant Secretary; not under 35 years of age. Salary, £150 per annum. Applications to J. Walter Wilson, Honorary Secretary, by March 25th.

**UNIVERSITY OF GLASGOW**.—Four Examinerships for Degrees in Medicine. Annual fee, £30. Applications to Alan E. Clapperton, Secretary to the Court, 91, West Regent Street, Glasgow, by March 11th.

**UPTON-UPON-SEVERN UNION**.—District Medical Officer. Salary, £50 per annum and extra fees. Applications to George Powell, Clerk, by March 14th.

**WEST LONDON HOSPITAL**, Hammersmith Road, W.—House-Surgeon; appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary Superintendent, by March 22nd. Election on March 27th.

**WORCESTER GENERAL INFIRMARY**.—House-Surgeon; doubly qualified. Salary, £100 per annum, with board and residence. Appointment for three years. Applications to William Stallard, Secretary, Worcester Chambers, Pierpoint Street, Worcester, by March 25th.

**ERRATUM**.—The latest date for sending in applications for the post of House-Physician to the General Hospital, Birmingham, was February 25th, and not March 25th, as stated in the *BRITISH MEDICAL JOURNAL* of March 4th.

## MEDICAL APPOINTMENTS.

**ALLOTT, J. W. H., M.B.**, appointed Honorary Surgeon to the Beckett Hospital, Barnsley, *vice* William James Lancaster, M.R.C.S.Eng., deceased.

**ANNINGSON, Bushell, B.A.Cantab, M.D., M.R.C.S.**, reappointed Medical Officer of Health for Chesterton.

**BABROW, V. E., L.R.C.P., L.R.C.S.**, appointed Medical Officer to the Uffulme Foresters.

**BARKEE, Wm. James Townsend, L.R.C.P.Lond., M.R.C.S.Eng.**, appointed Medical Officer and Public Vaccinator for the No. 2 District Parish of Streatham of the Wandsworth and Clapham Union.

**BERNARD, C. J., L.A.H., L.M.Dub.**, appointed Medical Officer to the Nottingham Convalescent Home.

**BEVAN, Richard, L.R.C.P., D.P.H.Lond.**, reappointed Medical Officer of Health for the Ashford Urban Sanitary Authority.

**BLACKHAM, Robert J., L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glasg., L.M.Rotunda Hospitals, F.R.M.C.S.**, appointed Physician to the Sidcup Hospital, London, S.E.

**BROWN, Stanley M., M.R.C.S.Eng., L.R.C.P.Lond.**, appointed Junior House-Surgeon to the Salford Royal Hospital, *vice* G. E. Newby, appointed House-Surgeon.

**BURNETT, J. R., M.B., C.M.Édin., M.R.C.S.Eng.**, appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

**BUTLER, W. J., L.R.C.P.Lond., M.R.C.S.Eng.**, reappointed Medical Officer to the Nottingham Convalescent Home.

**COLLIER, M. P. M., M.S.Lond., F.R.C.S.**, appointed Surgeon to the National Hospital for Diseases of the Heart, etc., Soho Square, W.

**DE SEGUNDO, Charles Sempill, L.R.C.P.Lond., M.R.C.S.Eng.**, appointed House-Surgeon to the London Temperance Hospital, Hampstead Road, N.W.

**DORSON, Nelson C., F.R.C.S.**, appointed Consulting Surgeon to the Bristol General Hospital.

**DONELAN, John O'Connor, L.R.C.S.I., L.L.Mid. K.Q.C.P.I.**, appointed Assistant Medical Officer to the Richmond District Lunatic Asylum, Dublin.

**DUNCANSON, J. Gray, M.B., C.M.Glasg.**, appointed Resident Assistant to the Victoria Infirmary, Glasgow.

**GARDNER, W. T., M.B.Lond., L.R.C.P., M.R.C.S.**, appointed Medical Officer of Health for the Aston Urban Sanitary District of the Brentford Union.

**GILES, Arthur E., M.D., B.Sc.Lond., M.B., B.Ch.Vict., M.R.C.P., M.R.C.S.**, appointed Physician-Accoucheur to the St. Pancras and Northern Dispensary, Euston Road, N.W.

**HASLAM, W. Arthur, L.R.C.P.Lond., M.R.C.S.Eng.**, appointed Junior House-Surgeon to the London Temperance Hospital, Hampstead Road, N.W.

**HINE, Alfred Ernest, M.R.C.S.Eng., L.R.C.P.Lond.**, appointed Resident Obstetric Officer to Charing Cross Hospital, London.

**HUBBARD, Daniel Lovett, M.B.Durh., B.S., M.R.C.S.**, reappointed Medical Officer of Health for Lynton.

**HUNTER, W. L., M.D.**, reappointed Medical Officer of Health for Pudsey.

**JORDAN, J. F., M.B., B.Ch.Irel., F.R.C.S., L.R.C.P.Lond.**, appointed Surgeon to the Birmingham and Midland Counties Hospital for Women.

**LUMLEY, Bartholomew, M.R.C.S.Eng., L.S.A.**, reappointed Medical Officer of Health to the Northallerton Local Board.

**MOORE, Samson G., M.B.Vict., Ch.B.**, appointed Assistant Port Sanitary Medical Officer for Liverpool.

**MORGAN, Thomas, L.R.C.P., L.R.C.S.I.**, reappointed Medical Officer for the Berriew District of the Forde Union.



MORTON, C. A., L.R.C.P.Lond., F.R.C.S., appointed Assistant Surgeon to the Bristol General Hospital.

MUNDEN, Charles, M.R.C.S., reappointed Medical Officer for the Third Ilminster Sanitary District of the Chard Union.

MURPHY, Dr. J. J., appointed Resident Medical Officer to the Cork Union Workhouse, *vice* Fennell D. Evans, L.R.C.P., L.R.C.S.Edin.

NETTLE, William, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Liskeard Rural Sanitary Authority.

NEWBY, Gervase E., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Salford Royal Hospital, *vice* C. Christopher Heywood, M.A., M.B., B.C.Cantab., resigned.

PATTIN, H. Cooper, M.A., D.P.H., M.B.Cantab., appointed Medical Officer of Health for the City of Norwich, and not York, as stated last week.

RAW, Nathan, M.D.Durh., M.B., B.S., L.S.Sc., appointed Medical Superintendent of the Dundee Royal Infirmary, *vice* Robert N. McCosh, M.A., M.D. Glasg., resigned.

ROBERTSON, John, M.D.Edin., B.Sc., appointed Borough Analyst for the St. Helens Town Council.

SAVAGE, Thomas, M.D., M.R.C.P.Lond., F.R.C.S.Eng., appointed Professor of Gynaecology in Mason College, Birmingham, *vice* L. Tait, resigned.

STOKER, John William, L.R.C.P., L.R.C.S.Edin., L.F.P.&S.Glasg., appointed Certifying Surgeon under the Factories Act for the District of Rainham, Essex, also Medical Examiner for Post Office Insurance for the same District.

VINRACE, J. H., M.B.Lond., M.R.C.P., appointed Physician to the National Hospital for Diseases of the Heart, etc., Soho Square, W.

YOUNG, M., M.B., C.M.Edin., appointed Medical Officer of Health for the Brighouse Urban Sanitary District and Rastrick Sanitary District of the Halifax Union.

## DIARY FOR NEXT WEEK.

## MONDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture IV.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Bruce Clarke: The Treatment of Lupus of the Face by Free Removal, and Skin-grafting with large Flaps. Mr. W. H. Battle: Two Cases of Abdominal Section for Tumours which presented Unusual Characters.

## TUESDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. W. D. Halliburton: The Goulstonian Lectures on the Chemical Physiology of the Animal Cell. Lecture III.

ZOOLOGICAL SOCIETY OF LONDON, 3, Hanover Square, 8.30 P.M.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. T. Bryant: Case of Fibrous Polypus of the Prostatic Portion of the Urethra associated with Profuse Hematuria and Prostatic Enlargement. Dr. Donald Hood: An Inquiry into the Etiology of Rôtheln (German Measles).

## WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture V.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7 P.M.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8 P.M.—Dr. Patrick Manson: African Hemoglobinuric Fever.

## THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. C. Theodore Williams: The Lumleian Lectures on Aëro-therapeutics in Lung Diseases. Lecture I.

ROYAL SOCIETY (Theatre of University of London), 4.30 P.M.—Professor Rudolph Virchow: The Croonian Lecture on the Position of Pathology among the Biological Sciences.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. H. A. Caley: A Case of Simple Ulcerative Colitis. Mr. Treves: A Series of Cases of Relapsing Typhitis.

## FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture VI.

## 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 ensure insertion in the current issue.*

## BIRTHS.

OBOLD.—On March 4th, at The Elms, Batheaston, Bath, the wife of C. Spencer Cobbold, M.D., F.R.C.P.Edin., M.R.C.S.Eng., prematurely, of a son.

REELAND.—On February 10th, at Porham, Antigua, West Indies, the wife of F. J. Freeland, M.D.Brx., of a daughter.

## DEATH.

JOY.—On March 2nd, at The Beeches, Northwold, Norfolk, Frederick William Joy, L.R.C.P., M.R.C.S., L.S.A., of double pneumonia complicated with influenza.

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.

R. N. asks the best method of preparing and rendering aseptic horsehair for sutures.

C. A. asks to be referred to any publications giving descriptions of two methods of estimating carbonic acid in air, devised respectively by Lunge and Zeckendorf and by Peterson and Palmquist.

A MEMBER desires to be recommended a cheap consulting-room couch or table, that would not take up much room (perhaps could be folded when not in use).

ENQUIRER would feel deeply grateful to any member of the Association who could give information as to the prospects of success in medical practice in one of the Californian health resorts or in South Africa. "Enquirer" holds a Scotch degree, is about 30 years of age, and is in a state of health necessitating a warm, equable climate.

## FLEA BITES.

A MEMBER asks for hints as to the prevention of flea bites. The subject is a healthy baby, aged 2 years, kept under most strictly hygienic rules. No domestic animal is kept in the nursery, the crib and bedding are new and perfectly clean, the child's attendant most particular as regards personal cleanliness, and yet almost nightly the child is disturbed and severely "bitten" by fleas, frequently to such an extent as to greatly upset and disfigure him.

## VAGINAL CYSTOCELE.

H. writes: A woman, aged 26, has suffered ever since her confinement at 22 years of age from prolapse of the vagina. She has now decided retroflexion of uterus with some congestion. The perineum has been restored by a successful operation, but yet the uterus and anterior wall of the vagina fall considerably when she is in the erect position (cystocele). Can anything be done short of operation, which she refuses?

## CHLORIDE OF ETHYL SPRAY FOR TOOTH EXTRACTION.

A PRACTITIONER asks: What is the exact way in which the chloride of ethyl spray should be used for the painless extraction of teeth?

\*.\* Obtain a bulb containing the drug, unscrew the top, and the application of the warmth of the hand will cause a jet to project itself. This must be directed on the part it is desired to render anæsthetic, holding the bulb about six inches from the gum. The gum will become pink, deep red, finally white. When the white colour is obtained local anæsthesia has been produced, and continues for about one minute. Like ether spray the pain of thawing is considerable.

## ANSWERS.

M.R.C.S., L.S.A.—The use of McDade's combined fluid extracts in the treatment of syphilis was described by the late Dr. J. Marion Sims in the BRITISH MEDICAL JOURNAL of March 10th, 1883, p. 449.

THE case of B G.W. seems to be a particularly hard one, but in the present state of the law there appears to be no other proceeding available than that which he has adopted.

## CHOICE OF SPECTACLES.

A PRACTITIONER will find the information he desires in Morton's *Refraction of the Eye*, published by Lewis, London, and in Hartridge's *Refraction of the Eye*, Churchill, London. The former is very concise but clear, the latter more detailed, and possibly easier to be understood by a beginner. Neither of these, nor any other book, will replace a course of practical instruction in refraction work at a hospital.