

found to be, as in all cases of severe rickets, convex from above downwards and from side to side, as well as somewhat oblique. The case was one eminently favourable for Caesarean section, some dilatation of the cervix having taken place; the membranes had not ruptured, and no attempts to deliver had been made, Dr. Hewkley having at once recognised the nature of the deformity, and no time had been lost before sending her to the hospital.

Operation.—When laid on the table in the ward theatre at 3.30 A.M. there was no unfavourable symptom beyond the natural fatigue and her anxiety. Chloroform was administered and the bladder emptied. The operation presented no special difficulties. During the incision into the uterus bleeding was easily checked by pressure with two fingers of the left hand laid parallel in the direction of the incision which was then made between them, and extended to a sufficient length with scissors. The child, a healthy, well-developed boy, was lifted out; the placenta was then detached by the finger; the uterus was firmly grasped by Mr. Roberts, and there was little hæmorrhage. The uterus was sutured with silver wire through the whole thickness of the muscular wall, twelve thick sutures in the body, and four thinner in the upper part of the cervix, all placed close together, and secured by twisting, and the ends cut so short, that on passing the finger along the wound no ends of the wire were felt. The oviducts were then ligatured in their middle with fine silk. Owing to the care which had been taken to prevent soiling the peritoneum no irrigation or sponging was necessary, and the abdominal wound was closed with silkworm gut.

After-History.—There is little to add in the further history of the case. Both mother and child made excellent progress, and left the hospital on November 30th. The use of a catheter was necessary for four days. Albumen and pus were present for a few days after, but there was no other evidence of cystitis. The wound was dressed on the seventh day and was found completely healed, and the stitches were removed. The baby was put to the breast on the second day but was weaned on the seventh, there being insufficient milk. On the day before she left the hospital the uterus was found completely involuted but lying above the pelvic brim close to the symphysis, freely movable, and without tenderness.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

TEMPORARY TYPHLOTOMY.

HAVING occasion to operate on a lady, one of those obscure chronic cases so ably discussed by Mr. Harrison Cripps in the *BRITISH MEDICAL JOURNAL* of February 25th, I decided to follow his lucid method. Feeling sure the obstruction (probably of a malignant nature from its gradual progress) lay near the hepatic flexure, on March 1st I operated on the right side, without much difficulty, with the kind help of Drs. Statham and Stode-Smith. The relief from incessant pain and vomiting has been most marked and rapid. She has had no rise of temperature since the operation. Nutrient enemata were discontinued in a few days, and the hypodermic injections of morphine in half doses were merely necessary for discomfort and restlessness.—I am, etc.,

Ambridge.

A. V. LECHE.

CONGENITAL OBLITERATION OF DUODENUM.

I ATTENDED Mrs. W., a remarkably healthy young woman, in her confinement on September 7th, 1892. The baby, a female, was about fourteen days before its time, but there was nothing wrong noticeable about it at the birth. On my visit next morning, I was told that it had vomited a little mucus. On the evening of this day it began to vomit meconium-like matter. On the morning of September 9th I passed a catheter a short distance into the rectum, and found a little thick meconium. I ordered a small quantity of castor oil. As the vomiting did not abate by the evening, I injected water by a catheter which I introduced for 9 inches without difficulty, and a fair amount of meconium followed. On the morning of September 10th, with the assistance of Dr. Duthie, who put the child under chloroform, I injected warm water with a larger tube, but it was expelled as fast as it was pumped in. Blood stain with the vomit was noticed this day for the first time. The child died at midnight, having lived a little over three days. It had taken the breast a little.

Post-Mortem Examination.—Except a portion of the colon, which was somewhat distended, the whole of the intestine was remarkably small and empty. The peritoneum contained dark bloody fluid like that vomited towards the end of life. The stomach was removed separately, and found to be empty, but exhibited a large ragged rupture in the lesser curvature, and its mucous membrane was infiltrated with black blood.

There was a continuation for about an inch beyond the pylorus as a blind pouch. On the other hand, by filling the intestine with water so as to trace the duodenum upwards, it appeared to end in a *cul-de-sac* at the top of the head of the pancreas, but on closer observation a dribble of water was seen to be coming away from a small aperture. This was evidently the cut end of the common bile duct, for a probe passed through it into the intestine by way of a short channel. Nothing was found in the abdominal cavity to account for the obliteration.

The case resembles in several points one which I reported in the *Pathological Transactions* in 1885, the specimen being placed in the Museum at Guy's Hospital. But in that case the obliteration occurred much lower down. That child lived not quite three days, and brought up "greenish-coloured matter." In this recent case the stuff was more of a black colour; in fact, seeing that the interruption was above the entrance of the common bile duct, one cannot see how it could have been meconium at all. It is to be observed, too, that the first vomit was mucous in nature. So one seems forced to the conclusion that the matter vomited was altered exuded blood.

Croydon.

J. M. HOBSON, M.D.

NOTES ON THE CARBOLIC ACID TREATMENT OF TYPHOID FEVER.

FROM 1889 until 1892 I have treated 49 cases of typhoid fever, 39 by the ordinary method and 10 by the carbolie acid pills recommended by Professor Charteris.

In each case the patient was isolated, the maintenance of the recumbent position was insisted on, and milk diet was ordered to be taken at stated intervals. Until my diagnosis of typhoid fever was certain I did not prescribe any medicine, but when I was satisfied the case was one of this fever I prescribed a carbolie acid pill— $2\frac{1}{2}$ grains—to be taken thrice daily, its effects being carefully watched, special attention being directed to the urine. When the temperature was reduced, which usually occurred within three days of their administration, two pills were given, one at night and one in the morning. When the morning and evening temperature became normal only one was administered for two days.

In 4 cases there was a relapse after the pills had been discontinued for several days, and when this occurred one, two, or three pills were given daily, as the temperature and other symptoms demanded. When the patient improved they were gradually discontinued.

After the temperature had been normal for a week the milk diet was supplemented by light food, as white fish, beef tea, chicken soup, arrowroot, and cornflour, and, as the patient's recovery progressed, solids were allowed.

The ordinary method of treatment consists mainly in strengthening the system by appropriate diet and by prescribing for urgent symptoms. The carbolie acid treatment strikes at the root of the fever by the destruction of the micro-organisms which are the cause of the malady. In the cases so treated the fever was cut short, no grave symptoms, as hæmorrhage or perforation, ensued, and the process of recovery was quick and attended by no wasting.

My opinion is that the efficacy of the carbolie acid treatment cannot be questioned, and I am certain, if adopted early, it would prove, in an epidemic of typhoid fever, a preventive as effectual, or more so, than that of vaccination in small-pox.

Galashiels.

H. RODGER SLOAN, M.B., C.M.

IDIOPATHIC INFLAMMATION OF THE TONGUE.

IN the *BRITISH MEDICAL JOURNAL* of May 10th, 1890, I reported a case of this disease. I then wrote: "From the improvement which followed leeching I should not hesitate to incise the tongue in such another case at the beginning, giving iodide (of potassium) to complete the cure."

On February 21st I was asked to see this young woman (M. L., now aged 20 years) as her tongue was again hanging out. I found her condition much the same as reported at the former attack. The swelling had come on suddenly during one night, though the tongue had not felt easy for two weeks. There was some inflammation of the right tonsil, and the

temperature was 101.2° F., pulse 112; respirations, chiefly nasal, 20. She had no pain except in the throat.

I at once gave 5 grains of calomel with 10 grains of powdered jalap; and iodide of potassium 5 grains thrice daily was begun. There was no improvement after ten days, except that the tonsillitis was relieved. I resolved to incise, but again the relatives, and the patient herself, begged me not to cut her, and to use leeches. As these cannot be had nearer than Chester, I decided to cup instead. On March 3rd, using a cup with a rim diameter of 2½ inches, over the centre of the posterior triangular space on the right side of the neck, I drew away five ounces of blood. The result was very apparent, for on March 5th she was able to cover the protruding part with the lips. The iodide was continued: but as the improvement so well begun did not go on, I dry cupped on the left side of the neck on March 11th. On March 15th she came to the surgery for more medicine, and to show that the tongue had gone quite inside the dental arches. When I saw her on March 18th she said it was as well as it ever was.

After the rapid improvement which followed the cupping I should modify my former statement as to incision. Where the lesser operation can obtain the desired result, one would naturally prefer it. As a rule patients dread a knife, but have no fear of cupping.

In the JOURNAL of March 18th a similar case is reported from the Royal Albert Hospital, at Devonport. In the light of my own case I think the treatment was too heroic, and some attempt should have been made to reduce the enlarged organ by abstraction of blood before deciding on excision of the fore part of the tongue.

Tarporley.

ALLEN McCULLOCH, M.B., C.M.

REPORTS

ON

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

RADCLIFFE INFIRMARY, OXFORD.

A CASE OF INTUSSUSCEPTION OF A MALIGNANT GROWTH OF THE LARGE INTESTINE.

(By HORATIO P. SYMONDS, Surgeon to the Infirmary.)

[With Pathological Report from the Laboratory of the Surgical Department, University of Edinburgh, by Mr. H. J. STILES, Demonstrator of Surgery.]

History of Illness.—S. R., aged 60, a shoemaker, was admitted to the Radcliffe Infirmary, Oxford, on March 7th, 1892. The following are the notes of the history of the case as taken by the house-surgeon, Dr. Hayward. There was no history of cancer in his family; he had eleven children. He had enjoyed good health until the autumn of 1890, when he began to suffer from flatulence and recurrent attacks of diarrhoea and vomiting; he had to give up work for five weeks, and felt ill and generally out of health. Since that time his health and strength gradually failed. From Christmas, 1890, to the early summer of 1891 he was somewhat better, but still liable to occasional attacks of vomiting and diarrhoea, alternating with constipation and much flatulence. He became worse about Whitsuntide, 1891, with much pain in the lower abdomen, and constant attacks of diarrhoea. It was now noticed that blood and mucus were occasionally passed at stool. On examination *per rectum* a new growth was discovered by his doctor. At this time he began to suffer from slight prolapse of the bowel on straining at stool. He recovered strength somewhat during the autumn of 1891, and was able to resume his occupation of bootmaker. Since Christmas, 1891, his health had been failing again; he had lost flesh considerably; the vomiting and diarrhoea had recurred with greater frequency, and the prolapse on straining at stool had become larger. He had also had a good deal of pain in the abdomen, with frequent desire to pass motions. He sought admission to hospital owing to inability to return the bowel, which had prolapsed further than usual.

Condition on Admission.—The patient was somewhat col-

lapsed, the pulse was frequent and small, the extremities cold and clammy, and he complained of dragging pains in the abdomen and at the anus. A large mass was seen protruding from the anus, about the size of a thick German sausage. As any attempt at replacement or examination by the hand gave great pain the patient was at once sent to the operating theatre. His condition improved a great deal after the administration of stimulants by the mouth. Ether was administered, and it was now found that the mass protruding from the anus had all the characters of an intussusception. The finger passed in at the anus discovered that the rectum was occupied by the same mass as high as could be reached, and around it a complete sweep of the finger could be made. The mucous membrane of the rectum itself felt healthy, and no faeces were felt within it. The mass itself was found to be constricted by the action of the sphincter ani, this accounting for the deep congestion and hæmorrhage from its surface. At its apex the lumen of the gut was found surrounded by a ring of new growth about 2 inches in breadth, soft, friable, and easily bleeding. On passing the finger into this, the inner tube of the intussusception, it was found to contain some soft faeculent matter, and the upper limit of the ring of new growth could be reached, extending upwards about 2 inches, above which the mucous membrane felt quite normal. Taking all the circumstances into account, it was surmised that the case was one of a new growth of the sigmoid flexure, which had gradually been intussuscepted into the rectum, and finally outside the anus, partly by the pressure of faeces above the obstruction, and partly by the peristaltic action of the intestines and the straining efforts of the patient in his attempts to gain relief.

First Operation.—It was decided to take advantage of the protrusion of the growth to remove it, and then to make an attempt to return the healthy intussuscepted portion which had been dragged down in its wake. In excising this ring of growth, it was evident that the peritoneal cavity must be opened lying between the inner and outer tubes of the intussusception. Circular sutures of silk were accordingly inserted round the whole circumference of the mass above the growth, passing through the mucous membrane of both the outer and inner tubes of the intussusception, and thus drawing them together. Five sutures were inserted, each passing in at the puncture whence the preceding one had been brought out, so that in this way the whole bowel was surrounded and the peritoneal surfaces brought into contact. The growth was then removed below the ring of sutures, the peritoneal surfaces being plainly seen on the surface of the cut section, with appendices epiploicæ attached to them. Silk sutures were then passed directly between the two mucous surfaces, thus bringing them completely into contact. Hæmorrhage during the excision of the growth was slight, the vessels being controlled by the five sutures previously passed round the circumference of the bowel. The remaining portion of the intussusception was now returned without difficulty into the rectum and pushed up as high as possible, a tube having been first inserted into the inner lumen of the gut, long enough to protrude from the anus after the return of the intussusception.

After-History.—The patient recovered well from the operation. By the succeeding day the abdominal pain had diminished. On March 10th the tube was removed. On March 14th a saline aperient was administered, resulting in a satisfactory and natural motion. Thereafter a daily action was secured by an injection of glycerine; and the patient was well enough to get out of bed.

His condition remained satisfactory till April 1st, when he had a good deal of pain, was sick, and had distension of the abdomen. These symptoms increased in severity, and were hardly affected by the course of careful dieting, enemata, and sedatives which was now adopted. He became gradually weaker, but felt comfortable till the morning of April 13th. He then commenced to vomit very offensive dark-coloured fluid, almost faecal in character, and the abdomen became very greatly distended. He had had no proper motion for the previous four days. In the afternoon the friends, who had for six days past objected to further interference, gave their consent that an operation for his relief should be undertaken.

Second Operation.—At 8.30 P.M. the patient was removed to the theatre for operation. Exploration in the left inguinal region

NOTIFICATION OF CHOLERA.

A CONTEMPORARY has expressed surprise at the omission of cholera from the list of "dangerous infectious diseases" in the Regulations of the Port of London under Section 66 (3) of the Public Health (London) Act of 1891. These regulations provide for the notification by masters of vessels of certain specified diseases, with a view to securing due isolation of the infected sick. Our contemporary would seem to have overlooked the fact that the case of cholera is specially provided for in the order of August 23th, 1890, which is equally binding on the port of London with other ports and seaboard towns. Under this order not only is medical inspection of vessels enjoined with a view to the detection of cholera cases, and removal to hospital of removable cases of cholera made compulsory; but masters of cholera-infected vessels are required to display a particular flag when within three miles of land, and heavy penalties may be inflicted for contravention of the order on the part of masters of ships and others.

THE LONDON WATER SUPPLY.

MR. STUART's successful opposition to the East London Waterworks Extension Bill is not to be regretted on hygienic any more than on economic grounds. As he truly said in the House of Commons, the "cholera scare" was a very unsubstantial cry. That is essentially a question of quality and source. Filter beds and reservoirs did not save the East of London in 1866, when the investigations of Mr. Ernest Hart and Mr. Radcliffe proved that they had suddenly broken down, and that the substitution for a few days of the polluted water of the Lee caused 16,000 cases of cholera and 6,000 deaths in the course of a few weeks. It is to a pure source of water supply that Londoners must look rather than rely upon medicinal methods to neutralise and remove the dangers of water drawn from polluted streams and poisoned with suspended sewage. The putting up of fresh claims on the basis of extension of the present London water supply is contrary to public policy and metropolitan safety.

INCREASE OF SALARY.

At the meeting of the Truro Town Council, held on March 14th, it was decided, on the recommendation of the Improvement Committee, to increase the salary of the medical officer from £40 to £50.

COST OF SMALL-POX.

It is stated, incidentally, in the *Worcester Times* of March 14th, that the eight cases of small-pox which had occurred in a lodging house at Worcester, have cost the town something like £200.

INCREASE OF SALARY TO A WORKHOUSE MEDICAL OFFICER.

It is very satisfactory to note that at a recent meeting of the guardians of the Strand Union the low rate of salary paid to Dr. Jones, the medical officer of the local workhouse at Edmonton, was commented on by Mr. James Willing, jun., who proposed an increase from £150 to £175 per annum, on the ground that the stipend now paid was far from commensurate with the onerous and responsible duties of the office. The resolution appears to have met with no opposition and to have been passed unanimously. We should be glad to find some other boards follow this excellent example, and so show that they take a just and liberal view of the duties performed by the medical officers.

BIDEFORD Urban Sanitary Authority is to be congratulated on its action on March 9th. It adopted the Public Health Amendment Act, 1890, and the Infectious Diseases Prevention Act, 1890.

FEE FOR PAUPER LUNACY CERTIFICATES.

A MEMBER B.M.A. writes: I am the usual medical attendant of a patient who has become insane. The relieving officer calls on me, and brings the usual form for me to fill up, after which the magistrate calls me to his help, and I visit the case with him and certify, after which the patient is removed to the county asylum as a pauper. To whom do I look for payment, and what is the usual fee for such certificate?

** Our correspondent should apply to the relieving officer for his fee; one guinea is the proper amount. If he cannot obtain it on application, he should apply to the magistrate, who has power to order the relieving officer to pay it.

POOR-LAW AND PUBLIC-HEALTH APPOINTMENTS.

F. S. A.—We doubt if our correspondent could obtain from any "official" sources full information as to all the Poor-law and public-health appointments in the United Kingdom, but very complete lists, showing the salary in each case, are to be found in the *Medical Directory*, published annually by Messrs. Churchill, London. The qualifications, etc., of candidates are prescribed by various general orders and regulations of the English Local Government Board, London, the Scotch Board of Supervision, Edinburgh, and the Irish Local Government Board, Dublin. Copies of any particular regulations may be obtained either by application to those bodies, or from Messrs. Knight and Co., Fleet Street, London, and the usual agents for the sale of Local Government books and forms. Appointments to the staff of the Medical Department of the Local Government Board are in the gift of the President of that Board, but they are comparatively few.

SANITARY ADMINISTRATION IN LONDON.

DR. F. J. WALDO (M.O.H. St. George's, Southwark) writes: I beg to enclose you a copy of a report upon small-pox, in which I propose the adoption of certain precautionary measures that would, in my opinion, tend to stay the further spread of the disease. The means are twofold: (1) Legislation placing the Salvation and other voluntary shelters under the same rules and regulations as the common lodging houses. (2) The transference of the supervision of the common lodging houses and the execution of their Acts from the police to the local sanitary authorities.

ties throughout the metropolis. This change I have seen effected, with beneficial results, at Newcastle-upon-Tyne.

In my opinion, it is impossible that the work of inspecting the large number of common lodging houses by the police, and in the same manner the slaughterhouses, knackeries, dairies, and milkshops, partly by the London County Council, and partly by the local authorities, can be as well or as promptly discharged by these central authorities with a small staff of officials, however competent and energetic they may be, as it could be by the numerous local authorities, with a huge aggregate staff of officials, each of them well acquainted with the local circumstances of the several districts in which the establishments to be inspected are situate, and possessing special skill and apparatus to efficiently test drains and thoroughly disinfect clothes, bedding, and other infected articles.

** Dr. Waldo's two proposals are worthy of support, but the placard of small-pox precautions which he has also forwarded seems deficient by the absence of all reference to isolation in hospitals, and by the assumption that small-pox may be safely treated in a room at home, under precautions such as one would take for diphtheria or other similar disease. Of course, if everybody in the neighbourhood be properly protected by vaccination, the case may safely enough remain at home, but otherwise a hospital is the proper place, at least where the case occurs in a town, and where the hospital itself is sufficiently isolated to prevent its becoming a centre of infection.

THE BOARD OF SUPERVISION AND THE SANITARY CONDITION OF LEITH.

MR. G. FALCONER STEWART, the Board's Inspecting Officer, having directed the attention of the Board of Supervision to extremely scurrilous attacks made upon him by a certain member or members of the Leith Town Council has received the following reply:

Board of Supervision, Edinburgh, March 18th, 1893.

Sir,—I have to acknowledge the receipt of your letter dated 15th instant, and relative enclosures, which I have submitted to the Board of Supervision. The Board are satisfied that the statements made in your report, corroborated as they are by Dr. Herbert Littlejohn, must be held to represent with accuracy what took place during your inspection. I am also to inform you that, while the intemperate language of a member of the local authority appears to them to reflect seriously upon the good taste of the member using it, they would advise you to take no notice of it either in a court of law or otherwise. A public servant who does his duty energetically can afford to treat impertinent reflections with contempt.—I am, Sir, your obedient servant, MALCOLM MCNEILL, Secretary.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES.—At a Congregation held on March 16th, the following medical degrees were conferred:

M.B. and B.C.—H. J. Paterson, B.A., Trinity College; P. Horton-Smith, M.A., Fellow of St. John's College; E. D. R. Crofton-Atkins, B.A., Clare College; J. S. Barnes, B.A., Pembroke College; G. W. H. Bird, B.A., Emmanuel College.

UNIVERSITY OF EDINBURGH.

GENERAL COUNCIL.

THE PROPOSED FEE FUND AND THE SALARIES OF PROFESSORS.

A SPECIAL meeting of the General Council of the University of Edinburgh was held on Tuesday last, the Vice Chancellor, Sir William Muir, presiding. The meeting was called by the Chancellor, the Right Hon. A. J. Balfour, in response to a request sent in by a quorum of members of Council, the object being to consider "several important draft ordinances recently issued by the Scottish Universities Commissioners on the financial arrangements of the universities."

The report of the Committee on Ordinances gave cordial approval to the general principle underlying a fee fund, and urged the avoidance of those evils arising from the unchecked payment of professors by their students' fees. It was not to be understood, however, that approval of all the rules and conditions proposed by the Commissioners in connection with the new fee fund was thereby given. Opinion had to be withheld till it was known what provision the Commissioners might propose for lecturers, assistants, and other class and faculty expenses; and what is to be done with the fees paid by students for university lecture courses and laboratories, for the disposal of which no provision has yet been made by the Commissioners.

The Committee were in favour of the principle of guaranteed minimum salaries which the Commissioners have proposed, but they objected to a varying or graduated minimum as being wrong in principle. They held that there ought to be a uniform and irreducible minimum, and that it should be £500 per annum.

The Committee most emphatically objected in principle to a fixed maximum salary, called a "normal salary," for future occupants of University chairs. They held with the Commission of 1878, that "it was desirable, if possible, to give every professor the incentive to exertion which the dependence of a portion of his income on the success of his teaching and the number of his students gives." It was admitted that this form of stimulus had been allowed to operate too exclusively in the past, but the Committee thought that the Commissioners had gone to the other extreme, inasmuch as they propose to abolish the stimulus altogether. This the Committee thought a fatal mistake, and believed that a scheme for the fee fund should be devised which should make the incomes of the professors still dependent to some extent on the efficient discharge of their duties and on their successful efforts. They are glad that a plan embodying this principle has been approved by the Senatus of this University on February 18th last. That plan approved of a fee

fund, and proposed to assign to each chair a minimum salary. Thereafter each professor would receive the whole of his fees till a second fixed point had been reached, after which he would receive one-third of his fees, the remaining third going to the common fund.

The Committee were of opinion that the Commissioners had given undue prominence to existing vested interests, and particularly objected to placing the Professor of Natural History on the same footing as other medical professors, although on his appointment he accepted the chair subject to any regulations which might thereafter be made with regard to it. The Committee finally were of opinion that the whole proposals of the Commissioners and the growth of the University, were weighed down by the recent development of alleged vested interests.

The main objections stated in the foregoing report may be summarised as follows:

1. The proposal of separate minimum salaries for each chair cannot be justified in principle, while it would prove invidious in practice.

2. The withdrawal from the professors of all direct interest in the success of their classes is an unnecessary interference with the natural incentives to energy and enterprise.

3. The limitation of salaries to a rigid normal or maximum, differing for each chair, is an artificial arrangement, calling for a constant readjustment in the future to changing conditions, a readjustment which is not provided for.

4. The proposed relations of the different faculties in regard to the fee fund would interfere with harmonious working in the Senatus, and might lead to serious injustice.

5. The immediate institution of chairs of history on the scale proposed and the immediate reconstitution of the Faculty of Theology are, financially and otherwise, premature.

The main amendments proposed by the report are:

1. There should be a uniform minimum salary of £500 a year guaranteed to each chair.

2. Each professor should retain a certain interest in the fees paid for his class.

3. The upward limit of salary should be determined by the decisions of the University Court, fixing the extreme number of students to be taught in a single class.

Mr. A. Taylor Innes moved, and Dr. Scott Dalgleish seconded the adoption of this report. The latter speaker greatly regretted that the Commissioners had not proposed to use the surplus fees of the Medical Faculty to the creation of new chairs, and to increasing the teaching power, and the opportunity and machinery for research in that Faculty.

The report of the Finance Committee was next considered. This report severely criticised some of the proposals of the Commissioners, especially that in which it was proposed to find salaries for the non-medical chairs out of fees earned in the Medical Faculty.

Mr. D. D. Buchan, S.S.C., moved, and Dr. Daniel, Advocate, seconded the adoption of this report.

ASSOCIATION FOR PROMOTION OF REFORM IN MEDICAL EDUCATION.

THE FINANCIAL ORDINANCES OF THE UNIVERSITY COMMISSION.

The Association for Promotion of Reform in Medical Education have made a vigorous protest against the new financial ordinances of the Commission. Objection is taken "to the proposal to form a fee fund common to all the faculties, the effect of which would be to apply medical class fees to the support of chairs unconnected with medicine." The Medical School ought to have the first claim on its own fees for the establishment of new professorships and lectureships, and for laboratories, museums, and research without prejudice to its claims for a due share of the general University funds."

The Association greatly regrets that the Medical Faculty of the University had entirely failed to point out to the Commission the need for more teachers, more subjects, better appliances, and the endowment of research.

After recapitulating twelve of its suggestions formerly made to the Commission, the Association goes on to say that under the Commissioners' scheme few, if any, of these most urgent medical reforms can be carried out, and the opportunity of devoting any part of the medical class fees to such purposes appears about to be lost. Even on financial grounds the Commissioners' proposals are likely to fail, since the medical class fees on which they rely will prove inadequate. They are already below the limit at which they can possibly achieve what is expected of them.

Further, the Association disagrees with the principle of fixing by ordinance the salaries of professors. That ought to have been left to the University Court. Particularly the Association objects to the "maximum limit" of salary, since it holds that a professor ought to be encouraged by a material interest in his personal success, due care, of course, being taken to prevent overcrowding of classes.

The Association draws the attention of the Commissioners to the fact that professors nominated by the Crown after April 6th, 1882, were appointed subject to any changes that might be made in their position and emoluments by the Commission now sitting; and in the Act of 1889 such professors are classed along with professors appointed after the Act. The Commissioners have disregarded all this, and it seems unjust to the University as a whole to refuse it the benefit of an immediate retrenchment in an admittedly excessive salary, a benefit which the prudence and foresight of the Crown were intended to secure.

Attention is drawn to the fact that no regulations are given regarding the chair of Clinical Medicine, which is under the dual control of the Medical Faculty and the infirmary managers. The existing arrangements are these: Certain wards in the Royal Infirmary are set apart for university teaching, a clinical lecture theatre is provided, the Medical Faculty appoints certain of its number to act as physicians to these wards, to give clinical teaching, and formal clinical lectures. The Professors of Practice of Physic, Materia Medica, Pathology, and Gynecology at present perform this duty. In times past the Professors of Physiology and Medical Jurisprudence have acted in this capacity. In the future probably the Professor of Pathology will not act, while the subject of gynecology, on which the Professor of Obstetrics lectures, has become a surgical speciality, and is in a false and anomalous position in its present place in medical wards. Students are compelled for graduation to attend

this clinical medicine class, and pay special fees for it; these fees (about £1,200) the Commissioners have allocated to the proposed central fee fund, but have made no proposal for remunerating the Professors of Clinical Medicine, nor have they arranged who is to appoint these professors. It is, moreover, believed that the infirmary managers have certain powers of veto over the arrangements made by the Medical Faculty.

Finally, the Association regrets that no provision is made for new chairs in the Faculty of Medicine, nor for the new lectureships which are necessary; and the importance of research meets no recognition in the new Ordinance. Yet if the University of Edinburgh is to have the lead or even to hold her own in the medical and scientific world it would be difficult to exaggerate the vast importance of research. The Association is disappointed that the Commissioners have not taken a broader view of the actual and prospective requirements of the University School of Medicine in these essential particulars.

UNIVERSITY OF ABERDEEN.

FEES IN MEDICINE.—At a meeting of the Aberdeen University Court on March 14th, on the motion of Professor Stephenson, seconded by Professor Hay, it was agreed that the fee payable for the degrees of M.B. and C.M. be apportioned among the various divisions of the examinations as follows: First, Second, and Third Divisions, five guineas each; Fourth Division, seven guineas.

MASON COLLEGE, BIRMINGHAM (WITH QUEEN'S FACULTY OF MEDICINE).

MR. OLIVER PEMBERTON, F.R.C.S., Trustee and President of the Council, took the chair at the twenty-second annual meeting of the trustees on March 23rd. In order to comply with the wishes of his colleagues on the governing body that he should preside over their deliberations during the ensuing year, Mr. Pemberton resigned his position as Queen's Co-professor of Surgery. The Council signified their acceptance of the resignation in the following terms: "That in accepting Mr. Oliver Pemberton's resignation of the Chair of Surgery, the Council desire to record their sense of the great value of his services to the Birmingham School of Medicine for the long and unbroken period of nearly thirty years, as a College and clinical teacher, and particularly as Professor of Surgery for twenty-five years. The Council hereby express their strong desire that Mr. Pemberton will consent to accept the position of an Emeritus Professor of Surgery in the College, in order that by this mark of well-deserved recognition and distinction his name may still remain connected with the medical school with which he has been for many years so intimately, usefully, and honourably associated."

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, March, 1893. The following candidates passed in

Surgery.—H. H. P. Cotton, Westminster Hospital; E. C. Drake, Westminster Hospital; J. Edwards, London Hospital; M. Ferguson, Bellevue College, New York; G. L. Godwin, Edinburgh; E. A. Grafton, Montreal; J. M. James, St. Thomas's Hospital; H. W. Joyce, King's College; W. S. Newton, London Hospital; E. B. Pellatt, Royal Free Hospital; W. H. Reed, King's College; W. J. Rogers, St. Bartholomew's Hospital; E. White, Bristol; E. Williams, London Hospital.

Medicine, Forensic Medicine, and Midwifery.—A. H. Bygott, Queen's College, Birmingham; E. A. Grafton, Montreal; G. P. L. Gregory, Queen's College, Birmingham; E. Johnstone, Owens College, Manchester; A. E. Kennedy, London Hospital; W. Turner, King's College.

Medicine and Midwifery.—R. W. Prentice, King's College. *Medicine.*—E. C. Adams, St. Bartholomew's Hospital; H. T. Dufton, St. Bartholomew's Hospital; W. S. Newton, London Hospital; W. E. Pain, Guy's Hospital; A. B. Sturges, Yorkshire College, Leeds.

Forensic Medicine and Midwifery.—D. Berne, Royal Free Hospital; E. B. Pellatt, Royal Free Hospital.

Forensic Medicine.—H. S. Chavasse, Birmingham and St. Mary's Hospital; B. J. Macaulay, Middlesex Hospital; A. J. Petyt, Cambridge University and Leeds; E. Williams, London Hospital.

Midwifery.—M. Ferguson, Bellevue College, New York; T. M. Nair, Madras, Edinburgh, and St. Mary's Hospital; F. S. Park, Liverpool and Edinburgh; W. J. Rogers, St. Bartholomew's Hospital.

To Messrs. Berne, Chavasse, Cotton, Drake, Godwin, Grafton, James, Joyce, Kennedy, Newton, Park, Turner, White, and Williams, was granted the diploma of the Society, entitling them to practise Medicine, Surgery, and Midwifery.

HOSPITAL AND DISPENSARY MANAGEMENT.

ALCOHOL IN METROPOLITAN ASYLUMS.

A REMARKABLE contrast has been presented in a comparison drawn by a non-medical journal between the expenditure on intoxicants in the asylums under the Metropolitan Asylums Board and those managed by the London County Council. It is pointed out that while the rate per head is 18s. 2½d. at Levesden, 17s. 9d. at Caterham, and 7s. 2½d. at Darenth, all controlled by the Board, it is only 3d. at Banstead, 4d. at Canehill, 1½d. at Colney Hatch, and 1½d. at Hanwell. In other words, there is an average cost under the Council of but 1d. per inmate, compared with, under the Board, 14s. 4d. per inmate. This extraordinary difference cannot but arouse deep interest in the members of the medical staffs of all these asylums.

BIRMINGHAM CITY INFECTIOUS HOSPITAL.

The Birmingham City Council have decided to spend £30,000 in the enlargement of the Birmingham City Infectious Hospital.

MEDICAL NEWS.

DR. J. P. FREYER, Civil Surgeon of Moradabad, will represent the Indian Medical Service at the forthcoming International Medical Congress in Rome.

LORD MOUNT STEPHEN and Sir Donald Smith have, says a Dalziel telegram from Montreal, just given a million dollars to the Royal Victoria Hospital, in addition to the million given six years ago.

THE Prussian Cultus Minister has decided to establish a Bacteriological Institute in connection with the University of Bonn. Dr. Frosch, assistant in the Berlin Institute for the study of infectious diseases, has been appointed director. A similar institute is to be established at Danzig.

REQUESTS.—The Royal National Hospital for Consumption at Ventnor, has received a gift of £1,000 from Mr. F. C. Nunn and Mr. P. J. Nunn, in memory of their father, the late Mr. Crumpton John Nunn of Sydenham and Melbourne (Australia), who took a deep interest in the welfare of the hospital, and held the office of deputy-chairman of the board of management.

VACATION COURSE IN BACTERIOLOGY.—We are requested to state that, by an error, the London Post-Graduate Vacation Course was announced to be held in the Bacteriological Laboratory of King's College on April 11th. The class will commence on April 17th, and will be held every morning from 11 to 1 P.M., except Saturdays. This course has been arranged at the request of the Committee of the London Post-Graduate Course to suit those practitioners who are unable to leave their duties for a longer period than a fortnight.

"ARTIFICIAL PROTOPLASM."—At the last meeting of the Royal Microscopical Society, Dr. W. H. Dallinger criticised Professor Bütschli's theories and experiments as to so-called "artificial protoplasm." The forms produced could not be regarded as in any way allied to living matter; they were obviously only foams, and what appeared under a low power to be so like tissue was seen under a high power to be merely collections of minute bubbles. The movements observed were attributable to differences in surface tension, and their study would no doubt help to the understanding of some of the mechanical properties of protoplasm; this was the utmost which could be said.

THE annual report of the Home Hospitals Association states that there have been 412 applications for admission into the institution, and 302 admissions. Some applications had to be refused owing to want of room. Sixty-six medical men had had patients in the hospital in 1892, and all had expressed themselves satisfied with the attention and care their patients had received from the nursing staff, and all the patients without exception had signified their appreciation and thanks for the treatment that they had experienced. The Committee had made special efforts during the year to admit patients of limited means, and for this purpose had given the lady superintendent power to lower the charge for rooms in certain deserving cases.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—A meeting of this Society was held on March 15th; Mr. R. C. Chicken, President, in the chair. Mr. Anderson showed a girl, aged 8, whose left kidney he had extirpated for tubercle; and a boy, aged 10, after removal of the vermiform appendix for recurrent attacks of typhlitis. Dr. Handford read notes on six cases of dysentery. Four cases recovered, and in two which died extensive ulceration of the colon was found. He did not advocate treatment by opium or enemata; the most useful drugs in his hands were pernitrate iron, quinine, and bismuth. Dr. Cattle read notes on a case of *post-hemiplegic chorea*. Specimens were shown by Mr. Anderson and Dr. Handford.

THE NATIONAL HEALTH SOCIETY.—The annual meeting of the National Health Society took place on March 8th, at the Committee Room, 53, Berners Street. The secretary's report for 1892 showed great vitality in the work of the Society, and a large increase in that portion of it connected with the county councils. Lady Baker, of Rawston, was eloquent in

her praises of the ability of the Society's lady lecturers who had visited Dorsetshire, Miss Brancker and Miss Henrietta Kenealy having attracted large mixed audiences varying in number from 30 to 300. The chairman, Mr. Ernest Hart, pointed out the work of the Society with regard to the prevention of an inroad from the much-prevented cholera epidemic, and condemned the proposed plan of a cholera hospital on the Thames, cholera being a water-borne disease. He explained that all precautions taken to avoid the cholera would also be useful in the prevention of other zymotic diseases, and therefore productive of the best results. Miss Louisa Twining, one of the first members of the Society, who has watched its growth during twenty years, spoke of the daily-increasing interest shown by the masses in all matters relating to health and sanitation. In former years she was an active worker amongst the London poor, and now in her country home she still finds much to be done for the cottagers.

A CENSURE INSTEAD OF A CONVICTION.—An inquest was lately held in York on the body of a woman who had died suddenly whilst taking some medicine prescribed for her by a herbalist. She went to him for dropsy and breathlessness, and so presumably had some heart disease, and he said he advised her to go to a doctor, but when she said she could not afford it, he prescribed for her an infusion of digitalis, broom, and other things. She died from syncope, and though of course this is a common occurrence in heart disease the evidence went to show that it was probably due to the digitalis, which, as is well known, ought not to be used without careful supervision in such cases. The presumption against the treatment was immensely strengthened when an analysis of the medicine revealed the fact that the dose of digitalis was just six times the maximum strength ordered in the *British Pharmacopœia*, and the jury returned a verdict that death was due to the administration of digitalis, and severely censured the herbalist, who may think himself very fortunate if he does not yet find himself charged with manslaughter.

MEDICAL MEMBERS OF THE SPANISH CORTES.—At the general election which has just taken place in Spain, ten medical men were returned to the Cortes. Among these two, Drs. Baselga and Camisón, are medical officers of the Spanish army; two, Dr. Castillo, editor of *La Andaluza Médica*, and Dr. Angel Pulido, a well-known writer, are connected with medical journalism; two, Drs. Enriquez and Taboado, are directors of bathing establishments; one, Dr. Sanmartín, is a professor in the University of Madrid; and one, Dr. Esquerdo, is a hospital physician. Dr. C. M. Cortezo, one of the editors of the *Siglo Médico*, was one of the defeated candidates. There are at present only two medical senators, but at the forthcoming elections to the Upper Chamber of the Spanish Legislature several members of the profession intend to stand. Among these are Dr. Basilio Sanmartín, the Marquis del Busto, Drs. Cortejarena, Amalio Gimeno, Martínez Pacheco, Puerta, Justo Martínez, Callega, and Tejéiro.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Friedmann, a well-known Austrian balneo-therapist, aged 60; Dr. W. W. Dawson, trustee and Ex-President of the American Medical Association, and sometime Professor of Surgery in the Medical College of Ohio, aged 64; Dr. Casimiro Roure y Bofill, a surgeon in the Spanish army, who was sent to Rio Janeiro by the Spanish Government to study Dr. Domingo Freire's investigations on yellow fever, and author of a work on that disease; Dr. W. B. Davis, for many years Professor of *Materia Medica* in the Miami Medical College, and a Director of the Cincinnati University, aged 60; Baron de Lavradio, Perpetual President of the *Academia Nacional de Medicina* of Rio de Janeiro; Dr. C. F. Heywood, a well-known practitioner of New York, and formerly one of the visiting physicians of St. Luke's Hospital in that city, aged 60; and Dr. John J. Craven, who, as Brigade-Surgeon, accompanied General Sherman on his famous march to the sea, and afterwards attended Jefferson Davis when the latter was a prisoner of war, aged 71. In 1846 Dr. Craven constructed the telegraph line from New York to Philadelphia; at that time the difficulty arose of overcoming the grounding of the wires at the poles; and it was he who first

used the now familiar glass insulators. The idea of the cable is said to have also originated with Dr. Craven, and he first proposed the submersion of telegraph wires.

TESTIMONIAL TO DR. R. L. BOWLES.—A distinguished gathering assembled on March 11th, at the Winter Gardens, Folkestone, to present Dr. R. L. Bowles with a testimonial on the occasion of his leaving Folkestone, after thirty-six years of practice in that town. The presentation consisted of silver plate, costing about £300. The money was subscribed by the inhabitants of Folkestone and East Kent. The Mayor, in presenting the testimonial, together with an illuminated address signed by several hundreds of subscribers, briefly sketched Dr. Bowles's useful career in Folkestone. He commenced with the time when Dr. Bowles was appointed assistant-physician to the Victoria Hospital, which then only contained two beds. He proceeded to describe the progress of the institution, which, under Dr. Bowles's fostering care, had now developed into a fine hospital of thirty beds, treating hundreds of patients annually, and having a resident house-surgeon. He further mentioned that Dr. Bowles himself had subscribed over £500 to the funds of the hospital. Next he traced the large share which Dr. Bowles had in the development of the sanitary arrangements of the town before the days of skilled medical officers of health, and when sanitary reforms were new, and supposed to be the fads of a few. Dr. Bowles, in reply, expressed his gratification at the presence of such a large number of old friends from all parts of Kent, who had come together to do him honour. He assured them that, though he was leaving Folkestone, still his heart and sympathy would always be with the town in which he had made so many friends.

MEDICAL VACANCIES.

The following vacancies are announced :

- BOLTON INFIRMARY AND DISPENSARY.**—Senior House-Surgeon; doubly qualified; age not to exceed 30. Salary, £120 per annum, with furnished apartments, board, and attendance. Applications to Peter Kevan, Esq., Honorary Secretary, 12, Acresfield, Bolton, by March 28th.
- BRIGHTON THROAT AND EAR HOSPITAL,** 23, Queen's Road, Brighton. —Non-resident House-Surgeon. Salary at the rate of £50 per annum. Applications to the Secretary by March 29th.
- FLINTSHIRE DISPENSARY,** Bagills Street, Holywell. —Resident House-Surgeon. Salary, £120 per annum, with furnished house, rent, and taxes free, also coal, light, water, and cleaning, or in lieu thereof £20 per annum. Applications to William Thos. Cole, Secretary, by April 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.
- GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.**—House-Surgeon, doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by April 12th.
- GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY,** Cardiff. —Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to George T. Colman, Secretary and General Superintendent, by March 31st.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton. —House-Physicians. Applications to the Secretary by April 15th.
- INGHAM INFIRMARY,** South Shields. —Two House-Surgeons (Senior and Junior), doubly qualified. Salaries: Senior, £80, rising by £5 instalments to £70 per annum; Junior, £50 per annum; each with board and residence. Applications to James R. Wheldon, Secretary, 74, King Street, South Shields, by April 4th.
- LEITH HOSPITAL.**—House-Physician, House-Surgeon, and Surgeon for the Outdoor Department. Appointments for six months, and the salary attached to each office is at the rate of £50 per annum, with board. Applications to Mr. George V. Mann, Secretary, 33, Bernard Street, Leith, by March 31st.
- MASON COLLEGE, Birmingham.**—Co-Professor of Surgery. Applications to G. H. Morley by April 15th.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC,** Queen Square, Bloomsbury. Physician, Assistant-Physician, and Registrar and Pathologist. An honorarium of fifty guineas is attached to the latter office. Applications to B. Burford Rawlings, Secretary and Director, by March 30th.
- NEW HOSPITAL FOR WOMEN,** 144, Euston Road, N.W. —Qualified medical woman as Clinical Assistant. Appointment for six months. Applications to Margaret M. Bagster, Secretary, by March 27th.

- PONTEFRAC GENERAL DISPENSARY AND ACCIDENT WARD,** Pontefract. —Medical Officer; doubly qualified. Salary, £130 per annum, with furnished rooms, fire, lights, and attendance. Applications to Percy P. Wood, Secretary, by April 7th.
- RADCLIFFE INFIRMARY,** Oxford. —House-Surgeon, doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by April 7th.
- ROYAL COLLEGE OF PHYSICIANS,** Pall Mall, East, S.W. —Milroy Lecturer. Applications to the Registrar by April 5th.
- 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.
- RICHMOND DISTRICT ASYLUM,** Dublin. —Third Assistant Medical Officer and Pathologist, doubly qualified, unmarried, and not more than 30 years of age. Salary, £100 per annum, with furnished apartments and other allowances, valued collectively at £99 15s. 6d. Applications to the Medical Superintendent by April 4th.
- ROYAL FREE HOSPITAL,** Gray's Inn Road. —Senior Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board, residence, and washing; also Junior Resident Medical Officer, board, residence, and washing provided. Applications to Conrad W. Thies, Secretary, by April 17th.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN,** Waterloo Bridge Road, S.E. —Resident Medical Officer. Salary, £70 per annum, with board, lodging, etc. Applications to the Secretary by March 28th.
- ROYAL HOSPITAL FOR SICK CHILDREN,** Glasgow. —Assistant House-Surgeon. Salary, £30 per annum, with board and washing. Applications to M. P. Fraser, 91, West Regent Street, Glasgow, by March 31st.
- SUNDERLAND INFIRMARY.** —Honorary Surgeon. Applications to the Chairman of the Medical Board by April 6th.
- 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.
- UNIVERSITY COLLEGE, Bristol (Medical School).** —Medical Tutor. Stipend, £125 per annum. Applications to E. Markham Skerritt, M.D., Dean, by April 5th.
- VICTORIA HOSPITAL FOR SICK CHILDREN,** Hull. —Resident Medical Officer. Salary, £50 per annum, with board, rooms, and washing. Applications to J. Travis Cook, Honorary Secretary, 14, Parliament Street, Hull, by April 3rd.
- WEST NORFOLK AND LYNN HOSPITAL,** Lynn. —House-Surgeon and Secretary. Salary, £80, rising to £100 per annum. Applications to the Chairman of the Weekly Board by April 7th.
- WREXHAM INFIRMARY AND DISPENSARY.** —House-Surgeon. Salary, £80 per annum, with furnished room, coal, gas, board, and attendance. Applications on forms to be obtained from the Secretary to Mr. Geo. Whitehouse, Secretary, 27, Regent Street, Wrexham, by March 30th.
- YORK COUNTY HOSPITAL.** —Assistant House-Surgeon, doubly qualified. Salary, £40 per annum, with board, apartments, and washing. Applications to C. E. Pinfold, Secretary, by March 30th.

MEDICAL APPOINTMENTS.

- ALEXANDER, Frederick William, L.R.C.P. Edin., M.R.C.S. Eng.,** appointed Medical Officer of Health for the Bromley and Poplar Districts.
- BALLANCE, H. Stanley, M.B., B.S. Lond., M.R.C.S., L.R.C.P.,** appointed House-Physician to the General Lying-in Hospital, York Road, Lambeth.
- BEVERIDGE, A. T. G., M.B., C.M. Aberd.,** reappointed Medical Officer, Aberdeen Dispensary.
- BROADHURST, Henson C., M.R.C.S., L.R.C.P. Lond., L.S.A.,** appointed Resident Clinical Assistant to the St. Marylebone Infirmary, Notting Hill, *vice* G. Thornton, M.D., resigned.
- BRODRICK, C. C., L.R.C.P., L.R.C.S., L.M. Edin.,** reappointed Medical Officer of Health for the Tavistock Rural Sanitary District.
- BURDWOOD, James Watson, L.F.P.S.G. L.S.A. Lond., Mem. San. Institute,** reappointed Medical Officer of Health for the Bourne Rural Sanitary District.
- CLEGG, Walter, M.R.C.S. Eng., L.S.A.,** reappointed Medical Officer of Health for the Boston Urban Sanitary District.
- COLLINGRIDGE, William, B.A. Cantab., M.D., D.P.H., M.R.C.S.,** reappointed Medical Officer of Health for the Port of London.
- DAVIDSON, J. Mackenzie, M.B., C.M. Aberd.,** reappointed Ophthalmic Surgeon of the Aberdeen Hospital for Sick Children.
- DAVIES, John William, L.R.C.P. Lond., M.R.C.S. Eng.,** reappointed Medical Officer of Health for the Ebbw Vale Urban Sanitary District.
- DE LESSERT, A. A., L.D.S., L.R.C.S.I.,** reappointed Dental Surgeon of the Aberdeen Hospital for Sick Children.
- FINDLAY, George, M.D. Aberd.,** appointed Deputy Medical Officer of Health for the Shipston-on-Stour Rural Sanitary Authority.
- FLOWER, Frederick J., M.R.C.S. Eng., L.S.A.,** reappointed Medical Officer of Health for the Warminster Urban Sanitary District.
- FROSSARD, E. E., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer for the Bishop Lydeard Sanitary District of the Taunton Union.
- GARDEN, R. J., M.D., C.M. Aberd.,** reappointed Surgeon of the Aberdeen Hospital for Sick Children.
- GIBSON, George J., M.D. Q.U.I., M.Ch.,** appointed Medical Officer of the "Loyal Ebrington" Lodge of Oddfellows, Totnes.
- GORDON, John, M.D., C.M. Aberd.,** reappointed Assistant-Surgeon of the Aberdeen Hospital for Sick Children.

HAMILTON, Archibald Alex., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health for Crowle.

HARVEY, George, L.R.C.P. Edin., L.R.C.S.I., reappointed Medical Officer of Health for the Matlock Urban Sanitary District.

HASWELL, John Francis, M.B., C.M. Edin., reappointed Medical Officer to the Workhouse of the Penrith Union.

HAYCRAFT, John Berry, D.Sc. Edin., M.D., appointed Professor of Physiology at the University College of South Wales.

HIRST, G. S. S., M.B., Ch.M. Edin., appointed Deputy Public Vaccinator and Medical Officer for Bishopwearmouth West.

HITCHINS, Thomas Henry, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for the Shipston-on-Stour Rural Sanitary Authority.

HOPSON, Montagu F., L.D.S. Eng., appointed Assistant Dental Surgeon to Guy's Hospital.

HORSFALL, Henry, M.D. St. And., M.R.C.S. Eng., reappointed Medical Officer of Health for the Bedale Rural Sanitary District.

HUGHES, Alfred Wm., M.B., C.M. Edin., F.R.C.S. Eng., appointed Professor of Human Anatomy at the University College of South Wales.

HUNTER, Wm. Lovell, M.D. Dub., B.Ch., D.P.H. Eng., reappointed Medical Officer for the Third Sanitary District of the North Bierley Union.

KIRKLAND, Robert, M.B., C.M. Glas., appointed Honorary Physician to the Cheltenham General Hospital, *vice* Francis Cook, M.D. Edin., resigned.

KNOX, J. J., M.B., B.C. Camb., L.R.C.P. Lond., appointed Medical Officer for the Molesey District of the Kingston Union, *vice* Robert Skimming, M.D. Edin., resigned.

LUMSDEN, George, M.B., C.M. Glas., reappointed Medical Officer of Health for the Pateley Bridge Rural Sanitary Authority.

MACGREGOR, A., M.D., C.M. Aberd., reappointed Assistant-Physician of the Aberdeen Hospital for Sick Children.

MARSHALL, Dr. J. Roderick, appointed Medical Officer of Health for the Burgh of Bownes, *vice* Dr. Sinclair, resigned.

MASON, William, L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health for the St. Austell Urban Sanitary District.

MILNER, Arthur Edward, M.R.C.S. Eng., L.R.C.P. Lond., appointed Physician's Assistant to the Bristol General Hospital.

PESKETT, Arthur William Chalmers, M.B., B.C., M.R.C.S., reappointed Medical Officer of Health for Burnham.

PHILLIPS, Wm. Fleming, M.B., C.M. Glas., L.R.C.P. Edin., appointed Medical Officer of the Workhouse of the St. Austell Union, *vice* Richard Frederick Stephens, M.R.C.S. Eng., resigned.

PRINGLE, A. G., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the York Dispensary, *vice* W. H. Cooper-Pattin, B.A., M.D., resigned.

ROBERTS, Edward C., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for Southgate.

ROSE, George, M.B., Ch.M., D.P.H. Aberd., reappointed Chloroformist of the Aberdeen Hospital for Sick Children.

ROTHERN, Frank, M.D. Edin., M.R.C.S. Eng., appointed Medical Officer of Health for Beeston, Notts, *vice* James Butler, deceased.

SHAW, W. W., M.R.C.S., appointed Medical Officer of the Workhouse of the Fyde Union.

SNAPE, Ernest, L.R.C.P. Lond., L.S.A., appointed Honorary Medical Officer to the Cripples' Home, Marylebone Road, W.

STANSFIELD, T. E. K., M.B., C.M. Edin., appointed Senior Assistant Medical Officer to the London County Council's new Asylum at Claybury, Woodford, Essex.

STEPHENSON, W., M.D., F.R.C.S. Edin., appointed Physician of the Aberdeen Hospital for Sick Children.

STONER, Harold, L.D.S. Eng., appointed Assistant Dental Surgeon to Guy's Hospital.

TREWEY, Lillian, L.R.C.P. & S.E., L.S.A., appointed Physician-in-Charge to the Dufferin Hospital, Shikarpur, Sindh, India.

TRIMBLE, Robert, M.D. Glas., F.R.C.S.I., reappointed Medical Officer of Health for Walton-le-Dale.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. C. E. Beevor: A case of Aphasia due to a Fall on the Head. Dr. F. Hawkins: Croupous Pneumonia in Children.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. Kendal Franks: On Resection of the Intestine and Immediate Suture in cases of Gangrenous Hernia. Mr. W. Bruce Clarke: Acute Renal Dislocation.

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

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

BIRTH.

FARQUHAR.—On March 19th, at Burbage, Marlborough, the wife of James Farquhar, M.D., of a daughter.

DEATH.

MANNING.—On March 20th, at Laverstock, Salisbury, Henry Charles, eldest son of Henry John Manning, aged 34.

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.

A MEMBER, anxious to take a "land cruise," would be glad to know whether or no he could hire a caravan for a month; on what terms, etc.

PROPOSED TAX ON MEDICAL MEN IN SIERRA LEONE.

A CORRESPONDENT informs us that there is a proposal, in connection with a new municipal Bill in Sierra Leone, to impose a municipal tax on medical men for licence to practise their profession, and inquires whether such a tax exists in Great Britain.

"* There is no such tax in this country, and, beyond the fee paid to the General Medical Council for registration, no tax of any kind is imposed by the State or municipalities on medical men as such. We shall be glad to see a copy of the proposed Bill'.

ANSWERS.

J. F. D'A.—All information can be obtained from Mr. F. Addiscott, Secretary of the Medical, Sickness, Annuity, and Life Assurance Society, 21, Dalmore Road, West Dulwich, S.E.

SPES.—Having made a diagnosis negating scarlet fever at the time when the patient was under his care, our correspondent was not in the slightest degree called upon to follow up the case, or to report it.

ENQUIRER will find particulars as to Orotava, Tenerife, in *A Winter Trip to the Fortunate Islands*, by Ernest Hart, published by Smith, Elder, and Co., price 1s., and in a recent article by W. Vignal, D.Sc., published in the BRITISH MEDICAL JOURNAL of February 25th, 1893, page 419.

DR. MURRELL'S paper on "The Action of Apomorphine and Apocodeline with Reference to their Value as Expectorants in the Treatment of Chronic Bronchitis," was published in the BRITISH MEDICAL JOURNAL, February 28th, 1891. It was probably reprinted in the *Medical Bulletin*.

A. H.—There is, we apprehend, nothing "infamous in a professional respect" in the conduct of a person who abandons the profession of medicine for business pursuits; and a change of name is legally admissible provided it is made *bond fide*, and in a sufficiently public manner. Certain diplomas are granted on the understanding that their holders do not engage in trade, and, of course, if the person in question has one of these he is in duty bound to renounce it.

VILLAGE NURSES.

DR. J. LEE JARDINE (Capel, Surrey) writes: If a "Perplexed Country Doctor" will write to me, I shall be pleased to give him some particulars of the scheme of nursing the poor in their own homes, which has been in successful operation in this neighbourhood for the past ten years.

APPOINTMENT OF CERTIFYING FACTORY SURGEON.

SUBSCRIBER.—Certifying surgeons under the Factory Acts are appointed by Her Majesty's Chief Inspector of Factories, R. E. Sprague Oram, Home Office, Whitehall, London. The Home Secretary has also the power to make an appointment if he thinks fit to do so, but he seldom exercises this power.

CONSULTING ROOM COUCH.

M.B. writes: With reference to the inquiry for "a cheap consulting room couch, which can be folded up when not in use," I think "A Member" cannot do better than apply to W. Harris, cabinet maker, Burnham, Somerset, who makes a most useful "combination surgical chair and couch" in either pitch pine or oak as desired, which can be folded up to 4½ feet x 2 feet x 8 inches. I have had one in constant use for the last four years, and can thoroughly recommend it as a well made substantial article.