

ally difficult owing to peculiarity in the development of the tumour.

My feeling is very distinct, in that in future I shall always commence the operation of hysterectomy with the intention of completing it in the way I have described, and I feel that I can safely recommend it to others as an operation well worthy of attention.

DILATATION OF THE STOMACH, WITH ENTEROPTOSIS.

By H. C. TWEEDY, M.D.DUB., F.R.C.P.I.,

Physician to Dr. Steevens's Hospital, Dublin; Examiner in Medicine
Conjoint Board R.C.P.I. and R.C.S.I.

A LABOURING man from the west of Ireland, aged 35, was admitted to hospital under my care, suffering from stomach trouble of many years' duration. Examination disclosed enormous dilatation, with chronic gastric catarrh and paresis of the muscular coat. After about a week he died of exhaustion, and his death was preceded by several convulsive seizures. On opening the abdomen the stomach was seen to occupy the entire superficial space, the fundus reaching to the sixth intercostal space. The greater curvature occupied both iliac fossæ, and extended almost to the pubes. Nothing else could be seen save a wedge-shaped portion of the left lobe of the liver, which was inserted into a sort of sulcus corresponding to the lesser curvature. The capacity of the stomach was found to be 160 ounces. On raising the stomach the transverse colon was found immediately behind it, and in close apposition to it, forming a long curve with sharp angles at the hepatic and splenic flexures, and its lowest portion about two inches above the pubes. The ascending and descending portions of the colon occupied their normal positions. There was scarcely a trace of omentum, and the transverse colon was packed with hardened fæces.

It was evident that the dilatation had been caused in the first place by a diet consisting largely of potatoes, which by mechanical pressure weighed down the organ, causing stagnation of the stomach contents, and subsequent gastric catarrh and atony of the muscular coat. The dilatation¹ was further aided by the fact of the pylorus being dragged down, and thus causing traction on the first portion of the duodenum, which possesses tolerable freedom of motion, as it passes backwards and to the right before it turns sharply down to form the second portion which is firmly fixed, thus of necessity causing a stenosis by increasing the sharp bend between the movable and the fixed portion of the duodenum. The position of the transverse colon represented, though in an exaggerated degree, a condition described by Glénard² under the name of enteroptosis.

Glénard based his observations on the fact that the alimentary canal, from the stomach to the rectum, is suspended by ligamentary attachments at certain points; that at several of these fixed points sharp angles are formed, and that if any of the ligaments become relaxed or give way, it is attended with two results—first, a falling (ptosis) of that portion of the alimentary tract; secondly, in certain cases—for example, in the transverse colon—increased traction on the next fixation point, causing obstruction of the passage of ingesta, and even partial stenosis of the intestine itself.

Glénard believed that the condition is most likely to arise in the right portion of the transverse colon; that, owing to a relaxation of the colico-hepatic ligament, the ascending and transverse colon run obliquely from below upward across the abdomen to the splenic flexure, where the intestine is held firmly in its place by the phrenico-colic ligament, and that the acute angle produced at this point by the falling down of the other end of the transverse colon causes a narrowing of the lumen of the gut and consequent stoppage of its contents.

He details several physical signs as diagnostic of this condition, for example, splashing, pulsation of the abdominal aorta, movable kidney on the right side, all of which may be

met with under other conditions; but the physical sign on which he lays most stress is "corde colique transverse," by which he means the sensation imparted to the hand on palpation as of a ribbon-like band, one centimetre in width, which he believes to be the displaced transverse colon, lying over the aorta above the umbilicus. His reason for believing this is that pressure in the right iliac fossa on the ascending colon produced rumbling sounds in the "corde transverse." In speaking of patients suffering from this affection, Glénard alludes to them as "nervous dyspeptics," and Ewald,³ in writing of the disease, classifies it among neuroses of the stomach.

The case now described, although a true ptosis of the transverse colon, differs from Glénard's disease in the following particulars:

1. The patient could not be pronounced in any sense a neurotic subject.

2. The hepatic flexure of the colon was in its normal position, nor were any of the attachments of the bowel relaxed with the exception of the transverse mesocolon.

3. In Glénard's disease the transverse colon is the first part affected; then follows relaxation of the mesentery, and the small intestine descends into the pelvis. The stomach is then drawn down (gastroptosis), and subsequently there may be a falling of all the viscera, which he termed splanchnoptosis. In the case now described, however, the enteroptosis was distinctly secondary to the dilatation of the stomach, or, at least, coincident with it.

MEMORANDA:

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

CURE OF INTUSSUSCEPTION BY RECTAL INJECTION.

ON March 15th, 1893, M. A. G., aged 6 months, was brought to me by her mother, who stated that the bowels had not acted for three days, and that the previous day the infant became very ill, vomiting incessantly matter described as being like "what passed from its bowels" before it was taken ill.

The face was pinched and drawn, the eyes sunken, and the abdomen rather tense. A large sausage-shaped tumour could be easily discerned in the right ileo-colic region. The temperature was 97.8° F., and the surface of the body quite cold; the pulse was 110 and very weak; respirations 56. The child occasionally threw its arms about, screaming loudly, as if in pain, and twice vomited stercoraceous matter. It passed urine normally, but there was a great deal of bloody mucus upon the diaper, although rectal examination revealed nothing.

Having diagnosed intussusception, I proceeded to inject about half a pint of warm water, using steady pressure. After about twenty minutes I could no longer make out the tumour, and desisted with the enema. I administered a little weak warm brandy and water, and prescribed 2 minims of tincture of opium and the same quantity of tincture of belladonna in a teaspoonful of syrup and water every four hours and after six hours had elapsed from the time of the enema two ounces of milk and water every three hours. The child was then put to bed, and hot water bottles applied to it.

Next day I saw the child at 10 A.M., and the mother told me it had remained in about the same condition until 1 A.M., when it became much worse, being icy cold, refusing milk, retching incessantly, and passing much blood and slime after severe straining. The child was in a state of collapse, and, upon abdominal palpation, the tumour could be distinctly felt, and appeared to be much larger than before. The pulse was 120, the temperature 97° F., and the respirations 60.

I now determined at all hazards to forcibly inject warm water, as two previous cases I had attended both died. In

¹ Since the above was written, I notice that attention has been drawn to an almost identical condition as a cause of gastric dilatation by Sir Wm. H. Broadbent in his lecture published in the BRITISH MEDICAL JOURNAL, December 2nd, 1893.

² *Lyon Médical*, Mars, 1885, t. xlviii, p. 450.

³ *Berlin. klin. Woch.*, 1890, No. 12, etc. An interesting paper on the same subject by Einhorn will be found in the *New York Post Graduate*, vol. viii, No. 2, 1893.

one of these I was subsequently able at the necropsy to reduce by injecting warm water in a more forcible manner than I had deemed advisable during life. The mother was averse to laparotomy, as she considered the infant too young, and so I felt justified in adopting this treatment. After persevering for half an hour, gradually increasing the pressure, there was a distinct feeling of something having slipped suddenly or given way, and the water passed onwards again. I now desisted in my efforts, but retained the water in the bowel, and, after a space of ten minutes, I relaxed the pressure and had the satisfaction of seeing the water, together with some bloody mucus, expelled from the rectum.

The child improved in a few hours, and next day took its food well; vomiting ceased, and a healthy stool was passed. The infant has remained well since, and is now a finely-developed and robust child.

DUNCAN J. CADDY, M.B., F.R.G.S.

Earl's Court Gardens, S.W.

A CONTRIBUTION TO THE TECHNIQUE OF THE "COLD BATH TREATMENT" IN TYPHOID FEVER.

IN the report of a clinical lecture on the method of using the cold bath in typhoid fever, by Dr. William Osler, published in the *Medical News* of December 3rd, 1893, he draws attention to the difficulties of lifting the patient out of the bath. In the case he describes the patient was given as many as thirty-six baths.



I recently had under my care a strongly-built man suffering from typhoid fever, and even with the aid of two nurses I experienced the greatest difficulty in lifting him in and out of his bath. I therefore had fitted to the bed the apparatus shown in the illustration. The legs of the shears were tied to the foot of the bed, where they remained firmly in position. I attached—to use a sailor's expression—a "luff tackle purchase" to either end of the cross beam, and from the lower block of each purchase hooked the end of a common Indian hammock. By placing a sheet over the hammock, and spreading both out flat over the bed, the patient was able to roll on to it without inconvenience.

Now by the multiplication of power effected by the combination of pulleys, the patient was raised off the bed with

the greatest ease to the position shown in the illustration, and when suspended was readily pulled over the edge of the bed and gently lowered into the bath. In raising the patient out of the bath the pulleys were of great use. The hammock containing the sheet and patient was raised clear of the surface of the water, and retained in this position for a few seconds to allow it and the sheet to drip into the bath until fairly dry; after which it was raised to the level of the bed, and gently pushed over the edge on to a rubber sheet. The patient, being rubbed dry, is rolled into his original place at the further side of the bed, and the macintosh and wet sheet were removed.

As these baths may have to be given frequently (that is, once in every three hours whenever the temperature is above 102.5°), it is very important to have some such means, in private, by which two nurses, or even one, can give the baths without much trouble. I therefore trust that in bringing this method of using the bath before the members of the medical profession a valuable therapeutic measure may be rendered easy in those details of its application which so often mean the difference between success and failure. Any carpenter can knock together the beams necessary for the two pairs of shears, and the whole can be placed in position within a couple of hours.

G. CALDWELL STEPHEN, M.D. McGill College,
Montreal, L.R.C.P.Lond.

Evelyn Gardens, W.

THE REMOVAL OF TUMOURS OF THE FEMALE BLADDER.

THE removal *per urethram* of a tumour having a narrow pedicle can be easily accomplished: but when a villous tumour has a broad base this operation is tedious and not quite satisfactory, while the suprapubic method is severe and does not give very great facilities for manipulation. Experience of a recent case suggested to me the following plan:

Dilate the urethra and explore. If the pedicle is narrow or the tumour small it can be removed *per urethram*. If the tumour is large and the villi scattered over a broad base the vesico-vaginal septum should be incised to a sufficient degree to admit the left forefinger, which can be used to guide the forceps working through the urethra. In this way any tumour suitable for removal can be quickly, safely, and thoroughly dealt with. The advantage of working through two different openings is great.

JOHN CAMPBELL, F.R.C.S.,
Surgeon to the Samaritan Hospital for Women, Belfast.

GUNSHOT INJURY BY THE LEE-METFORD RIFLE.

A SOLDIER, aged 24, on October 7th, 1893, shot himself with the magazine rifle. He had evidently attempted his life when in a standing position on a bare plot of ground behind the guard room by holding the rifle obliquely across the chest from right to left, with the idea of shooting himself through the heart. The length and weight of the weapon, and the difficulty of pushing the trigger back with the finger, in addition to the shock of the explosion, must have jerked the barrel outwards towards the left axilla, as the bullet passed through the skin and a few fibres of the pectoralis major, then through the arm from within outwards and a little backwards. His red tunic and flannel shirt were blackened and burnt by the explosion, and a few pieces of cancellous bone were found on the shirt near the hole of exit.

The wound of entrance situated on the inner side of the arm just below the great pectoral, and including some of the fibres of that muscle, was large, and irregularly rectangular in shape; in the long diameter it measured 1½ inch, in the short nearly 1 inch; the edges were inverted and lacerated, the skin around burnt and contused. The aperture admitted the finger freely. The patient being under chloroform, it was found that the bullet had passed right through the humerus, fracturing that bone transversely just below the surgical neck. The capsule of the joint had entirely escaped, and no comminuted fragments could be detected.

The wound of exit was situated on the outer and back part of the arm, nearly 2 inches anterior to the posterior fold of the axilla, on a plane a little lower than that of entrance. It

was smaller and more circular in shape; the edges were everted and not lacerated. On exploring it no comminuted fragments could be detected.

The patient did not suffer much from shock; he had lost a quantity of venous blood, but neither axillary vessels nor brachial plexus were injured. Crepitus between the fractured ends could readily be detected. It was resolved to save the arm, so a drainage tube was inserted into the posterior wound, and antiseptic dressings applied, the arm being supported on a pillow. The temperature continued normal throughout, except on two evenings, when it rose a little. The wounds healed rapidly, and before the end of the seventh week he was permitted free movement of the arm. Ten weeks have now passed, and, except that he is unable as yet to lift the arm above the shoulder, which defect is rapidly disappearing, he appears to have recovered the other movements of the arm. There is absolutely no shortening of the limb.

The case is instructive as showing that this modern weapon, with greatly increased muzzle velocity, can at close quarters cause a fracture of the arm which, in the course of its union and ultimate result, bears little difference from a simple transverse fracture caused by a fall on the elbow.

GEORGE NELIS,
Surgeon-Captain, A.M.S.

Poona.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

F. W. PAVY, M.D., F.R.S., in the Chair.

Tuesday, January 16th, 1894.

APPENDICITIS.

DR. FRED. J. SMITH showed a specimen of diseased vermiform appendix removed from the body of a man, aged 40, in whom there was no history of any illness at all till last August, when he was admitted suffering from ordinary acute nephritis. This got practically well except for a trace of albumen. He returned in November with headache, hic-cough, much sickness, and severe diarrhoea; general oedema was also very marked. Cheyne-Stokes respiration appeared, and he succumbed to what was taken to be acute uræmia. There were never any signs or symptoms pointing to the right iliac region as the seat of any mischief. *Post mortem* the kidneys were found enlarged, slightly mottled, and with somewhat adherent capsules. The stomach and intestines down to the colon showed patches of intensely red congestion but no ulceration; the vermiform appendix was very pale, about the shape, length, and size of an adult forefinger, curved on itself in a semicircle by the contraction of adhesions; in its mesentery was a dark black hæmorrhagic swelling about the size of a nux vomica seed. Dr. Smith remarked on the curious absence of symptoms or signs resulting from what was evidently a typical example of recurrent appendicitis; he also thought that the specimen threw light on the possible condition underlying many cases of acute appendicitis that got well under medical treatment only.

TWO SPECIMENS OF CRANIAL DEFORMITY IN INFANTS.

DR. S. W. WHEATON exhibited two specimens, nearly identical, in which there was marked antero-posterior shortness of the cranium from arrest of development of the base of the skull; all the fossæ, but especially the posterior, were diminished in the antero-posterior, though not in the transverse, direction; the skull in each case was almost perfectly globular. There were many perforations in the frontal and parietal bones. In both children the digits of the hands and feet were webbed, though the thumbs were distinct; and in one of the infants the great toes were similarly uninvolved. The author regarded the condition of skull as due to syphilis, since in both cases "snuffles" were present, and there was yellow discoloration and much wrinkling of the skin. After death, also, there was found fibrous thickening of the spleen. The occipital convolutions were little developed, and the brain evidently confined, as told by its marked bulging when the skull was opened.

ACTINOMYCOSIS IN THE HUMAN SUBJECT.

DR. KANTHACK and Dr. HOWARD TOOTH reported the above case, which was of the rarer form, known as the "pyæmic." As a rule actinomycosis extended by direct continuity or by the lymphatics; its spread by the blood stream was unusual. As the organism was pleomorphic and assumed a coccus form, this mode of extension was not difficult to understand, for in this phase it was of small size. The disease involved the liver and the base of the right lung. There were smaller secondary foci in the right lung, as well as in the left, but the mediastinum was free. The main growth had involved, moreover, the right adrenal, and, beyond this, the kidney. There was an infarct-like focus in the spleen, and abscesses beneath the skin and in certain of the joints, the pus of all of which contained actinomycetes. The author had used Gram's stain, the tissue being imbedded in celloidin; in such a case the decolorisation should be carried out not with alcohol, but aniline oil. In examining the pus, also, it was a useful plan to receive this into absolute alcohol, and imbed it subsequently in celloidin with the object of making sections. Clubs were absent, though they were faintly indicated in the liver and lung. The author did not regard the clubs themselves as of any diagnostic importance. In the yellow variety of mycetoma he had shown the presence of a fungus belonging to the same group as, though not identical with, actinomycetes. The mycelium varied much in character in both diseases. Professor Crookshank had stated that in bovine actinomycosis the clubs were always present; but this was not so.

DR. HOWARD TOOTH observed that the scattered lesions in the lung were indistinguishable with the naked eye from the grey granulations of tuberculosis, and that the larger resembled those of yellow tubercle.

DR. WHEATON had reported a case of aspergillar mycosis of the lung, the absence of clubs being here an important diagnostic feature.

DR. RUBERT BOYCE did not consider the specimen of mycetoma (white variety), shown at the present meeting, as typical; there was an appearance of degeneration in the fungus; the identity of mycetoma and actinomycosis was not at present proved.

MR. S. G. SHATTOCK could say that at the present time Professor Crookshank did not hold to the statement that in the bovine disease the fungus was always clubbed, since he had himself seen preparations in Professor Crookshank's laboratory in which this was not so; the organs were sent from New Zealand.

DR. R. E. SCHOLEFIELD asked what relation Dr. Kanthack thought actinomycosis bore to the condition that had been found by Eppinger, in which mycelium existed without clubs, and in which pure cultures of the third generation produced lesions in rabbits in which mycelium also occurred without clubs.

DR. KANTHACK had observed absence of clubs in bovine actinomycosis, in preparations made from material received from New Zealand, possibly the same as that examined by Professor Crookshank. He did not profess to be able to relegate these fungi to their true botanical positions, but he regarded the fungus of mycetoma (yellow) as of the same class as actinomycosis.

ANEURYSM OF THE AORTIC VALVE.

DR. A. F. VOELCKER exhibited the heart of a child who died of capillary bronchitis, and in whom one of the segments of the aortic valve was the seat of a small aneurysm. He thought that the condition had probably ensued on fatty degeneration of the endocardium of the valve.

DR. FYFFE had seen a similar aneurysm of the mitral valve due to ulcerative endocarditis, in which crowds of streptococci were present. He thought that possibly Dr. Voelcker's might have been of the same kind.

DR. WHEATON referred to a similar case of aneurysm of aortic valve that had been reported by Dr. Hadden; the valve was perforated and the seat of ulcerative endocarditis.

DR. VOELCKER observed that the other organs in his case were normal; the child had had measles, and was convalescent until three days before death.

TWO CASES OF ULCERATIVE COLITIS.

DR. HOWARD TOOTH said that the first case occurred in a

We understand that a new edition of the valuable and well-known work of reference known as *Quain's Dictionary of Medicine* is now in a very forward state of preparation. The letter U has gone to press, and the whole work has undergone final revision up to that point. Of the first edition, published in 1882, 33,000 copies have been sold, a success for a medical work of so large and expensive a character which must be almost, if not quite, without precedent, in this country at least. The new edition has been thoroughly revised and brought up to date, the work of revision having been entrusted to the authors of the original articles where this was possible, and where not to acknowledged authorities on the various subjects.

OBITUARY.

PAUL DIDAY, M.D.,
Lyons.

IN M. Diday, who died a few days ago at the age of 83, Lyons loses one of its leading surgeons and the medical profession in France one of its most distinguished members. Born at Bourg in 1812, he studied medicine in Paris, where he was a favourite pupil of Dupuytren, and afterwards of Ricord. Soon after taking his degree he became surgeon to the Antiquaille Hospital at Lyons, a post which he continued to fill for many years. It was largely owing to his influence that this institution was transformed from a mere special hospital into a school of scientific syphilography, where much work of the greatest value was done by Diday himself and his pupils.

Early in his career Diday was appointed General Secretary of the Lyons Société de Médecine. Into the duties of this office, which he held for thirty-four years, he threw himself with the greatest enthusiasm. He was one of the founders and the first editor of the *Lyon Médical*, and for twenty-five years he was a constant contributor to its pages. He also wrote largely, though anonymously, in the *Gazette Médicale de Paris*. His literary activity was extraordinary, and continued to the end, a paper from his pen on the expediency of subjecting a primipara, presumed to be syphilitic, to mercurial treatment having appeared in the *Lyon Médical* of December 24th.

Of his books the best known are the *Traité de la Syphilis des Nouveaux-nés et des Enfants à la Mamelle* (1854), *Histoire de la Syphilis* (1863), *Thérapeutique des Maladies Vénériennes* (1876), and *Pratique des Maladies Vénériennes* (1886). At his best Diday was a brilliant writer, incisive, epigrammatic, and exquisitely lucid.

Diday had suffered for some time from an affection of the bladder, for which he was successfully operated on (a fact which he commemorated in verse only a few weeks ago). His death appears to have been due to a tumour of the chest wall which was discovered quite recently: it proved fatal by extension into the pleural cavity. He was buried on January 11th in the presence of an immense concourse of his professional brethren and friends, including all the academic and official notabilities of Lyons.

THE sudden death of Dr. J. A. Barton, of St. George, Bristol, took place on January 4th. He took the degrees of M.B., C.M. Glasg. in 1879, and for nearly fourteen years has been practising at St. George, Bristol, for which place he was medical officer of health. On January 4th the deceased, after attending his duties, sat down to tea before the fire and complained of being chilly. Just before 6 o'clock he went to his consulting room and attended to his patients. Two hours later a servant heard a noise, and, on opening the door, found the deceased staggering to a chair. Restoratives were applied, but without avail. The deceased was aged 37.

DR. JOHN W. BOYD, of New Ross, died suddenly while visiting a patient on January 6th. The deceased gentleman was said to have been the oldest dispensary medical officer in Ireland.

THE inhabitants of Cowfold, Sussex, on January 6th received with universal regret the news of the death of Mr.

Thomas Gravely. He was born in the village of Cowfold, and lived there all his life. In 1840 the deceased became a M.R.C.S. Eng. and L.S.A.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Eduard Strobl, Professor of Pharmacology and Hygiene in the University of Strassburg, aged 79; Dr. Nebinger, Chief Surgeon to the Municipal Hospital, Bamberg; Dr. Roswell G. Bogue, till he lost his eyesight ten years ago as the result of septic infection, a leading surgeon in Chicago and the first Professor of Surgery in the Women's Medical College of that city, aged 61; Dr. Arthur Ravara, Surgeon to the S. José Hospital, Lisbon, and to the King of Portugal, from the bursting of an aortic aneurysm while he was examining a patient before performing ovariectomy; and Dr. Van Beneden, for more than sixty years Professor of Zoology in the University of Louvain.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

CHEMICAL DEPARTMENT.—Mr. J. E. Purvis, of St. John's College, has been appointed Assistant to the Professor of Chemistry, in the place of the late Mr. H. Robinson, who for many years lectured on pharmaceutical chemistry and superintended the course of instruction in hygienic chemistry and physics for the diploma in public health.

PATHOLOGICAL CHEMISTRY.—Dr. J. Lorrain-Smith and Dr. F. F. Westbrook (John Lucas Walker students) will give twice weekly during the Lent term a special course of lectures in pathological chemistry, including the chemistry of fever, gas analysis in connection with respiration, chemistry of morbid secretions, and bacteriological chemistry. The course will be held in Professor Roy's laboratory on Mondays and Saturdays at noon.

APPOINTMENT.—Dr. W. H. Gaskell, F.R.S., has been appointed a member of the Board for Biology and Geology.

ADDENBROOKE'S HOSPITAL.—Mr. Peckover, of Wisbech, the newly-appointed Lord-Lieutenant of Cambridgeshire, who is *ex officio* President of Addenbrooke's Hospital, has given a munificent donation of £1,000 to its funds, which have of late been in a depressed state. Considerably over £5,000 has been specially subscribed in the past year to meet the expense of reconstructing the drainage and reflooring the wards of the hospital.

UNIVERSITY OF LONDON.

A MEETING of Convocation took place at the University building on January 16th; Mr. Busk, Chairman of Convocation, presided.—Mr. W. G. Lemon, LL.B., presented the report of the Annual Committee, and moved its reception.—Mr. J. G. Joseph, LL.B., seconded the resolution, which was carried.—Mr. S. P. Thompson, D.Sc., moved a resolution asking the Senate to take steps to provide increased accommodation for the large number of members of the University and their friends who attended the ceremonial on presentation.—Mr. Septimus Moore, LL.B., seconded the resolution, which was carried.—Mr. T. B. Napier, LL.D., moved the following resolution:

"That the Annual Committee be requested to consider and report to Convocation whether any, and if any what, enlargements and amendments of the constitution and functions of Convocation of the Annual Committee might usefully be effected."

He said that the report of the Royal Commission on the University might be expected in the course of the next three or four weeks. Convocation worked under the charters of the University and their own by-laws. As to the former, the position of Convocation was fixed; but, as to the standing orders, they could be altered by Convocation to any extent, so long as there was no contravention of the provisions of the charters; and he thought many changes in the by-laws might be made, greatly to the advantage of Convocation. For example, that house should have the power of meeting oftener; they might revise the rules for the guidance of their debates; and the annual committee should have greater power to act for Convocation.—Dr. M. Baines seconded the resolution.—Mr. Tyler advocated reform with a view to increasing the powers of Convocation; particularly that the University should manage its own financial position.—Dr. Hart strongly opposed the resolution, which was framed to increase the powers of the Annual Committee.—Dr. John Currow also opposed the projected increase of power of the Annual Committee. The resolution was, however, adopted, and the house immediately adjourned.

ROYAL COLLEGE OF SURGEONS.

A MEETING of the Council was held at the College on Thursday, January 11th. Mr. Hulke occupied the chair. The minutes of the last extraordinary Council were read and confirmed.

On the recommendation of the Museum Committee, it was resolved that the new edition of the *Teratological Catalogue*, which has been revised by Mr. B. T. Lowne, should be issued at the price of 5s.

A report was received from the Committee on the Regular Meetings of Fellows, in which it was recommended that the following be added as Section xxiii to the Regulations of the Council:

1. These meetings shall be for consultative purposes only, and can have no official or corporate character or efficacy.
2. Meetings shall be summoned by the Council at such times and for

such objects as may by the Council be thought desirable, either with or without a requisition from the Fellows.

3. Such requisition must be signed by at least thirty Fellows, and contain a statement of the object or objects for which the meeting is requested.

4. Two meetings shall be held in each year on the following days, namely:

(a) The first Thursday in July, after the annual election to the Council on that day.

(b) The first Thursday in January.

5. The subjects to be considered shall be—

(a) Matters referred to the meetings by the Council.

(b) Motions introduced by Fellows.

6. The motions introduced by Fellows

(a) shall be signed by the mover, or by the mover and other Fellows; (b) must be received by the Secretary not less than 21 days before the meeting.

7. The President shall determine what motions are in order, and direct the arrangement of the agenda.

8. The quorum of each meeting shall be 30, and if at the expiration of 15 minutes from the hour for which the meeting has been summoned a quorum be not present the meeting shall not take place. If after the commencement of the meeting it shall be found upon a count that a quorum be not present the meeting shall be dissolved.

9. The President or one of the Vice-Presidents, or in their absence the senior member of the Council present, shall be chairman of the meeting, and the chairman's decision shall be final upon all points of order which may arise.

10. The Secretary, or his representative,

(a) shall act as secretary in relation to the business of the meetings;

(b) shall issue a notice of each meeting, together with the agenda, to each Fellow in the United Kingdom whose address is known to him not less than seven days before the meeting;

(c) shall keep minutes of the proceedings.

This report was approved and adopted.

Dr. G. S. Woodhead was re-elected Director of the Laboratories for the ensuing year.

The Council had under consideration four cases of unprofessional conduct on the part of Members of the College.

It was proposed by Mr. Tweedy, and seconded by Mr. Willett, that it be referred to a committee to consider and report to the Council on the desirability of again applying to the Home Secretary for an alteration of Section XVI of the By-laws (relating to misconduct on the part of Fellows and Members), and if in their opinion it be desirable to further report on the form of such alteration. The following gentlemen were elected upon the Committee: Messrs. Bryant, Willett, Howse, and Tweedy, with the President and Vice-Presidents.

It was announced that the next Hunterian Oration would be delivered by Mr. J. W. Hulke in February, 1895.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

THE following gentlemen passed the Second Examination of the Board in the subjects indicated, Thursday, January 11th:

Passed in Anatomy and Physiology.—C. D. F. Burney, student of Charing Cross Hospital; R. J. Rowland and J. A. Glover, of Guy's Hospital; H. L. Lambert, of St. Bartholomew's Hospital; G. Perkins, of the Medical College, Madras; H. W. Trewhy and C. Thomas, of Middlesex Hospital; J. L. Kirk, of Cambridge University; C. J. Taylor and J. A. McKinnon, of the University of Toronto, Canada.

Passed in Anatomy only.—L. Lloyd, of University College, London.

Passed in Physiology only.—W. E. Waymark, A. H. Finch, H. S. Desprez, L. T. A. Rowland, and B. Instone, of Guy's Hospital; T. B. Marshall and J. C. R. Robinson, of St. Thomas's Hospital; H. J. Godwin and A. E. Hodgkins, of St. Bartholomew's Hospital; S. R. Walker, of Westminster Hospital; and E. J. Parry, of St. George's Hospital.

Five gentlemen were referred in both subjects, 3 in Anatomy only, and 2 in Physiology only.

HOSPITAL AND DISPENSARY MANAGEMENT.

ABERDEEN ROYAL INFIRMARY.

IN anticipation of Hospital Sunday, the Infirmary Board of directors have drawn attention to the financial position of the hospital at the close of 1893. They anticipate a deficit of £1,800. They claim that the Aberdeen Infirmary may be classed amongst the most economically conducted hospitals in the kingdom. At the same time the expenditure must rather increase than diminish, owing to the large extensions.

ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES, NORTHAMPTON.

PAYING AND ASSISTED PATIENTS.—The last annual report of this institution shows that the average daily number resident in 1892 was 331. The proportion per cent. of recoveries calculated on the total admissions was 53.78, but, excluding transfers from other asylums, it was 69.03. The death-rate was exceptionally low, being only 5.74, calculated upon the average number resident. Acting upon the recommendation of the Commissioners in Lunacy, the Committee removed from the asylum a number of chronic incurables, thus making room for the admission of curable cases, for which the hospital affords such excellent accommodation. The lowest remunerative payment for first class patients is 42s., and for the second class 25s. a week; for these sums respectively board, lodging, care, and medical treatment are given. It must not be forgotten, however, that this is a charitable institution, and we find that in the first class 8 patients were given the full benefits of the asylum for sums varying from 15s. to 35s. a week, while in the second class 38 were so benefited for sums varying from 3s. to 15s. a week, and 20 from 15s. to 21s. In addition to these, 1 in the first class and 17 in the second class were treated for varying periods free of charge.

JAMES MURRAY'S ROYAL ASYLUM, PERTH.

DURING the twelve months covered by the sixty-sixth annual report of this institution there have been admitted 34 patients, 28 were discharged, and 10 died. The total number of cases under treatment was 140, and the daily average number on the books was 107, whilst the number remaining on the books at the end of the year—that is, on March 31st, 1893, was 53 men and 49 women, giving a total of 102, and showing a decrease of 4 as compared with the previous year. The general health of the asylum has been good, though the epidemic of influenza referred to in last year's report left its mark upon the patients, resulting in lowered vitality and loss of bodily weight, and this took some time for readjustment. This is reported as having been overcome, and Dr. Urquhart states there is now a gain of 6 lbs. in the average weight of the patients since the beginning of last year. With regard to the class of cases admitted, Dr. Urquhart remarks that not one-half could be considered curable. At the close of the year, he adds, only two married men remained on the registers of the asylum, and the conclusion deduced from general statistics is that "celibacy is more likely to favour mental disease than the married condition." We are glad to note that although the minimum rate of board was £80 per patient, no fewer than 40 patients were kept in the asylum who were paying sums varying from £30 to £52, and that the sum of £500 was thus expended.

DISTRICT NURSES OR COTTAGE HOSPITALS.

THE people of Pershore have a knotty point to decide. A legacy of £500 has been left towards establishing a cottage hospital, but bricks and mortar are an expensive luxury, and require maintaining when set up; the question, then, is whether it is best to build a little hospital, or to start a home for district nurses, with a room or two in which cases could be accommodated which require special care. Where money is plentiful and cases few, no doubt a cottage hospital is a most useful addition to the social organisation of a small community, but it is not always an unmixed advantage when imppecuniosity leads to the beds being monopolised by so-called pay patients. If there be the chance of a bed or two for really urgent cases, there can be but little doubt that in country districts the greatest good is often done at the smallest cost by providing nurses who can go into the homes of the poor and help them there in their hour of need. An empty hospital is almost as expensive to maintain as is a full one, and the temptation always is to fill it, whereby its utility for emergencies is lost. It is not improbable that, in small country towns, a well organised system of home nursing, with a vacant room available for urgent necessity, will be found to yield a better return for the money spent upon it than a cottage hospital.

CORK HOSPITAL SATURDAY.

THE total sum collected at Cork on Hospital Saturday amounted to £753 12s. 9d., and deducting all expenses, and leaving £10 8s. 2d. for next year, a sum of £663 8s. 2d. has been left for distribution among the various participating hospitals. The following sums have been allocated: North Infirmary, £142; South Infirmary, £142; Mercy Hospital, £99; Women and Children's Hospital, £80; Fever Hospital, £80; Eye, Ear, and Throat Hospital, £50; St. Vincent's Hospital, £40; Lying-in Hospital, £35; and Cork Maternity, £35.

J. C.—A lunatic asylum seems the proper place for such a case, either as a voluntary patient or under certificate. No "home" will receive a melancholic with suicidal tendency without heavy remuneration, as the responsibility is very great.

INDIA AND THE COLONIES.

INDIA.

THE COUNTESS OF DUFFERIN'S FUND.—The fifth annual report of the United Kingdom Branch of the National Association for Supplying Female Medical Aid to the Women of India (The Countess of Dufferin's Fund), of which Susan Countess of Malmesbury is the hon. secretary and treasurer, states that the branch has undertaken to bear the expense of passages and outfits to and from India of all ladies who may be selected for service under the Association. The present income of the United Kingdom Branch is only £215 17s. 5d., while the requirements of the fund come to at least £1,000 a year, and it is hoped that by making the wants of the association as widely known as possible in this country there will be no difficulty in finding at least a thousand charitably disposed persons willing to subscribe £1 a year each towards its support. Owing to the efforts of the hon. secretary and treasurer, the income of the branch has been raised by over £180, while the expenses have been diminished by one half.

HIGH MORTALITY IN INDIAN PRISONS.—It is stated that in consequence of the insanitary state of Indian prisons, deaths were last year very numerous in those institutions. A total mortality of 116 per 1,000 was reached in one gaol in Sind, and at several other gaols it ranged from 50 to over 80 per 1,000. The statement that the high death rate is due to insanitary conditions must be accepted with some caution, as it is a well-known fact that in at any rate the majority of Indian prisons the greatest cleanliness and minute attention to the personal hygiene of the prisoners prevail.

NEW SOUTH WALES.

THE Honourable Dr. H. N. MacLaurin, Vice-President of the Executive Council, on October 5th introduced a Bill in the Legislative Council to regulate the practice of medicine and surgery, and for other matters connected therewith. This Bill in its essential features is the same as the one which was read a second time on October 6th, 1892, by 48 votes to 11. The Bill passed its third reading on October 12th, and was then forwarded anew to the Legislative Assembly.

called, but a warranty which went to the whole root and condition of the contract. It was a condition. There was, therefore, a condition and a warranty. The condition upon which the defendant was to take the house was broken, and she was not bound to pay the rent, as she did not take the house, but left within a reasonable time. There was also a breach of warranty upon which she could recover damages. This case is not mentioned in the regular law reports, which include: (1) *The Law Reports*; (2) *The Law Journal Reports*; (3) *The Law Times Reports*; (4) *The Weekly Reporter*; and (5) *The Justice of the Peace*.

In letting a furnished house the landlord impliedly promises that it is fit for occupation, and this fact was used as an argument by counsel for the defendant in favour of a similar law as regards unfurnished houses.

COUNTY MEDICAL OFFICERS OF HEALTH.

J. H.—Health officers have been appointed by the County Councils of Derby, Durham, Lancaster, London, Stafford, Surrey, Worcester, North and West Riding, Essex, and Glamorgan; and in addition there are health officers having large combined sanitary areas in the counties of Hertford, Kent, Shropshire, Sussex, Westmorland, Anglesey, Carnarvon, Hereford, and Leicester, though not strictly county health officers.

QUARANTINE RELATIVE TO INFECTIOUS DISORDERS.

F.R.C.S. writes: Will you allow me to ask, through the medium of the BRITISH MEDICAL JOURNAL, if there are any residences in England, as distinguished from hospitals, where persons may voluntarily undergo quarantine on probation? If there are not, and no satisfactory suggestions are forthcoming relative to the illustrations I will briefly mention, I think they should be provided and encouraged as part of our sanitary system.

1. A lady with a large family of small children pays a visit to a friend similarly circumstanced—whilst staying in the house a case of small-pox or scarlet fever occurs, with which the visitor is unknowingly brought in contact. What is the latter to do? Is she to remain with the additional risk of catching the disorder, or possibly infected, to return home to her own family, or, not liking to do this, to go to an hotel, a lodging house, or another friend's house? If her conscience, or our laws, interdict these alternatives, where is she to go and serve such a period of probation without legal risk to herself or detriment to others, should she prove to be infected? What, in the absence of proper provision for the latter, would be her reflection if she proved the means of being the death of a husband, a child, or a friend, all along knowing that such an event might have been avoided by her willingly submitting to a process which she found was impossible to obtain?

2. The master of a ship arriving at a port in this country is conscious that he may be the victim of scarlet fever or small-pox by reason of his having been in recent contact with a case about which there was a grave suspicion. What is he to do before this point can be positively decided? Is he to go to his house full of young and susceptible persons in the enjoyment of excellent health, or to an hotel, whilst at the same time he himself is desirous of undergoing a period of probation, but does not know where to obtain it. How are we to advise him?

3. A boy leaves a school where scarlet fever is prevalent, and may probably be a victim. Who may receive him during the necessary period of probation and possible infection, and what are his friends with healthy children to do under the circumstances?

These and many similar positions which may easily be imagined and actually occur in practice where voluntary quarantine seems desirable.

A fever hospital is clearly not the place for the purpose, though it should be at hand, if it proves to be necessary, rather than an uninfected household. The name of such an institution is a sufficient deterrent for objects of this kind. These are only intended for persons who are proved to be infected, and not for those who desire to ascertain that they are intact. This is an aspect of the sanitary question which for my own information I should like to see discussed by those who are more competent than I am.

*** This suggestion is a further development of the plan already in operation in a few of the large provincial towns, where in case of small-pox at all events the inmates of infected houses are kept under observation in quarantine places provided for the purpose. For the country generally the still greater need of means of isolation for persons actually suffering from infectious disease claims priority, but the value of quarantine stations as supplementary to isolation hospitals is obvious, and will doubtless become more generally recognised in the immediate future.

FEE FOR FRACTURES UNDER POOR LAW.

H. E. T. writes to ask if he can recover the sum of £2 from a board of guardians, who have paid him a fee of £3 for a fractured leg, when he considers the fee ought to have been £5, because a wound formed at the site of the fracture some days after the original injury.

*** Our correspondent does not say positively that the case was one of compound fracture, but if he can establish this fact he is undoubtedly entitled to the higher fee.

ANÆSTHETICS IN POOR-LAW PRACTICE.

ANÆSTHESIA writes to ask if a board of guardians has power to pay a special fee to a medical practitioner for administering an anæsthetic in a case of operation.

*** We doubt whether a board of guardians has this power, and think it probable that any such charge on the union fund would be disallowed by the auditor.

SCHOOL CLOSURE ON ADVICE OF HEALTH OFFICER.

D. C.—The recommendation of a health officer to his authority for closure of a school in the presence of infectious disease must be regarded as of the nature of advice "to prevent the extension of the disease" required of him as part of his "duties." We have never known a fee to be paid or claimed therefor.

BRADFORD SMALL-POX HOSPITAL.

OTTAWA.—Our latest knowledge of the success or otherwise of the experimental small-pox ward at Bradford is that contained in vol. iv of Burdett's exhaustive work on the *Hospitals of the World*. He states, in relation to the methods of treatment of the infected air, that "at least 7,500 cubic feet of air per hour per patient pass through the ward and out into the open.... The working of the apparatus and system has been tested (of course without patients), and has been found to give over 9,000 cubic feet per hour per patient." On the face of it, this statement bears the interpretation that in a day of twenty-four hours there would be some 36,000 cubic feet of air per patient unaccounted for as regards its manner of exit from the ward. The italics are our own.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

Legislation on Hours of Labours.—MR. JOHN BURNS asked the Home Secretary whether, considering that the Chemical Works Committee of Inquiry in their recent report strongly recommended the adoption of eight-hour shifts in the alkali and dangerous trades, he would, failing its adoption voluntarily by the firms engaged, take steps to legally enforce a reduction of hours from twelve to eight.—MR. ASQUITH expressed a hope that this important recommendation would be voluntarily acted upon by the firms who had not yet adopted the system of eight-hour shifts, and added, amid some cheering, that next session he would himself propose legislation giving the Secretary of State power to deal with unreasonably long hours of labour. The right hon. gentleman said that the whole question, as affecting young lads and other persons not at present protected by the Factory Acts, would be considered. He informed Mr. W. Allen that steps had already been taken to give effect to the proposals of the Committee of Inquiry for rendering the conditions of labour in the potteries more healthy.

Habitual Drunkards.—MR. WHARTON asked the Secretary of State for the Home Department if he proposed to bring in a Bill in the next session dealing with the recommendations of the Departmental Committee on Habitual Drunkards.—MR. ASQUITH, in reply, said that he hoped to be able to introduce such a Bill.

MEDICAL NEWS.

PROFESSOR HEUBNER, of Leipzig, has accepted a "call" to succeed Professor Henoch in the Chair of Children's Diseases in the University of Berlin.

MR. O. LOWSLEY, Public Vaccinator, Reading, has received from the Local Government Board the sum of £67 18s. for efficient vaccination for the years 1892 and 1893.

M. LAVERAN, whose researches on the etiology of malaria have earned him a well-deserved reputation, was elected a Member of the Paris Académie de Médecine on December 26th.

DR. DOKICS, formerly Prime Minister of Servia, who recently died at Abbazia, was a member of the medical profession. He studied at Vienna, where he took his degree in due course.

A NEW Swiss *Pharmacopœia* will be issued shortly. It will come into force on July 1st, 1894, as the official *Pharmacopœia* of the whole Swiss Republic, with the exception of Glarus Canton.

THE pupils and admirers of Professor Ernst Haeckel, of Jena, intend to present a marble bust of the distinguished biologist to the Zoological Institute of that University, on the occasion of his 60th birthday, which falls on February 16th.

ROYAL INSTITUTION.—On Tuesday, January 16th, Professor Charles Stewart, the newly appointed Fullerman Professor of Physiology in the Royal Institution, commenced a course of nine lectures on "Locomotion and Fixation in Plants and Animals."

DR. GEORGE ROSE has been elected by a majority to the post of Junior Surgeon to the Aberdeen Sick Children's Hospital. The appointment was made owing to the resignation of Dr. John Gordon, who has had extra university duties given to him.

MR. WILLIAM HASLING SISSONS, J.P., of Barton-on-Humber, has been appointed Deputy-Lieutenant of the county of Lincoln.

UNIVERSITY OF UTRECHT.—Of a total of 800 students now on the register of the University of Utrecht, 326 belong to the medical faculty. In 1893 the degree of Doctor of Medicine was conferred on five candidates.

A SOCIETY for the Healthy Education of Youth has recently been founded in Berlin. The committee include the names of some prominent medical practitioners, and Dr. Schwalbe is the Chairman of the Society.

HERR VON GAUTSCH, formerly Austrian Minister of Public Instruction, has had the honorary degree of Doctor of Medicine conferred on him by the University of Innsbruck, in recognition of his services to medical education.

PROFESSOR ERNESTO TRICOMI, of the University of Padua, recently removed the entire left lobe of the liver for cancer in the presence of a large number of doctors and medical students. No details are given beyond the fact that the patient was a young man and that the operation was successful.

DR. LASSAR, the dermatologist, who, it will be remembered, was General Secretary to the International Medical Congress in Berlin in 1890, has had the title of Professor conferred upon him; and three other members of the medical profession, Messrs. Gueterbock, Remak, and Winter, have been similarly distinguished.

THE late Sir George Elvey, organist to the Queen and to St. George's Chapel, Windsor, who died in December, bequeathed £300 each to the Sussex County Hospital for Sick Children, and Convalescent Home, Dyke Road, Brighton, and the Hospital of St. Cross, Rugby.

THE late Mr. Algernon Peckover, for many years the leading citizen of Wisbech, has bequeathed £1,000 to the North Cambridgeshire Cottage Hospital of Wisbech. This exceptionally well appointed institution, by the way, can now be called a "cottage hospital" only by a stretch of "the pride that apes humility."

CLINICAL TEACHING IN SPAIN.—As a good deal of dissatisfaction has from time to time been expressed by the Spanish medical journals and by students of medicine (the protests of the latter having more than once taken the form of "strikes"), as to the inadequate provision for clinical instruction in the medical schools of the Peninsula, the Minister of Education has commissioned Dr. Amalio Gimeno, Professor in the Medical Faculty of the University of Madrid, Senator of Spain, and lately Inspector-General of Public Health, to make an official inquiry into the matter.

GERMAN DERMATOLOGICAL SOCIETY.—The German Dermatological Society will hold its fourth Congress this year at Breslau, on Whitsun Monday, May 14th, and two following days. The following subjects are on the programme: Modern Attempts at Systematisation in Dermatology, to be introduced by Professor Kaposi, of Vienna; and the Present Position of Our Knowledge as to the Dermatomycoses, to be introduced by Professor Pick, of Prague. A large number of communications have also been promised. An exhibition of casts, preparations, drugs, and instruments will be held in connection with the Congress.

BEQUESTS.—The late Mr. Robert Hymers, of Stokesley, has left a legacy of £1,000 each to the North Ormesby Cottage Hospital and the North Riding Infirmary, Middlesbrough.—The late Mr. Robert Arthur Kinglake, of Taunton, has by his will left directions that all his books should be sold, and that the proceeds of the sale should be given to the Taunton Public Hospital. If the testator's children should die without leaving issue, the residuary estate is to be transferred to the West of England Sanatorium (Weston-super-Mare), the Taunton and Somerset Hospital, and the Weston-super-Mare Hospital.

In a lecture on diphtheria delivered last week at the Sanitary Institute, Dr. Thorne Thorne, C.B., observed that the death-rate from it was nearly three times as large as in 1872. It was most prevalent during the school age (3 to 10). He held that

all causes, such as damp, cold, and sewer gas, which produced sore throat were predisposing conditions of diphtheria by rendering the individual susceptible to the specific infection. Whenever diphtheria appeared all children with sore throat should be excluded from school. This would probably be found more effectual than closing the school.

PHYSIOLOGICAL PSYCHOLOGY AT CAMBRIDGE.—We noticed in the BRITISH MEDICAL JOURNAL of January 13th that Professor Hill intends to give a course of lectures at University College on psycho-physiology, and we were under the impression that this would be the first course of the kind given in an English laboratory. We are glad to be reminded that a similar course was given by Dr. Rivers, of St. John's College, during the last Michaelmas term in the Physiological Laboratory at Cambridge. Dr. Rivers's lectures were addressed to advanced medical students, and the practical work in connection with them was very efficiently carried out, much new apparatus for the study of psycho-physiology having been recently added to the laboratory. Dr. Rivers will lecture during the Lent term on The Physiology of Sensation in relation to Psychology, and intends this course chiefly for candidates for the Moral Sciences Tripos.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—The following members have been elected officers and councillors:—*President*: Frederick Canton. *Vice-Presidents*, Resident: R. H. Woodhouse, Ashley Gibbings, A. W. Barrett. Non-Resident: F. H. Balkwill (Plymouth), W. E. Harding (Shrewsbury), George Henry (Hastings). *Treasurer*: S. J. Hutchinson. *Librarian*: W. A. Maggs. *Curator*: Storer Bennett. *Editor of Transactions*: Edward Lloyd-Williams. *Honorary Secretaries*: Cornelius Robbins (Council), J. F. Colyer (Society), Clayton Woodhouse (for Foreign Correspondence). *Councillors*, Resident: John Ackery, Arthur Underwood, Harry Rose, C. D. Davis, C. E. Truman, W. R. Humby, W. B. Patterson, Harry Baldwin, John Gartley. Non-Resident: H. C. Quinby (Liverpool), D. W. Amore (St. Leonards), Wilson Hogue (Bournemouth), G. G. Campion (Manchester), J. McKno Ackland (Exeter), J. H. McCall (Leicester), T. Arkovy (Buda-Pesth), A. W. W. Baker (Dublin), F. E. Huxley (Birmingham).

A CHEMICAL CONGRESS.—The International Congress of Applied Chemistry in Brussels will be opened on Saturday, August 4th, by M. de Bruyn, Minister of Agriculture and Industry, and will extend over the whole of the following week. The organisation of the Congress is in the hands of an influential local Committee, of which Professor Hanuise, President of the Belgian Chemical Society, is Chairman, and M. F. Sachs, Rue d'Allemagne 68, and Professor H. Van Laer, Rue de Hollande 15, Brussels, are Secretaries-General. There will be four sections, dealing respectively with (A) Sugar, (B) Agricultural Chemistry, (C) Food and Public Hygiene, and (D) Biological Chemistry. In this last section the first topic put down for discussion is the establishment of a review of reviews of applied biological chemistry, to be published periodically in several languages. The other subjects for discussion in this section have to do chiefly with fermentation in its practical aspects. In Section C an interesting discussion ought to take place as to the conditions under which the bacteriological examination of drinking water should be made. Some of the meetings of the Congress will be held at Antwerp, where at that time a universal exposition will be open.

LARYNGOLOGICAL SOCIETY OF LONDON.—The annual meeting of this Society was held on Wednesday, January 10th, at 20, Hanover Square. In the absence of the President, Sir George Johnson, M.D., F.R.S., the chair was taken by Dr. Felix Semon. The report of the Council showed that the progress of the Society, since its foundation in March last, had been very satisfactory, not only in respect of the work done but also in regard to the number of members and the state of the finances. The inclusion of many hospital physicians and surgeons, and general practitioners in the ranks of the members, had had the salutary effect of widening the area of discussion and of keeping the work of the Society from following too narrow a groove. The following were elected as officers and Council for the ensuing year. *President*: Felix Semon, M.D., F.R.C.P. *Vice-Presidents*: P.

McBride, M.D.; W. McN. Whistler, M.D. *Treasurer*: H. T. Butlin, F.R.C.S. *Librarian*: F. de Havilland Hall, M.D., F.R.C.P. *Secretaries*: E. Clifford Beale, M.B., F.R.C.P.; Scanes Spicer, M.D. *Council*: E. Cresswell Baber, M.B.; Adolf Bronner, M.D.; J. Dundas Grant, M.D.; Mark Hovell, F.R.C.S. Ed.; C. J. Symonds, F.R.C.S. The annual dinner of the Society was subsequently held at the Café Royal, Regent Street.

THE AFTER CARE ASSOCIATION.—At the annual meeting of the "After Care" Association for Poor Female Convalescents on Leaving Asylums for the Insane, held on January 15th, it was estimated that there were about 30,000 women of various callings and conditions of life in lunatic asylums in England and Wales. Of those a large number are discharged recovered in the course of the year; many very poor, and some friendless, but capable and anxious to earn their own living. The present Association was formed to assist such by obtaining for them when needful an interval of change of scene and air, by placing them in a convalescent home, and by boarding them out in the country when thought desirable, under proper care and supervision, by giving them grants of money and clothing, and by assisting them to obtain suitable employment. The report stated that the Association was the only one of its kind in this country. In the year ending December, 1893, the number of cases was 82, as against 84 in 1892; in addition, several cases, both male and female, not coming under the rules of the Association had been assisted in other channels. The total receipts of subscriptions and donations amounted to £400 a year. Since the last annual meeting a small convalescent home had been opened in Surrey, and had fully realised the expectations of the council. It had been decided to open a fund for the "after care" of men.

AMERICAN JOTTINGS.—The annual meeting of the New England Cremation Society was held in Boston on December 19th. The principal speaker was Bishop Lawrence, who expressed the opinion that cremation is a reverent, proper, and healthful method of disposing of the remains of the dead.—What is said to have been the most successful "electrocution" yet carried out took place in the Sing Sing Prison, New York, on December 4th, when a murderer named Delfino suffered the extreme penalty of the law. The apparatus was in perfect working order, and death was instantaneous. For four seconds a current of the strength of 1,760 volts was employed, and it was then reduced to 160 volts, and so maintained for forty-six seconds.—The *Journal of the American Medical Association* of December 9th states that, on November 21st, Mr. James O'Brien, a student of Manhattan College, New York, died of peritonitis resulting from injuries received at football. It was ascertained that the diaphragm had been ruptured. During the month of November no fewer than six young Americans were killed in playing football, and a seventh—John White, of Farmington, Conn.—had his spine fractured. The *Philadelphia Medical News* gives the following list of injuries sustained by football players in the United States during the "season just closed": Fracture of leg, 6; double fracture of leg, 1; fracture of thigh, 1; fracture of arm, 1; fracture of collar bone, 1; dislocation of shoulder, 1; dislocation of patella, 1; very severe injuries, 5; sundry disabling injuries, 119—a butcher's bill which should be sufficient to satisfy the greatest advocate of muscular Christianity, even without the trifle of eight deaths not numbered in the above list.

MEDICAL VACANCIES.

The following vacancies are announced:

BARTON REGIS UNION.—Medical Officer for the No. 6 District. Salary, £70 per annum, with extra fees allowed by law. Applications and testimonials to the Clerk to the Guardians by January 24th.

BRADFORD INFIRMARY.—Dispensary Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. Applications stating age and experience, with testimonials, to the Secretary by January 23rd.

BUCKINGHAMSHIRE GENERAL INFIRMARY, Aylesbury.—Resident Surgeon and Apothecary, unmarried and duly qualified. Salary, £30, increasing £10 per annum to £100, with board, lodging, and washing. Applications and testimonials to Mr. George Fell, Solicitor, Aylesbury, by January 29th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Applications, with testimonials, to the Secretary, by February 5th.

CITY HOSPITAL FOR INFECTIOUS DISEASES, Newcastle-upon-Tyne.—Resident Medical Assistant for one year, subject to re-election for a second year. Salary, £50 for first year if reappointed, £70 for the second year, with board, lodging, and washing. Applications and testimonials to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne, by January 17th.

CITY OF SHEFFIELD.—Assistant Resident Medical Officer of the two City Hospitals for Infectious Disease; doubly qualified. Salary, £120 per annum, with board, lodging, and attendance. Applications endorsed "Assistant Medical Officer" to J. W. Pye-Smith, Town Clerk's Office, Sheffield, by January 27th.

DARLINGTON HOSPITAL AND DISPENSARY.—House-Surgeon, doubly qualified and unmarried. Salary, £100 per annum, with board and lodging. Applications, with testimonials, to the Honorary Secretaries, 88, Northgate, Darlington, by January 27th.

FINSBURY DISPENSARY, Brewer Street, Goswell Road, E.C.—Physician. Honorarium of £40 per annum. Applications and testimonials to D. W. Williams, Honorary Secretary, by January 27th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—Assistant House-Surgeon (non-resident). Appointment for six months. Salary £20. Applications, with not more than three testimonials, to the Secretary, by Tuesday, January 30th.

LIVERPOOL INFIRMARY FOR CHILDREN, Myrtle Street, Liverpool.—House Surgeon. Salary, £85 per annum, with board and lodging. Applications and testimonials to be sent by January 22nd.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—Resident Clinical Assistant. Appointment for six months. Applications and testimonials to the Secretary, 27, Clement's Lane, E.C., by January 26th.

ROYAL PIMLICO DISPENSARY, Buckingham Palace Road, S.W.—Attending Medical Officer; must reside in the district. Applications and testimonials to the Secretary by February 5th.

St. GEORGE'S HOSPITAL.—Physician and Assistant-Physician; must be F. or M.R.C.P. Lond. Applications to the Secretary by January 26th.

SWINDON NEW TOWN LOCAL BOARD.—Medical Officer of Health. Must hold D.P.H. certificate. Salary, £100 per annum. Applications to Henry Kenneir, Clerk to the Board, by January 29th.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.—Lecturer on Materia Medica and Pharmacy. Stipend, £50 a year. Applications to Ivor James, Registrar, by January 27th.

WREXHAM INFIRMARY AND DISPENSARY, Wrexham.—House-Surgeon. Salary, £80 per annum, with board, furnished rooms, gas, coal, and attendance. Applications to Mr. George Whitehouse, 27, Regent Street, Wrexham, by January 24th.

MEDICAL APPOINTMENTS.

BREW, Richard Hugh, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer and Public Vaccinator for the Chew Magna District of the Clutton Union, *vice* W. R. Edmond, M.B. Edin., resigned.

FRANKISH, T., M.B., C.M., and B.Sc. Edin., appointed Resident Medical Officer to the National Sanatorium for Consumption and Diseases of the Chest, Bournemouth, *vice* S. Leonard Cliff, M.D.

GODWIN, A. H., M.R.C.S., L.R.C.P. Lond., appointed House-Surgeon to the Wallasey Dispensary, *vice* G. H. Griffiths, M.R.C.S., L.R.C.P., resigned.

GRIFFITH, John, M.R.C.S. and L.R.C.P., appointed Clinical Assistant to the Royal Westminster Ophthalmic Hospital.

HUDSON, A. R. Kocke, late District Medical Officer for the Upper Widnes District of the Prescott Union, appointed Medical Officer to the Anglo-Chilian Railway and Nitrate Company Limited, Jocopiel, Chile; Medical Officer to the Compania Salitrera de "Santa Fé," Joco; Medical Officer to Messrs. Sloman, Donah, and Co., Oficina "Bueno Esperanza," Joco; and Medical Officer to the Nitrate Railways, Joco.

MARSON, F. H., M.B., B.S. Durh., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Staffordshire General Infirmary. (This appointment was incorrectly given in the *BRITISH MEDICAL JOURNAL* of December 30th, 1893).

MODLIN, J. Gibson, M.B., B.S. Dunelm., L.S.A. Lond., appointed Medical Officer for the Monkwearmouth East District of the Sunderland Union, *vice* L. Blumer, resigned.

PRESTON, J. R., M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Jessop Hospital for Women, Sheffield.

PROBYN, Percy J., M.R.C.S. and L.R.C.P., appointed Clinical Assistant to the Royal Westminster Ophthalmic Hospital.

WALLIS, F. C., M.B. Cantab., F.R.C.S., appointed Surgeon to the Orthopedic Department at Charing Cross Hospital.

WEATHERBE, L. J., M.B. and C.M. Edin., appointed Medical Officer for the Kimberworth District of the Rotherham Union.

WILEY, Arthur Ormsby, L.R.C.P. Edin., L.R.C.S.I., appointed Medical Officer of the Workhouse of the Knaresborough Union, *vice* M. Cass Sweeting, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Lachrymal Affections. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Examination of Air, Soil, and Water. Practical work: Plate Cultivations. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Law: Examination of the Throat and Nose.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Evening. Mr. Pearce Gould: Nine Inches of Rubber Tube removed from the Bladder of a Man. Mr. Ballance: (a) Two cases of Fracture of Patella, (b) a case of Removal of Meckel's Ganglion. Dr. Morgan Dockrell: (a) Mycosis Fungoides, (b) Tuberculosis of Skin. Mr. George Turner: Case of doubtful Epithelioma of Penis. Mr. Hurry Fenwick and Mr. Heycock: Removal of entire Mucous Membrane of Bladder. Dr. Pasteur: A case of Perforation of the Soft Palate, for diagnosis. Mr. Carless: A case of Ectopia Vesicæ.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Corner: Hysterical Mania and Delirious Mania.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. Kenneth McLeod: On Nerve Stretching and Splitting in localised Interstitial Neuritis, Leprous and otherwise. Mr. J. Greig Smith: On the so-called Spontaneous Disappearance of Solid Abdominal Tumours, with three cases.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Eczema; its varieties. Hospital for Consumption, Brompton, 4 P.M.—Dr. Maguire: Cases of Special Interest. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Retinal Affections.

POST-GRADUATE COURSE.—West London Hospital, Hammersmith, W., 5 P.M.—Dr. Hood: The Symptoms of Acute Pneumonia.

HUNTERIAN SOCIETY, 8.30 P.M.—Clinical Evening.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Beevor: Cerebral Localisation. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. J. H. Morgan: Caries. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Dr. George Harley: Gout in Relation to Liver Disease.

NEUROLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Annual meeting. Election of officers. Presidential address by Professor Ferrier, F.R.S., on Recent Work on the Cerebellum.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Living and Card Specimens at 8 P.M.—Dr. Ernest Clarke: A case of Pulsating Exophthalmos in a Child. Dr. E. C. Kingdom: Case of Symmetrical Changes at Macula Lutea in an Infant. Papers:—Mr. Jonathan Hutchinson: School Ophthalmia. Mr. Hill Griffith: Some cases of Orbital Tumours.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Percy Kidd: Cases of Cardiac Disease.

CLINICAL SOCIETY OF LONDON.—Living specimens at 8 P.M.—Mr. Eve: Modified Excision of Elbow. Mr. Pearce Gould: A case of Thoracoplasty. Dr. Francis Hawkins: Displacement of the Heart in a Child due to Fibroid Phthisis. Dr. Sidney Phillips: Rheumatic Nodules in an Adult. Mr. Turner and Dr. Penrose: A Peculiar Form of Muscular Atrophy. Dr. Sansom: A case of Aphasia. Dr. Mott: (a) Bulbar Paralysis after Thrombotic Necrosis; (b) Paraplegia following Typhoid Fever. Papers at 9 P.M.—Mr. H. H. Clutton: Three cases of Endosteal Sarcoma of Radius. Mr. John D. Malcolm: Nephrectomy for Malignant Tumour in a Patient under 2 years of age. Mr. Arbuthnot Lane: (a) Acute General Suppurative Peritonitis secondary to Appendicitis: Removal of Appendix: Recovery; (b) Multiple Epitheliomatous Growths developing in Psoriasis treated with Arsenic more than Thirty Years.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: Acute Mania.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BARNETT-BENTLIF.—On January 11th, 1894, at 50, David Place, St. Heliers, Jersey, the wife of P. Barnett-Bentliff, M.R.C.S. Eng., L.S.A. Lond., of a daughter.

DODSON.—On the 3rd inst., at Hughenden, Earlsfield, the wife of Arthur E. Dodson, M.R.C.S., of a daughter.

FRASER.—At Bellfield, Bridge-of-Allan, on the 10th inst., the wife of John Hosack Fraser, M.B. Edin., of a son.

SMITH.—At 52, Camden Square, London, N.W., the wife of J. Burnett Smith, M.B., of a daughter.

MARRIAGES.

MOSLEY—INGLIS.—On January 4th, at Christ Church, Burbage, Buxton, by the Rev. Canon Mitchell, Vicar of Prescot, Lancashire, Reginald Lawson Mosley, B.A., M.B. Univ. Dub., of Newtown, Waterford, son of the late James Mosley, to R. Constance ("Con.") Inglis, youngest daughter of the late John Inglis, M.D., H.M. Bengal Army.

VICARS—HASKETT-SMITH.—On January 10th, at St. Mary's Church, Cadogan Square, S.W., Frederic George Vicars, M.R.C.S., L.R.C.P., son of the late Colonel W. H. Vicars, to Eugénie Matilde, daughter of Captain Haskett Smith, late Cameronian Highlanders.

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.

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.

COUNTRY MEMBER.—The county lunatic asylum would be the most suitable place for such a patient if she is dangerous to herself in the outbursts of passion.

F. L. desires to know the experience of any medical man who has given lectures on elementary human anatomy or kindred subject under the arrangements for technical education.

N. C. S. wishes to know where a candidate, working for his final examination in the country, can obtain on loan a sufficient number of microscopical slides of pathological subjects for the examination in pathological histology?

A. J. asks to be recommended a suitable home for a female who is afflicted with an aggravated form of hysteria.

. If insane she should be sent to an asylum. If not certifiable she might go to one as a voluntary boarder, if the friends can afford to pay

COCAINE.

DR. H. S. PURDON (Belfast) asks whether ill-effects—especially as regards the heart—have been noticed from the use of cocaine when used by the hypodermic method for producing anaesthesia.

ANSWERS.

ALBERT WILSON, M.D.—The department of "Memoranda: Obstetrical, Surgical, etc." was opened some years since expressly for the use of general practitioners for records of short cases.

UNIVERSITY OF BRUSSELS.

BROOKLYN.—Particulars as to the conditions under which the degree of M.D. is granted to British medical practitioners will be found in the Educational Number of the JOURNAL (September 2nd, 1893), pp. 538-9.

EXAMINATION FOR D.P.H.

CANDIDATUS.—Corfield and Parkes on *Sewage Disposal*, and Reid on *Practical Sanitation*, would cover the point named (sanitary engineering). For the rest, it would be well to adhere to the works specified in the Syllabus.

MEDICAL INSPECTORSHIPS.

A. S. (Caversham).—Our correspondent might apply to the President or Secretary of the Local Government Board, Whitehall or Dublin, or of the Board of Supervision, Edinburgh, asking that his name may be placed on the list of candidates for medical inspectorships, sending evidence of qualification for the post and any recent testimonials. In England the salaries range from £500 to £800; in Ireland from £500 to £700. Such posts carry retiring allowances, but we know of no differences of duty in the three countries. Whole time service is required.

INSURANCE FEES.

A MEMBER.—The question of the fee to be paid for medical reports in life assurance cases is constantly cropping up. For the assurance of sums under £300 a fee of half a guinea is paid by most offices, and if medical examiners were to stand out for a guinea in all cases, it is quite possible that the office would have to dispense with a medical examination of applicants assuring for £50 or £100. "A Member" has not stated the amount of the assurance, but if it were under £300, he was probably hardly well advised in refusing half a guinea as the fee.

NOTES, LETTERS, Etc.

MR. EDWARD EAST (Honorary Secretary, British Medical Benevolent Fund), writes: I have pleasure in informing you that a unanimous vote of thanks was accorded you at our general meeting on January 12th for the kindness shown as heretofore in opening your columns to our needs.