

In this manner over eighty of the permanent *habités* of these lodging-houses, who are specially liable to contact with infected strangers, were by vaccination protected themselves, and thereupon to a considerable extent ceased to constitute a standing menace to the health of the inhabitants at large. This nightly inspection led, in addition, to the early detection and prompt removal of several cases, and kept the lodging-house deputies on the alert.

As regards the apparently healthy inmates of infected houses, I may state that since the recent completion of our present very perfect steam disinfecting chamber and baths, it has in several instances been found easily practicable to remove these individuals at once thereto, and while they are bathing and being revaccinated to disinfect their clothing. When discharged thus purified, they were at once permitted to resume their ordinary avocations, but kept under sanitary surveillance for a fortnight. In consequence, to some extent at any rate, of these and other measures, and notwithstanding 22 fresh introductions of the disease, Stockport has since remained comparatively unscathed in the midst of a sea of small-pox, the whole number of cases which have occurred being only 29. Of the 22 fresh introductions, 10 were tramps, 3 were inmates of a common lodging-house in constant contact with tramps, 1 was a travelling music-hall singer, 2 came from a house in Ardwick where small-pox had broken out, 1 had attended a funeral thirteen days before in a village where the disease was then prevalent, 1 had been delivering beer at infected houses in other districts, and the remaining 4 could not be satisfactorily traced. Of the 7 secondary cases reported, 1 was revaccinated six days after first exposure, the attack being greatly modified; 5 (of whom 2 died) had refused revaccination, whilst to 1 sufferer revaccination was not specially offered, as she was not known to have been exposed to infection till her own case was reported.

As regards the system of quarantine in small-pox, I have seen it very successfully applied by Dr. M. K. Robinson, of East Kent, during a limited outbreak in Dover in the spring of 1892, and I am inclined to believe that in small communities it is applicable with a fair prospect of success, unless there be a large number of practically simultaneous occurrences of the disease.

TREATMENT OF PSORIASIS (SYPHILITIC) BY THYROID EXTRACT.

By JOHN GORDON, M.D.,

Assistant to the Professor of Materia Medica, Aberdeen University;
Physician, Aberdeen General Dispensary.

THAT there is a profound alteration in the nourishment of unhealthy skin by thyroid feeding may at once be granted, but as yet our knowledge of the how or the wherefore is but vague and tentative. It is possibly too early to speculate whether the thyroid acts through the glandular systems, or by alterations set agoing in the character of the nutritive properties of the blood, or in the modification of nerve energy at the affected parts. But the ultimate generalisation of the actions will be helped by reports of cases in which therapeutic action has been observed. As a contribution to this end the following case is recorded:

A woman, aged 49, appeared in the month of July, 1893, at the Aberdeen General Dispensary, complaining of an ulcerated mouth. Examination revealed an ulcer on the inner side of the left cheek, about half an inch from the angle of the mouth. Iritis was also present, and the post-cervical glands were shotty. The ulcer was cauterised by nitrate of silver, and iodide of potassium was given internally. The ulcer rapidly healed, and the iritis disappeared. The iodide of potassium treatment was continued till the end of September. At this date she first noticed an eruption on the skin. It was diagnosed psoriasis. It was well marked on the palms of the hands and on the soles of the feet. Five minims three times a day of the alkaline solution of arsenic were ordered, in addition to the iodide of potassium. Chrysophanic acid ointment was also prescribed. She continued under this treatment till November 4th, 1893. There was only a very slight improvement during this time. But on some parts of the body there was undoubtedly an amelioration of the condition.

It was resolved to give thyroid extract a trial. All treatment was stopped for a week. On November 11th, on which day the thyroid extract was first given, the following notes were taken by Mr. Thomson, one of my clinical clerks: "There was a well-marked eruption of psoriasis all over the body—scalp, face, trunk, upper and lower extremities; a few spots were also visible on the palms of the hands and soles of the feet.

The eruption involved the flexor as well as the extensor aspects, but was more marked on the extensor aspects. The eruption was discrete, the spots showed dirty-grey-looking scales on a hyperæmic and infiltrated base. They averaged from a quarter to half an inch in diameter, and were not more than an inch apart on the arms and trunk, but on the legs they were somewhat more widely scattered. On the extensor aspects of both elbows, over the upper part of both scapulae, and on the nape of the neck were large confluent desquamating patches. There was an ulcerated patch on the buccal aspect of the left cheek near the angle of the mouth." At this date she was ordered to take 20 minims daily of Brady and Martin's thyroid extract.

November 18th. Appearance of the eruption little changed; the bases of the patches seemed somewhat less hyperæmic and more clearly defined. The intervening skin looked healthier and more elastic to touch.

November 25th. A most marked improvement; the scales have almost entirely disappeared; the hyperæmia of the bases much diminished; the skin between the patches smoother and more elastic. Patient expressed herself as feeling ever so much better in her general health; her own expression was that "she felt ten years younger."

December 3rd. The scales and hyperæmia have quite gone. There is left a tawny brown pigmentation where the patches of psoriasis were. The whole skin has a soft, well-nourished character.

December 7th, on which evening she was exhibited at the Medico-Chirurgical Society, she had still maintained the improvement.

December 20th. Thyroid extract stopped. No return of the psoriasis. The treatment by iodide of potassium resumed. The general improvement has not continued. She complained of a feeling of *malaise* and pains in the arms and legs.

There is no doubt that this was a case in which syphilis was present; and at first it was a moot point whether syphilitic psoriasis was a suitable case for thyroid treatment. So far as the psoriasis is concerned it gave highly satisfactory results, and in the first weeks of treatment the whole aspect of the patient greatly improved. Whether the thyroid extract had any controlling influence on the specific poison beyond the increase of vitality which accompanies its treatment is difficult to say.

It must also be remarked that she was under the influence of arsenic for a considerable time, and that this drug has a potent influence on the nutrition of the skin. It is also granted that a slight improvement had occurred before the thyroid treatment was initiated; but the active set of changes that took place, and which led to the complete removal of the psoriasis between November 11th and December 3rd, forms a marked contrast to the slow alteration that was visible from the previous treatment. It may be possible that the condition had just reached the point at which it was to resolve under the effects of the iodide and arsenic, or that some hindrance to their action was removed by the thyroid treatment. And this might indicate that in cases in which psoriasis did not yield to thyroid treatment alone, alternate administration of arsenic might be employed. On the whole, however, I am inclined, keeping in recollection the well-marked action of the thyroid treatment on the nutrition and function of the skin, to claim for it a therapeutic value in this case.

MEMORANDA:

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

SPORADIC CRETINISM.

Most of your readers were probably, like myself, much interested in Dr. Bramwell's graphic description of his case of sporadic cretinism in the BRITISH MEDICAL JOURNAL of January 6th. As bearing on the question of the benefit derivable from thyroid feeding in such cases, I would beg the space for a few remarks on an interesting example of the disease that came under my notice previous to the days of such treatment.

Some years back I was asked if I objected to seeing a young man aged 24 amongst my out-patients at the Shadwell Children's Hospital. My intention to refuse was forestalled by the entrance of the patient himself. The man of mature age presented the appearance of a child of about 2 years old, was somewhat under 3 feet in height, and entered the room with one hand clasped in his mother's and the other clutching a doll. On inquiry, I found that my patient possessed both a melancholy and historic interest. He was E. D., the first of the four patients brought before the Royal Medical and Chirurgical Society in the paper that originally brought the subject of sporadic cretinism into prominent notice in this

country by Dr. Hilton Fagge, who had only recently died at the time of my seeing the patient. A portrait of the patient at 8 years old, and a full description of his condition at that age, are given in the *Transactions* of that Society, vol. liv, and I need not deal with them. I found, however, that his anterior fontanelle was widely patent, the size of a florin—a fact not noted by Dr. Fagge. His posterior fontanelle, too, was easily demonstrable. This patency of the anterior fontanelle I found in another cretin; but, except in Dr. Bramwell's case, I do not remember its recordance in any others, or mention of it in the ordinary textbooks. Dr. Fagge noticed, too, that the child at 8 years old retained all his temporary teeth, and at 24 I found they were still all present and perfect, although discoloured.

In the sixteen years that had elapsed since his case was published, I could find but little change in the patient. He had gained about a couple of inches in stature, but the exact amount I cannot give, as I have mislaid the notes of his case. This increase in height was practically the only change in him. His mental condition remained exactly as described by Dr. Fagge, that of a backward child aged 2. His genitals were still of the infantile size and development.

These brief notes of the after-condition of a well-known case may be of interest to your readers. They serve to point out the hopelessness of any expectation of improvement in cases of sporadic cretinism from the mere course of time, and to emphasise by contrast the benefits of thyroid feeding over any other known treatment, should further experience confirm them.

Upper Berkeley Street, W.

J. A. COUTTS.

INFANT FEEDING.

IN the EPILOGUE of the BRITISH MEDICAL JOURNAL for January 20th, 1894, I see that M. Budin, in November, 1893, has stated that systematic weighing of infants is the best test of their nutrition. The conclusions he has arrived at were advocated by me as far back as 1876, when I published papers of original work on this subject.¹

Table showing the Normal Weight for Height of Children Born at Full Term of Forty Weeks from Birth.

| | Age. | Stature. | | Mean Weight. | |
|---------------|------|----------|-----|--------------|-----|
| | | ft. | in. | st. | lb. |
| Birth ... | ... | 1 | 8 | 0 | 8 |
| 6 Months ... | ... | 2 | 0½ | 1 | 2 |
| 1 Year ... | ... | 2 | 5 | 1 | 10 |
| 18 Months ... | ... | 2 | 8½ | 2 | 0 |
| 2 Years ... | ... | 3 | 0 | 2 | 4 |
| 3 " ... | ... | 3 | 4 | 2 | 8½ |
| 4 " ... | ... | 3 | 6 | 2 | 13 |
| 5 " ... | ... | 3 | 8 | 3 | 3 |

My table shows that an infant should double its weight in six months and treble it in a year if its nutrition is in every way satisfactory. The weighing and measuring should be conducted monthly, and the practical point is this: If a child does not increase at the rate of 1 lb. a month during the first year of life, and 12 oz. a month during the second year, its nutrition is not satisfactory. If a child does not grow nearly $\frac{3}{4}$ inch every month during the first year of life, and $\frac{1}{2}$ inch a month during the second year of life, it is not satisfactory. The latter is, of course, not of the same importance as the former. A nurse should cease nursing if the result does not come near to this proportion with regard to increase of weight. Clearly premature children would not be so large, though they should increase at the same ratio.

Seymour Street, W.

PERCY BOULTON, M.D.

ACCIDENTAL CURE OF HOUSEMAID'S KNEE.

A HOUSEWIFE, aged 42, came complaining of a swelling over the right knee-joint, which had existed for five weeks. She had been doing a great deal of kneeling. She was found to be suffering from enlargement of the bursa patellæ—"housemaid's knee." A simple cold-water bandage was applied, and she started to go home. Just as she arrived in her garden

she stumbled over a washtub and fell with all her weight upon the right knee. She experienced great pain after the fall, and the whole knee became greatly swollen.

On my arrival, some hours after the accident, I found that the tense swelling over the patellar tendon had quite disappeared, and the fluid out of the sac was displaced into the tissues around the knee-joint. The principal part of the fluid was situated over the insertion of the vastus externus. The whole knee was very much swollen, hot, tender, and discolored.

An evaporating lotion was applied, and she rested the leg for three weeks. No bad symptoms developed. The swelling entirely disappeared, and three weeks after the accident she was going about her work as usual.

HUGH C. ROBERTS, M.R.C.S. Eng., L.R.C.P. Lond.
Melton Mowbray.

SHOULD TWO LIGATURES BE PLACED ON THE CORD?

UNDER this heading in the EPILOGUE of January 6th, M. Trépan is quoted as objecting to the two ligatures. Having often thought that the second ligature was unnecessary, I determined on reading the above that at my next labour I would only tie in one place, and watch the result.

Next morning I was called to a confinement. The head presented, and the child was born. I placed one ligature on the cord, and divided it. About half a dozen drops of blood oozed out of the distal end, and then the flow ceased. On placing my hand upon the uterus, I discovered that there was a second child. Now, remembering Playfair's warning, that in case of twins care should be taken always to tie the cord of the first child for fear of vascular communication between the placenta, I thought it expedient now to put a ligature on the cord I had cut, and accordingly I did so. The pain being slight, and no progress being made with the labour, I ruptured the membrane, and a second head presented, and shortly afterwards the child, another girl, was born. I then expressed the placenta; to find that, though there were two separate sacs, there was only one placenta, and that a large one, with two cords separately inserted.

Of course, the fact of there being only one placenta is not worth recording, but the strange thing is that, seeing there was only one placenta, yet on division of the first cord, without a second ligature being put on it, there was no hæmorrhage. Is it not, therefore, still less likely that there would have been any hæmorrhage had there been two placenta even with some communication between them?

Sherborne.

T. REUEL ATKINSON.

A CASE OF RAYNAUD'S DISEASE.

R. D. is a boy, aged 19 months, well nourished and robust, and of healthy parents. About the middle of August, 1893, his mother noticed that at times the last joints of the fingers of his left hand turned white and cold while the palm became burning hot. During the attacks he cried as if in great pain and held his wrist with the other hand. A few days later the pain increased to such a degree that he would grasp the hand tightly and scream with agony. These attacks of pain, attended with pallor and coldness of the terminal joints, generally lasted about an hour, recurred periodically—chiefly at 8 A.M. and 8 P.M.—and were followed by intense congestion, the digits assuming a dark blue or almost purple colour. The child's sleep was broken and restless; otherwise between the attacks he would appear comparatively well and happy, and play about, but it was noticed that he did not use the affected hand so readily as the other. His appetite was fairly good, but he was troubled with constipation. An examination of the urine revealed nothing very abnormal; specific gravity 1020, feebly alkaline with slight deposit of phosphates, no albumen.

In the beginning of September—about three weeks from the commencement of the disease—a small pustule appeared at the end of his left forefinger, increasing to the size of a split pea, and later on similar pustules formed on the extremities of the other fingers, which became very sensitive and tender. Towards the middle of September his right hand became similarly affected, and subsequently pustules developed on the right fingers. On September 24th the pustules on both hands had become purple in colour, which

¹ BRITISH MEDICAL JOURNAL, March 4th, 1876; and *Lancet*, October 16th, 1880.

on pressure did not disappear. The fingers were extremely sensitive, but were not so pale during the attacks, which had been less frequent and less severe of late.

On October 6th it was noted that during the last few days there had been a steady improvement; the boy had eaten better, gained in weight, and the attacks had been less frequent and milder. The pustules on the left hand had dried up, and now resemble very thick parchment; the purple discoloration was gradually disappearing, having gone through the same changes as an ecchymosis; those on the right hand were also drying up. On October 24th the fingers had almost recovered their normal appearance, the parchment-like skin having peeled off, but they were still very tender. The attacks of pain were few and slight. On November 1st the boy was practically well, save that the ends of the fingers were more sensitive than usual. The duration of the disease had been nearly three months.

With regard to the treatment, a great many drugs were tried without any very marked effect. Quinine in 2-grain doses, three times daily, seemed to mitigate the pain for a time. Phenacetin, acetanilide, nitro-glycerine, and salicylate of soda were all tried without perceptible effect. Electricity was also used, and a weak faradic current gave more relief to the attacks than anything else.

Motueka, New Zealand.

HENRY O'B. DECK, M.B.

ACETOUS VAPOUR IN DIPHTHERIA.

I HAD been long convinced in practice that the routine treatment of laryngeal diphtheria or croup offered no success; in fact, that a membrane in the larynx, whatever its nature, was nearly always fatal. True, tracheotomy saved some, but still the fact remained that one was obliged to give otherwise a fatal prognosis, generally verified in a few days. I will state one case shortly (leaving out the reasons by which I was led on to this treatment). I was called on to see a patient, a girl, aged 5 years, who had been under other treatment for the previous four days. Everything had been done according to the present book routine, and the case had been given up as hopeless. I found the child with embarrassed breathing and blue lips, a membrane on the palate and right tonsil, and laryngeal stridor. The child was so ill that I advised tracheotomy as a last resource, but the parents declined; therefore I initiated the following treatment, which I had been evolving some months: I caused the father to procure a quart of malt vinegar, which was placed in a steam kettle on the fire, and which soon poured a stream of acetous vapour in the room. I had the child covered by an umbrella, which focussed the steam, and this was carried on all night. I also sent for 2½ ounces of brandy, and with a throat brush painted the tonsils and pharynx about every two minutes until the child coughed, and afterwards seemed drowsy. The patient, who previous to this treatment seemed dying from asphyxia, roused up first with the strong acetous vapour, and secondly with the stimulating and after-soothing effect of the alcohol, coughed strongly, and brought up what seemed pus. The breathing became better, and the condition so improved that the child slept for seven hours. The next morning I found the breathing still improving, which continued from day to day, and the child is now, after seven days, able to be dressed. The relief afforded to the breathing by the acid vapour and alcohol, and its subsequent re-embarrassment on its cessation and relief again, were both very marked.

I have chosen the worst case of all, the membrane in the larynx: but if the treatment cures some of these, how much more a simple pharyngeal case? The treatment I have advocated may possibly relieve, but cannot make worse.

Vernon Square, W.C.

W. A. GREET.

HANDICRAFT SPASM IN A STONEMASON.¹

J. P., aged 45, a stonemason, whose family history was good, enjoyed good health until May, 1893, when he complained of shaking of the left hand, pain, and inability "to govern his chisel." After resting a few days he continued his work, but under great difficulties, and in October his complaint became so bad that he was obliged to give up work.

¹ Shown at the Leeds and West Riding Medical-Chirurgical Society, December 15th, 1893.

On examination the grasp of the left hand was found to be markedly weakened. The left hand was steady in most positions, but as soon as he tried to grasp his chisel, as when at work, there was at once set up great shaking of the hand, which he was quite unable to control. There was no wasting, no painful points; hearing, taste, smell, and vision were perfectly good; the ophthalmoscope revealed nothing abnormal. The chief symptoms when at work were:—

1. *Tremor*.—The chisel would "dance in his hand."

2. *Cramp* only on three occasions, and each time confined to the little finger, probably because at times he would grasp his chisel with the ring and little fingers only. These attacks passed off in a few minutes, when he was able to resume work.

3. *Pain*.—This has come on at certain points, and has been progressive in character, very much as follows.

(a) In the carpal joint of the thumb, which felt "as if it were broken."

(b) Between the metacarpo-phalangeal joints of the first and second fingers.

(c) About the centre of the forearm, on the radial aspect.

(d) Centre of upper arm in front.

(e) Lastly in the shoulder along the biceps tendon.

The pain in the forearm was at times so severe that he was quite unable to grasp with the thumb, or the first and second fingers; at such times he would extend these digits and grasp the chisel with the ring and little fingers only.

The shaking of the hand; the adoption of various devices in order to continue his work; the bringing into play, in order to steady the hand, of various muscles, each of which have in their turn "given out;" and the progressive character of the disease, all point very strongly to an analogy to writers' cramp. Under rest, massage, and small doses of arsenic, as suggested in a paper by Dr. Poore,² he has shown marked improvement.

Menston.

A. HANBURY FRERE, M.B.

REPORTS

ON

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

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

A CASE OF CHOLECYSTOTOMY.

(Under the care of [Mr. LUCY.]

[For the report of this case we are indebted to Mr. R. STANLEY THOMAS, late House-Surgeon.]

M. J. S., aged 49, labourer's wife, was admitted on April 18th, 1893, complaining of constant pain in the right side, which at times was very severe, and quite incapacitated her from work. She frequently felt sick, but never vomited; appetite was very poor. She had never been jaundiced. Two years ago she was laid up for ten weeks, having broken her right leg.

On admission there was marked tenderness in the right side beneath the ninth costal cartilage; the pain was confined to this area also; nothing could be felt on deep palpation. The bowels were regular, the motions normal; there was no trouble with micturition; urine acid, sp. gr. 1018; no albumen. She was put on milk diet and given bismuth and afterwards iron, but she did not improve, pain beneath the costal cartilage on the right side was a constant symptom, so she was recommended to undergo an operation.

On June 9th chloroform was administered, and an incision was made 3 inches long on the right side from the tip of the ninth rib downwards; the peritoneal cavity was opened. The gall bladder and ducts were examined: the former contained two stones the size of dice. There was a stout adhesion between the gall bladder and the anterior abdominal wall; this was divided. The gall bladder was then opened,

² BRITISH MEDICAL JOURNAL, February 26th, 1887.

not unnaturally complains of the apparent misleading character of the advertisement, and inquires if something cannot be done to protect the profession from matters of that kind. We can only express our opinion that there would not appear to be any remedy. We wish there were.

TESTIMONIAL TO LECTURERS.

MEMBER B.M.A. CEYLON.—We have received the card forwarded by our correspondent containing an advertisement of lectures to be delivered by a lady describing herself as "M.D." of the "Women's Medical College of Philadelphia," on the subject of Hears and Homes, or Is Marriage a Failure? and by a gentleman describing himself as "M.D., Graduate of two leading Universities of the United States," and containing a testimonial of a highly eulogistic character in favour of the lecturers, purporting to have been given by, among other persons, a leading medical officer of the district. Our correspondent draws particular attention to the last-mentioned fact, and asks for our opinion on the subject. We need hardly point out that advertisements are very properly repudiated by the whole medical profession; and in our opinion it is contrary to this well-defined principle for testimonials of the kind to be given by medical men and advertised in the way described. It may, however, be probable that the testimonial was not published with the consent of the medical officer referred to, or even signed by him, and it would be well to draw his attention to the subject, and ask for an explanation. If no satisfactory reply is forthcoming, the card in question might be sent to the General Medical Council.

LUNACY LAW.

PUZZLED writes: A patient of mine is suffering from pregnancy melancholia with a strong suicidal tendency. Her husband has removed her to her father's house, where, owing to her mental condition, her personal freedom is very considerably curtailed. Are any legal formalities necessary under the above circumstances?

. We believe the answer to this question to be No; that is, so long as the patient is under proper care and control, and is not cruelly treated or neglected. Of course, it is the duty of the medical attendant to see that proper attendance is provided to secure prevention of suicide.

A PENNY PAMPHLET.

DR. F. W. CORY (Bournemouth) writes: I much regret that pressure of work has prevented me reading the BRITISH MEDICAL JOURNAL of January 13th, or I should have noticed and replied to earlier an inimical attack in a paragraph on page 109, which has just been brought to my notice. As the author of the pamphlet in question I would at once assert that neither I nor the chemist referred to are parties to the "open circulation" of this pamphlet. The fact is that several years ago I asked this gentleman to keep some copies for the use, more particularly, of my poorer patients, who would, at my request, apply for them instead of their having to travel a mile further to obtain them from my printer. If others are circulating them, it is entirely without my knowledge, and simply on the merits of the publication itself. I have no desire to tout for patients, as my practice is already as much as I can manage, and I should utterly disdain to increase it by such methods as your anonymous correspondent is most anxious to impute to me, for reasons well known to myself and others. In regard to this accusation I am willing to court the fullest inquiry.

METEOROLOGICAL REPORTS AND PROFESSIONAL ADVERTISEMENTS.

L., who practices in a watering place, proposes, with the approval of the other practitioners there, to keep careful records of the meteorological data; to publish them in the weekly local papers, in the *Monthly Record* of the Royal Meteorological Society, in a yearly pamphlet, later in a paper in a medical journal, and ultimately in a book. L. proposes to attach his initials to the weekly report and his name to the pamphlet, but a friendly practitioner objects that this would savour of advertising.

. The publication of name or initials appended to such reports in a local paper would undoubtedly savour of advertising. The publication of an annual pamphlet for the use of the general public under the circumstances named, bearing the name of one practitioner in the place, is also open to objection. A way out of the difficulty would be for the medical men of the town, who are all on friendly terms, to form themselves into a committee, and appoint our correspondent secretary. The yearly report might then be issued with the imprint "prepared by (or for) the Medical Committee," or a list of that committee.

THE SCHOOLMASTER AS ADVERTISER.

PRETERITE writes: May I ask you to be so kind as express some opinion on the following? A laudatory paragraph (enclosed) appeared in a provincial paper concerning my brother, referring to his previous success, and stating that he had passed some final examination in medicine and surgery. I wrote to the editor, asking who had prompted the insertion, and said that inasmuch as it referred to the professional part of his career it was *ipso facto* an advertisement and extremely distasteful to the family. The reply was that it had been inserted by the head master of the school, related to his educational honours, and was for the good of the school.

. Natural as would be the desire of the head master of the school in question to enhance its academic repute by recording the honours obtained by a more or less gifted pupil, still the paragraph to which our correspondent justly takes exception should have been withheld from the lay press unless the assent of the family had been obtained.

It is, however, only reasonable to infer that the head master, being ignorant of the essential etiquette of the faculty, erred unwittingly.

A SIXPENNY DISPENSARY.

With the view to deter others from pursuing a like course, and in the hope that the Royal College of Surgeons, of which this practitioner is a member, may be induced to take cognisance of the procedure in question, we append a copy of the tariff of charges issued by Mr. Bevan:

SURGERY AND DISPENSARY,
17, Burdett Road, Mile End, E.

M. R. BEVAN,
Surgeon, etc.

Hours of Attendance:

| Morning, 9 to 12. | Evening, 6 to 10. | |
|--------------------------------------|-------------------|--------------|
| Fees: Advice and Medicine at Surgery | ... | 6d. |
| Visits (before 6 P.M.) | ... | 1s. 0d. |
| Attendance, per week | ... | from 3s. 0d. |
| Midwifery | ... | 10s. 6d. |

Vaccination.

N.B.—Patients are expected to provide their own bottles, etc.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXPERIMENTAL PHYSICS.—Mr. J. W. Capstick, Fellow of Trinity, has been appointed Assistant Demonstrator at the Cavendish Laboratory, in the room of Mr. W. D. C. Whetham, who has been elected to the Clerk Maxwell Scholarship in Experimental Physics.

AGRICULTURAL PHYSIOLOGY.—Mr. A. Eicholz, Fellow of Emmanuel, will this term give a course of instruction in Physiology for Students of Agriculture in Professor Foster's Laboratory.

DEGREES.—The following medical degrees were conferred at the Congregation on January 18th:—*M.B.* and *B.C.*: Robert Sevestre, B.A., Trinity; William Bragg Addison, B.A., Caius; William Frank Colclough, B.A., Caius. *B.C.*: Gerard Charles Taylor, B.A., Christ's.

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

THE following gentlemen passed the First Examination of the Board in the subjects indicated under the "Four Years" Regulations at the quarterly meeting of the examiners, namely:

Chemistry and Chemical Physics.—A. J. Andrew, St. Bartholomew's Hospital; E. O. Balleine, King's College, London; D. L. Beath, St. Bartholomew's Hospital; C. S. Brookhouse, Guy's Hospital; L. D. B. Cogan, Guy's Hospital; E. P. Du Heaume, private study; G. K. Dury, Owens College, Manchester; A. E. Farndon, St. Mary's Hospital; C. Franks, private study; J. C. Furness, Charing Cross Hospital; F. G. Gardner, Mason College, Birmingham, and St. Bartholomew's Hospital; E. Gray, Queen's College, Cork, and London Hospital; P. O. Gruber, Cambridge University and St. Bartholomew's Hospital; T. C. Harmer, London Hospital; A. Holden, Owens College, Manchester; A. F. Holman, Cambridge University and St. George's Hospital; F. E. Hutchinson, private study; B. Isaac, Guy's Hospital; S. James, Surgeons' Hall, Edinburgh; C. J. H. Mann, Guy's Hospital; C. J. Marsh, University College, London; W. E. Morgan, Charing Cross Hospital; W. P. R. Newth, St. Thomas's Hospital; W. Parkinson, Firth College, Sheffield, and Yorkshire College, Leeds; D. L. K. Pritchard, University College, London; H. R. Rice, Mason College, Birmingham, and London Hospital; A. H. Safford, King's College, London; C. V. Smith, University College, London; H. Spinks, Owens College, Manchester; A. K. D. Tomkins, Mason College, Birmingham; S. Wellby, Oxford University and St. Thomas's Hospital.

Materia Medica and Pharmacy.—G. P. Ambrose, Westminster Hospital; W. N. Barron, St. Bartholomew's Hospital; H. E. M. Baylis, St. Bartholomew's Hospital; D. B. Beecroft, Charing Cross Hospital; J. Bennett, Owens College, Manchester; C. W. Booker, Guy's Hospital; A. Brebner, University College, London; H. Clapham, Firth College, Sheffield; A. A. W. Cook, University College, London; E. J. E. Coop, Mason College, Birmingham; H. M. Cooper, St. George's Hospital; P. J. Dempsey, Catholic University, Dublin; E. J. A. Dodd, Yorkshire College, Leeds; H. N. N. Dodd, St. George's Hospital; A. J. Eastcott, St. George's Hospital; J. Eddy, Middlesex Hospital; A. Emlyn, University College, London; C. Franks, private study; E. Fryer, Guy's Hospital; F. G. Gardner, Mason College, Birmingham, and St. Bartholomew's Hospital; C. R. Gayer, St. George's Hospital; C. J. P. Gibbons, London Hospital; H. J. Godwin, St. Bartholomew's Hospital; H. Green, Charing Cross Hospital; J. E. Griffith, St. Bartholomew's Hospital; H. A. Günther, University College, London; T. T. Harratt, Middlesex Hospital; A. W. Hayles, King's College, London; S. J. Haylock, St. Mary's Hospital; J. G. Heath, St. Mary's Hospital; C. E. Hill, St. Mary's Hospital; R. A. L. Hill, St. Thomas's Hospital; W. E. Hills, Guy's Hospital; T. Hood, St. Bartholomew's Hospital; W. K. Hopkins, St. Bartholomew's Hospital; H. Hughes, University College, Liverpool; F. E. Hutchinson, private study; S. James, Surgeons' Hall, Edinburgh; F. A. Johns, London Hospital; D. G. Kennard, Westminster Hospital; E. G. Klump, St. Bartholomew's Hospital; E. B. Laurence, St. Bartholomew's Hospital; M. M. Lowley, Charing Cross Hospital; P. Macaulay, Yorkshire College, Leeds; A. R. McCullagh, Charing Cross Hospital; R. C. Martin, St. George's Hospital; E. Maynard, London Hospital; U. W. N. Miles, King's College, London; C. G. Moffitt, University College, London; E. G. Moon, St. Mary's Hospital; G. E. Palmer, Royal College of Surgeons, Dublin; A. C. B. Pierson, Yorkshire College, Leeds; E. G. D. Pineo, University College, London; J. P. Prell,

London Hospital; D. C. Rees, Charing Cross Hospital; J. H. R. Robinson, London Hospital; T. O'N. Roe, University College, London; A. E. Seller, London Hospital; D. C. G. Sinclair, St. Mary's Hospital; O. Smithson, Yorkshire College, Leeds; J. Spencer, Yorkshire College, Leeds; T. Spencer, Yorkshire College, Leeds; H. Spinks, Owens College, Manchester; P. G. Temple, Guy's Hospital; J. T. Vulliamy, St. Thomas's Hospital; C. E. Walker, St. George's Hospital; W. W. Walker, Yorkshire College, Leeds; W. W. Walker, St. Mary's Hospital; A. J. Wernet, Guy's Hospital; F. White, St. Thomas's Hospital; S. W. Williams, University College, Liverpool; C. H. Wilmer, St. Bartholomew's Hospital; G. H. L. Wright, University College, Bristol.

Elementary Anatomy and Elementary Physiology.—A. R. Adams, Guy's Hospital; W. R. Battye, University College, Bristol, and London; W. Beckton, St. Bartholomew's Hospital; W. B. Bennett, University College, Liverpool; G. H. Blasson, Guy's Hospital; L. Bradstock, Mason College, Birmingham; F. Brickwell, St. Bartholomew's Hospital; W. W. Claridge, Middlesex Hospital; F. C. Dudley, Westminster Hospital; A. E. Elliott, St. Thomas's Hospital; A. E. Farndon, St. Mary's Hospital; T. H. Gardner, King's College, London; A. H. Gibbon, Edinburgh University and St. Thomas's Hospital; P. O. Gruber, Cambridge University and St. Bartholomew's Hospital; A. R. Hoare, St. Thomas's Hospital; W. A. L. Jackson, Mason College, Birmingham; S. James, Surgeons' Hall, Edinburgh; F. E. Manning, University College, London; J. M. A. Manning, St. George's Hospital; A. E. Maturin, Guy's Hospital; H. Morris, St. Bartholomew's Hospital; H. L. W. Norrington, University College, Bristol; J. Ogilvie, Cambridge University and St. Thomas's Hospital; J. E. H. Parsons, Guy's Hospital; J. B. A. Treusch, Guy's Hospital; W. P. Walsh, Oxford University and Middlesex Hospital; J. H. Yearsley, St. Thomas's Hospital.

Elementary Anatomy only.—J. K. Bell, University College, Liverpool; J. Micklethwait, Firth College, Sheffield.

Elementary Physiology only.—B. F. Carlyle, St. Bartholomew's Hospital; A. Holden, Owens College, Manchester; W. I. Weldon, St. George's Hospital.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1894. The following candidates passed in
Surgery.—C. E. Brooks, Manchester; G. A. Child, St. Thomas's Hospital; H. Harvey, London Hospital; R. L. Jones, University College; F. Morris, Birmingham; W. E. Pain, Guy's Hospital; F. L. F. E. Pfaff, Wurzburg; F. Romer, St. George's Hospital.
Medicine, Forensic Medicine, and Midwifery.—P. Best, University College; J. H. Jolley, London Hospital; J. D. Small, Bombay; J. J. Spears, London Hospital; W. H. Symons, St. Bartholomew's Hospital; G. H. Tomlinson, Birmingham.
Medicine and Midwifery.—F. Clarke, St. Bartholomew's Hospital; R. J. Hughes, Durham; G. E. Williams, London Hospital; J. R. M. Richmond, King's College.
Medicine.—E. C. B. Ibbotson, Guy's Hospital.
Forensic Medicine and Midwifery.—E. F. Jamison, Belfast; H. Litherland, Manchester; H. Richardson, Manchester.
Forensic Medicine.—A. Marshall, St. Thomas's Hospital; W. H. Reed, King's College.
Midwifery.—C. G. Mathews, St. Bartholomew's Hospital.
To Messrs. Jolley, Marshall, Mathews, Morris, Pain, Pfaff, and Tomlinson was granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

OBITUARY.

ARTHUR THOMAS MYERS, M.A., M.D.CANTAB., F.R.C.P. ARTHUR THOMAS MYERS, whose death we notice with great regret at the early age of 42, was born in 1851, at Keswick, his father being incumbent of St. John's Church in that town. He was educated at Cheltenham and Trinity College, Cambridge. A scholar of Trinity, he finished his university career by taking a first class in the Classical Tripos and a second in the Natural Science Tripos. He obtained his Doctor of Medicine degree in 1881, and was made a Fellow of the College of Physicians in 1893. At St. George's Hospital the late Dr. Myers had a meritorious and distinguished career. He filled the office of house-physician, and was registrar in the medical wards for several years. He fulfilled the laborious duties of the latter post with singular patience, minuteness, and fidelity, and invented a system of indexing which has since proved of great value.

He was a member of the various Medical Societies, and physician to the Belgrave Hospital for Children. He wrote in the leading journals, and contributed various papers of interest, among which may be mentioned the Nervous Sequelæ of Small-pox, and a Case of Raynaud's Disease. His studies were of late years particularly directed towards abstruse problems connected with nerve diseases, and the subject of hypnotism as a treatment for disease—studies, perhaps, not the best suited for his own mental and bodily health.

Dr. Myers was a distinguished athlete. At Cheltenham he was in the eleven, and played in the public school racket

matches. At Cambridge he was captain of the Trinity eleven, and played in the tennis match against Oxford. Nature had, indeed, worthily designed him as one of those good "all round men" who are the glory of our public school education; but destiny thought fit to inflict upon him that terrible and inscrutable nervous malady which occasionally harassed him in early youth, and of late years advanced with relentless tread, baffling the most devoted medical skill, and ultimately involving a fine intellect in ruin and confusion. There can be no doubt but for this Myers would have obtained the highest medical distinction.

His misfortune prevented his attaining to a post in the medical staff of a teaching hospital, and this sad disappointment, intolerable to most men, was borne by him with singular patience. Even those who had the privilege of knowing him intimately never heard him repine, and in the intervals of illness he devoted himself energetically to his studies and to various athletic pursuits. After leaving the universities he was indeed known as an enthusiastic climber and skater, no mean cricketer, and an adept at tennis.

He had much subtlety and delicacy of intellect, and belonged to a family of intellectual distinction and literary culture; his bent was largely towards psychological study, and the investigation and discussion of the more recondite phenomena of mind. By family relations, as well as by personal study, he was much interested in some of the problems which the "psychical researchers" aspire to solve. But his medical training led him to distrust many of their conclusions. To his sympathetic yet cautious pen are due some of the articles on these topics and incidents which have from time to time appeared in our columns. He was particularly happy as a reviewer, and in that capacity we were often indebted to his just, kindly, and suggestive work.

He was a devoted son, and in private life he was of a singularly kind and amiable disposition, given much to acts of hospitality and goodness to others. The slight brusqueness of his address, sometimes remarked by his juniors, was largely due to his infirmity, and he is mourned at the University and St. George's by a large circle of friends. His history is tinged with a touch of melancholy, yet we can reflect that he has not lived in vain, for he has shown us the example of a brave man struggling against an unhappy fate, and there are many with all the advantages of intellect and physical health who have done less good work in the world than Arthur Myers.

HENRY JAMES PAINE, M.D.St.AND., M.R.C.S.Eng.

WE deeply regret to announce the death of Dr. H. J. Paine, of Cardiff, which took place on January 15th. The deceased became M.R.C.S.Eng. and L.S.A. in 1839, and took the degree of M.D.St.AND. in 1862. He interested himself in the Glamorganshire and Monmouthshire Infirmary, and in 1865 was elected an honorary physician, an office he held until 1882, when he resigned, and was appointed consulting physician. Dr. Paine was born in Canterbury, but had been resident in Cardiff for nearly sixty years. In 1840 he was appointed Medical Officer of Health for Cardiff, and he held that office for forty years. More than a quarter of a century ago he was elected a Justice of the Peace for Glamorgan, and he discharged the duties of this office with devoted zeal, integrity, and independence.

ROLPH LESLIE, M.A., M.D.Toronto.

THE numerous friends of Dr. Rolph Leslie will learn with sincere regret the news of his most unexpected death, which took place on the steamship *Orient* whilst cruising in the West Indian Islands. After graduating at Toronto University in the year 1876, Dr. Leslie left his home in Canada and came to London, where he subsequently made headquarters. On the outbreak of the Turco-Servian war in 1876 he volunteered for service, and went through both that and the subsequent Russo-Turkish war (1877-78). Shortly after returning to England on the outbreak of the Zulu war, he was appointed Civil Surgeon, and went to South Africa, where he remained until the close of the campaign. After a year or two spent in Trinidad, he received an appointment from the International African Association, and spent three years (1883-86) on the Lower Congo whilst it was being opened

up by Stanley, and organised by Sir F. De Winton. On his return he published *Hints to Travellers in the Tropics*, embodying his experience of the more severe forms of African fevers. Subsequently his time was spent for the most part in travelling with patients in search of health, and it was whilst engaged in a trip of this kind that he met with his untimely death. Besides numerous testimonials of a private character, Dr. Leslie received, in recognition of his services, the Russo-Turkish and Zulu war medals, the Order of the Medjidieh, the Order of Leopold, and the Congo Star.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Ritter von Madurowicz, Professor of Midwifery and Gynaecology in the University of Cracow, at the age of 62; Dr. Horace Hollister, of Scranton, Pennsylvania, a great authority on local archæology, and the possessor of one of the finest collection of aboriginal relics in the United States, aged 70; Dr. F. Minot Weld, of Jamaica Plain, Mass., some time Superintendent of New York Hospital, aged 53; Dr. J. G. Gishizki, one of the leading alienists of Kieff, aged 60; and Dr. Archinard, the oldest practitioner of Lyons, aged 90.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,755 births and 4,654 deaths were registered during the week ending Saturday, January 20th. The annual rate of mortality in these towns, which had increased from 22.6 to 28.6 per 1,000 in the preceding three weeks, declined again to 23.2 last week. The rates in the several towns ranged from 15.2 in Halifax and 15.7 in Leicester to 38.0 in Plymouth and 42.4 in Norwich. The high rates in the two last-mentioned towns were due to the fatal prevalence of influenza. In the thirty-two provincial towns the mean death-rate was 22.9 per 1,000, and was 0.7 below the rate recorded in London, which was 23.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.5 per 1,000; in London the rate was equal to 2.9, while it averaged 2.2 per 1,000 in the thirty-two provincial towns, and was highest in Salford, Plymouth, and Birkenhead. Measles caused a death-rate of 1.5 in Salford and 2.5 in Birkenhead; scarlet fever of 1.1 in Burnley and in Huddersfield; whooping-cough of 2.0 in Salford, 2.2 in Bolton, and 5.3 in Plymouth; and "fever" of 1.5 in Sunderland. The 74 deaths from diphtheria included 48 in London, 4 in Salford, and 3 each in Birmingham, Liverpool, Leeds, and Sheffield. Six fatal cases of small-pox were registered in Birmingham, 4 in Bradford, 3 in Bristol, and 1 each in West Ham, Leeds, and Hull, but not one in London or in any other of the thirty-three towns. There were 82 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, January 20th, against 93, 94, and 82 at the end of the preceding three weeks; 14 new cases were admitted during the week, against 15 and 12 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 2,645, against 2,988, 2,855, and 2,736 at the end of the preceding three weeks; 246 new cases were admitted during the week, against 210 and 224 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, January 20th, 893 births and 616 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.5 and 23.8 per 1,000 in the preceding two weeks, declined again to 21.6 last week, and was 1.6 per 1,000 below the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 12.5 in Greenock to 34.7 in Paisley. The zymotic death-rate in these towns averaged 2.1 per 1,000, the highest rates being recorded in Paisley and Leith. The 291 deaths registered in Glasgow included 13 from whooping-cough, 6 from diphtheria, and 5 from scarlet fever. Two fatal cases of small-pox were recorded in Leith.

SMALL-POX IN EDINBURGH.

DURING last week three cases of small-pox were reported, and the patients were at once removed to the Canonage Hospital. A fourth case remains under observation as doubtful, and the family of one of the three patients has been placed under rigid quarantine. Of these three cases, one was a man who had been employed in Leith, and the other two occurred in that part of the city of Edinburgh which lies nearest to Leith. One of the three patients has since died.

SMALL-POX AT LEITH.

DURING last week 17 new cases of small-pox were reported to the "public health authorities" (*sic*). Of these, 15 were admitted to the hospital; 2 patients died in the hospital and 10 were discharged. The number of cases since the outbreak of the disease is now 116.

LIABILITY FOR INSANITARY PREMISES.

A NOVEL cause of action has been discovered and held by Baron Pollock to be well founded, in an action of Caven v. Arno, recently tried by him at the Guildhall. The plaintiff claimed damages from his landlord—not as his landlord but as the owner of neighbouring premises—for allowing a drain on them to remain in a dangerous condition, in consequence of which the health of the plaintiff's family was injured. Such acts of carelessness occur only too frequently, and it is strange that the liability for damages of persons responsible for them has not been declared by a court of law before now. The maxim "*sic utere tuo ut alienum non lædas*" is old enough, and an owner of property who causes or allows a nuisance to be on his own land has frequently been held responsible for the consequences of so doing. Mere neglect to clean out a drain seems, however, never to have been treated as a cause of action. It undoubtedly may cause a very offensive and very dangerous nuisance, and where it does so, and injury ensues, it certainly seems right that the person injured should be able to obtain compensation. In such cases it is generally very difficult to prove that the injury sustained is the direct result of the carelessness or misconduct of the defendant or his agents. Unless the plaintiff can establish that such injury was caused by some negligent or wrongful act or omission of the defendant, his case fails, and he has to pay a probably large bill of costs, in addition to the injuries he has already sustained. People are, therefore, no doubt averse to bringing actions in such cases, however strongly they may feel that they have a good moral claim to compensation. In the recent case before Baron Pollock the jury only gave the plaintiff £25 damages, though he alleged that two of his children had died, his wife's health was seriously impaired, and a business which she managed was consequently destroyed. It was probably impossible to show that these were all matters for which the defendant was responsible. Still, the man who has sustained such losses probably thinks £25 a very poor solatium. He has not lost his case, and has no costs to pay, and he has successfully vindicated an old legal principle in a new form; but his success does not seem likely to encourage many others to follow his example. Owners of insanitary premises are shown to have a further liability beyond what has hitherto been generally recognised; but the risks and difficulties attendant on the attempt to enforce that liability by means of an action for damages are such as to make it unlikely to be often used.

AN INSANITARY AREA IN SOUTHWARK.

THE question of the desirability of dealing with certain courts and alleys which lie on the west side of the Borough High Street is again to the fore. The late Dr. Waterworth called attention to the need of improvement in this neighbourhood, and an inquiry was held in reference to what is known as the Falcon Court area by an inspector of the Home Office, but Dr. Waterworth did not succeed in carrying his ideas into execution. During the past few months Falcon Court has been the subject of much attention in Southwark, and though closing orders have been obtained for several houses in this locality, it has been realised that nothing short of demolition and rearrangement of portions of the area can effectually remedy the existing evils. Delegates from the vestry of St. George the Martyr, Southwark, were recently invited by a committee of the London County Council to attend a conference for the purpose of considering the advisability of dealing with Falcon Court, and adjoining courts and alleys, by a scheme under the Housing of the Working Classes Act. Dr. Waldo, the medical officer of health of St. George the Martyr, has now presented a report to his authority, in which he draws attention to views expressed at this conference, and suggests a comprehensive and radical treatment of the area, or, failing this, an alternative method of dealing with it in two sections. He points out the need of open space in the district, and expresses the opinion that abundant accommodation for persons of the artisan class, who would be displaced from the insanitary courts and alleys, could be provided on various building plots which are lying idle in the neighbourhood.

AN INFIRMARY "WITHOUT COMPLAINT."

THE Wolverhampton Guardians have at last taken a small step towards improving the condition of their workhouse. There are considerably over 200 sick beds in the house, and to attend to their unfortunate occupants there is one nurse. The guardians have just decided, however, that they will make the munificent provision of four probationers in addition, at salaries not exceeding £10 each. This is, indeed, an advance, and we hope it may be the thin end of a very large wedge, but, as it stands, the granting of one probationer to each fifty or sixty beds, and one nurse thrown in for the lot, is surely a very small modicum of righteousness to make a fuss about, and the fact that this little measure of justice was not carried without a protest, nearly a quarter of the guardians voting against it, prepares one to accept without surprise the statements made by Mrs. Hatton and Dr. Totherick as to the lamentable condition of affairs which has hitherto prevailed. The odd thing, or what would seem odd if we did not know somewhat of Poor-law ways, is that men are to be found who will state that they have been guardians for years, and that during their time of office there have been no complaints. What must be the mental or moral condition of a man who, as he goes week after week through these wards, does not perceive that there must be a scandalous system of terrorism rampant in them to make it possible for 200 sick people, with only one nurse among them, to be without complaint. There are people to whom sick people, even on their dying bed, will not complain, and we cannot but fear that in many cases of such are the guardians of the poor. It is essential that independent visiting committees should be appointed to all workhouses, and that the free light of publicity should especially enter those wards where the sick and the helpless have to live out their lives, every day and all day at the mercy of pauper helps.

THE adjourned meeting of the Epidemiological Society of London for the further discussion of Dr. McVail's paper on the aerial convection of small-pox from hospitals will be held on January 31st at 8 p.m.

MEDICAL NEWS.

DR. C. THEODORE WILLIAMS has celebrated his term of office as President of the Royal Meteorological Society by presenting the sum of £100 to form the nucleus of a research fund.

MR. THOMAS PUGH, whose munificent bequest of £5,000 to the Medical Benevolent College has just been announced, was some few years ago the Master of the Merchant Taylors' Company. His father and two brothers were highly respected medical practitioners in the city for many years.

DR. ROWLAND HILL COOMBS, President-Elect of the South Midland Branch of the British Medical Association and Physician to the Bedford General Infirmary and Fever Hospital, has been placed on the Commission of the Peace for the borough of Bedford.

SOME idea of the magnitude of the work which the St. John Ambulance Association is doing owing to the help generously given by the medical profession may be gathered from the fact that in the twelve months ending Michaelmas, 1893, it issued no fewer than 30,761 first-aid and nursing certificates.

OPHTHALMIA AT THE CARDIFF WORKHOUSE INFIRMARY.—At a monthly meeting of the Visiting Committee of the Cardiff Workhouse a report was received from the medical officer to the workhouse infirmary, relative to the number of cases of ophthalmia at present under treatment, and the consequent overworking of the nursing staff. The committee agreed to act upon the medical officer's recommendation, to make use of the isolation wards, and engage an additional nurse. We are glad to note that "it was also agreed to suggest to the Schools Committee that the time was now opportune when the general question of providing for such cases at the schools should be investigated."

THE first annual dinner of the British Gynæcological Society was held at the Holborn Restaurant on January 18th. The chair was taken by the President, Mr. Bowreman Jessett. Dr. Ligertwood, of the Royal Hospital, Chelsea, acknowledged the toast of "The Navy, Army, and Reserve Forces." The toast of the evening was given by Dr. F. W. Pavy, who congratulated the Society on its vigorous activity and its steady growth, until it now numbered some 500 members. The toast of "The Kindred Societies" was given by Dr. Leith Napier, and acknowledged by Dr. Hare; and that of "The Guests" by the Master of the Apothecaries' Company and Dr. Dawson Williams. "The Health of the President" was given by Dr. Thomas Savage, and was cordially received.

THE MEDICAL DEFENCE UNION.—The importance of mutual combination for purposes of defence and for attacking quackery, is now, we feel convinced, becoming well understood by the profession. We are very glad to learn that the Medical Defence Union has now over 3,000 members. Considering that but a very few years ago it numbered but a few hundreds, this rapid growth cannot but be most beneficial to the profession. The efficiency of a union of the kind is, when the management is judicious and experienced, in direct proportion to its income. We hope, therefore, that in no short time every member of the Association, and, indeed, of the profession, will see that it is his duty not only to protect himself, but to help in protecting his colleagues by subscribing to what is a most valuable form of insurance.

AMERICAN JOTTINGS.—Rush Medical College, Chicago, has just opened its new laboratories. The building is 50 by 100 feet, five storeys high, and cost nearly 100,000 dollars.—The *Boston Medical Journal* states that a house in that city contains five full generations—the great great-grandfather and mother, both over 90 but well and active; the great grandmother and her husband, the grandmother and her husband, the mother and father, and the daughter nearly 2 years old.—The Detroit Medical Association has adopted the following scale of charges, which is "intended to guide rather than govern members." The maximum and minimum figures have reference to the degree of responsibility and time consumed in a given case rather than to the circum-

stances of the patient, which may justify a lower or a higher charge. All bills are to be considered due when services are rendered; statements should be rendered monthly. For an ordinary office prescription the fee is fixed at from 1 to 5 dollars. Other fees range from 2 to 5,000 dollars. The last (equal to £1,000) is the maximum for an operation for the removal of stone from the bladder. Three thousand dollars (£600) is the maximum fee for Cæsarean section, ovariectomy, celiotomy, hysterectomy, abdominal and vaginal hysterectomy, and amputation through the hip-joint.—The following statistics (from the *Cleveland Medical Gazette*) show the proportion of homœopathic physicians to orthodox practitioners in the various cities of the United States: Cleveland, Ohio, 139 out of a total of 627, or 20 per cent.; Cincinnati, 53 out of 723, or about 7 per cent.; Columbus, 20 out of 359, or about 6 per cent.; Indianapolis, 12 out of 320, or nearly 4 per cent.; Chicago, 348 out of 2,700, or 12 per cent.; Detroit, 59 out of 482, or 12 per cent.; St. Paul, 26 out of 200, or 13 per cent.; Minneapolis, 46 out of 328, or 14 per cent.; Pittsburgh, 54 out of 383, or 14 per cent.; Allegheny, 17 out of 150, or less than 11 per cent.; Philadelphia, 340 out of 2,380, or 14 per cent.

MEDICAL VACANCIES.

The following vacancies are announced:

- AXMINSTER UNION.**—Medical Officer for four Districts. Salary, £72 16s. 8d. per annum; midwifery and surgical operations extra. Applications to W. Forward, Clerk, by February 7th.
- BRIGHTON THROAT AND EAR HOSPITAL,** 23, Queen's Road, Brighton.—House-Surgeon; non-resident. Salary, £52 per annum. Applications to the Secretary by February 5th.
- BUCKINGHAMSHIRE GENERAL INFIRMARY,** Aylesbury.—Resident Surgeon and Apothecary, unmarried and duly qualified. Salary, £80, increasing £10 per annum to £100, with board, lodging, and washing. Applications and testimonials to Mr. George Fell, Solicitor, Aylesbury, by January 29th.
- CARRICKMACROSS FEVER HOSPITAL.**—Medical Officer. Salary, £50 per annum. Election on February 6th, when candidates must personally attend.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—House-Surgeon. Applications, with testimonials, to the Secretary by February 5th.
- 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.
- DENTAL HOSPITAL OF LONDON,** Leicester Square, W.C.—Assistant Dental Surgeon. Applications to J. Francis Pink, Secretary, by March 12th.
- 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.
- GREENWICH UNION INFIRMARY.**—Second Assistant Medical Officer; unmarried. Salary, £80 per annum, with board, lodging, and attendance. Applications to Samuel Saw, Clerk to the Guardians, Union Offices, Greenwich, by February 5th.
- 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.
- KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD DISPENSARY.**—Vacancy on the Honorary Medical Staff. Applications to the Secretary, 13, Kilburn Park Road, by February 14th.
- MOUNTMELLICK UNION,** Clonaslee Dispensary.—Medical Officer. Salary, £100 per annum, with £20 as Medical Officer of Health, together with registration and vaccination fees. Applications to Mr. Robert Dunne, J.P., Honorary Secretary, Brittas, Clonaslee, King's County. Election on January 29th.
- NEW HOSPITAL FOR WOMEN,** 144, Euston Road, N.W.—Lady Dispenser. Salary, £90 per annum. Applications to the Secretary by February 17th.
- OWENS COLLEGE,** Manchester.—Professor of Zoology. Applications to the Council of the College, under cover to the Registrar, by April 3rd.
- PARISH OF LAMBETH.**—Assistant Medical Officer and Dispenser for the Infirmary, Brook Street, Kennington; doubly qualified. Salary, £125 per annum, with board, apartments, and washing. Applications to W. B. Wilnot, Clerk, Guardians' Board-room and Offices, Brook Street, Kennington Road, S.E., by January 30th.
- RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY AND SEAMEN'S INFIRMARY.**—Resident Medical Officer; unmarried; doubly qualified. Salary, £120 per annum—£10 allowed for substitute for annual holiday—with furnished apartments, gas, firing, and attendance. Applications to the Secretary by February 6th.

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.

ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, S.E.—Surgeon in Ordinary. Honorarium, £20 per annum. Applications to the Committee of Management by January 31st.

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 MONMOUTH-SHIRE.—Lecturer on Materia Medica and Pharmacy. Stipend, £50 a year. Applications to Ivor James, Registrar, by January 27th.

WEST DERBY UNION.—Resident Assistant Medical Officer for the Workhouse; doubly qualified. Salary, £100 per annum, with first-class rations and apartments. Applications to Harris P. Cleaver, Union Clerk, Brougham Terrace, Liverpool, by February 6th.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.—Lecturer on Bacteriology. Applications to the Dean, Mr. Spencer, by February 6th.

MEDICAL APPOINTMENTS.

BARBER, Mr. W., appointed Medical Officer for the Kilburn District of the Parish of St. John Hampstead.

CROPPER, John H., L.R.C.P., L.R.C.S., appointed Clinical Assistant to the Royal Westminster Ophthalmic Hospital.

DAVIS, Norman, M.D., B.S.Dunelm, appointed Medical Officer to the Bracknell District and Workhouse of the Easthampton Union, *vice* A. M. Barford, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

DORMAN, Dr., appointed Medical Officer for the Keady Dispensary District, *vice* John Gower Allen, L.R.C.P., L.R.C.S.I., resigned.

FOWLER, C. J., E.D.S.R.C.S.Eng., appointed Consulting Dental Surgeon to the Birmingham Children's Hospital.

GIBSON, E. Arthur, M.B., C.M.Glasg., appointed House-Surgeon to the Paddington Green Children's Hospital.

GRAVELY, William Homewood, L.R.C.P.Lond., M.R.C.S.Eng., appointed Temporary Medical Officer for the Cowfold District of the Cuckfield Union.

HODGE, William T., M.R.C.S.Eng., D.P.H., appointed Medical Officer for the Middle District of the Ellesmere Union.

JACKSON, C., L.R.C.P. Edin., L.F.P.S.Glasg., appointed Medical Officer for the North District of the King's Lynn Union.

LEACH, John, M.A., M.B., C.M.Aberd., appointed House-Surgeon to the Manchester Southern Hospital for Women and Children; also House-Surgeon to the Manchester Maternity Hospital.

LILLEY, James Harris, M.A., M.D., M.R.C.S., appointed Honorary Medical Officer of the Provident Branch of the Hereford Dispensary.

LYLE, Thomas, M.D.Glasg., appointed Surgeon to the Newcastle Throat and Ear Hospital, *vice* John Burdwood, L.R.C.P., L.R.C.S. Edin., resigned.

MODLIN, J. Gibson, M.B., B.S.Dunelm, L.S.A.Lond., appointed Honorary Surgeon to the Monkwearmouth and Southwick Hospital, Sunderland, *vice* W. Percy Blumer, resigned.

MONTGOMERIE, Hugh, M.D. Edin., reappointed Physician to the West Cornwall Dispensary and Infirmary.

MONTGOMERY, James B., M.D.Glasg., F.R.C.P.Lond., reappointed Consulting Physician to the West Cornwall Dispensary and Infirmary.

MOORE, Henry Cecil, M.R.C.S.Eng., L.S.A., appointed Honorary Medical Officer to the Hereford Infirmary.

NAPIER, Dr. T. A. W., appointed Medical Officer for the Sixth District of the Birkenhead Union.

NORTH, Dr. T., appointed Medical Officer for the High District of the Longtown Union.

ROBERTS, Hugh C., M.R.C.S.Eng., L.R.C.P.Lond., appointed Deputy Surgeon to the Great Northern Railway, Melton Mowbray.

ROBERTSHAW, Walter M., M.B., C.M.Univ. Edin., appointed Medical Officer of Health to the Stocksbridge Local Board, Yorkshire, *vice* G. Browning, M.R.C.S., resigned.

SYMONS, John, M.R.C.S.Eng., reappointed Surgeon to the West Cornwall Dispensary and Infirmary.

THOMPSON, Alfred, L.R.C.P.Lond., etc., appointed Medical Officer and Public Vaccinator to the Barford District of the Cusford Union, *vice* J. J. Reynolds, L.R.C.P.Lond., etc., resigned.

TIPPING, H. Hubert, M.R.C.S., L.R.C.P.Lond., appointed Resident Medical Officer to the Birmingham Workhouse Infirmary, *vice* W. Selby, M.R.C.S., L.R.C.P., resigned.

TRAQUAIR, James H., M.B., C.M. Edin., appointed Junior Assistant Medical Officer to the Staffordshire County Asylum, Burntwood, Lichfield.

WELCH, John B., M.B.Lond., M.R.C.S.Eng., appointed Honorary Consulting Physician to the Birmingham Children's Hospital.

WEATHERBE, Lewis Johnstone, M.B., C.M. Edin., appointed District Medical Officer of the Rotherham Union.

WILLS, W. A., M.D.Lond., M.R.C.P., appointed Physician to the North-Eastern Hospital for Children, Hackney.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Frederick Treves: Peritonitis. (First Lettsomian Lecture).

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Conjunctival Affections. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Anthrax and Malignant Edema. Practical work: Staining Sections. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Woakes: Nasal Neuroses.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Delusional Insanity; Paranoia.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: The Treatment of Eczema. Hospital for Consumption, Brompton, 4 P.M.—Dr. Green: Bronchitis and Emphysema. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Myopia, with illustrative Cases.

METROPOLITAN COUNTIES BRANCH: WEST LONDON DISTRICT, St. Mary's Hospital, 8.30 P.M.

POST-GRADUATE COURSE, West London Hospital Hammersmith, W., 5 P.M.—Mr. Keetley: Ankylosis and Stiff Joints.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Buzzard: Cases in the Hospital. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Dr. Barlow: Cases in the Wards. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Mr. Thomas Bryant: Cases in the Wards.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. W. J. Gow: Eight Cases of Vaginal Hysterectomy for Cancer. Dr. W. R. Dakin: Modern Methods of Treating Post-partum Hemorrhage.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Green: Cases in the Wards.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8 P.M.—Pathological specimens will be shown by Dr. Clemow and Mr. J. R. Lunn. Mr. Alban Doran: The Feeding of Patients after Abdominal Sections. Mr. Lenthal Cheate: Complications in certain Ear Diseases and their Treatment.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, the Miller Hospital, S.E.—Dr. Bantock: The Diagnosis of Abdominal Tumours and Intumescence.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Corner: Stupor; Catalepsy; Katatonia; Dementia.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

FARQUHARSON.—On December 30th, 1893, at Lucca, Jamaica, the wife of W. G. Farquharson, M.R.C.S., L.R.C.P., of a daughter.

MARRIAGES.

DICKS—MACQUIFFAN.—On January 18th, at Aberdeen, by the Rev. G. Webster Thomson, B.A., Ernest White Dicks, "Lynn Hurst," Market Harborough, Leicestershire, eldest son of the late Thomas Dicks, Ecton Manor, Northamptonshire, to Isabelle Monro, eldest daughter of C. M. MacQuiffan, M.D., J.P. No cards. At home after February 8th.

GWYNNE-HUGHES—MANDY.—On November 6th, 1893, at St. Paul's Church, Sydney, New South Wales, by the Rev. B. Boyce, Devereux Gwynne-Hughes, L.R.C.P., L.R.C.S. Edin., City Health Officer, Sydney, and son of the late Rex. R. J. Gwynne-Hughes, M.A. Oxon., Tregit, South Wales, to Isabel, youngest daughter of the late Henry Charles Mandy, Esq., Solicitor, Richmond-on-Thames, England.

O'KELL—ACTON.—On January 20th, at St. Andrews, Nottingham, by the Rev. L. H. Gwynne, Vicar of Emmanuel Church, Nottingham, John Bathurst O'Kell, M.R.C.S., L.R.C.P., of 3, Magdala Road, Nottingham, to Frances Mary, only child of Charles B. Acton, of Pietermaritzburg, Natal.

PINKERTON—STANLEY.—On January 23rd, at St. John's, Upper Norwood, by the Rev. W. F. La Trobe Bateman, Vicar, Robert Lachlan Pinkerton, M.A., M.D., Harlesden, formerly of Paisley, to Eliza Ann (Lilie), youngest daughter of Edward Stanley, Sandon, South Norwood, and adopted daughter of William Ford Stanley, Cumberlow, South Norwood.

SULLY—HEATH.—On October 26th, 1893, at Sydney, by the Rev. John Vaughan, Albert Max Sully, M.R.C.S.Eng., L.R.C.P.Lond., Riverstone, N.S.W., Australia, son of Geo. B. Sully, J.P., C.C., of Bridgewater, England, to Emmie, eldest daughter of Thomas Heath, of Nottingham and Burton-on-Trent, England.

DEATHS.

DAVIDSON.—On January 23rd, at Uxbridge, Anne Aglionby, wife of John Davidson, M.B.Lond., aged 37.

OLIVER.—On January 23rd, at 2, Kingsland Road, N.E., "LuHe," the infant daughter and only child of Hewitt and Genie Oliver, aged 1 month.