

joint has been already practised by Dr. Myles, of Dublin, Dr. Wyeth, and others; but as my method of using them differs from theirs, and gave me every satisfaction, I think I do well in describing it. The wound which had been made for exploring the ends of the fractured bone had never closed, and though it had never suppurated, a continual discharge of daughter cysts took place through it. This wound was thoroughly washed out and dusted with iodoform; the patient was then put under ether instead of chloroform, a catheter was placed in the rectum connected by a tubing with a vessel containing warm 1 per cent. salt solution, and the whole body was well covered with blankets. The limb to be amputated was then raised by an assistant and the first skewer inserted. The point of the skewer was entered 1 inch behind and below the anterior superior spine of the ilium, crossing in front of the shaft of the femur nearly parallel to Poupart's ligament, and coming out 2 inches in front of the tuberosity of the ischium. A second was entered just above and behind the great trochanter, coming out at the same point. By manipulating the limb no difficulty was experienced in doing this. Two pieces of elastic tubing were then twisted in figure-of-eight form over each of these skewers. A modified circular amputation was then performed, the skewers preventing all hæmorrhage. The circular cut was so made as to leave ample room for a good anterior skin flap and a posterior combined flap of about one-half its size. The vessels of the anterior flap were first dealt with and then those of the posterior. The outer end of the incision was then prolonged over the joint and the head of the bone removed. No difficulty was experienced during the operation; there was no bleeding to speak of, and the condition of the patient was excellent.

Result.—Though this patient died suddenly the next day, I do not think that his death was directly due to the operation, but to its having been performed too late. It was done as a last resource at his earnest request.

Remarks.—1. The pulse improved during the operation, and kept good up till just before his death. I put this down to the use of ether in the first place, but am led to believe that it was much more due to the constant use of the saline solution during the course of the operation.

2. The disease involved the whole length of the bone, but not the acetabulum nor pelvis. No thorough *post-mortem* examination was allowed.

3. It seems to me that in this case the first fracture was an ordinary one, and that the second was caused by the hydatids making a choice of the inflamed fracture area for development.

4. During the operation three pints of the saline solution were injected into the rectum, showing the large amount which can be absorbed. This fluid was all retained.

SARCOMA GROWING AT THE SEAT OF A RECENT FRACTURE.

By P. RHYS GRIFFITHS, M.B., B.S.LOND.,
Medical Officer to Out-patients, The Infirmary, Cardiff.

C. T., aged 21, a wood turner, whilst skating on January 19th, 1891, fell upon the ice, and twisted his leg under him. He was taken to the infirmary, where it was found that he had sustained a simple fracture of the left thigh at the junction of the middle and lower thirds. He remained in the infirmary for five weeks; the limb was then put up in plaster-of-Paris, and the patient sent home. At the end of a fortnight he returned to the infirmary, where the plaster case was removed, and a linen bandage put on, the fracture apparently having done well. Three weeks after this—ten weeks after the accident—a swelling was first observed where the bone had been fractured. This rapidly increased in size. The patient was readmitted into the infirmary, but, declining to undergo operation, he was discharged at the end of a week.

I saw the patient in consultation on June 7th, 1891. He was then pale and emaciated, his face showing evidence of considerable suffering. The left thigh was enormously enlarged, the skin tightly stretched, the superficial veins coursing in the form of broad dark bands, and the whole surface intersected with silvery streaks; the leg and foot very

markedly oedematous. The circumference of the thigh just above the knee was 19½ inches, in the thickest part 20½. The length of the tumour was 13 inches. On July 21st the circumference was 25¼ inches in the thickest part, and the length of the tumour 15½ inches. On September 28th the circumference was 28 inches, and the length about the same as before.

The patient gradually became thinner and weaker, and he died on September 28th, having persistently refused any operative interference. Very considerable difficulty was experienced in keeping the skin of the under surface of the thigh from sloughing on account of the patient's reluctance to be moved. About fourteen days before death a large sloughy ulcer developed in this situation, and a considerable area of skin became dark coloured and boggy. There was no history of a swelling or pain prior to the accident, nor of any family predisposition to malignant disease.

The *post-mortem* examination was made on September 29th. On removing the skin the deep fascia was found tightly stretched over the tumour. The muscles around the tumour were converted into broad, very pale, and ribbon-like structures. The growth was surrounded by a thin fibrous sheath. On section it presented a pinkish-grey appearance. In some places there were masses of firm white fibrous tissue, especially marked along the outer border of the tumour. The whole of the growth was traversed by bands of fibrous tissue. The shaft of the femur had disappeared, except for two small pieces of necrosed bone about an inch in length, forming the anterior wall at the lower end, and a piece about 4 inches long and 1 inch in width at the upper end. The upper articular end and the great trochanter were redder than normal, but otherwise not affected. It appeared probable to me, from the appearance of the upper end, that the growth had started in the periosteum. At the lower end the cartilages covering the condyles of the femur and the semi-lunar cartilages of the knee-joint were untouched. The growth had extended downwards into the cancellous tissue of the condyles, into the suprapatellar pouch, and had eroded the upper part of the cartilage of the patella. Small cysts were scattered here and there, and also extravasations of blood. To the touch the growth was in parts firm and unresisting; in others it was elastic. The femoral artery was compressed by the growth. The tumour weighed nearly 25 lbs. On microscopic examination it was found to be a small spindle-celled sarcoma.

The condition appears to be a very rare one, if we may judge by the very small number of recorded cases. Fracture of bones in which central sarcomata are growing is not rare. In this case there was no evidence to suggest the presence of a growth at the time of the accident.

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

SEQUEL OF A CASE OF GENERAL PARALYSIS OF THE INSANE AT PUBERTY.

IN the BRITISH MEDICAL JOURNAL of November 18th, 1893, I was permitted, by Dr. Wade, to publish a case of General Paralysis of the Insane at the time of Puberty, which was then in the Somerset Bath County Asylum. At that time the patient was alive, and I had every reason to believe that, in the event of death, no *post-mortem* examination would be allowed. Since then the boy, B. L. P., has died, and a *post-mortem* examination was permitted. As the case is incomplete without an account of it, I hasten to give the particulars, which fully confirm the diagnosis made during life.

Examination 72 hours after Death.—Temperature 32° F.; body much emaciated, and limbs contracted. Calvaria comparatively dense; no sign of old or recent injury to head could be detected; membranes thickened and slightly milky, very adherent to brain substance, and striped removing considerable portions of it; no tubercle. Ventricles dilated, and contained excess of fluid, but their floors were quite smooth; no sign of any gross lesion; weight of brain 40 ounces. With the exception of one or two small nodules

of tubercle in the right lung, the other organs were quite healthy.

The brain was examined microscopically by the fresh method: General congestion of brain; in the outer layer of nerve cells but few "scavenger cells" could be seen, but in the deeper layers they were very numerous; the nerve cells showed various degrees of degeneration, from slight vacuolation, to complete disorganisation of the cell and its nucleus. The cord also was carefully examined: In the cervical region the posterior and lateral columns were exceedingly well mapped out, and appeared to contain excess of fibrous tissue; but in the dorsal and lumbar regions no sign of any degeneration could be detected. The central canal was patent in its whole length. The anterior tibial nerve was examined, and found to be healthy.

Wells.

HUBERT C. BRISTOWE, M.D.Lond.

PULMONARY EMBOLISM.

A FATALITY under the unusual circumstances I am about to relate is so sad, that I think it merits record for the sake of its warning. I was called to a patient, aged 34, advanced six months in her first pregnancy. I found slight phlebitis of the left saphena, from the knee to the groin. No varicosity of the veins had been noticed by the patient previously. There was no fulness of the veins of the leg or foot. The thrombosed saphena felt but a thin cord knotted in a place or two. There was no swelling of the foot, only trifling tenderness, and nothing to suggest thrombus in the larger, deeper veins. Absolute rest and poppy fomentations were ordered, and when visited four days later all tenderness had disappeared, very little thickening was to be felt, and there was no swelling of the foot. She was allowed to get up on the following day.

Two days later, while at stool, she was seized with dyspnoea and anginal symptoms, and died within fifteen minutes. She had been up and about the previous day, and felt in perfect health.

The questions I would ask are, how comes it that a saphena not largely dilated can yield a large enough thrombus to plug the pulmonary artery? How can such a calamity be foreseen, and more effectually guarded against?

Bournemouth.

H. GRABHAM LYS, M.D.Lond.

THE PERCHLORIDES OF MERCURY AND IRON IN TYPHOID FEVER.

On theoretical grounds it has appeared to me that the indications in typhoid fever may be met and the disease combated by internal administration of some astringent preparation of iron combined with small and continued doses of perchloride of mercury. During the past two years I have treated twenty-one consecutive cases by giving xxx doses of tinctura ferri perchloridi with liquor hydrargyri perchloridi 3ss every four hours. The result of this treatment in my hands has so far exceeded my expectations that I wish to draw attention to this method.

In reviewing the cases the following points seem worthy of record:

1. All the cases recovered.
 2. In no instance did the temperature rise above 104° ; in the majority of cases the highest temperature recorded was 103° .
 3. Diarrhoea was slight compared with my experience of this symptom in typhoid treated in the routine manner. In none of the cases did the stools exceed eight in twenty-four hours, whilst in most of them five evacuations in twenty-four hours was the highest number noted during the continuance of diarrhoea.
 4. Hæmorrhage from the bowel was conspicuous by its absence in every case. Epistaxis occurred in four cases.
 5. In none of the twenty-one cases were there any complications.
 6. In no case did the fever continue beyond the third week; in five cases it terminated between the fourteenth and eighteenth days.
 7. In each instance convalescence was rapid and satisfactory, there being no relapses or sequelæ.
- The ordinary fluid (milk) diet was adopted throughout the fever. In no case was it necessary to discontinue the per-

chloride of mercury, and although this drug was given every four hours throughout the continuance of fever no symptom of mercurialisation was noted in any case.

W. B. WEDGWOOD, L.R.C.P.Lond., M.R.C.S.Eng.
King's Lynn.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JONATHAN HUTCHINSON, F.R.S., President, in the Chair.

Tuesday, May 22nd, 1894.

THE INFLUENCE OF DIFFERENT KINDS OF SOIL ON THE COMMA AND TYPHOID ORGANISMS.

THIS paper, by R. DEMPSTER, M.B., was communicated by Dr. MITCHELL BRUCE. The research was undertaken with a view of answering the following question: Has the soil in itself any action favorable or injurious to the life of the comma bacillus of cholera Asiatica and the bacillus of typhoid fever, or does the length of life of these organisms in soil simply depend upon the amount of moisture that may be present? The action of the saprophytic bacteria present in the soil was left out of consideration. Sterilised soils alone were used. The experiments were carried out with white crystal sand, yellow sand, garden earth, and peat. These soils were sterilised by means of moist heat. It was found that small quantities of the soils were rendered sterile when steamed for one hour on each of three successive days. The first series of experiments were carried out with the comma bacillus of cholera Asiatica, an organism most sensitive to external influences. Fresh agar cultures of the comma bacilli were used, and from these emulsions of the bacteria were made in 0.75 per cent. salt solution or in distilled water. Measured quantities of the emulsions (not exceeding 1 c.c.) were added to the various soils. The tubes with a few exceptions were kept at room temperature, or at 22° C. Cultures were made from the tubes at intervals, in order to determine the presence or absence of living bacteria. (1) Experiments were made with a dry soil without anything being done to prevent loss of moisture. The results were as follows:

In white crystal sand comma bacilli alive on 3rd but dead on 4th day.	
In yellow sand " " " 3rd " 4th "	
In garden earth " " " 3rd " 4th "	

The comma bacilli must have died, therefore, between the third and the fourth day. (2) Experiments were next made with a moist soil, which, however, contained no excess of moisture. In this case also nothing was done to prevent loss of water by evaporation. The results obtained were the following:

Moist white crystal sand—comma bacilli alive on the 7th day.	
Moist yellow sand " " " 33rd "	
Moist garden earth " " " 33rd "	

(3) Experiments made to find the length of time comma bacilli would live in a soil when any excess of moisture was allowed to pass through the soil, but where little or no loss of moisture took place from the surface of the soil. Under such conditions it was found that the bacilli were alive in white crystal sand on the twenty-eighth day; in yellow sand on the sixty-eighth day, and in garden earth on the sixty-eighth day. (4) Experiments made with a soil which had been deprived of its moisture. In this case it was found that the comma bacilli did not live longer than one or two days. (5) Experiments made to find relative length of life of comma bacilli on soils in which moisture was allowed to escape, and on soils in which evaporation of moisture was prevented. The experiments that were made with white silver sand showed that when moisture was allowed to escape the bacilli were alive on the third day, but were dead on the eighth day. On the other hand, when the evaporation of water was prevented the comma bacilli were still alive on the forty-seventh day. (6) Experiments made to find rate at which the soils lose their natural moisture by evaporation. The amount of water in each of the soils used varied greatly. From the above experiments it might be expected that on the soil containing the least moisture, or on that which could part with its moisture in the shortest time (by drainage or evaporation), the life of the organisms would be shortest. Parallel experiments were made with soils containing a relatively small amount of moisture. It was found that garden earth became dry in seven days, yellow sand in four days, and white crystal sand in a few hours. These results, however, were due to the varying amounts of moisture present in the soils experimented with, garden earth containing more moisture than the sand. Under equal conditions of temperature, the rate of evaporation was about the same in the three soils. But in nature, owing to local and seasonal conditions, the rate of loss would not be the same; thus good drainage would carry off the moisture more quickly, and one soil would dry in more quickly and thoroughly than another. (7) Experiments made to find the relation between the amount of moisture in the soil and the length of life of the comma bacilli. To quote an illustrative experiment. In white crystal sand, where evaporation was allowed to take place, the bacilli were still alive on the twenty-seventh day with 1.57 per cent. of moisture in the sand. The bacilli were dead on the thirtieth day with 0.66 per cent. of moisture in the sand. When evaporation was prevented the bacilli were alive on the 174th day, and the sand still contained 7.1 per cent. of moisture. This experiment illustrates the close relation existing between the amount of moisture in the soil and the length of life of the organisms. With regard to peat, it was found that the comma bacilli were invariably dead in twenty-four to twenty-six hours, independently of the amount of moisture that might be present. In sterilised 0.75 per cent. salt solution the bacilli were still alive on the 174th day. In sterilised urine the bacilli lived at blood heat for fourteen days, and at 22° C. for twenty-nine days. Experiments with the bacillus of typhoid fever: On a dry soil, where evaporation was allowed to take place, the following results were obtained:—In white crystal sand the bacilli were found up to the ninth day, in yellow sand up to the eighteenth day, and in garden earth up to the fourteenth day. On the moist soils, on the other hand, the following were the results:—In moist

time to the relief of the poor, and also gave his personal assistance to the Brighton Medical Mission.

THE death is reported of Dr. W. W. LEEPER, of Loughall. The deceased took the diploma of L.R.C.S.I. in 1844, and the degree of M.D. Edin. in the same year. He held the position of visiting physician to the Retreat Lunatic Asylum, Armagh, and medical attendant at the Loughall Dispensary District. Dr. Leeper was 72 years of age.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Tomas Plasencia, for many years Medical Director of the Mazorra Lunatic Asylum, the only public institution of the kind in Havana, and formerly Professor in the Medical Faculty of that city; Professor Grosser, formerly Prosecutor in the Anatomical Institute of the University of Breslau, aged 74; Dr. Védreñes, *Médecin Principal* of the French Army, a man of wide erudition, author of an excellent translation of Celsus, and of various papers dealing chiefly with subjects of surgical archæology; Dr. Battle, Professor in the Medical Faculty of Montpellier; Dr. Pancritius, of Lichterfeld, formerly a well-known medical practitioner in Berlin, and author of a work on *Pulmonary Syphilis*, and other contributions to medical literature; and Dr. Albert Day, formerly a member of the Massachusetts State House of Representatives, a persevering advocate of the establishment of an asylum for the treatment of inebriates, and the First Superintendent of the Washingtonian Home, aged 72.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 5,307 births and 3,426 deaths were registered during the week ending Saturday, May 19th. The annual rate of mortality in these towns, which had been 17.2 and 18.2 per 1,000 in the preceding two weeks, declined again to 17.1 last week. The rates in the several towns ranged from 7.9 in Croydon and 9.5 in Portsmouth to 21.8 in Liverpool and in Salford, and 22.2 in Norwich. In the thirty-two provincial towns the mean death-rate was 16.8 per 1,000, and was 0.7 below the rate recorded in London, which was 17.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.7 per 1,000; in London the rate was equal to 3.9 per 1,000, while it averaged only 1.9 in the thirty-two provincial towns, and was highest in Salford, Nottingham, and Birmingham. Measles caused a death-rate of 2.1 in London, 2.3 in Nottingham, 2.4 in West Ham, and 2.5 in Birmingham; and whooping-cough of 1.4 in Cardiff and 1.8 in Plymouth. The 72 deaths from diphtheria in the thirty-three towns included 56 in London, 3 in Leeds, 2 in Liverpool, and 2 in Hull. Three fatal cases of small-pox were registered in London, 3 in West Ham, 3 in Birmingham, 2 in Manchester, and 1 each in Wolverhampton and in Oldham, but not one in any other of the thirty-three large towns. There were 219 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, May 19th, against 151, 191, and 210 at the end of the preceding three weeks; 52 new cases were admitted during the week, against 44, 64, and 71 in the preceding three weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 2,307, against 2,258, 2,293, and 2,398 at the end of the preceding three weeks; 252 new cases were admitted during the week, against 268 and 262 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 19th, 894 births and 497 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.1 and 19.8 per 1,000 in the preceding two weeks, further declined to 17.4 last week, but slightly exceeded the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 14.8 in Paisley to 20.6 in Dundee. The zymotic death-rate in these towns averaged 2.1 per 1,000, the highest rates being recorded in Aberdeen and Dundee. The 232 deaths registered in Glasgow included 11 from whooping-cough, 3 from scarlet fever, and 3 from diphtheria. Two fatal cases of small-pox were registered in Edinburgh and 1 in Leith.

THE COST OF THE FOUNTAIN HOSPITAL.

WE understand that the Local Government Board has addressed a letter to the Asylums Board asking for an explanation of the very large expenditure incurred in the erection of the temporary hospital at Tooting, and that a subcommittee which has been appointed to investigate the matter is expected to report in a few days. Comparisons have again and again been made between the cost of this hospital and that of the one erected during the previous year at Tottenham, but it should not be forgotten that the Fountain Hospital is built in a much more permanent

manner than the other, and in fact may be looked on as a more or less permanent hospital, built of wood and iron, rather than as a temporary structure. Whether it is wise to spend such large sums of money on buildings of this nature is another matter, and we would especially draw attention to the difficulty of cleansing them. Being lined with boards, which, under the influence of heat, soon contract and gape at the joints; the air within the wards is continuous with that in the cavities between the boarding and the felt covering outside—a series of dustholes which never can be cleaned. For hospitals intended for the reception of infectious diseases the disadvantage of this arrangement is obvious, and, healthy as they are at first, we fear they will deteriorate in this respect much more rapidly than buildings whose walls are capable of being properly cleansed and disinfected.

WATERBORNE TYPHOID IN THE UNITED STATES.

IN January last a case of typhoid fever occurred in a farm which stands about 70 yards from and about 30 feet above the spring and brook which supply the reservoir of the village of Windsor, Vermont. There was a natural surface drainage from the house and outbuildings to the valley below, and the excreta appear to have been allowed to mingle with the usual drainage. The spring thus would wash all surface accumulations into the brook and thence into the reservoir. In March cases of typhoid fever began to occur in the village, and the number attacked increased so rapidly that about one-fifth of the inhabitants were, according to the report in the *Boston Medical and Surgical Journal*, affected by the end of April. The fact that the infection was waterborne was admitted early and the supply of water from the reservoir has been stopped. Several cases have occurred in neighbouring townships, the persons attacked being, it is said, supplied with Windsor water.

NEWTON ABBOT WORKHOUSE.

AT the weekly meeting of the Newton Abbot Board of Guardians, communications were read as to the recent inquiry by the Local Government Board. The inquiry was ordered to be reopened on May 31st, and the Matron was called on to resign. The Matron wrote tendering her resignation and complaining of harsh treatment.

VACCINATION IN IRELAND.

DURING the March quarter there were 16,046 persons successfully vaccinated; in 4,091 cases the operation was postponed, and 20 children were reported as insusceptible of vaccination. The deaths of 1,879 unvaccinated children under 3 months old were registered during the quarter, making a total of 22,036 children with regard to whom particulars as to vaccination were ascertained. The Registrar's notes show that in many places vaccination was suspended owing either to the severity of the weather, or the prevalence of measles, whooping-cough, etc.

SHUTTING THE STABLE DOOR.

OWING to the alleged choleraic epidemic of last autumn amongst the inmates of Greenwich Workhouse, the Board of Guardians instructed their architect, Mr. Dinwiddy, to examine and report upon the old system of drainage, and to advise upon its amendment. He recommended the abolition of the old sewers, and the construction of an entirely new system of drainage and sanitary fittings. The Local Government Board, after an investigation by Major-General Carey, have now approved the scheme in its entirety, and given the necessary authority for a loan to meet the outlay, and the work will shortly be put in hand.

SMALL-POX IN GLASGOW.

SMALL-POX continues in Glasgow and the neighbourhood to defy the efforts of the sanitary authorities to stamp it out. Last week the number of cases in the city stood at 24, and it has stood at or about this number for some weeks past, the most unsatisfactory feature of the present epidemic being that, while formerly the cases occurred in groups, now they are isolated, leading to the belief that there are various unrecognised sources of infection. At Coatbridge, about ten miles from Glasgow, six cases have occurred.

TINNED LOBSTERS.

WM. BRITAIN, a grocer of North Ormesby, has been fined £10 and costs for selling a tin of lobster, which, on the evidence of Dr. Knott, the medical officer of health, and of the inspector, was black, offensive in odour, and wholly unfit for human consumption. On further investigation, and a visit to the shop, fifteen other tins were in a similar condition, and one at least was "blown," so the prosecution naturally contended that a careful vendor would, from the mere outside appearance, suspect unsoundness. In the opinion of the bench the case was aggravated by the refusal of the vendor to take back the tin which had been bought, and also the contention of the defendant, even in the face of the evidence adduced, that the lobsters were fit for food.

Cases like these, where there are coarse and unmistakable signs of decay, are really not so dangerous to the public health as those which require some farther evidence than those of the senses, and in which an obscure and not well understood fermentation has produced toxalbumins and ptomaines. The supervision of canned goods presents practical difficulties; they are seldom examined until some case of poisoning arises or, as in the present instance, a vendor complains. A simple method of taking a sample from a closed tin without injury to the rest of the contents by exposure to the atmosphere is a desideratum well worth the attention of inventors.

NOTIFICATION AND PREVENTION.

A CORRESPONDENT asks whether a general practitioner can demand a fee for notifying a case of infectious disease which has been seen by his assistant and not by himself. It seems obvious that a medical man cannot give his opinion as to the nature of the infectious disease from which a patient is suffering unless he himself has seen such a patient. If he is not in a position to notify he clearly cannot claim the fee. Our

correspondent further asks whether a medical officer of health who finds a boy "in an infectious state in a common thoroughfare" is at liberty to examine the boy there and then without a consultation with the medical attendant. Under such circumstances the medical officer of health would presumably take immediate steps with a view to preventing the spread of infection. As to the question of charge for medical attendance upon the family of a medical officer of health, a fee is not usually expected under such circumstances as those referred to.

INTERCEPTING TRAPS.

M.B., D.P.H., Borough M.O.H., writes: *Apròpos* of your comments upon Hornsey and the intercepting traps in the BRITISH MEDICAL JOURNAL of May 20th, will you kindly allow me to call your attention to my letter which appears in the current issue of the *Sanitary Engineer*, and in which I have endeavoured to show that the medical officer of health for Hornsey has signally failed to prove that any ill result has accrued from the omission of the intercepting traps in so many of the houses within his district.

The action of the Hornsey Local Board has been anxiously watched by many who, like myself, are convinced that the "interceptor fad" has been carried too far, and that the great anxiety to exclude sewer air from our house drains has not unnaturally led us to the opposite extreme, so that now the great problem of the day is how to provide efficient ventilation for the public sewers. As I have expressed it elsewhere, "The suggestions laid down in the model by-laws of the Local Government Board for the ventilation of drains may no doubt be admirable from the point of view of the individual householder so long as he remains within his own curtilage." But viewed from the wider aspect of the community, these model by-laws have, I fear, placed us in a most awkward predicament, for what sanitary authority is there that cares to face the serious problem of "compensation" which crops up as soon as the compulsory erection of shafts against private property is mooted?

The plan of ventilation as sketched out by you in the paragraph in question has been advocated by me for some time past, and I feel convinced that it is the only reasonable and safe way out of the difficulty, but I fear that no little opposition will for a time be experienced from headquarters to so radical a change.

TENURE OF OFFICE BY DISTRICT MEDICAL OFFICER.

SAPO writes: I have been elected medical officer for four separate parishes and as I do not reside in three of these I am only temporarily elected, that is for one year. Are the guardians likely to appoint another candidate if he offers himself when the re-election comes on, and if so would the Local Government Board sanction the same without evidence forthcoming that I neglected the work?

. Our correspondent does not say whether the four parishes have been formed into one district recognised by the Poor Law Board, as if so by residing in one of the parishes he must of course reside in the district and he would then be in a position to claim appointment for life if re-elected at the expiration of the first year. As he has hitherto been elected for one year only it is impossible to say what the guardians might do at the expiration of that period or what the Local Government Board might sanction under such circumstances. If, however, he fails to give satisfaction during his first year of service it will probably be better for all parties that he should not be re-elected at all. If, on the other hand, the four separate parishes constitute four different districts the four appointments would be held independently one of another and any decision of either guardians or Local Government Board in reference to re-election to one of them would not necessarily rule the others.

POOR-LAW APPOINTMENTS: "LEGAL CLAIM" FOR APPOINTMENT AS DISTRICT MEDICAL OFFICER.

SCORUS writes: There is an impression abroad that if a medical officer resigns his post and there is already another medical man in the district, the latter has some legal claim on the appointment. Would you kindly say if this assumption is correct or not?

. We cannot see that this assumption is strictly correct. The term "legal claim" in the sense used is, however, scarcely a suitable one, as any non-resident, if fully qualified, would have an equal claim for the appointment, and if elected would, on becoming a resident in the district, be in a position to claim appointment for life.

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—Some time ago three prizes were offered by the Council to students of medicine in their third year for answers to questions on the chemical, physiological, and pathological action of alcohol. The second and third prizes were awarded, but the writer to whom the former was adjudged, proving to have been disqualified from being a fourth-year student, this prize of £3 has fallen to Mr. W. Foster, a student at Edinburgh. At the meeting on May 22nd it was announced that the roll of members and student associates was 416 of the former and 75 of the latter. Of the members, 257 were in England and Wales, 56 in Scotland, 86 in Ireland, and the remainder abroad.

THE Prince and Princess of Wales have consented to open the Poplar Hospital for Accidents at 4.30 P.M. on June 11th.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

RADCLIFFE TRAVELLING FELLOWSHIP, 1894.—Mr. Gabriel William Stahel Farmer, M.B., M.R.C.S., Balliol College and the London Hospital, was elected Radcliffe Travelling Fellow on May 10th.

UNIVERSITY OF CAMBRIDGE.

DIPLOMA IN PUBLIC HEALTH.—The State Medicine Syndicate have revised the regulations for this examination so as to bring them into complete accord with those recently laid down by the General Medical Council. Candidates will now have to present evidence of having attended the practice of a hospital for infectious diseases, and of having practically studied the pathology of those diseases of animals that are transmissible to man. It is added that the examination will include every branch of sanitary science, and no candidate will be approved by the examiners who does not show a high proficiency in all the branches of study, scientific and practical, which concern the public health.

ANATOMICAL DEPARTMENT.—The General Board of Studies recommend that the fee for partial instruction in anatomy shall in future be 3 guineas per term, to include the charge for material for dissection.

DEGREES.—The following have kept the Acts required for the M.B. and M.D. degrees respectively:

M.B.: T. F. Budden, B.A., of Gonville and Caius College, and C. E. Fish, B.A., of Christ's College.

M.D.: J. J. Macan, M.A., of Jesus College, and C. Latter, B.A., M.B., B.C., of Pembroke College.

UNIVERSITY OF EDINBURGH.

THE following is the list of the candidates who have passed the First and Second Professional Examinations last month, along with the names of two candidates who have been awarded the Thomson Bursary and the Vans Dunlop Scholarship:

OLD ORDINANCE. First Professional Examination.—W. Anderson, F. J.

H. Bateman, B.A.; J. B. Boyd, C. W. Brecks, A. J. W. Buchanan, J. Caesar, C. J. Caddick, S. Champion, M. N. Chaudhuri, E. V. Collins, M. Corry, T. M. Coutinho, G. L. K. Finlay, J. V. Fox, W. C. H. Forster, W. H. Goldie, J. Grieve, S. J. Grinsell, W. J. H. Hislop, J. T. Hurst, A. H. James, F. F. Kerr, J. Mackenzie, M. Mackenzie, M. W. Manuk, B. N. Mullan, E. J. Nichols, D. J. C. Oliver, F. W. Rigby, N. H. Ross, D. C. Sehna, J. Stevenson, G. R. Twomey, M. Varis, R. H. Walter, J. O. Williams, and W. E. Williams.

NEW ORDINANCES.—D. V. M. Adams, A. J. T. Allan, V. G. Alexander, J. R. Anderson, E. P. Baumann, W. Bell, H. L. S. D. Belasco, S. Branch, W. Burns, M.A.; A. E. Burroughs, D. Clow, R. V. Cowey, R. Crawford, R. Cumming, L. W. Davies, R. J. Dick, W. H. Dickinson, J. E. Dods, C. L. Dunn, W. S. Eaton, D. Forbes, A. Fordyce, J. S. Fraser, A. T. Gailleton, A. Goodall, J. H. Gordon, W. Gorrie, J. T. P. Heatley, R. Hill, P. Kinmont, F. O. Lasbrey, E. W. Lewis, J. S. Low, W. C. M'Kechnie, R. W. Mackenna, W. W. Maxwell, J. Miller, J. D. S. Milln, L. H. B. Mills, W. J. Nutter, F. M. Parry, H. R. Phillips, R. Pugh, J. A. Raeburn, J. M. Reid, T. Rogerson, R. F. M. Scott (with distinction), W. M. Smith, E. Somerville, G. H. Stewart, W. Tarr, H. Taylor, W. B. Thain, A. H. Thompson, G. E. Twigg-Molecey, W. E. Wallis, W. C. Wilson, A. Wood, A. G. Worrall, and G. J. Young.

Second Professional Examination.—J. Allison, H. H. Balfour, J. Bannerman, N. D. Bardswell, W. J. Bell, G. J. Blackmore, J. B. Blake, A. S. Brass, H. S. Brockway, D. Brough, S. Carmichael, H. C. Colman, A. J. Copplestone, W. J. C. Coulthard, J. Crawford, R. W. Cunningham, J. Davidson, J. M. Dawson, M. V. Dee, D. F. Dewar, A. Dickson, A. F. Evans, D. Evans, W. Evans, F. W. B. Fitchett, A. W. Fletcher, J. A. Forrest, W. C. H. Forster, G. B. French (with distinction), F. Gardiner, J. W. Geddes, W. E. Gibbons, F. M. Gibson, B.Sc.; J. Gilchrist, J. D. Gilruth, M.A.; L. Grant, M.A.; D. J. Graham, W. T. Grant, J. Gray, M.A.; R. Haygarth, C. M. Hector, G. Henderson, G. P. Henderson, J. H. Henderson, B.A.; J. J. Hewison, M.A.; J. T. Hewetson, A. L. Husband, F. R. Jones, G. King, J. Kirk, J. H. Lamb, H. A. Leeboddy, G. R. Leighton, R. M. Leith (with distinction), W. J. Lewis, W. Lillie, G. R. Livingston, J. R. Lord, A. M. Love, W. L. Lyall, A. MacCarthy-Morrogh, J. M'Donald, W. M. Macdonald, W. C. W. M'Dowell, T. H. Macfie, J. Maciver, D. M. Mackay, C. MacLaurin, J. Macmillan, J. L. Marjoribanks, W. R. Mander, J. S. Martin, J. Massey, G. H. Masson, J. Mason, R. A. Milne, J. R. Muir, J. G. P. Murray (with distinction), A. G. Naylor, S. D. Ogilvy, T. T. Ormerod, R. Owen, A. D. Peill, W. J. Penfold, W. H. Price, G. L. Procter, R. B. Purves, J. K. Raymond, E. S. Reid, E. G. Richards, H. Richardson, T. Roberts, R. S. Rodger, R. L. Roe, L. C. Saldanha, A. T. Sampson, E. W. K. Scott, J. G. C. Scott, T. M. Scott, T. B. M. Sherwen, C. M. Simpson, E. M. Skeets, B.A., J. E. W. Somerville, J. Stenhouse, A. Steven, J. B. Stewart, J. Stoddart, J. C. Stuart (with distinction), A. C. Sturrock, M.A. (with distinction), D. C. Sutton, H. F. L. Taylor, F. S. C. Thompson, W. H. Thomson, D. Waterston, J. Watt, B.A.; H. G. Waugh, G. A. Welsh, L. A. Williams, G. H. Wilson, and A. D. Yule (with distinction).

The following candidates have passed in Anatomy and Physiology: J. Ballantyne, E. Bramwell, J. Bruce, W. J. Buchanan, W. H. Carse, J. H. Dixon, H. O. Dougall, A. W. Easmon, A. M. Fleming, T. Gibson, W. G. C. Geekie, W. Hewison, W. H. Hill, J. F. Lindsay, A. P. Low, S. M'Donald, A. D. Macpherson, M.A.; M. W. Manuk, F. H. Merry, W. Mowat, J. S. Norwell, B.Sc.; A. L. Owen, A. J. Park, W. T. Ritchie, W. H. Robb, D. Rodger, J. T. Shirlaw, F. O. de Souza, G. E. Stewart, R. Thornton, A. Wallace, A. E. White, and G. F. Whyte.

The Thomson Bursary in the subjects of the Preliminary Examination has been awarded to Mr. James Masson.

The Vans Dunlop Scholarship in the subjects of Anatomy, Physiology, Materia Medica, and Pathology has been awarded to Mr. A. Corsar Sturrock, M.A.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations and having conformed to the by-laws and regulations, were, at the ordinary meeting of the Council, admitted Members of the College, namely:

Adams, E. G. B., L.R.C.P.Lond.
Annis, E. G., L.R.C.P.Lond.
Armit, H. W., L.R.C.P.Lond.
Arnold, E. G. E., L.R.C.P.Lond.
Barker, T., L.R.C.P.Lond.
Barnes, A., L.R.C.P.Lond.
Batchelor, E. H., L.R.C.P.Lond.
Bate, J., L.S.A.
Beachcroft, F. S., L.R.C.P.Lond.
Bradford, A., M.D.Toronto
Buckley, W. H., L.R.C.P.Lond.
Card, A. H., L.R.C.P.Lond.
Coates, R., L.R.C.P.Lond.
Collier, J. S., L.R.C.P.Lond.
Collis, A. J., L.R.C.P.Lond.
Cookson, F. N., L.R.C.P.Lond.
Cooley, A. G., L.R.C.P.Lond.
Cowan, F., L.R.C.P.Lond.
Davies, T. J., L.R.C.P.Lond.
De Kretser, E. W., L.R.C.P.Lond.
Dick, J. L., L.R.C.P.Lond.
Dick, M., L.R.C.P.Lond.
Dickinson, R. L., L.R.C.P.Lond.
Du Heaume, H. T., L.R.C.P.Lond.
Edmunds, P. J., L.R.C.P.Lond.
Field, G. H., L.R.C.P.Lond.
Firth, E. G., L.R.C.P.Lond.
Fox, G. R., L.R.C.P.Lond.
Fraser, J., L.R.C.P.Lond.
Garrard, F. W., L.R.C.P.Lond.
Garrett, C. D., L.R.C.P.Lond.
Giles, H. O'H., L.R.C.P.Lond.
Goldsmith, A. F., L.R.C.P.Lond.
Goodhue, F. W. J., L.R.C.P.Lond.
Gordon, J. E., L.R.C.P.Lond.
Gordon, J., L.R.C.P.Lond.
Grace, J. J., L.R.C.P.Lond.
Grimsdale, H. B., L.R.C.P.Lond.
Hardenberg, E. F. H., L.R.C.P.Lond.
Hardman, R. S., L.R.C.P.Lond.
Harwood, E. F., L.R.C.P.Lond.
Ince, A. G., L.R.C.P.Lond.
Jones, E. B., L.R.C.P.Lond.
Jones, F. S., L.R.C.P.Lond.
Keith, A., M.B.Aberd.
Kekwick, J., L.R.C.P.Lond.
Keller, H. L. A., L.R.C.P.Lond.
King, A. F. W., L.R.C.P.Lond.
Knapton, H. A. F., L.R.C.P.Lond.
Larnder, H. G., L.R.C.P.Lond.
Leathes, J. B., L.R.C.P.Lond.
Lee, W. E., L.R.C.P.Lond.
Lees, C. A., L.R.C.P.Lond.
Legge, S. C., L.R.C.P.Lond.
Leonard, R. C., L.R.C.P.Lond.
Llewellyn, T. R., L.R.C.P.Lond.
Long, T. F., L.R.C.P.Lond.
McKay, J. G., M.B.Toronto.
Mackinnon, J. A., L.R.C.P.Lond.
March, J. O., L.R.C.P.Lond.
Marris, W. A., L.R.C.P.Lond.
Marsh, E. H., L.R.C.P.Lond.
Marshall, A., L.R.C.P.Lond.
Mathew, G. P., L.R.C.P.Lond.
Matthews, J. C. S., L.R.C.P.Lond.
Miall, C. F. O., L.R.C.P.Lond.
Miller, A., L.R.C.P.Lond.
Miller, W. F., L.R.C.P.Lond.
Mills, A. McF., L.R.C.P.Lond.
Mills, T. L., L.R.C.P.Lond.
Miskin, L. J., L.R.C.P.Lond.
Morris, H., L.R.C.P.Lond.
Morris, R. A., L.R.C.P.Lond.
Mould, G. E., L.R.C.P.Lond.
Murphy, J. K., L.R.C.P.Lond.
Nariman, S. K., L.R.C.P.Lond.
Nicholson, T. G., L.R.C.P.Lond.
Noble, J. W., L.R.C.P.Lond.
Parry, L. A., L.R.C.P.Lond.
Paterson, M. S., L.R.C.P.Lond.
Peard, J. H., L.R.C.P.Lond.
Phillips, R. E. G., L.R.C.P.Lond.
Pinch, A. E. H., L.R.C.P.Lond.
Poole, J. C., L.R.C.P.Lond.
Proctor, G. H., L.R.C.P.Lond.
Pugh, W. G., L.R.C.P.Lond.
Renshaw, H. C., L.R.C.P.Lond.
Rigby, G. O., M.B.Melb.
Rigby, M. N. J., L.R.C.P.Lond.
Robertson, W. J., L.R.C.P.Lond.
Roe, E. E. W., L.R.C.P.Lond.
Romer, F., L.R.C.P.Lond.
Rowbotham, E. J., L.R.C.P.Lond.
Saunders, E. A., L.R.C.P.Lond.
Simpson, F. C., L.R.C.P.Lond.
Slaters, G. N. O., L.R.C.P.Lond.
Smith, R. L. B., L.R.C.P.Lond.
Smith, T., L.R.C.P.Lond.
Spicer, H., L.R.C.P.Lond.
Sprawson, F. C., L.R.C.P.Lond.
Staniland, M. F., L.R.C.P.Lond.
Starkey, T. A., L.R.C.P.Lond.
Steele, W. K., L.R.C.P.Lond.
Sterry, J., L.R.C.P.Lond.
Swenden, B. W., L.R.C.P.Lond.
Todd, C., L.R.C.P.Lond.
Tomlinson, G. H., L.R.C.P.Lond.
Toms, P. M., L.S.A.
Tregaskis, E. P. R., L.R.C.P.Lond.
Underwood, F. L., L.R.C.P.Lond.
Waithman, J. C., L.R.C.P.Lond.
Walker, F., L.R.C.P.Lond.
Warke, C. L., L.R.C.P.Irel.
Watts, A. M., L.R.C.P.Lond.
White, C. P., L.R.C.P.Lond.
Wiggins, H., L.R.C.P.Lond.
Wilmot, P. McK. C., L.R.C.P.Lond.
Woodhouse, W. M., L.R.C.P.Lond.

THE following gentlemen passed the First Professional Examination in Anatomy and Physiology for the Diploma of Fellow, at a meeting of the Board of Examiners on Thursday, May 17th:

W. M. Stevens, M.R.C.S.Eng., L.R.C.P.Lond., and C. C. Chidell, of University College, London; W. E. Plummer, of Guy's Hospital; J. A. Spear and John P. Maxwell, of St. Bartholomew's Hospital; A. H. Evans, of Westminster Hospital; and J. J. Waddelow, M.R.C.S.Eng., L.R.C.P.Lond., of King's College, London.

Nine candidates were referred back to their professional studies for six months.

Passed on Friday, May 18th:

A. E. Walter, of Middlesex Hospital; J. D. Russell, of University College, London; A. G. Butler, of Guy's Hospital; and H. M. Cooper, of St. George's Hospital.

Twelve candidates were referred back to their professional studies for six months.

Passed on Monday, May 21st:

W. I. Hancock, H. T. S. Bell, C. H. Fagge, and V. E. Collins, of Guy's Hospital; T. R. H. Bucknall and H. J. Price, of University College, London; T. J. Horder, of St. Bartholomew's Hospital; E. Maynard, of London Hospital; F. Riley, of Westminster Hospital; H. P. Noble and C. W. Alford, of Middlesex Hospital; P. S. Lelean, of St. Mary's Hospital; J. E. Barrett, of Melbourne University; and R. J. Horton-Smith, of Cambridge University.

Three candidates were referred back to their professional studies for six months.

Of the 105 candidates who presented themselves for this examination 42 passed and 63 were referred.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following gentlemen have passed the necessary examinations and have been admitted Fellows of the College: J. Small, L.R.C.P. & S.E.; N. H. Forbes, M.R.C.S.Eng., L.R.C.S.Lond.; C. H. Usher, M.B., B.C.Camb.; M. A. Khan, M.R.C.S.Eng., L.R.C.P.Lond.; and H. C. Faulke, L.R.C.P. & S.E., etc.

H. M. Holt, M.R.C.S.Eng., L.S.A.Lond., passed the necessary examinations and received the diploma of Public Health granted by the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

ELECTION OF EXAMINERS.—The following gentlemen have been elected examiners for the ensuing year:—Anatomy and Surgery: John Barton, Thomas Myles, William Stoker, Sir William Stokes. Physiology and Histology: J. Alfred Scott. Biology: J. Alfred Scott. Pathology: R. Glasgow Patteson. Midwifery and Gynecology: Samuel R. Mason. Ophthalmology: Arthur Henry Benson, Patrick William Maxwell. Dentistry: John Barton, John J. Burgess, F. T. Porter Newell, Samuel George Reeves, Thomas Studley, Charles Wall. Diploma in State Medicine: J. Dallas Pratt, D. Edgar Flinn, R. Glasgow Patteson, W. H. Malcolmson. Midwifery Diploma: H. Benson Goulding, Samuel R. Mason, Jeremiah O'Donovan. General Education: Robert J. Montgomery, Robert Morton.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates passed in May, 1894:

Surgery.—D. R. Bernhardt, St. George's Hospital; J. J. Edwards, St. Mary's Hospital; F. S. Flint, Birmingham; A. W. Haines, Birmingham; S. H. Long, University College; W. MacLellan, St. Mary's Hospital; R. Marshall, Manchester; G. P. U. Prior, King's College; E. Ransome, Guy's Hospital; F. W. Rock, St. Bartholomew's Hospital; D. M. Ross, St. George's Hospital; A. S. Saunders, St. Bartholomew's Hospital; A. P. Woolfright, St. Bartholomew's Hospital.

Medicine, Forensic Medicine, and Midwifery.—W. Allingham, St. George's Hospital; D. R. Bernhardt, St. George's Hospital; G. S. J. Boyd, London Hospital; G. J. Branson, Birmingham; J. S. Challice, London Hospital; J. E. H. Davies, London Hospital; E. E. Duffy, Sheffield; C. F. Le Sage, London Hospital; A. R. McCullagh, Charing Cross Hospital; D. McC. Ross, St. George's Hospital; F. A. Storr, Leeds.

Medicine and Forensic Medicine.—F. C. Sutherland, St. Bartholomew's Hospital.

Medicine.—J. B. D. St. Cyr, St. Bartholomew's Hospital; W. Sutcliffe, Birmingham.

Forensic Medicine.—L. J. K. Lake, King's College.

Midwifery.—D. W. Jones, Charing Cross Hospital.

To Messrs. Bernhardt, Boyd, Branson, Davies, Rock, and Ross, was granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE ROYAL SEA-BATHING INFIRMARY.

WE are glad to note that an influential movement is on foot for the purpose of raising this most useful hospital out of the depressed condition in which it lies at present. It is well known that the splendid liberality of Sir Erasmus Wilson did not effect for the institution which he intended to benefit all the good which he no doubt meant. He spent money on this hospital in the same large and generous way that he did on other objects of his bounty—in building a new wing, which, however, he did not live long enough to endow. Had he done so (and his friends are confident that this was his intention) there would, as Lord Cranbrook said at the recent meeting at Grosvenor House, have been no need to ask for subscriptions, but, as it is, there is the most pressing necessity to do so, otherwise the charity must be taken away from the poor, and the beds be filled with paying patients. It would be a great pity, and a distinct contradiction of the wishes of Sir Erasmus Wilson and the other founders of the institution, to effect this transformation. The public, therefore, is to be invited to assist in raising the funds necessary to open the full number of beds—220; and the distinguished names under which the movement is begun justify us in hoping for its complete success.

GLASGOW EAR HOSPITAL.

AT the annual meeting Dr. Barr, the aural surgeon, stated that the class of students attending during the winter had been larger than usual; the number of names enrolled had been 51. The director's prizes were awarded to Mr. Wm. Stewart Cook and Mr. John Gillan. Altogether, at various times, over 400 medical students and practitioners have received instruction at the hospital. During the past year the number of new out-patients was 1,043; of in-patients, 56; and of operations under anaesthetics, 31.

CHARING CROSS HOSPITAL.—The Duke of Cambridge presided at the triennial festival dinner of this hospital, held at the Hôtel Métropole on Saturday, May 19th. The Chairman, in giving the toast of the evening, said the utility of the hospital could be judged by the fact that last year 2,503 in-patients and 23,001 out-patients were treated at the hospital, and of these 25,504 cases were casualties. Having no endowments, the institution had to live from hand to mouth, and he therefore made an earnest appeal on its behalf. Subscriptions to the amount of £3,269 10s. were announced.

MEDICAL STUDENTS IN SWITZERLAND.—The total number of students of medicine in the various medical faculties of Switzerland is at present 1,009. They are distributed as follows: Zurich, 216 male and 74 female students; Geneva, 173 men, 67 women; Bern, 172 men, 43 women; Basel, 57 men, 3 women; Lausanne, 83 men, 21 women. The total number of female students is, therefore, 208. Of the total number of 1,009 students 366 are foreigners.

MEDICAL NEWS.

THE Beckett Hospital, Barnsley, has received a cheque for £1,000 from Mr. W. Birks, of Retford, in remembrance of Mr. Beckett.

A YOUNG man has recently died at Shoreham from the effects of a mouthful of carbolic acid with which he rinsed his mouth in mistake for vinegar.

THE fund raised among members of the Royal Medical and Chirurgical Society for the benefit of the family of the late Mr. Richard Coldrey, Assistant to the Librarian, amounted to £174 15s. 0d.

PRESENTATION.—Dr. Reginald Koettlitz, upon leaving Butterknowle, where he had been in practice for nine years, was on May 17th presented with a valuable surgical instrument and a purse of sovereigns as a token of esteem and respect by the inhabitants of Butterknowle and neighbourhood.

LINCOLN'S-INN-FIELDS is at last to be thrown open to the public, but the freeholders of the houses round the square are to be paid £12,000 in return for the withdrawal of their opposition to the opening of the garden. This central breathing place of London will now soon be restored to the London population. It was only through neglect that it was ever allowed to get into the hands of the freeholders.

MR. T. MADDEN STONE.—In the notice of the late Mr. Stone in the BRITISH MEDICAL JOURNAL of May 19th his age was given as 84. We are informed that he was 79. Mr. Stone was buried at Nunhead on May 18th. We may add that last year he presented to the Royal College of Surgeons a valuable selection from the collection of autographs made by him during the last fifty years.

ST. GEORGE'S HOSPITAL GRAPHIC SOCIETY.—The general meeting of the St. George's Hospital Graphic Society will be held on Tuesday, May 29th, at 2.30 P.M. By permission of the Board of Governors, the annual exhibition will be held in the Board Room of the hospital, and will be open immediately after the meeting, and will remain open until the end of the week. Visitors are admitted on presentation of their cards on Tuesday and Wednesday from 3.30 P.M. till 5.30 P.M., and on Thursday, Friday, and Saturday from 10.30 A.M. till 5.30 P.M. The Society was started to encourage drawing, painting, photography, and the arts of representation in general amongst St. George's men, and the annual exhibition is strictly limited to the works of members.

THE FRENCH MEDICAL PRESS ASSOCIATION.—The French Medical Press Association held its second annual dinner on May 11th, Dr. de Ranse in the chair. Seventeen members were present. A letter from the Czar, acknowledging the courtesy paid to the medical officers of the Russian squadron, was read by the Secretary. MM. Laborde and Marcel Baudouin gave an account of the cordial manner in which the representatives of the Association had been received on the occasion of the Congress in Rome by the medical journalists of Italy, and announced the formation of the International Provisional Committee for the purpose of arranging special facilities for the press at the next Congress.

A MEDICAL CENTENARIAN.—Dr. Salmon, of Penllyn Court, Cowbridge, South Wales, is the oldest doctor and Freemason in the kingdom. He attained last month the ripe age of 104. He joined the "mystic Masons" over eighty years ago, and he is the *doyen* of that body as well as of the Royal College of Surgeons. Although he has lived in Wales for the greater part of his long life, Dr. Salmon is a native of Wickham Market, Suffolk. He has been a justice of the peace for the Cowbridge Petty Sessional Division for forty-six years, and he is also a deputy-lieutenant for Glamorgan. Within two miles of Dr. Salmon's residence there is a lady who was born the day after Dr. Salmon, and who is consequently also in the 105th year of her age.

MEDICAL SOCIETY OF LONDON.—A *conversazione* of the Fellows and their friends took place at the rooms of the Society on May 21st, and was very numerous attended. An oration was given by Dr. W. M. Ord on "A Doctor's

Holiday," which is published in our present issue. Sir Spencer Wells proposed a vote of thanks to Dr. Ord, which was seconded by Dr. C. J. Hare, carried with applause, and felicitously conveyed to the orator by Sir W. B. Dalby, the President of the Society. There was subsequently a reception by the President; after which Mr. R. Ganthony gave some amusing character sketches; and the Bijou Orchestra performed a selection of music.

NEW YORK STATE COLONY FOR EPILEPTICS.—The Governor of New York State has signed the Bill introduced into the State Legislature by Mr. Hamilton Fish providing for the establishment of a State Colony for Epileptics, which passed the Assembly by 96 votes to 4 and the Senate unanimously. The colony is to be known as the Craig Colony, in honour of the late Mr. Oscar Craig, of Rochester. The statute provides for the purchase by the State of 1,800 acres of land in one of the finest spots in the Genesee Valley, where the Shakers, who have hitherto been the owners of the property, have erected two groups of buildings, which with slight alterations will accommodate 300 patients. Indigent epileptics will be received and cared for by the State, but the colony is expected, when fully established, to be nearly self-supporting. There are now more than 600 epileptics in the poorhouses and almshouses throughout New York State.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The annual dinner of members and their friends took place at the Whitehall Rooms, Hôtel Métropole, on May 22nd, under the chairmanship of Mr. M. Carteighe, President of the Society. Those present included other officers of the Society, Sir F. Abel, Bart., Professor Armstrong, Sir W. B. Dalby, Sir Dyce Duckworth, Mr. Thiselton Dyer, Professor Michael Foster, Sir Walter Foster, M.P., Sir A. B. Garrod, Mr. W. Hayes (Dublin), Mr. J. W. Hulke, Professor D. Mendeléeff (St. Petersburg), Dr. F. W. Pavy, Professor G. H. Philipson (President British Medical Association), Professor Rücker, Dr. W. J. Russell, the Master of the Society of Apothecaries, Professor C. Stewart, Professor Thorpe, and many well-known members of the medical profession. The toast of "The Houses of Parliament" was given by the Chairman, and Sir W. Foster responded. Mr. Hulke replied for "The Medical Profession." Professor Mendeléeff, who was received with much applause, and spoke in French, and Professor M. Foster both responded on behalf of "Science." The toast of "The Pharmaceutical Society of Ireland" was acknowledged by the President of that Society, Dr. W. Hayes. Sir Dyce Duckworth proposed "The Pharmaceutical Society of Great Britain and the health of the President," to which Mr. Carteighe, who has now been President for twelve years, replied. The last toast, "Our Guests" was acknowledged by Sir F. Abel and Mr. Thiselton Dyer.

THE TREATMENT OF INEBRIETY IN CALIFORNIA.—The 31st annual report of the Home for the care of the Inebriate in San Francisco is an interesting and instructive record. This is not a commercial establishment. It is managed by trustees, no one deriving any pecuniary benefit (in this respect resembling the Dalrymple Home) except the regular *employés* on fixed salaries. The Home is empowered by an Act of the Legislature of California, passed in 1870, to receive and detain patients committed or otherwise placed in the institution. The rates vary from £3 to £5 per week. The State thus practically inaugurated the compulsory seclusion of inebriates nearly a quarter of a century ago. Over 25,000 cases have been treated. Among the admissions during last year were "46 so-called 'graduates' of the Keeley, Milen, and similar 'cures,' of which 36 had passed through the regular Keeley treatment." The health record seems to have been good, as of 705 alcoholic admissions, and 102 reputed insane but found to be delirium tremens, making 807 alcoholic cases in all, with 138 in delirium tremens, there was but one death. With morphine the drug is gradually reduced in quantity, but with alcohol at once withdrawn. Dr. Potter truly says that the influence of the mind over the body is so great as to cause the knowledge that alcohol is to be had to induce an overwhelming desire for it; while the certainty that none will be given under any circumstances operates to sustain the nervous system in the fight for recovery.

CLINICAL SOCIETY OF LONDON.—The report of the Council to be presented to the annual meeting on May 25th states that the affairs of the Society are in a very prosperous condition. The success of the clinical evenings has been so unequivocal that the Council propose to devote the whole of at least three evenings each session to this branch of work. These meetings will commence not at 8 o'clock, as has been customary, but at 8.30, and will close at 10. Notice of intention to exhibit may be sent to the secretaries up to four days before the meeting, and a list of specimens to be exhibited will be posted to all members before the meeting. The following is the list of officers and Council for the coming year proposed for election to-night:—*President:* John Whitaker Hulke, F.R.S. *Vice-Presidents:* Sir George Buchanan, M.D., F.R.S.; *Frederick Taylor, M.D.; *F. T. Whipple, M.B.; J. G. Glover, M.D.; John Langton; R. W. Parker. *Treasurer:* W. M. Ord, M.D. *Council:* *W. H. Allchin, M.D.; Thomas Barlow, M.D.; W. H. Day, M.D.; H. Handford, M.D.; *W. P. Herringham, M.D.; *Constantine Holman, M.D.; H. M. Murray, M.D.; Sidney Phillips, M.D.; *G. N. Pitt, M.D.; F. T. Roberts, M.D.; Dawson Williams, M.D.; *C. A. Ballance, M.B., M.S.; W. H. Bennett; *W. Watson Cheyne, M.B.; *W. Bruce Clarke, M.B.; *Victor Horsley, M.B., F.R.S.; W. Arbuthnot Lane, M.S.; G. H. Makins; A. W. Mayo Robson, *J. Bland Sutton. *Honorary Secretaries:* W. Hale White, M.D.; A. Pearce Gould, M.S. The gentlemen whose names are marked with an asterisk were not on the Council, or did not hold the same office during the year 1893 4.

MEDICAL VACANCIES.

The following vacancies are announced:

- BOROUGH OF BRIGHOUSE.**—Medical Officer of Health. Salary, £200 per annum; must reside in the borough. Applications endorsed on the outside "Medical Officer" to the Town Clerk, Public Offices, Brighouse, by May 28th.
- BRIDGWATER INFIRMARY.**—House-Surgeon. Salary, £70 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, by June 15th.
- BRISLINGTON HOUSE PRIVATE LUNATIC ASYLUM.**—Assistant Medical Officer. Salary, £250 per annum, with furnished apartments, board, and washing; doubly qualified. Applications to Dr. Bonville Fox, Brislington House, near Bristol.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Board and residence and allowance for washing. Appointment for six months. Applications and testimonials to T. Storrar-Smith, Secretary, 21, Finsbury Circus, E.C., by June 14th.
- COUNTY LUNATIC ASYLUM, Lancaster.**—Assistant Medical Officer, to act also as Pathologist. Salary, £100, increasing £25 annually to £200, with board, etc.; and an Assistant Medical Officer. Salary, £100 per annum, with board. Appointments for five years. A Qualified Dispenser also required, unmarried. Salary to commence at £50, with board, etc. Applications to the Medical Superintendent.
- DURHAM COUNTY HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Appointment for two years. Applications to V. K. Cooper, Honorary Secretary, 16, South Bailey, Durham, by June 1st.
- EARLSWOOD ASYLUM FOR IDIOTS,** Redhill, Surrey.—Fully qualified practitioner to take charge of the Asylum. Age 30 to 40. Salary, £500 per annum, with furnished residence and coals and gas. Applications endorsed "Medical Superintendent" to the Board of Management at the offices, 36, King William Street, London Bridge, E.C., by June 12th.
- FLINTSHIRE DISPENSARY.**—Resident House-Surgeon. Salary, £120 per annum, with furnished house (rent and taxes free), and coal, light, water, and cleaning, or in lieu thereof £20 per annum; knowledge of Welsh desirable. Applications to W. T. Cole, Secretary, Board Room, Bangil Street, Holywell, by June 5th.
- GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. No salary. Applications to the House-Governor by May 26th.
- GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY,** Cardiff.—Assistant Resident Medical Officer. Appointment for six months. No salary, but board, washing, and apartments. Applications and testimonials to G. T. Colman, Secretary, by June 9th.
- GLASGOW EYE INFIRMARY.**—Resident Assistant House-Surgeon. Salary, £50, with apartments and board. Applications to William George Black, Secretary, 88, West Regent Street, Glasgow, by June 11th.
- GLASGOW MATERNITY HOSPITAL,** 146, Buchanan Street, Glasgow.—Indoor and Outdoor Surgeons. Applications to Arthur Forbes, Secretary, by June 9th.
- GREAT NORTHERN CENTRAL HOSPITAL,** Holloway Road, N.—Junior House-Surgeon. No salary; board, apartments, and laundry provided. Applications to the Secretary by May 28th.
- GREAT NORTHERN CENTRAL HOSPITAL,** Holloway Road, N.—Casualty Officer; must reside in the immediate neighbourhood of the hospital. Honorarium at the rate of 50 guineas per annum. Applications to William T. Grant, Secretary, by May 28th.

- GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN,** Vincent Square, Westminster.—Anaesthetist. Applications to the Secretary by June 1st.
- HOSPITAL FOR EPILEPSY AND PARALYSIS AND OTHER DISEASES OF THE NERVOUS SYSTEM,** 32, Portland Terrace, Regent's Park, N.W. Physician to Out-patients. Applications to the Secretary by June 8th.
- HOSPITAL FOR SICK CHILDREN,** 18, Royal Arcade, Newcastle-on-Tyne.—Resident Medical Officer; doubly qualified. Salary, £60 per annum, with board, lodging, and laundry. Applications to Robert J. Gibson, Secretary, by May 31st.
- JAFFRAY SUBURBAN BRANCH OF THE GENERAL HOSPITAL,** Gravelly Hill, near Birmingham.—Resident Medical and Surgical Officer; doubly qualified. Salary, £150 per annum, with board, residence, and washing. Applications to the House-Governor, General Hospital, Birmingham, by May 29th.
- LIVERPOOL STANLEY HOSPITAL.**—Assistant Honorary Surgeon. Applications to J. E. Bennett, Honorary Secretary, by May 31st.
- NEWABBEY PAROCHIAL BOARD.**—Medical Officer. Salary, £50 per annum; to provide medicines and surgical appliances gratis. Applications to Captain Stewart Shambellie, Chairman of the Board, Newabbey, Dumfries.
- NEW HOSPITAL FOR WOMEN,** 144, Euston Road.—Female Resident Medical Officer and Female Clinical Assistant for Out-patient Department. Applications to the Secretary by May 26th.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL,** Hartshill, Stoke-upon-Trent.—Honorary Assistant House-Surgeon. Applications to the Secretary by June 5th.
- OXFORD EYE HOSPITAL.**—House-Surgeon. Board and lodging, and honorarium of £50 at completion of a year's residence. Applications to B. H. Baden-Powell, Honorary Secretary, 29, Banbury Road, Oxford, by June 15th.
- PARISH OF BIRMINGHAM.**—Resident Assistant Medical Officer for the Workhouse Infirmary. Salary, £100 per annum, with furnished apartments, rations, coals, gas, washing, and attendance. Applications (on printed forms to be obtained from the clerk) to Walter Bowen, Clerk to the Guardians, Parish Offices, Edmund Street, Birmingham, by May 31st.
- PARISH OF ST. GEORGE IN-THE-EAST.**—Infirmary and Workhouse Medical Officer. Salary, £350 per annum, with unfurnished house, gas, coal, and water. Applications and testimonials by June 1st to J. R. Browne, Clerk, Clerk's Office, Raine Street, Old Gravel Lane, E.
- PUBLIC DISPENSARY,** 59, Stanhope Street, Clare Market.—Resident Medical Officer. Salary, £105 per annum, with furnished apartments, coals, and gas. Applications to the Secretary by June 8th.
- ROYAL FREE HOSPITAL,** Gray's Inn Road, W.C.—Two Resident Medical Officers; doubly qualified; no salary; board, lodging, and washing provided. Applications to the Secretary by June 2nd.
- ROYAL ORTHOPEDIC HOSPITAL,** 297, Oxford Street.—Resident House-Surgeon and Apothecary. Salary, £100 per annum, with partial board. Must be M.R.C.S.Eng., L.R.C.P., and unmarried. Applications and testimonials to the Secretary by May 31st.
- ROYAL SOUTH LONDON DISPENSARY,** St. George's Cross, S.E.—House-Surgeon, non-resident. Salary, £80 per annum. Applications to the Committee of Management by May 28th.
- TIPPERARY COUNTY INFIRMARY.**—Surgeon. Salary, £100 per annum. Candidates must be Fellows of the Royal College of Surgeons in Ireland. Applications to Mr. James J. Chadwick, Secretary. Election on June 22nd.
- UNIVERSITY COLLEGE,** Liverpool.—George Holt Chair of Pathology and Derby Chair of Anatomy. Endowment, £375 per annum each, with share of fees. Applications to the Registrar by June 2nd.
- WESTMINSTER HOSPITAL,** Broad Sanctuary, S.W.—Dental Surgeon. Duly qualified and registered. Must attend the House Committee on Tuesday, June 5th.
- WORCESTER GENERAL INFIRMARY.**—Assistant House-Surgeon and Dispenser. Salary, £70 per annum, with board, residence, and washing. Applications and testimonials to William Stallard, Secretary, by June 2nd.
- THE YORKSHIRE COLLEGE,** Leeds, Department of Medicine.—Honorary Demonstrator of Surgical Pathology. Applications to the Secretary by May 31st.

MEDICAL APPOINTMENTS.

- DURRANT, W. J., M.B., B.S.Durh.,** appointed Surgeon to the Hospital for Diseases of Women, Newcastle-on-Tyne, *vice* Charles Gibson, M.D., deceased.
- FULTON, Geo. C. H., M.B., C.M.Glasg.,** appointed Medical Officer for the New Sanatorium, Eston Local Board District.
- HUGHES, J. H., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer for the Sutton-on-Trent District of the Southwell Union, *vice* G. B. Griffiths, M.R.C.S., L.R.C.P.Lond., resigned.
- HUNT, J. Aspinall, L.R.C.P.Edin., M.R.C.S.Eng.,** appointed Public Vaccinator for the Sponder District of the Shardlow Union, *vice* T. C. Cade, M.R.C.S.Eng., L.S.A., deceased.
- McAVOY, Dr. Hugh,** appointed Junior House-Surgeon to the Jervis Street Hospital, Dublin.
- MCCOMISKEY, A. W. S., M.B., B.Ch., R.U.I., L.R.C.P.I.,** appointed Medical Officer to the Killough Dispensary District, *vice* S. S. Stephenson, L.R.C.P., L.R.C.S.Edin., deceased.
- McDOUGALL, A. H., M.R.C.S., L.R.C.P.Lond.,** appointed Medical Officer of the Crumpsall Workhouse and of the New Bridge Street Receiving and Casual Wards of the Township of Manchester.
- MOLLOY, William J., M.B., B.Ch., R.U.I.,** appointed Senior House-Surgeon to the Jervis Street Hospital, Dublin.

MULLALLY, W. T., M.D., M.Ch., R.U.I., Dip.San.Sci., R.C.P.I., appointed one of the Honorary Physicians to the Ballarat District Hospital, Australia.

O'CONNOR, Mr. John E., appointed Medical Officer for the Glenfield District of the Cockermonth Union.

PARK, J. W., M.D. Edin., C.M., L.D.S., appointed Demonstrator to the National Dental Hospital.

PATRICK, Robert, M.D. Durh., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Honorary Surgeon to the Bolton Infirmary and Dispensary.

ROBERTS, Edward, M.R.C.S., appointed Surgeon to the Manchester Royal Eye Hospital.

SAYERS, Dr., appointed Medical Officer and Public Vaccinator for the Wincanton District of the Wincanton Union, *vice* H. O. H. McDougall, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

SHAW, R. F., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Kirkburton District of the Huddersfield Union.

SKERN, Jas. H., M.B., C.M. Aberd., appointed Medical Superintendent to the Kirklands Asylum, Bothwell.

STEINTHAL, Wm., M.R.C.S. Eng., appointed Resident Assistant Medical Officer to the Crumpsall Workhouse of the Township of Manchester.

TWYFORD, W., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Audlem District of the Nantwich Union.

WEEKES, H. H., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Gillingham District of the Medway Union.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Anthrax and Malignant Oedema. Practical Work: Staining Sections. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. George Stoker: Chronic Glandular Diseases of the Naso-pharynx.

ROYAL COLLEGE OF SURGEONS, 5 P.M.—Erasmus Wilson Lectures. Mr. J. H. Targett, M.S., F.R.C.S. Lecture I.: On the Pathology of Hydatids in Bone.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Puerperal and Lactational Insanity.

THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2, Lecture at 4.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Pemphigus and its Allies.

POST-GRADUATE LECTURES, Metropolitan Hospital, N.E., 5 P.M.—Dr. Gow: The Surgical Aspect of Tubal Disease.

ROYAL COLLEGE OF SURGEONS, 5 P.M.—Erasmus Wilson Lectures. Mr. J. H. Targett, M.S., F.R.C.S. Lecture II.: On the Pathology of Hydatids in Bone.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Beevor: Muscular Atrophy. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Dr. Barlow: Clinical Lecture. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Pye-Smith: Cases in the Wards.

NEUROLOGICAL SOCIETY, 8.30 P.M.—Dr. Alexander Bruce: (1) The Relations of the Lemniscus; (2) The Connections of the Auditory Nerve (with lantern demonstration).

FRIDAY.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8 P.M.—Clinical meeting. Dr. Scanes Spicer: Case illustrating the Radical Cure of Fœtid Suppuration of the Nose by Free Opening, Curettement, and Drainage of Maxillary Antrum. Mr. McAdam Eccles: (1) Case of probable Deposit of Urates of Soda in the Scrotum; (2) Case of Multiple Tumours of Abdominal Wall. Mr. T. R. Atkinson: Case of Multiple Lipomata. Mr. L. A. Bidwell: (1) Congenital Tumour over Sacrum; (2) Syphilitic Disease of Humerus which caused Spontaneous Fracture. Dr. Morgan Dockrell: (1) Rodent Ulcer of Twenty Years' Duration treated with Resorcin; (2) Case of Mycosis Fungoides. Dr. Abraham: Cases of Skin Disease.

ROYAL COLLEGE OF SURGEONS, 5 P.M.—Erasmus Wilson Lectures. Mr. J. H. Targett, M.S., F.R.C.S. Lecture III. On Tumours connected with the Kidney in Children.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Hyslop: Climacteric and Senile Insanity.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 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.

LEONARD.—On May 11th, at The Terrace House, Camberwell Green, London, S.E., the wife of Stephen Leonard, L.A.H. and L.R.C.P., of a son.

DEATH.

WEIR.—On May 17th, at St. Mungho's, Grea Malvern, Archibald Weir, M.D., F.R.C.S. Edin., aged 65 years.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager at the Office, 429, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

COST OF CARRIAGE AND HORSE KEEP.

MEDICUS wishes to know what would be the approximate cost of keeping a vehicle in a middle-class London suburb, under the following conditions: (1) Horse, trap, and man kept. (2) Horse and trap kept at livery, surgery boy used as coachman. (3) Horse and trap hired by contract, say for three hours a day. Boy used as in (2).

. The approximate cost would vary entirely according to the style. Arrangement (1) would be the most expensive, and would probably not be done under £150 per annum. Arrangement (3) would of course be the least expensive.

DEATH-RATE OF GENERAL PRACTICE.

M.D. wishes to know what, under ordinary circumstances, would be considered a fair average death-rate, in a mixed, middle, and lower class practice in London, counting all patients attended, whether cases trivial or severe.

. This appears to be an insoluble problem, as it would depend on so many data which it is quite impossible to obtain. Many of the patients that come under a busy general practitioner in the course of the year pass out of his sight, and he does not in the least know what becomes of them; they may even in the year be attended by several different practitioners, so that practically it would be quite impossible to tabulate any death-rate with the smallest claim to accuracy.

ANSWERS.

F.R.C.S.—Classes for teaching "lip reading" to the dumb, and improvement of defects of speech, are held by Miss E. F. Boulbee, 37, Gloucester Place, W.

VOICE TRAINING AND ARTICULATE SPEECH.

WE have received a number of letters from correspondents who, in reply to "Aphonia's" question in the BRITISH MEDICAL JOURNAL of May 19th, p. 1115, recommend the method of voice training employed by Mrs. Emil Behnke, of 18, Earl's Court Square, S.W.

TREATMENT OF CHYLURIA.

SURGEON-MAJOR H. J. BARNES, M.S. (Ahmadnagar, India), writes, in reply to "Army Surgeon's" question in the BRITISH MEDICAL JOURNAL of March 17th: Some years ago, while serving in the West Indies, I was called in consultation on the case of a lady who had been a lifelong sufferer from chyluria, and for whom all the usual remedies had been tried without effect. As she was suffering from considerable nervous exhaustion, I—more, I confess, with the idea of improving her general health than with a view to any specific effect upon the chyluria—prescribed an emulsion of cod-liver oil with syrup hypophosphit. co. (Fellows), made with the yolks of eggs. To the surprise of everyone connected with the case, the result of this treatment was the entire disappearance of the chyluria. As to the *modus operandi* of the treatment, presumably the syr. hypophosphit. co. has some direct effect on the larvæ of the filaria. Apparently the worm itself was not killed, as the chyluria recurred occasionally, though in very slight degree compared to its former severity, when it was not unusual for the coagulum to form inside the bladder. I gave the syrup in full doses.