

7. Average duration of bath, ten minutes; some say until patient begins to shiver; but if he begins to feel cold or gets uneasy the bath must be cut short. Where a patient is nervous or bears the cool baths badly he may be kept in tepid ones at 87° for fifteen, twenty, or thirty minutes, the more prolonged immersion producing the desired effect.

8. Lift the patient carefully on to a couple of large soft bath towels laid over a mackintosh sheet, and rub him dry briskly, except the abdomen, which dry gently, envelop him in a warm blanket and put him in bed, covering lightly, and give him a cup of warm coffee and milk or peptonised cocoa and milk.

9. Half an hour after take the temperature, in the rectum preferably, when it should be 2° or 3° lower.

10. Take the temperature every three hours, and as soon as it again rises to 102.2° F. repeat the bath, unless he is sleeping, when as a rule he must not be disturbed, even if the temperature rise to 104°, but the bath deferred till he awakes.

11. Usually a bath is indicated every six hours. Sometimes, however, during the fastigium the pyrexia is so obstinate and uncontrollable as to call for a bath every three or two hours.

12. During the night baths are seldom called for except by an extremely high temperature.

13. In case the bath lowers the temperature only 1° or less, or only for a very short interval, it becomes necessary to lower its temperature to 66° (cool bath) or even 45° (cold), and lumps of ice may be put in the bath to cool it down with perfect safety, as was done in one of my cases. In Strümpell's experience, baths below 73° F. are seldom needed. He regards 80° to 85° F. as the average.

14. If intestinal hæmorrhage occur, baths must be discontinued.

The advantages of the bath treatment were stated to be: (1) diminution of fever and calming of the nervous system, the patient as a rule sleeping between the baths; (2) disappearance of headache, stupor, and delirium; (3) modification of the irritable condition of the gastro-intestinal mucous membrane, with diminution of thirst, of vomiting, and of diarrhoea; (4) improved tone and diminished frequency of pulse, with deeper inspirations promoting expectoration and diminishing, therefore, the risk of pulmonary complication; (5) diminished dehydration of tissue and less liability to bed-sore; (6) diuretic action on the kidneys; (7) the reduction of mortality by 50 per cent. The objections to the treatment were: the labour and expense entailed; the public prejudice against it; the nervous dread which some patients exhibited; and the increased frequency of relapse.

The only absolute contra-indications were peritonitis, perforation, hæmorrhage, and the advanced cardiac weakness sometimes observed in the later stages of the disease. Broadbent considered that neither albuminuria nor pulmonary complications were prohibitive, and stated that he had seen albumen disappear from the urine and pulmonary complications cease after a single bath.

The author referred to the system of continuous baths planned by Dr. James Barr, of Liverpool, which appeared to possess all the advantages of the intermittent bath with fewer objections. In conclusion, he expressed the opinion that the case for the bath treatment was unanswerable.

MEMORANDA:

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

THE USE OF COCAINE TO PREVENT RESPIRATORY DISTURBANCES DURING CHLOROFORMISATION.

It is quite possible that others have been struck by the ease with which a patient whose tonsils and post-nasum have been pencilled with a solution of cocaine previous to the use of chloroform takes the anæsthetic. For some time I have practised this use of cocaine in tonsillotomy and removal of adenoids after having noticed the comparative freedom from hæmorrhage in a case where I attempted, but without success, to operate under cocaine alone, and had to give a general anæsthetic. In this case the tonsils were removed with very little hæmorrhage indeed, and I was able at once to remove the adenoids unhampered by hæmorrhage from the tonsillar stumps. Apart altogether from the fact that cocaine thus used eases the subsequent use of chloroform (or ether), this circumstance of the freedom from hæmorrhage in an operation (tonsillotomy), where such is always dreaded, ought to be freely observed. Before the action of the cocaine is over the patient is already conscious, and ice can be employed to prolong its effect. I should say that the cocaine, which need only be applied in weak solutions (2 per cent.), reduces the

loss of blood in the double operation of removal of tonsils and adenoids by over 50 per cent.

Rosenberg,¹ of Berlin, has recently drawn attention to the fact that if the mucous membranes of the upper air passages are anæsthetised by cocaine before the administration of chloroform, the disturbances consequent upon their irritation are obviated. This author has found by experiments that at the beginning of anæsthesia, if the blood pressure be considered as equal to 100, the systole is represented by 210, and the diastole by 40. Under normal conditions, on the contrary, the blood pressure being the same, the systole is represented by 110, and the diastole by 90. These modifications are due to respiratory disturbances consequent upon irritation by the chloroform of the mucous membranes of the upper air passages. In two or three cases of my own where this combination of general and local anæsthesia has been employed, less chloroform has apparently been used, and the patient went under with less struggling and fright, and more quickly. In strabismus operations cocaine furnishes a field free from hæmorrhage, but as it abolishes sensation in the conjunctiva, it might prove embarrassing to the chloroformist.

WM. ROBERTSON, M.D.,

Surgeon, Throat and Ear Hospital, Newcastle-on-Tyne.

QUININE AS AN ECBOLIC.

THE following case recently came under my observation. The patient did not send for me until after she had aborted, neither did she give me the facts of the case until she was about again. Doubting her accuracy as to the quantity she took, at my wish she bought for me the same quantity from a drug store, which I found to be exactly 120 grains of pure quinine.

Mrs. C., aged 31, 7-para, whose last child was 6 years old, had recently married her second husband. She had menstruated last on September 14th. On December 3rd, about 10.30 P.M., she took 2 drachms of quinine suspended in a wineglass of water. Within ten minutes she felt sick. This was followed by severe retching, and she brought up a little food. The retching passed off in ten or fifteen minutes. About 11 P.M. she was freely purged, once only. Following this quickly came a bursting sensation in the head. She could hear but could not "catch" what was said to her; she felt hysterical and screamed a few times, but was in no pain. She thinks she was unconscious. About 12.30 A.M., after having taken threepenny-worth of brandy, she felt much better, except for a headache. About 1 A.M. she had a "slight show." This was followed by forcing down pains, which passed off about 7 A.M. She got up at 5 P.M. on the same day, and about 7.30 felt the "water break," and found a fœtus on the floor. Next morning I was sent for, and found the patient in bed. The pulse and temperature were normal. She made a good recovery, and got up five days afterwards, refusing to stay in bed longer. I may add that Mrs. C. is a woman of fine physique and always strong and healthy.

Camberwell Road, S.E.

F. A. BALDWIN.

THE THERAPEUTIC VALUE OF SALICYLATE OF STRONTIUM.²

I SHOULD like to say a word in regard to a drug which probably will prove a valuable addition to every-day therapeutics. After using the lactate, iodide, and bromide of strontium very freely, I came to the conclusion that the strontium element materially modifies the action of haloid bodies on the alimentary canal. This suggested the possibility that strontium might modify the action of salicylic acid, and I got Rosengarten and Sons, chemists, to make a strontium salicylate, and experimented with it upon dogs, determining that in therapeutic doses it elevates the arterial pressure, and that to depress the blood pressure and circulation larger amounts of it per kilo. are required than of the sodium or even of the ammonium salicylate. Subsequently to this study upon animals I have employed it largely in practice. I found, somewhat to my surprise, that in doses of 5 grains it is one of the best of intestinal antiseptics, yielding better results than salol, naphthalin, and similar agents.

¹ The Medical Week, November 23rd, 1894.

² Remarks made at the December meeting of the College of Physicians of Philadelphia, U.S.A.

In doses of 10 or 15 grains it acts very decidedly as a salicylate in gouty and chronic rheumatic conditions without producing disturbance of the stomach. It may be given in capsules. I also found that when given largely it produces cinchonism, but it seems to be less active and powerful in acute cases than is the ammonium salicylate. In chronic gouty conditions and lithæmia with intestinal indigestion it appears to be the most valuable drug that we have.

University of Pennsylvania.

H. C. WOOD, M.D.

A CASE OF SARCOMA OF THE TESTICLE.

THE example of this disease which I now record resembles closely a case published by Dr. Charles Morton in the *BRITISH MEDICAL JOURNAL* of November 3rd.

C. C., aged 29, came to me early in October, 1893, complaining of a swelling in the scrotum, which had been growing for six or eight months, and, latterly, somewhat rapidly. He felt weak and ill, and suffered from constant dragging pain in the groin and hip of the same side. The patient looked extremely ill. A pyriform tumour involved the right testicle, and extended upwards to the external ring. It was about the size of a large Jersey pear, of firm consistency and somewhat elastic, but not hard in any part. He complained of much aching, but there was no great localised tenderness. The cord could not be clearly defined. The glands of the groin were unaffected.

Castration was performed on October 21st, 1893. An exploratory incision into the most prominent part was followed by a gush of dark brown fluid, and on inserting a finger through the wound into the centre of the growth a quantity of black clotted blood was extracted. The tumour was easily removed after following the cord to the internal ring, and ligaturing as far up as possible. It was found to consist of a soft malignant growth, somewhat easily broken down, and enclosing in its centre a quantity of soft blood clot and some remaining dark fluid blood. Microscopical examination confirmed the diagnosis of round-celled sarcoma. At this date, November 11th, 1894, the patient is alive and well.

The interest of the case lies in the rather unusual association of a blood cyst with sarcoma of the testicle, and illustrates the occasional difficulty expressed by Dr. Morton in diagnosing between hæmatocele and malignant disease.

MACPHERSON LAWRIE.

Physician to the Weymouth Sanatorium.

THE TREATMENT OF CHRONIC ALBUMINURIA BY KIDNEY EXTRACT.

SOME months ago a young man consulted me who ten months previously had contracted nephritis, the result of a chill. Since the attack he had been constantly under medical treatment, and had gradually become worse.

When I first saw him, he was suffering from general anasarca, his urine was scanty, specific gravity 1010, showing one-third of albumen on heating with nitric acid. Under nitro-glycerine he somewhat improved. About six weeks ago I got Messrs. John Richardson and Co., of Leicester, to make some tablets of fresh kidney extract (5 grains), one of which he has since taken three times a day, in addition to the nitro-glycerine mixture. He is now practically free from anasarca, and his urine shows no trace of albumen.

This may be a coincidence; I would therefore ask some of your readers who have greater opportunities of treating kidney diseases than I have to give the kidney extract a trial, and report the result.

This result of even one case has seemed to me sufficiently good to warrant me in trespassing on your space.

Erdington.

WILLIAM DONOVAN, M.D.Durh.

A CASE OF INGUINAL COLOTOMY.

MR. GREIG SMITH, in his book on *Abdominal Surgery*, recommends, in inguinal or coelio-colotomy, the operation of Maydl as modified by Reclus, as the operation of election.

I should like to add the testimony of one not specially trained in abdominal surgery as to the simplicity and the extremely satisfactory results of the operation as shown by the following notes of a case under my care:—

M. W., a female, aged 61, had had increasing difficulty in getting the bowels to act for six months, with occasional discharge of blood and matter from the anus for two months. She had lost flesh and strength

during the same time. About an inch and a-half from the anus was a cancerous mass, very hard, firmly attached to the sacrum, and surrounding the bowel; the upper limit of the growth could not be felt, and the finger could not pass through the constriction. She was admitted to the Ross Cottage Hospital on June 28th, 1894, and the bowels acted fairly with cascara until July 5th, and then only once until July 17th, when colotomy was performed (the patient's consent not being obtainable sooner). Under chloroform an incision, nearly vertical, about 3 inches in length, was made about an inch and a-half internal to the left iliac spine. Hardly any muscular fibres were divided, and only two pairs of pressure forceps were required in reaching the peritoneum. On pushing aside the omentum, the colon full of scybala was felt at once, and easily pulled out through the wound; the mesentery was perforated with the finger, and a glass stirring rod covered with boracic lint pushed through it, and left lying on the abdominal wall across the wound. As the omentum was inclined to protrude three sutures were put in the lower end of the incision, and the operation was complete. A little chloroform sickness occurred afterwards, but the only other discomfort was from flatulence. The temperature did not rise above 99°; flatus passed freely by the anus. The bowel was opened by a transverse cut with scissors on July 21st, but no motion passed. Half an ounce of castor oil was given at night. There was frequent sickness next day, but no scybala passed, though they could be felt blocking the bowel. On July 23rd, as symptoms of obstruction continued, 4 grains of calomel were given, and then scybala in great quantities began to pass, and all bad symptoms subsided. The bowel was cut right through in the track of the glass rod on July 28th. The patient was allowed up on July 31st, as the wound was firmly cicatrised. The bowels acted regularly, and there was a most satisfactory artificial anus without any tendency to prolapse of bowel. She was discharged from hospital stronger and better than before operation. She has remained quite comfortable up to the present time (October 20th), the anus acting well, and the bowel showing no tendency to prolapse.

Partial obstruction seems to me an advantage in operating, as the presence of scybala leads one at once to the colon, the finding of which, if empty, I fancy might prove the only difficulty, to the inexperienced, in this very simple operation.

ARTHUR CUTFIELD, B.A.Camb., B.Sc.Lond.

Ross, Herefordshire.

A FATAL CASE OF GONORRHOEA.

EARLY in March last I was consulted by C., a waiter, concerning a gonorrhœa he had contracted some week or ten days previously. I prescribed the usual remedies, and urged him to abstain entirely from all forms of alcohol, and to rest as much as possible. He was under treatment for three weeks without any improvement, and began to show signs that his malady was debilitating him more than is usual in these cases. Notwithstanding my repeated warnings, and his assurances to the contrary, I afterwards discovered he had persistently continued to take alcohol, because he felt so depressed.

On March 26th he was engaged at a wedding reception, and in company with the other waiters celebrated the occasion "not wisely but too well;" in fact, returned home helplessly intoxicated.

On the morning of March 28th he came to my consulting room and said he feared he had taken cold, for he had had several shivers, and had pains in his head, and body generally. He had also vomited, but this he attributed to his alcoholic excess. His pulse was 120, temperature 101°, tongue dry, and discharge diminished in amount; but micturition was very painful. I advised that in my opinion his symptoms were not due to cold, and that he must instantly go to bed. This he did not do.

On March 31st I was called to see him at his home. He lay in bed on his back, with a most anxious expression of face; he spoke with difficulty, and was almost helpless. The pulse was 150, temperature 103°, and the respirations 50. His nightshirt was saturated with perspiration, his breath smelt sweet, his tongue was brown, dry and parched, and with difficulty could be protruded from his mouth; he had slight diarrhœa, and the urethral discharge was entirely suppressed. I examined him carefully but could discover no evidence of implication of any organ. He rapidly developed a typhoid condition, and died in the morning of April 3rd.

This in my opinion is a case of acute septicæmia, due to absorption of septic material from an uninjured inflamed urethra. No bougie was passed. Apparently he had not abraded the mucous membrane with his syringe, for I inspected carefully with negative result. He had some lymphangitis of the dorsum penis, but his inguinal glands were not painful. I could elicit no knowledge of any injury whatever. *Post-mortem* examination was refused.

ARTHUR LOXTON,

Honorary Assistant Surgeon Birmingham and Midland Skin and Lock Hospital.

OPHTHALMIA IN A HIGH-CLASS SCHOOL.

At a large boarding school near here, where the most scrupulous care is taken of the children, we had a similar outbreak of follicular ophthalmia to that described by Mr. Snell in the BRITISH MEDICAL JOURNAL of November 17th. The sanitary arrangements are perfect, both as regards space, water and drainage, and the school lies high. Many of the children having relatives at the York school, I examined the eyes of every child on his or her return to school in January, and found all were healthy, a strict home quarantine having been enforced. Six weeks later, in March, one or two slight cases of ophthalmia occurred, which were promptly treated. However, we were doomed to an epidemic—some slightly affected, while one case was isolated for four days. The treatment adopted for all was bathing the eyes with warm boric acid lotion three times a day, and completely closing the eye or eyes with a boric acid pad, wool, and bandage, with atropine in the more obstinate or severe cases. The cases occurred in batches with intervals of clean bills of health. By June only two cases remained, which soon got well. In most cases the eyes were well in a week, but in one or two delicate children with naturally weak eyes some congestion remained for two or even three weeks. Besides closing the swimming bath, and strict attention to towels, sponges, etc., the whole school was supplied with Jeyes' No. 2 disinfectant soap, and it was used exclusively the whole term, in both bedrooms and lavatories, a measure which I am sure checked the disease in its early insidious stages. We had in all about 45 cases.

Axbridge.

A. C. LECHE.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF GREAT BRITAIN, IRELAND,
AND THE COLONIES.16TH FIELD HOSPITAL, WAZIRISTAN FORCE,
CAMP WANO.

NOTES ON CASES OF SWORD-CUT WOUNDS.

(Under the care of Surgeon-Major H. C. HUDSON, S.M.O.
16th F.H., and Surgeon-Lieutenant BRUCE GORDON
SETON, I.M.S., 16th F.H.)

CASE I.—Sepoy, B. B. T., 1st battalion 1st Goorkhas, was picked up during the action of November 3rd, 1894, at Wano, and brought into hospital. As the latter was under heavy fire at the time and the tents were being slashed by the Waziris, there was no chance of doing more than place him, along with fifty other wounded men on the ground with a blanket over him, and give him a large dose of tincture of opium. Arterial hæmorrhage was arrested at once, partly by tourniquets and partly by pressure forceps. He was so completely blanched and bloodless that we did not think he would live more than a few minutes. He had been cut down and then slashed as he lay on the ground by four of the enemy, who left him for dead. His wounds were twenty-one in number, all sword cuts, varying from 12 inches to 3 inches in length. Briefly they were as follows:

Head.—Three parallel sword cuts at the back of head,

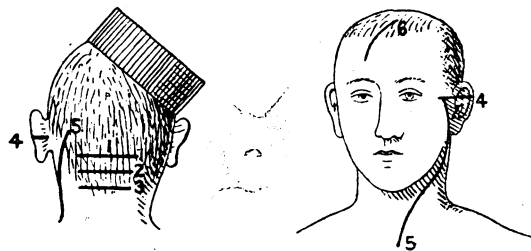


Fig. 1.—Case I: 1, 2, 3, 6, position of cuts through the skull; 4, cut through skin and subcutaneous tissues exposing the deep vessels; 5, cut through the ear joining 4.

through occipital protuberance; all through the bone, one being well into the cortex and the others exposing the dura mater. A vertical wound over right eye 5 inches in length, through the skull, and at the upper end cutting the brain. Left ear cut off transversely. A linear cut, 12 inches long, from the base of the mastoid process (left) down the whole length of the neck on the left side. The carotid artery could be seen beating in the bottom of the wound.

Right Arm.—Transverse incision through olecranon, opening the elbow-joint. A similar one above the back of the wrist, cutting through the ulna and ulnar artery. Three other deep cuts on different parts of this arm; one phalanx cut through.

Left Arm.—Transverse cut dividing radius and ulna and radial and interosseous arteries.

Chest.—Cut, 10 inches long, from the anterior fold of the axilla to the last rib down to the ribs.

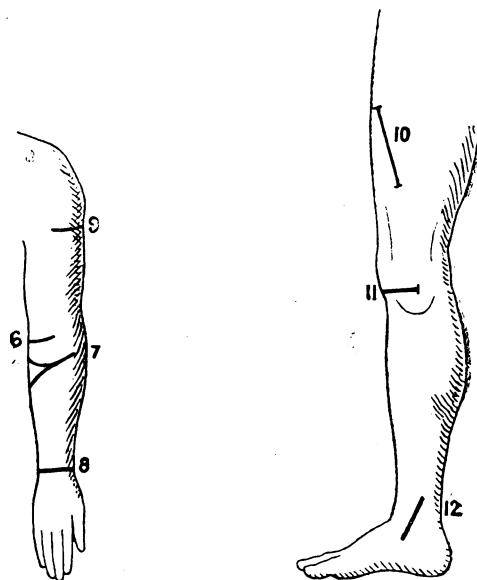


Fig. 2.—Case I: back view of right arm; 6, a cut into the elbow-joint; 7, a cut down to the bone dividing the ulnar artery; 8, a cut dividing both bones and vessels; 9, a cut through the deltoid.

Fig. 3.—Case I: Inner aspect of right leg; 10 and 12, superficial wounds; 11, cut through the capsule of the knee-joint exposing the bones.

Right Leg.—Cut across outer and posterior surface of knee-joint, dividing lateral and posterior ligaments and exposing the external condyle of the femur through the wound.

There were about half a dozen other minor cuts in other parts of his body.

No operative measures (amputation, etc.) could be attempted, owing to the very large number of wounded demanding attention. The fractured limbs were treated in the usual way: the opened joints were cleansed from the dust, etc., in them, with liquor hydrargyri, then well dusted with iodoform, and covered with tow.

The brain injuries were of course regarded as fatal; but they were washed, loose brain matter irrigated out, and sewn up.

The case has been in hospital 27 days now. He had slight fever for a day or two only. He was kept deeply under the influence of opium for 21 days, and fed by enema. At present his condition is as follows: All the wounds on the head have closed, without a bad symptom. The others are all rapidly healing, except that on his left forearm; in this one the radius and ulna were badly splintered and portions are coming away. His condition is very good, and he will be sent down to the base in a few days.

CASE II.—Sepoy, B. J., 1st battalion 1st Goorkhas, was brought in at the same time as the first case. The wounds were not numerous, nor of the dangerous nature of the

him in Edinburgh the memory of an upright and noble character, of a life devoted to duty and the welfare of others.

WE regret to have to record the death of Dr. J. J. NEVILLE, of Chorley, Lancashire, in the 49th year of his age. The name is to be added to the ever lengthening roll of members of the medical profession who have succumbed in the path of duty. The cause of death was typhoid fever, contracted during the course of his professional work. The fatal issue was determined by hæmorrhage, on the thirteenth day after the symptoms of the disease compelled him to take to his bed. He had the advantage of the assiduous attentions of Drs. Harris and Mackay, who consulted with Professor Dreschfeld. But their skill could avail nothing against the dire disease, which had attacked a constitution undermined by over-work and mental anxiety. John Joseph Neville was born in the neighbourhood of Cork, and received his medical education in Cork and Dublin. He took the diplomas of Licentiate of the Royal College of Physicians, and of the Royal College of Surgeons of Edinburgh in 1867. A few years later he settled in Chorley, and for some time held the post of medical officer of health. Subsequently he became a member of the town council, but did not seek re-election, and the process of municipal reform was too deliberate to suit his active and energetic temperament. He was certifying factory surgeon in the district, and for some years he was surgeon to the Artillery Volunteers. He was a member of the British Medical Association and of the Lancashire and Cheshire Branch.

WE regret to have to announce the death of ARTHUR WILLIAM LOVERIDGE, of Newport, Mon., at the early age of 36. He appeared to be in his usual health till about three weeks before his death, when he was attacked by pneumonia. He was apparently doing well, when, on the morning of December 13th, 1894, paralysis set in, and he died on December 18th. He was the eldest son of the late Thomas Loveridge, of Merthyr Tydvil, and was educated at the grammar school there, and afterwards at Crawford College. He received his medical education at the Middlesex Hospital, and held the post of Physician's Assistant there. He obtained the diploma of L.S.A. in 1879, and of M.R.C.S. Eng. in 1881; subsequently he held in succession the post of Junior House-Surgeon to the Huddersfield Infirmary, Resident Medical Officer to the Clayton Hospital, Wakefield, and House Surgeon to the West Norfolk Hospital, King's Lynn. On resigning this appointment in 1887 he settled in Newport, and became Honorary Surgeon to the Newport and County Infirmary. Dr. Loveridge, who was a member of the British Medical Association and of the South Wales and Monmouthshire Branch, was much respected and beloved in Newport, where he carried on a successful practice, and will be greatly missed both by his patients and medical brethren.

PROFESSOR LUIGI DE CRECCHIO has lately died. He was Professor of Legal Medicine in the University of Naples, and for some years was a Senator of the Kingdom. He was born at Lanciano, in Abruzzo, in 1822, and was elected Professor of Legal Medicine in the University of Naples in 1858.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. F. L. Sim, of Memphis, Tennessee, Professor of the Principles and Practice of Medicine in the Memphis Medical College, editor of the *Memphis Medical Monthly*, and a former president of the American Medical Editors' Association; Dr. Levi Frey, one of the best-known practitioners of York County, Pennsylvania, and President of the Pennsylvania and Maryland Union Medical Society, aged 64; Dr. Sézary, Professor of Hygiene and Forensic Medicine in the Mustapha Hospital, Algiers, and author of several works on hygienic and climatological subjects; Dr. George A. Peters, for many years surgeon to the New York Hospital, and one of the most prominent practitioners of that city; Dr. J. Bernard Brinton, of Philadelphia, a botanist of considerable reputation, aged 59; Dr. C. Studiati, Professor of Physiology in the University of Pisa; and Dr. Donnet, Mem-

ber of the French Senate, formerly Medical Superintendent of the Lunatic Asylum of Limoges, and afterwards of that of Vacluse.

ERRATUM.—The name of Dr. Samuel Telford, of Liverpool, whose death was announced in the *BRITISH MEDICAL JOURNAL* of December 22nd, 1894, was incorrectly printed as "Illford."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ADDENBROOKE'S HOSPITAL.—At the Quarterly Court of Governors, held on December 31st, 1894, Dr. Alexander Reckover, Lord Lieutenant of the County, presiding, important proposals for the improvement of the nursing school were considered. The requirement of three years' training for a certificate as nurse, and the employment of resident ward maids for the domestic work of the hospital were among the proposals made. The discussion was adjourned to another court. Sir George Humphry's plan for the improvement of the out-patient department, towards which he had generously contributed £500, was adopted. At the close of the meeting the Lord-Lieutenant presented the hospital with a second cheque for £1,000. His munificence was warmly acknowledged by the President of Queens' College, and by Sir George Humphry on behalf of the medical staff.

UNIVERSITY OF EDINBURGH

THE University and extramural classes resume after the Christmas recess of seventeen days on January 8th.

A meeting of the University Court will be held on January 14th, for the appointment of Examiners in Medicine and in Science, and for other competent business.

At its last meeting the Court appointed Dr. J. O. Affleck additional Examiner in Medicine in its bearings on public health. The course in Chemistry, given by Mr. T. W. Drinkwater, Ph.D., and the course in Zoology, by Mr. T. Arthur Thomson, M.A., were recognised as qualifying women students for graduation in Arts.

UNIVERSITY OF LONDON.

B.S. EXAMINATION (Honours). *Surgery*.—First Class: J. H. Fisher (scholarship and gold medal), St. Thomas's Hospital; H. Davies (gold medal), Guy's Hospital; *C. S. Wallace, St. Thomas's Hospital; S. W. F. Richardson, B.Sc., St. Thomas's Hospital. Second Class: W. R. Smith, King's College; G. H. Cowen, London Hospital.

* Obtained the number of marks qualifying for a gold medal.

INDIA AND THE COLONIES.

INDIA.

THE INDIAN CANTONMENT ACTS.—A retired Indian medical officer of long experience sends us the following explanation of the circumstances in connection with the Indian Cantonment Acts Amendment Bill, which has aroused so much opposition and indignation in India: "The story of the Cantonment Acts Amendment Bill is this. In 1889 the Contagious Diseases Acts were introduced into Indian cantonments and towns for the purpose of preventing venereal disease among soldiers and sailors. Rules were framed under these defining areas, and providing for registration and examination and treatment in hospitals of public women. These Acts were repealed under Parliamentary pressure, and a Cantonment Act was passed under which certain regulations were issued providing that public women found to be diseased must either leave the cantonment or submit to detention and treatment in hospital. The British agitators procured the repeal of these rules under Parliamentary resolution. The Commander-in-Chief in India then issued orders through his Quartermaster-General that commanding officers must do their best, without breaking the law, to protect the men from venereal infection. The British agitator raised a cry that under these orders the old system of compulsory examination, detention, etc., was still carried out. A Parliamentary committee, under the chairmanship of Mr. Stanhope, was appointed to investigate the matter. It reported that the allegation was substantially correct, and recommended the Secretary of State for India to take steps to prevent all efforts in the direction of preventing venereal disease. The measure now under the consideration of the Imperial Legislative Council of India is the result. The matter has its sanitary, administrative, and service aspects. As regards the sanitary aspect, the proposed Act is uncompromising. No rules are henceforth to be framed on the subject of contagious diseases, and the soldier is left to contract these among the foul women who haunt Indian cantonments and bazaars without let or hindrance. The administrative point is whether the Secretary of State for India can dictate to Indian Legislative Councils what laws they are to enact without leaving them either discretion or choice. The service question is a serious one. The proposed Act presumes that medical officers will break the law of the land and disobey the order of Government unless they are deterred from committing this particular act of crime and breach of discipline by fear of special penalty. This presumption is an insult to the medical service, and it is against this that Mr. Ernest Hart waxes indignant and wroth, and righteously so."

THE Countess of Dufferin's Fund has just received the gift of a hospital at Karachi. The building, which will cost about 50,000 rupees, is to be given by a wealthy Parsee, and the foundation stone was laid recently by Lady Elgin. The fund has sufficient money for furnishing and

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. F. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. F., 2.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Ear, Tu. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, SOHO.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—M. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- LONDON TEMPERANCE HOSPITAL.** *Hours of Attendance.*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days.*—M. Th., 4.30.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1.30, S., 2; (Obstetric), Th., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL EYE HOSPITAL, Southwark.** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Daily.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, S., 3; females, W., 9.45. *Operation Days.*—M., 2, Tu. 2.30.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 5, Th., 2, F. (Women and Children), 2, S., 4. *Operation Days.*—W. and F., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), M., 2.30, F., 2; (Gynecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30; *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—Tu. W. Th., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

MEDICAL NEWS.

MR. W. E. DAWSON, L.R.C.P., has been elected an urban district councillor for Walton-on-the-Naze, and at the election of guardians for Melcombe Regis North Dr. Macpherson Lawrie, J.P., was placed at the head of the poll.

AT the examination for inspectors of nuisances held by the Sanitary Institute at Liverpool, on December 21st and 22nd, 1894, 67 candidates presented themselves, of whom 30 were successful in obtaining the certificate of the Institute.

VISION OF RAILWAY SERVANTS.—The Government of India have decided to recommend the adoption of tests for colour vision and night blindness by all the railway administrations in India.

AN extensive epidemic of measles appears to exist in Scotland. In Aberdeen there were 257 cases in the fourth week of December, and in Paisley there were also a large number in proportion to the population.

LADY DOCTORS IN RUSSIA.—Several attempts to obtain the sanction of the Russian Council of State to the practice of medicine by women have failed, but it is believed that a scheme now on foot is more likely to succeed, as it has received the sanction of the Minister of Public Instruction. It is stated that the necessary funds are already promised.

MEDICAL MARTYRS.—The *Maryland Medical Journal* of December 15th announces the death of Dr. Hazlett Cummins, a prominent practitioner of Wheeling, West Virginia, of diphtheria, contracted from a patient on whom he was performing tracheotomy. Dr. Alexander Kutowoi, of Kanef, Russia, died on November 29th, of diphtheria, contracted from a patient whom he attended; his wife, who nursed him during his illness, also fell a victim to the disease. The memory of Dr. Bonnafous, of Salindres, whose death under somewhat similar circumstances was recorded in a recent issue of the *BRITISH MEDICAL JOURNAL*, is, we are glad to see, held in such regard by those amongst whom he laboured, that the inhabitants of the town, and the workmen of the chemical factory to which he was medical officer, have subscribed a sum of nearly £72, which has been handed over to the Pasteur Institute of Montpellier. This act is as graceful as the application of the money subscribed is appropriate.

BACTERIOLOGICAL DIAGNOSIS OF DIPHTHERIA.—Bristol is about to adopt a lesson given at the meeting of the Association in August last. In the Public Medicine Section Dr. Bigg, of New York, made a statement with regard to the method adopted by the Health Department of that city for the prevention of diphtheria. This includes a bacteriological examination and the systematic supply for this purpose to medical men of cultivation tubes. The cultivation was conducted in the health laboratory. Acting on the advice of their medical officer (Dr. Davies) the Bristol Sanitary Committee have decided to provide such culture outfits, to be placed at five or six convenient depôts in the city, arrangements being made for their collection after inoculation by the medical attendant, and for their culture and examination. The plan was expected to be of service in identifying cases of suspected diphtheria, as well as in ascertaining if the patient was fit to mix with others after the attack. The Sanitary Committee intend voluntarily to undertake this work as a complement of the duties already performed under the Notification and Public Health Acts.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Resident Medical Officer and Resident Surgical Officer. Salary, £70 and £50 per annum respectively, with board, washing, and attendance in the institution. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by January 8th.
- BOLTON UNION.**—Medical Officer for the Workhouse at Fishpool. Salary, £200 per annum and a furnished house. Applications (on forms to be obtained of the Clerk) to Simpson Cooper, Clerk to the Guardians, 28, Mawdsley Street, Bolton, by January 14th.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY, Chesterfield.**—Resident Junior House-Surgeon and Dis-

penser. Salary, £50 per annum, with board, apartments, and laundry. Applications to the Secretary by January 10th.

COUNTY ASYLUM, Prestwich, Manchester.—Pathologist. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Superintendent.

DEVON AND EXETER HOSPITAL, Exeter.—Assistant House-Surgeon; doubly qualified and unmarried. Salary, £40 per annum, with board and lodging. Applications to Albert E. Boyce, Secretary, by January 7th.

GERMAN HOSPITAL, Dalston, N.E.—Honorary Physician; must be native of Germany. Applications to H. Gülich, Superintendent, by January 8th.

HEIGHAM HALL ASYLUM, Norwich.—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing. Must be under 30 years of age. Applications to Dr. Compton, Medical Superintendent.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Two Assistant Physicians; must be F. or M.R.C.P.Lond. Applications to the Secretary by January 14th.

LONDON HOSPITAL MEDICAL COLLEGE, Turner Street, Mile End.—Lectureship on Organic Chemistry. Salary not less than £175 a year. Applications to Munro Scott, Warden, by January 10th.

PAROCHIAL BOARD OF BARONY PARISH OF GLASGOW.—Senior Assistant to the Medical Superintendent of the Barony Parochial Asylum, Woodilee, Leigle, near Glasgow. Salary, £200 per annum, with board, apartments, etc. Applications, marked "Woodilee Medical Assistant," to Jas. R. Morton, Acting Inspector of Poor, Barony Parish Chambers, 38, Cochrane Street, Glasgow by January 12th.

WEST HERTS INFIRMARY, Hemel Hempstead.—House Surgeon and Dispenser, doubly qualified and unmarried. Appointment for two years. Salary, £100 per annum, with board, furnished rooms, fire, lights, attendance, and washing. Applications to the Secretary by January 17th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician and House-Surgeon for the in-patients. Honorarium, £50 per annum and board and lodging in each case. Applications to the Secretary by January 12th.

VICTORIA UNIVERSITY, THE YORKSHIRE COLLEGE, Leeds.—Lecturer on Diseases of the Eye and Ear. Further particulars from the Registrar.

MEDICAL APPOINTMENTS.

ASHBY, T. H., M.B.Toronto, L.R.C.P.Lond., appointed Medical Officer to the Workhouse of the Shardlow Union.

BOTT, Henry, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Brentford Local Board.

DACRE, John, M.R.C.S., L.R.C.P., reappointed Honorary Surgeon to the Bristol Hospital for Sick Children and Women.

FLAVIN, Francis Joseph, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the No. 7 (Newton and Godley) District of the Ashton-under-Lyne Union, *vice* G. Kisby, L.R.C.P.I., L.F.P.S.Glasg., resigned.

GREENWOOD, A., L.S.A., appointed Medical Officer for the Haggerston East District of the Parish of St. Leonard, Shoreditch, *vice* M. Greenwood, M.D., resigned.

HODGSON, Charles, M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the County Hospital, York, *vice* A. C. Coles, M.D., B.Sc.Eng., resigned.

HOUSE, S. Herbert, M.B., Ch.B.Vict., appointed Resident Medical Officer to the Grimsby and District Hospital.

JAMES, R. Blake, M.R.C.S., L.R.C.P., appointed Resident Surgeon to the Birmingham General Dispensary.

KELYNACK, T. N., M.D.Vict., reappointed Pathological Registrar to the Manchester Royal Infirmary.

LEWIS, Ernest Wool, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Anaesthetist to the West London Hospital, Hammersmith.

MARSDEN, R. W., M.B., B.Sc., Ch.B., appointed Resident Officer to the Monsall Fever Hospital.

MILLIGAN, W., L.R.C.P.Eng., M.R.C.S.Eng., appointed Medical Officer for the Cumberworth District of the Huddersfield Union.

NESFIELD, R. W., M.B., Ch.B.Vict., appointed a Resident Medical Officer of St. Mary's Hospital, Manchester.

O'BRIEN, Hy. Joseph, L.R.C.P., L.R.C.S.I., appointed Medical Officer for the West District of the Poplar Union.

PLANCK, Charles, jun., M.A.Cantab., L.R.C.P.Lond., M.R.C.S.Eng., late House-Surgeon to St. Thomas's Hospital, appointed Junior Assistant Medical Officer to the East Sussex County Asylum, Hayward's Heath, *vice* F. D. Bennett, L.R.C.P., M.R.C.S., resigned.

PROPERT, Walter Archibald, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Physician to the West London Hospital.

RICHMOND, J. R. M., L.S.A., appointed Medical Officer of the Overton Penley District of the Ellesmere Union.

RISELEY, Stanley, M.D.Eng., appointed Senior House-Surgeon to the Halifax Infirmary.

SHARMAN, M., M.B., C.M.Glasg., reappointed Medical Officer for the Harefield District of the Uxbridge Union.

SHAW, T. D. S., M.B., C.M.Eng., appointed Medical Officer of the North District of the Cirencester Union, *vice* W. Doughty, L.R.C.P., L.R.C.S.Eng., resigned.

SUTHERLAND, G. A., M.A., M.D., M.R.C.P., appointed Physician to Out-patients at Paddington Green Children's Hospital.

TIPPETT, S. G., M.R.C.S., L.R.C.P.Lond., appointed Senior House-Physician to the Westminster Hospital.

TYNAN, Dr., appointed Resident Surgeon to the St. Vincent's Hospital, Dublin.

WOODWARD, Martin, M.R.C.S.Eng., reappointed Medical Officer for the Fladbury and Eckington Districts of the Pershore Union.

YONGE, Eugene S., M.B., C.M.Eng., appointed Assistant Medical Officer to the Manchester Hospital for Consumption and Diseases of the Chest, *vice* Dr. Wood, resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

CENTRAL LONDON THROAT AND EAR HOSPITAL, 4.30 P.M.—Lecture on the Methodical Diagnosis of Diseases causing Deafness without Pain or Discharge, by Dr. Dundas Grant.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. John D. Malcolm: Illustrations of some Modes of Death from Ovariectomy.

WEDNESDAY.

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital, Kentish Town Road, 8.30 P.M.—Exhibition of Cases.

HUNTERIAN SOCIETY, 8.30 P.M.—The President (Mr. Charters J. Symonds): The Surgical Treatment of Typhilitis. Dr. Fred. J. Smith: Notes of a case of Typhoid Fever treated by the Continuous Bath.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 4.30 P.M.—Annual General Meeting. Election of Officers and Council, etc. Cases, Specimens, etc., by Mr. A. E. Durham, Drs. William Hill, Alex. Hodgkinson (Manchester), Midlemass Hunt (Liverpool), Percy Kidd, Edward Law, the President, Dr. Scanes Spicer, and Mr. W. R. H. Stewart.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Specimens. Reports on Specimens. Election of Officers for 1895. President's Valedictory Address.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, 4.30 P.M. Dr. Eddowes: Exfoliative Dermatitis. Dr. David Walsh: A Note on Antitoxin Rash.

NORTH-LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 9 P.M.—Dr. A. Morison: The Blood Pressure in Angina Pectoris. Dr. Archibald K. Christie: Remarks on the Selection of Cardiac Tonics.

FRIDAY.

BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION, 11, Chandos Street, 3 P.M.—Cases and Clinical Notes by Dr. Whistler, Dr. Law, Mr. F. Marsh, Dr. Dundas Grant, Mr. Jakins, Mr. Lennox Browne, and Dr. Wolfenden. Illustrated by lantern views, microscopic sections, etc.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Mayo Robson: Three cases of Abdominal Section for Unusual Conditions (a) Tuberculous Disease of the Liver, (b) Complete Volvulus and Strangulation of Great Omentum, (c) Traumatic Hemorrhage without External Wound. Dr. J. W. Browne: A case of Loculated Empyema. Mr. F. Eve: A case of Acute Intestinal Obstruction from Gall Stone, Laparotomy, Removal of Stone, Suture, Recovery. Dr. S. West: Two cases of Detachment of the Retina in the course of Granular Kidney.

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 ensure insertion in the current issue.

BIRTHS.

HOLBEETON.—On December 30th, 1894, at Chetwynd, East Molesey, Surrey, the wife of Henry N. Holberton, M.R.C.S., L.R.C.P., D.P.H., of a son.

OKELL.—On December 30th, 1894, at Magdala Road, Nottingham, the wife of J. Bathurst Okell, M.R.C.S., L.R.C.P., of a son.

MAYNARD.—On Sunday, December 9th, 1894, at the Medical Officers' Quarters, General Hospital, Calcutta, the wife of Surgeon-Captain F. P. Maynard, M.B., I.M.S., of a son.

PHILLIPS.—On Christmas Day, at 83, Shirland Gardens, Maida Vale, W., the wife of Hubert C. Phillips, M.R.C.S.Eng., M.&L.S.A.Lond., etc., of a daughter.

WILLIAMS.—At Madras, on November 30th, 1894, the wife of Surgeon-Captain C. L. Williams, M.D., M.R.C.S., Indian Medical Service, of a daughter.

MARRIAGES.

HIRSCH—MOREY.—On October 29th, 1894, at the Holy Trinity Church, Suva, Fiji, by the Rev. Francis Jones, M.A., Charles Theodore William Hirsch, M.R.C.S.Eng., L.R.C.P.Lond., F.C.S.Lond., etc., District Medical Officer, Rewa, Colonial Medical Service, Fiji, to Emmeline, fifth daughter of the late James Morey, Esq., of Fiji.

SMITH—EDMOND.—On December 28th, 1894, at 3, Blackford Road, Edinburgh, by the Rev. Archibald Henderson, D.D., Crief, J. Lorrain Smith, M.D., son of the late Rev. Walter Smith; Half-Morton, to Ella, daughter of E. Edmond, late of the Indian Civil Service.

DEATH.

SHELTON-JONES.—On December 27th, 1894, at his residence, Church Place, Pwllheli, N. Wales, in his 47th year, Edwin Shelton-Jones, L.R.C.P., L.R.C.S.Eng.