

trimmed and stitched up as to be able to bear a child, was, to say the least, remarkable. When they came to Dr. Smyly's paper it was exceedingly interesting to hear the various methods of operating on uterine fibroids, and in his hands with fairly even results. With regard to panhysterectomy, the simplest way was to operate simply through the abdomen, and so snip all round the cervix till the vagina is reached; the mixed way had the disadvantage of necessitating operating first in the vagina, then in washing of the hands, turning the patient on her back, and doing a fresh operation. There is no doubt, however, that after all precautions vaginal hysterectomy is a much safer operation than any other method. Even with a narrow vagina and other difficulties, given the possibility of getting a fibroid through the pelvic outlet, vaginal hysterectomy is the method that gives the best chance of recovery. While we are convinced that the removal of uterine fibroids is in many cases a necessity, yet the best means of doing it is not yet determined.

V.—Dr. RABAGLIATI.

Dr. RABAGLIATI asked with all diffidence whether, in the treatment of uterine fibroids, the profession was not becoming too surgical. Uterine fibroids played remarkable freaks—disappearing with rest in bed, sometimes without rest. He had seen fibroids disappear with pregnancy, so that, where Cæsarean section had to be performed, hysterectomy might be an unnecessary complication of the operation. To save organs, as Mr. Nairne said, ought to be one of our main objects, and an organ ought to be sacrificed only if life could not be preserved without it.

VI.—Dr. CULLINGWORTH.

Dr. CULLINGWORTH congratulated Mrs. Scharlieb on her paper, and especially on the impartiality with which she had approached the subject of her paper. She had not appeared as the advocate of one method of treatment or another, but had given an unbiassed account of her results in each of the methods she had adopted. In regard to the method of treatment by removal of the uterine appendages, he had had occasion recently to look up the literature of the subject, and he found that the results of this operation had not been published in sufficient number or in sufficient detail in this country to enable a true estimate to be formed as to its value. What was wanted, especially at the present time, was a series of clinical histories of uterine myomata, in which there had been no interference, so as to furnish us with material for knowing more than we now know of the natural history of the disease.

VII.—Dr. TRAVERS.

Dr. TRAVERS asked Mrs. Scharlieb the percentage of cases operated upon compared with those seen, and the ultimate capability of her cases to do hard work. High death-rate, from cases being postponed too long, partly arose from the very strong opinion by some well-known authority that death from fibroid is all but unknown.

VIII.—Dr. AUST-LAWRENCE.

Dr. AUST-LAWRENCE spoke on two points: 1. The great importance of having fibroid cases watched to see if they would improve under general treatment before resorting to operation. 2. On the necessity of operating on some poor women because they cannot rest, etc., having in fact to risk their lives to earn their living.

IX.—Dr. F. BARNES.

Dr. BARNES asked if it was consistent with the experience of those who were familiar with these cases that fibrous tumours of the uterus seldom caused danger, and did not justify operation.

Dr. SCHARLIEB'S REPLY.

Dr. SCHARLIEB said the appendages were seldom healthy, many ovaries being cystic, tubes inflamed, etc. The choice of operations lay between removal of appendages and hysterectomy. The multinodular when small would cease to cause hæmorrhage, and dwindle when appendages were pro-

perly removed. The uninodular were different, and were uninfluenced by removal of appendages. Electrical treatment was sometimes successful, often unsatisfactory, sometimes fatal, and only succeeded when appendages were healthy. Myomata did kill, and frequently prevented women from earning their living. The fatal case mentioned in the paper died from anæmia. Some patients were earning their living as cooks and charwomen. She had had no ileus and no hernia in 64 cases of abdominal section. All her cases had long been under treatment.

Mr. STUART NAIRNE'S REPLY.

Mr. NAIRNE said he had already defined the meaning of the word "resection" as used by him. He distinguished it from hysterectomy and enucleation. It meant that after the tumour and such part of the uterus as was found intimately adherent to the tumour were removed, the fragments of the uterus were stitched firmly together, the remnant being as nearly as possible a retention of the uterine organ on a smaller scale. In reply to Dr. Barnes, he was decidedly of opinion that fibroid tumours of the uterus, whatever was their size, were very rarely fatal—were, in fact, only so from the two, not always present, conditions of hæmorrhage and malignancy, and that if these two conditions could be controlled or altered by other means, operations such as hysterectomy and panhysterectomy, with their fearful mutilations, were quite unjustifiable. He spoke in this matter with a great amount of feeling and certainly from no want of knowledge, as, counting private and public practice together, he could not be seeing fewer than from 13 to 20 cases of fibroids every week, and the number of his operations had not been small.

MEMORANDA:

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

ARCUS SENILIS AT TWENTY YEARS OF AGE.

A MUSSULMAN clerk, aged 20, employed in the Lahore Medical College, consulted me for slight trachoma of the upper lids. On examining his eyes I was very much surprised to see that there was a typical and fully-developed "arcus senilis" occupying the upper margin of each cornea. (There were no nebulae or leucomata present.)

I examined the patient for any signs or symptoms of organic disease which would be likely to be associated with such an early tissue-degenerative sign, but could find no such cause to account for the condition. It is possible that the continued friction of the trachomatous upper lids may have led to a certain amount of keratitis, and that the inflammatory products may have undergone fatty degeneration, giving rise to the appearance known as "arcus senilis."

If this explanation be the correct one it would be curious to know why the inflammatory, and consequent degenerative, changes were so strictly localised to the upper margin of the cornea, and did not affect other portions of the corneal discs as well. I should add that I have now had the patient under my observation for eight months, and, though the trachoma is cured, the "arcus senilis" condition remains.

CHARLES H. BEDFORD, M.D., D.Sc.Edin.,
Professor of Chemistry, Lahore Medical College; Chemical
Examiner to the Punjab Government; Surgeon-
Captain, Bengal Medical Service.

Lahore Medical College.

A CASE OF ACUTE ALCOHOLIC POISONING.

S. J., aged 41, wife of a labourer, a periodic inebriate, on December 19th, 1894, in London, drank $1\frac{1}{2}$ pint of whisky 22 overproof (47 stronger than whisky as usually retailed). As this is nearly double the ordinary retail spirituous strength she must have swallowed an amount equivalent to more than $2\frac{3}{4}$ pints of the latter. The spirit was taken right off. In a few minutes she was found lying on her back insensible, and never recovered consciousness, but died in five hours and a-quarter. The *post-mortem* appearances thirty hours after

death were: Head: venous engorgement, with subarachnoid effusion, in addition to old-standing congestion with white milk-like film on pia mater. Heart: walls fatty, pale, thickened. Cavities: about half an ounce of fluid tarry-like blood in right ventricle. Lungs: slight pleural effusion, patches of extravasation of blood in both. Stomach: walls thinned in parts, with patches of mucous membrane semi-detached, presented brownish-black ridges with fiery tree-like aspect on a translucent pale ground interspersed with red; corrugated inflammatory appearances extending into duodenum. Contents of stomach: 8 ounces of grumous fluid with a faint odour of alcohol. Spleen: engorged. Kidneys: capsule semi-adherent. While alive the face was pale, the eyes suffused and dull, the skin cold and clammy with cold perspiration, the pulse thin, compressible, almost imperceptible, and the breathing stertorous. Throughout the pupils were dilated. The temperature fell 7° below normal.

Grove Road, N.W. NORMAN KERR, M.D., F.L.S.

SPONTANEOUS FRACTURE OF RIBS.

As spontaneous fractures are somewhat rare in pregnancy, the following case may prove of interest:

J. H., aged 25, who for some time had suffered from anæmia, was confined for the second time on November 18th, 1894. One week previous to the onset of labour, whilst moving about in bed, she "felt something snap in her side," and this was accompanied by pain and cough. I saw her three days after delivery, and found the eighth and ninth ribs of the left side fractured, with the usual symptoms. These rapidly yielded to treatment. The urine contained albumen for some time, but this has now disappeared.

Ascot. R. P. RYAN, F.R.C.S.I.

ARTERIAL HÆMORRHAGE PRODUCED BY IMPACTED RABBIT BONE IN ŒSOPHAGUS: RECOVERY.

On November 21st, 1894, I was consulted by a man, aged 36, who stated that he had had a small bone in his throat for three days.

On examination no trace of a bone could be detected, but as he was complaining of some local irritation and difficulty in swallowing, I passed an expanding probang into the œsophagus. This had the effect of relieving the symptoms somewhat, but did not remove the bone. The bone being so small, and evidently impacted in the folds of mucous membrane of the œsophagus, I was unable exactly to localise it, and as the symptoms were not urgent, I decided not to interfere further.

After the lapse of three days I received an urgent message in the night, and found he had vomited a pint of pure arterial blood, the impacted bone having evidently sloughed through the wall of the œsophagus, and perforated a large blood vessel. After applying an icebag to the neck and administering ice by the mouth, there was no return of the hæmorrhage.

The patient was fed by nutrient enemata for ten days, and recovered without a bad symptom.

Dovercourt. HAROLD GURNEY.

RECURRENT HYDRAMNIOS.

Mrs. S., aged 32, in the eighth month of her sixth pregnancy, suffered from swelling of the feet and legs, and from shortness of breath. I found the abdomen greatly distended, the breathing very laboured, and the urine loaded with albumen. She had been unable to lie down for the past week. The distension of the abdomen was due to an abnormal quantity of liquor amnii. The fetal heart was inaudible and the symptoms were urgent, so I punctured the membranes and drew off the fluid into a bath, very little being lost. It measured twenty pints. The membranes and placenta were normal in appearance. Mrs. S. states that, of her previous five pregnancies, the same state of affairs was present in two, labour coming on spontaneously at six and seven months respectively. I should mention that the patient is, in my opinion, the subject of Graves's disease.

Chard. C. E. STOKES, M.D.

A CASE OF TRAUMATIC PERICARDITIS.

J. C., aged 19 years, male, drove eight miles to my house having been accidentally shot. He walked from my gate to my surgery, a distance of 20 yards, and seemed quite strong and composed. On examination I found the marks of 73 pellets, between the right side of his sternum and his left arm. Eight pellets were near enough to the surface to be extracted. The majority had penetrated deeply. The gun (said to be a "hard killer"), was fully charged with No. 1 shot, had been fired at a distance of not more than 10 yards, and the charge had passed through a glass window before striking the patient. Shortly after admission evident signs of pericarditis showed themselves. The apex beat became displaced, and then was lost, and there was distinct friction to be heard on auscultation; there was very distinct bulging of the precordial region and great dyspnoea and cyanosis. The treatment consisted simply in absolute rest, very light poultices, and very mild but frequent saline laxatives. I was prepared to tap the pericardium at any moment, but on the third day, to my surprise, the apex beat began to be felt again, the dyspnoea gradually disappeared, and after a long but steady convalescence, the lad is now pursuing his usual work as a farm labourer. The gun had been fired a little to the left front, so there is every reason to believe that several of the pellets must have penetrated to the pericardium, and his recovery, after such severe symptoms, appeared to me to be remarkable.

Corowa, N.S.W.

W. H. LANG, M.B., C.M. Edin.

INCUBATION PERIOD OF CHICKEN-POX.

J. N. and W. N. are two brothers, aged respectively 7 and 5 years, and attending the same board school. J. N., the older, is rather delicate and was confined to the house with bronchitis from about November 10th. The younger continued to attend school, and on the night of November 26th became feverish, restless and wakeful. Next morning, November 27th, he was found to have a copious varicellar eruption over his body, and was kept at home till December 10th. The two were allowed to live and sleep together as usual, and the older was examined from time to time for evidence of infection. On morning of December 10th I examined him and found no eruption. During the afternoon, however, he fevered, was put to bed, and at night neck, shoulders, and back and front of chest were found covered over with chicken-pox papules.

Though this is only one case, it is free from any complicating condition as regards source of infection. It goes to prove that "the incubation period is fourteen days, and that it is infectious directly the rash appears," as demonstrated by Dr. J. J. Eyre, Beckenham, in the *BRITISH MEDICAL JOURNAL*, December 31st, 1892, pp. 1430-31.

Anstruther, N.B.

ROBT. T. FERGUSON, M.B., C.M.

VARICELLA BULLOSA.

MR. GEORGE MORGAN's article on Varicella Bullosa, as well as Dr. Stephenson's contribution on the same subject in the *BRITISH MEDICAL JOURNAL*, lead me to believe that the following brief outline of several cases seen by me in September last will be of interest.

The disease occurred in a family of six children, ranging in age from 6 months to 11 years, all of whom were affected with a vesicular eruption; of the four elder ones, the second had only one vesicle, and the others only four or five; they were about the size of a pea, and situate on the face (the upper part), except in one instance, in which there was a bleb of the size of a shilling on the leg, and another on the arm.

The youngest, aged 6 months, had, however, about twenty-five vesicles, fairly equally divided amongst the following regions—namely, the scalp, the face, the thorax, the buttocks, and thighs; of these, some were typical varicellous vesicles, while on the outer surface of each thigh was a bleb about 2 inches in diameter.

Unlike the rest of the family, the remaining child, aged 2, and the subject of pronounced rickets, was suffering from sharp febrile disturbance and debility; she had a bleb on either buttock the size of a florin, while the abdomen was covered with one enormous ruptured bulla measuring 7½ inches across; it was circular in outline, and the shreddy remains of its epi-

dermal covering existed along its margin, within half an inch or more of which its floor was red, excoriated, and inflamed. The greater part of its surface had returned to the normal condition.

The mother also had two vesicles on the hand typical of chicken-pox.

The family is free from any syphilitic or tuberculous taint, and, excepting the case of rickets, is of a healthy type, nor have any of them had chicken-pox previously.

In conclusion, alluding once more to the eruption, in the case of the larger bullæ, their thin cuticle had given way, leaving an excoriated surface, while the smaller remained intact, filled with serous fluid; they appeared in successive crops, the smaller ones forming scabs. With the exception of some discoloration of the skin and tendency to form pits, the affection disappeared within three or four weeks.

Harwich.

T. E. STUART, M.R.C.S., L.R.C.P.Lond.

REPORTS

ON

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

GUY'S HOSPITAL.

A CASE OF DOUBLE POPLITEAL ANEURYSM TREATED BY COMPRESSION.

(Under the care of Mr. GOLDING-BIRD, Surgeon to the Hospital.)

E. B., aged 28, unmarried; was first seen by Dr. Barnard, of Paris, on February 18th, 1893, who reported: "There is a pulsatile swelling in the right popliteal space; compression of the femoral artery stops the pulsation in the tumour, and the posterior tibial artery can hardly be felt, though it is quite perceptible in the other leg. In the left popliteal space there is evidently a commencement of the same process, the artery being dilated and pulsation being abnormal."

The patient, who lived a quiet business life in Paris, was sent to England for treatment, which was commenced in Guy's Hospital on March 3rd. He had had chancre and secondaries at 19 years of age. He was treated for one month only, but had been well ever since. In the late autumn of 1892 he began to take long walks daily, and early in December began to feel pain in the right popliteal space; he then observed a pulsatile tumour there, and employed embrocations to "disperse it." He continued his daily walks, and took no advice until February, 1893.

When seen in London there were all the characters of a saccular popliteal aneurysm, the size of a hen's egg, on the right side, very near the surface; the coverings were thin, but not inflamed, nor adherent; some oedema occurred in the leg after standing. Otherwise the patient was quite healthy; nothing was physically wrong with the heart or other vessels, except the left popliteal, where deeply in the left space undue pulsation could be detected, which was lost between the attachments of the sural muscles; no tumour could be distinguished; the characteristics were those of a spindle enlargement of the artery of the size of the forefinger.

On March 3rd, after a short course of iodide of potassium, no alteration being made in the diet, treatment of the right aneurysm by digital compression of the right femoral artery was commenced at 3 P.M., and continued by relays of dressers continuously until 3 P.M. the next day, but all pulsation had ceased three hours previously. The pressure was well borne and well maintained throughout; only three small doses of morphine were given. The limb was enveloped in wool in the usual way. To avoid having to manipulate the aneurysm to judge of the progress made, the following plan was adopted. A Marey's cardiograph tambour was securely but lightly bandaged over the tumour, the pneumatic tube from it passing under the bedclothes to the usual tambour recorder placed on a chair at the bedside, a feather on the end of the lever enabling its slightest movement to be seen, and thus the progress of the clotting as well as the effectiveness of the compression could be continuously watched.

On March 10th (seven days later) the aneurysmal condition

of the left popliteal was also treated by compression, but in different fashion. An Esmarch's bandage was applied up the entire limb, including the aneurysm, and was worn for forty minutes once a day until March 13th. It caused great pain, and could not be more frequently applied in consequence. On its discontinuance the pulsation was slightly less marked.

The following day, March 14th, at 4 P.M., treatment of weight pressure was commenced, the tambour having been applied over the aneurysm to register the pulsation, as on the former occasion. A leaden weight, of the form of a truncated cone, was so adjusted over the artery in Scarpa's triangle as to stop all pulsation, the patient himself keeping it in position by the aid of two check straps attached to the curtain bars of the bed. With now and then a ten minutes' interval, compression was kept up until 10.30 P.M.; it was renewed the next day, March 15th, at 7.30 A.M., and continued till 9 P.M., with fifteen minutes' rest each hour. On March 16th it was continued, with thirty minutes' rest each hour, from 8 A.M. to 8 P.M. On March 17th it was similarly maintained from 8 A.M. to 9 P.M., and on March 18th from 9 A.M. to 3 P.M. The pulsation since the evening of March 16th had been hardly able to move the recording lever, and there is reason to believe that the aneurysm had coagulated from that date, since on March 18th an examination showed this slight pulsation to be due to an anastomotic artery, nearly the size of the radial, coursing almost superficially down the popliteal space, and overlying the now completely consolidated aneurysmal dilatation of the main artery. Pulsation had ceased in both the tibials, but the foot remained warm.

After a further rest of three weeks in bed the patient was allowed to get up, and he gradually began to move about, so that by the middle of May he was ready to resume his duties in Paris. When critically examined on May 2nd the condition was as follows. In the right leg the aneurysm formed a solid and firm swelling, gradually shrinking and hardening; no pulsation in the tibials. In the left there could be felt what appeared to be a circumscribed thickening, as of a small solid clot in a saccular aneurysm, but at the same time a longer thickening, as of a fusiform enlargement. Just under the deep fascia the anastomotic branch already mentioned could be felt pulsating; there was no pulsation in the tibial vessels.

Both limbs were quite free in their movements; there was no oedema, and the patient could walk well; he thought the feet seemed colder than he had been accustomed to feel them formerly. He was advised to continue taking iodide of potassium, which had already been ordered.

REMARKS BY MR. GOLDING-BIRD.—The following points are worthy of note. There can be no doubt that the sudden resumption of walking exercise after a long period of inactivity was the immediate determining cause of the disease; yet it is more than probable that there was previous weakening of the walls of both popliteal arteries, induced by syphilis, from which he had suffered nine years before, and for which he had had very little treatment. No proof of this connection of course exists; but in the absence of any other general influence it is hard to disconnect the general disorder and the local lesion. Atheroma so early in life is rare; nor could evidence of arterial disease be discovered anywhere else; the patient himself was a man of most temperate habits. In the treatment of the right aneurysm there is nothing further to note, except the method employed for registering the variations in pulsation. The tambour method, which I have tried before and with equal satisfaction, has the advantage of at once indicating not only the progress of consolidation, but the degree of pressure on the proximal artery to be employed, as well as the direction in which it should be exerted. This last is very important where the patient himself undertakes intermittent pressure—as in this case on the left side; for provided he is intelligent enough to undertake the treatment at all, he can quickly learn to read the indications of the lever and vary the compression accordingly. A very similar case of double popliteal aneurysm in which the patient cured the tumour on one side himself is recorded by Mr. Bryant in the *Guy's Hospital Reports*, vol. xiv, p. 241.

Dr. Barnard reports that the patient was well on June 24th, 1893. Both sacs are consolidated. Posterior tibial pulsation suppressed on both sides. E. B. still becomes easily fatigued if he walks at all quickly, the calf muscles aching

power of resistance by that which has, in my hands, proved most valuable, namely, iron, one of our most powerful weapons against toxins, whether in septicæmia, pneumonia, or influenza.—I am, etc.,

Menston, Jan. 7th.

A. H. FRERE, M.B.

OBITUARY.

ROBERT FARRER, M.R.C.P.ED., M.R.C.S.ENG.

WE regret to have to record the death of Dr. ROBERT FARRER, formerly of Brighouse, Leeds, at the age of 72. Robert Farrer was the son of the late Mr. Benjamin Farrer, of Pontefract, and received his early education at the Grammar School of that town. His medical studies were carried on at the Leeds School of Medicine and University College, London. He became a Licentiate of the Apothecaries' Society in 1846, and in the same year was appointed House-Surgeon of the Halifax Infirmary, a post which he held for five years. On his retirement, in 1851, from this post to settle in practice at Brighouse, he was presented with a testimonial. In 1852 he became a Member of the Royal College of Surgeons of England, in 1859 a Licentiate and in 1872 a Member of the Royal College of Physicians of Edinburgh. Dr. Farrer took an active interest in public matters and for a time sat upon the Brighouse Local Board. He was devoted to his profession and his kindly presence and cheerful temperament endeared him to his patients. He was at various periods of his career certifying factory surgeon to a large district, surgeon to the Low Moor Coal and Iron Works Company, Poor-law Medical Officer, and Public Vaccinator. Dr. Farrer retired from practice in 1886 and went to reside at Scarborough. He was a member of the British Medical Association, and leaves two sons, both in practice at Brighouse. He was buried at Brighouse, and the funeral was attended by a large number of residents, who took this last opportunity of testifying to the respect in which he was held.

DR. S. SPITZER, who recently died in Vienna at the age of 81, was born at Nikolsburg, in Mähren, and took the degree of Doctor of Medicine at the University of Vienna. He was soon afterwards appointed Professor of Anatomy at Constantinople, and there he laboured for many years, trying to place medical education in the Turkish capital on a scientific basis. On completing the term of his appointment as Professor, he was named Director of the Medical School of Constantinople. During a serious illness of the late Sultan Abdul Medschid, Spitzer was appointed Physician in Ordinary to His Majesty. Disgusted by the intrigues of his enemies, he resigned his appointment in Constantinople, but it was with great regret that Abdul Medschid allowed him to leave. In gratitude for Spitzer's services the Sultan appointed him Ottoman Consul at Naples. This office Spitzer resigned in 1860 on the death of his patron, Abdul Medschid. The rest of his life was spent in literary and scientific pursuits partly in Vienna, partly in Paris.

WE have to announce the death of Dr. JAMES HALL, of Preston, on December 17th, 1884. He was born at Preston on December 24th, 1815, and had thus nearly completed his 79th year. He took the diplomas of M.R.C.S.Eng. and L.S.A. in 1839, and the whole of his professional life was passed in Preston, where he enjoyed a large practice and was highly esteemed. He continued in active work until about ten years ago, when his health gave way. The immediate cause of death was apoplexy. He had been for many years a member of the British Medical Association.

DR. ERBICO JACOLUCCI, of Naples, whose death is announced in the Italian journals, had earned for himself a considerable reputation as a surgeon. In August, 1862, he performed Cæsarean section in the Ospedale degli Incurabili, and succeeded in saving the lives both of the mother and of the child—a girl. The event was commemorated by a large gold medal, with an inscription recording the date and result of the operation, which was awarded to Dr. Jacolucci by the Government. The operation is said to have been the first successful case of Cæsarean section performed in Naples.

DEATHS IN THE PROFESSION ABROAD.—Among the members in the medical profession in foreign countries who have recently passed away are Dr. Marcus Abeles, of Carlsbad and Vienna, author of numerous publications on diabetes, etc.; Dr. Kuhn, Emeritus Professor of Obstetrics in the University of Vienna; Dr. Alexander Jusskewitsch-Krasskowski, lecturer on obstetrics in the University of Kieff, aged 36; Dr. Poppelauer, Medical Director of the Friedrich-Wilhelm Hospital of Berlin, aged 70; Dr. Paolo Covini, an old comrade of Garibaldi's, and afterwards a well known practitioner at Milan, aged 57; and Dr. Malécot, of Paris, a specialist of some reputation in genito-urinary diseases.

UNIVERSITIES AND COLLEGES.

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

THE following gentlemen passed the Second Examination of the Board in the subjects indicated at a meeting of the Examiners, on Monday, January 7th:

Passed in Anatomy and Physiology.—H. O. P. DeMirimonde, student of Yorkshire College, Leeds; N. J. Kendal, W. A. L. Jackson, and J. C. Young, of Mason College, Birmingham; F. T. Butler, R. Hughes, H. M. Rees, W. H. Stott, and F. S. Rhodes, of Owens College, Manchester; E. Symes and G. W. B. Beverley, of University College, Bristol; D. R. Edwards, C. J. L. Palmer, and W. Daley, of University College, Liverpool; R. R. Horley, of Middlesex Hospital; and J. Templeton, of St. Mary's Hospital.

Passed in Anatomy only.—L. N. Lloyd, of Charing Cross Hospital; H. R. Rice, of Mason College, Birmingham and London Hospital; C. D. Ingle, of University College, Bristol; T. P. Yates, of Owens College, Manchester; and S. H. Longhurst, of Guy's Hospital.

Passed in Physiology only.—A. Cubley, of Firth College, Sheffield, and Mr. Cooke's School of Anatomy and Physiology; F. C. Torbitt, of Owens College, Manchester; A. Evans, of St. Mungo's College, Glasgow; G. H. Heron, of University College, Liverpool; J. Gott, of King's College, London; J. B. A. Treusch, of Guy's Hospital; and M. C. B. Anderson, of St. Mary's Hospital.

Thirteen gentlemen were referred in both subjects, and five in Anatomy only.

Tuesday, January 8th:

Passed in Anatomy and Physiology.—W. Q. Bown, W. R. Flint, and C. H. Furnival, students of St. Mary's Hospital; E. H. Ross, E. L. Forward, W. S. Maughan, and H. S. E. Williams, of St. Thomas's Hospital; R. G. Murray, of St. George's Hospital; J. Oldfield, G. A. W. Spear, and H. J. Hutchens, of St. Bartholomew's Hospital; T. A. Dowse, of Charing Cross Hospital; G. Q. Richardson, of Adelaide Hospital and Royal University, Dublin; A. E. Gilmour and S. E. Denyer, of Cambridge University; F. J. Nicholls and R. Balderston, of Guy's Hospital.

Passed in Anatomy only.—D. Ackland and J. H. C. Fegan, of Charing Cross Hospital; F. Voller, of St. Thomas's Hospital; T. H. Bailey, of King's College, London, and Mr. Cooke's School of Anatomy and Physiology; and R. D. Dobie, of King's College, London.

Passed in Physiology only.—S. H. Mason and C. C. Poole, of Guy's Hospital; G. F. M. Clarke, of Charing Cross Hospital; C. N. Chadborn, of St. George's Hospital; and E. F. Crabtree, of St. Bartholomew's Hospital.

Eleven gentlemen were referred in both subjects, 5 in Anatomy only, and 5 in Physiology only.

Wednesday, January 9th:

Passed in Anatomy and Physiology.—H. A. C. Harris and A. C. Haslam, students of St. Thomas's Hospital; G. O'Neill, of Charing Cross Hospital; B. F. Wingate, of St. Mary's Hospital; J. B. Walters, J. G. Watt, and C. C. Worts, of Guy's Hospital; F. Buckwell, W. Beckton, and E. G. Klumpp, of St. Bartholomew's Hospital; A. S. Bruzand and H. J. Bryan, of London Hospital; and H. Breton, of St. George's Hospital.

Passed in Anatomy only.—A. R. O'Flahertie, of Queen's College, Cork, and London Hospital; C. A. C. Salmon, of Guy's Hospital; F. A. Pitts-Tucker, of St. Thomas's Hospital; and C. S. Agnew, of Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only.—R. L. Argles, of St. Mary's Hospital and Mr. Cooke's School of Anatomy and Physiology; A. J. Andrew, of St. Bartholomew's Hospital; and A. E. Malaher, of St. Thomas's Hospital.

Sixteen gentlemen were referred in both subjects, 6 in Anatomy only, and 4 in Physiology only.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II, JANUARY, 1895.—The following candidates passed:

Anatomy and Physiology.—C. S. Agnew, Charing Cross; W. Amsden, St. Bartholomew's; E. Brice, Birmingham; E. F. Crabtree, St. Bartholomew's; E. F. Dowding, St. Thomas's; W. H. Gale, St. Thomas's; A. H. Gibbon, St. Thomas's; A. T. Griffiths, Birmingham; H. W. Hues, Birmingham; T. T. Hughes, Middlesex; W. J. Lindsay, Guy's; M. Paine, Women's Medical College; C. C. Poole, Guy's; E. W. W. Pugh, Birmingham; C. B. Salway, St. Thomas's; H. E. Scowcroft, Cambridge; E. Whalley, Leeds; A. M. St. J. Wright, Madras; L. Wright, St. Thomas's.

Anatomy.—T. H. Bailey, King's; P. Cator, St. Bartholomew's; C. F. W. Dunn, Cambridge; A. H. Fitzgibbon, St. Bartholomew's; C. F. Eddowes, St. George's; J. G. Gowland, St. George's; M. B. Hebron,

King's; H. M. Maitland, Women's Medical College; S. J. Meredith, Birmingham; A. Ross, Guy's; J. Scarr, Manchester; A. M. Williams, Women's Medical College.

Physiology.—G. F. M. Clarke, Charing Cross; J. Freeman, University College, Bristol; J. R. Jeaffreson, St. Bartholomew's; F. T. Knott, Guy's; H. M. Waller, St. Bartholomew's.

PRIMARY EXAMINATION, PART I.

Chemistry, Materia Medica, Botany, and Pharmacy.—H. M. Hardy, South London School of Pharmacy.

Chemistry.—L. Bradstock, Birmingham; C. H. F. Dalton, Charing Cross; A. G. Lang, Guy's.

Materia Medica and Pharmacy.—C. F. Eddowes, St. George's; A. C. McLean, King's.

Materia Medica.—W. O. Piper, Westminster.

Biology.—S. K. K. Haslam and E. C. Scarlett, Women's Medical College. The diploma of this Society entitles the holder to practise Medicine, Surgery, and Midwifery.

NAVAL AND MILITARY MEDICAL SERVICES.

P.M.O. INDIA.

WE understand that it is probable that Surgeon-Major-General T. Walsh, P.M.O. Madras, will be the successor of Surgeon-Major-General Bradshaw as P.M.O. of India.

UNDER Indian Notes the *Broad Arrow* of January 5th notifies that the Secretary of State for India has refused to sanction the extension of the services of Surgeon-Major-General Bradshaw, P.M.O., with Her Majesty's forces, as proposed by the Government of India. He will consequently be retired in March next on attaining the age of 62.

We predicted this announcement in the *BRITISH MEDICAL JOURNAL* of November 24th last, and pointed out why the retirement should take place. It is generally believed that some dispute and difference of opinion is likely to arise between the Indian and Home Governments on this refusal on the part of the latter. It is generally felt that the interests of the department require that the decision should be adhered to.

THE NAVY.

SURGEON ALEXANDER G. WILDEY has been appointed to the *Wildfire*, additional, January 5th.

INDIAN MEDICAL SERVICE.

The following are the allotment of annuities for 1895 of the Bombay Medical Retiring Fund: Surgeon-General T. B. BEATTY, M.D., F.R.C.S., £252; Surgeon-General J. PINKERTON, M.D., £210; Deputy-Surgeon-General C. JOYNT, M.D., £210; Surgeon-Major J. T. D. MACKENZIE, M.B., F.R.C.S., £188; Brigade-Surgeon E. H. R. LANGLEY, £188; and Brigade-Surgeon P. W. COCKELL, £188. *Lapsed to Government, these officers having received a refund of their subscriptions.

ARMY MEDICAL STAFF.

SURGEON-MAJOR-GENERAL W. A. THOMSON, M.B., has been selected for appointment as Honorary Physician to the Queen, on January 9th, *vice* Surgeon-General J. FRASER, C.B., deceased. Surgeon-Major-General Thomson joined the service in 1851, and quitted it on retired pay in 1892.

ARMY MEDICAL RESERVE.

SURGEON-MAJOR W. R. SMITH to be Surgeon-Lieutenant-Colonel, January 9th.

Surgeon-Lieutenant DAVID TODD, 1st Durham Volunteer Artillery (Western Division Royal Artillery), to be Surgeon-Lieutenant, January 9th.

THE VOLUNTEERS.

SURGEON-MAJOR E. F. HALL, M.D., who was mentioned in last week's *BRITISH MEDICAL JOURNAL* as having been promoted to be Surgeon-Lieutenant-Colonel, should have been described as of the 2nd Lancashire (the St. Helens) Volunteer "Engineers," instead of "Artillery."

Surgeon-Lieutenant W. T. CRAWFORD, M.B., 1st Midlothian Artillery, has resigned his commission, January 9th.

Mr. HENRY WM. LAING, M.D., is appointed Surgeon-Lieutenant to the 1st Fifehire Artillery, January 9th.

Surgeon-Lieutenant-Colonel A. SCLANDERS, M.D., the Highland Artillery, has resigned his commission, with permission to retain his rank and uniform, January 9th.

Surgeon-Lieutenant A. PEACOCK, M.B., 1st (Renfrewshire) Volunteer Battalion the Argyll and Sutherland Highlanders, has resigned his commission, January 9th.

VOLUNTEER MEDICAL STAFF CORPS.

QUARTERMASTER AND HONORARY CAPTAIN F. MILLS has resigned his commission, retaining his rank and uniform, January 9th.

FOREIGN SERVICE A.M.S.

COMPLAINTS reach us of the injustice of keeping medical officers proceeding to India uninformed of the presidency in which they will be called on to serve. The uncertainty is also a source of expense to individual officers. One recently embarked stated that had he known beforehand his presidency the bulk of his baggage might have been considerably reduced, for in a state of doubt he was compelled to carry out a kit which was both adapted to the coldest stations in the Punjab, or the milder and warmer quarters in the south—for example, the Madras Presidency. In no other department of the army is this treatment

accorded to its officers, and why the Medical Staff should be singled out for unfair dealing in this respect it is difficult to understand. It is much to be desired that the Director-General take steps to terminate a condition of affairs which is keenly felt by his officers.

THE COCKADE.

RETIRED SURGEON-MAJOR writes with regard to this subject to express the opinion that a volunteer officer retired with rank and permission to wear uniform as captain or major is entitled to use the cockade.

*We are indebted to Mr. G. Ambrose Lee (Bluemantle), of Heralds' College, London, for the following observations on this point: I have to inform you that the opinion given by this College is that the privilege appertains and is confined to the naval and military services, including the militia, yeomanry, and volunteers, and that every officer, whatever his rank, as long as he holds Her Majesty's commission, has a right to mount, in the person of his servant, a cockade. It would also appear that the use of a cockade by officers who have retired with rank and permission to continue to wear their uniform is both customary and justifiable.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns including London, 7,410 births and 3,844 deaths were registered during the week ending Saturday, January 5th. The annual rate of mortality in these towns, which had declined from 20.2 to 18.0 per 1,000 in the preceding four weeks, rose again to 18.9 last week. The rates in the several towns ranged from 14.1 in Cardiff, 14.5 in Halifax, and 14.6 in Plymouth to 24.3 in Wolverhampton, 24.5 in Preston, and 25.0 in Gateshead. In the thirty-two provincial towns the mean death-rate was 20.0 per 1,000, and exceeded by 2.6 the rate recorded in London, which was 17.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000; in London the rate was equal to 1.8, while it averaged 2.1 per 1,000 in the thirty-two provincial towns, and was highest in Portsmouth, Gateshead, and Newcastle-upon-Tyne. Measles caused a death-rate of 2.5 in Newcastle-upon-Tyne, 2.7 in Gateshead, 2.8 in Preston, and 3.3 in Portsmouth; scarlet fever of 1.0 in Salford; whooping-cough of 1.2 in Wolverhampton and 1.6 in Blackburn; and "fever" of 1.5 in Birkenhead. The 87 deaths from diphtheria in the thirty-three towns included 50 in London, 5 in Birmingham, and 4 each in Leeds and Sheffield. Two fatal cases of small-pox were registered in Birmingham and 1 in Liverpool, but not one in London or in any other of the thirty-three large towns. There were 23 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, January 5th, against 22, 15, and 16 at the end of the preceding three weeks; 8 new cases were admitted during the week, against 3, 0, and 1 in the preceding three weeks. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 1,779, against 2,034, 1,931, and 1,890 at the end of the preceding three weeks; 126 new cases were admitted during the week, against 161 and 116 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, January 5th, 910 births and 630 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.7 and 22.1 per 1,000 in the preceding two weeks, declined again to 21.8 during the week under notice, but was 2.9 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.8 in Paisley to 24.6 in Glasgow. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Paisley and Aberdeen. The 329 deaths registered in Glasgow included 18 from measles, 4 from scarlet fever, 5 from diphtheria, and 7 from whooping-cough. Two fatal cases of small-pox were recorded in Edinburgh, and 13 of measles in Aberdeen.

VITAL STATISTICS OF LONDON DISTRICTS DURING THE FOURTH QUARTER OF 1894.

IN the accompanying table will be found summarised the vital and mortal statistics of the forty-three sanitary areas of the metropolis, based upon the Registrar-General's returns for the fourth or autumn quarter of 1894. The mortality figures in the table relate to the deaths of persons actually belonging to the various sanitary areas, and are the result of a complete system of distribution of deaths occurring in the institutions of London among the various sanitary areas in which the patients had previously resided.

The 32,697 births registered in London during the three months ending December last were equal to an annual rate of 30.1 per 1,000 of the population, estimated at 4,349,166 persons in the middle of last year; this rate almost corresponded with the average rate in the fourth quarter of the preceding five years, 1889-93, which was 30.0 per 1,000. The birth-rates during the period under notice in the various sanitary areas showed, as usual, wide variations, owing principally to the differences in the sex and age distribution of the population. In Kensington, St. George Hanover Square, St. James Westminster, Hampstead, St. Martin-in-the-Fields, London City, and Lee the birth-rates were considerably below the average; while in St. Luke, Shoreditch, Whitechapel, St. George-in-the-East, Mile End Old Town, St. Olave Southwark, and Bermondsey the birth-rates showed a marked excess.

INDIA AND THE COLONIES.

CAPE OF GOOD HOPE.

MEDICAL COUNCIL ELECTION.—The poll for the election of four members of the Colonial Medical Council has resulted in the re-election of Drs. John Hewat, W. C. Scholze, J. H. M. Beck, and C. L. Herman. The number of votes cast on the present occasion was very much larger, in fact three times as large as last year. The election of three members of the Colonial Pharmacy Board also resulted in the re-election of the old members.

MEDICAL NEWS.

THE Municipal Council of Havre has decided to establish an office of hygiene and a bacteriological laboratory.

DR. ANTON WÖLFLE, Professor of Surgery at Graz, has been appointed to the corresponding chair at Prague, in succession to Professor Gussenbauer, now of Vienna.

Two female medical assistants (*Feldscherinnen*) have recently fallen victims to disease contracted in the discharge of their duty at Balaschoff, in the Saratoff Government, Russia.

A BRITISH MASSAGE ASSOCIATION has been formed to consist of reputable practitioners of the method. The temporary offices are at 2, Sloane Square, S.W., and the Hon. Secretary is Mr. T. Garner.

It is proposed to erect a statue to the late Professor von Helmholtz. *Nature* states that the German Emperor has offered to head a subscription list for that purpose with a donation of 10,000 marks.

A department of General Pathology has been established in the Imperial Institute of Experimental Medicine, St. Petersburg. Dr. Lukjanoff has been appointed Director of the new department.

A CONFERENCE arranged by the Matrons' Council will be held at the rooms of the Medical Society of London on Thursday next at 8.30 P.M., when Miss Mollett, Matron of the Royal South Hants Infirmary, will open a discussion on Infirmary Matrons under the Poor Law.

On the initiative of the professors in the medical faculty a Society for the Repression of Infectious Diseases has been founded at Kieff. The funds are to be provided by private contributions. In the meantime they will be applied to the furtherance of the serum treatment of diphtheria.

NEW OVERLAND ROUTE TO EGYPT.—The International Sleeping Car Company on January 6th commenced to run a special through train from Ostend to Constantinople for passengers travelling to Egypt. The train catches the mail steamer which proceeds direct to Alexandria. The whole journey is performed in just over five days from London.

A NATIONAL Congress on Tuberculosis is in process of organisation in Portugal. It is to be held in the buildings of the University of Coimbra in March next, beginning on the 24th, which is the date on which Professor Koch communicated his discovery of the tubercle bacillus to the Berlin Physiological Society. Professor Augusto Rocha, editor of the *Coimbra Medica*, has been chosen to preside at the Congress.

MEDICAL PRACTITIONERS IN AUSTRIA.—Statistics recently published by the Superior Sanitary Council of Austria show that in the various kingdoms and countries represented in the Reichsrath, there were, at the end of 1893, 8,149 practitioners of the healing art, being an increase of 52 as compared with the previous year. Of these, 6,728 were doctors of medicine, and 1,421 lower grade practitioners. Within the last five years the number of *Wundärzte* has fallen from 1,896 to 1,421, or about 25 per cent.

THE TWELFTH INTERNATIONAL MEDICAL CONGRESS.—Preparations are already in active progress in Moscow for the twelfth International Medical Congress, which is to take place in that city in 1897. The Organising Committee includes all the professors in the Medical Faculty of the University of Moscow, under the presidency of the Curator of the Moscow Teaching Staff, Count Kapnist. A special Executive

Committee, under the presidency of Dr. Klein, Professor of Morbid Anatomy, and Dean of the Medical Faculty, has been entrusted with the preliminary arrangements for the Congress.

DONATIONS AND BEQUESTS.—Sir John Baker, M.P., has offered to the Committee of Management of the Royal Portsmouth, Portsea, and Gosport Hospital, the sum of £500, on condition that a convalescent home in connection with the hospital be established.

THE MISSING LINK.—Dr. Eug. Dubois, of the Dutch Indies Army Service, believes that he has found the missing link between *homo primas* and the anthropoid apes in some fossil remains recently discovered in the andesitic tuffs of Java. The bones consist of the upper part of a skull, a very perfect femur, and an upper molar tooth. The remains are elaborately described and figured in a quarto memoir recently published in Batavia.

EDINBURGH ROYAL INFIRMARY.—The annual general meeting of the Court of Contributors to the Edinburgh Royal Infirmary was held on January 7th, under the presidency of the Lord Provost. From the annual report then presented it appeared that 9,853 indoor patients had been treated during the year, the percentage of deaths was 6.5; 25,500 outdoor patients had been seen. The "ordinary" income for the year was £29,686, a decrease of £1,083 from last year. The expenditure was £42,074, a decrease of £1,858.

AN interesting paper on the Formation and Climate of Egypt in Geological, Prehistoric, and Historic Times, by Dr. Grant Bey, of Cairo, was read before the St. Andrews Literary Union recently. In dealing with the climate of Egypt, the author stated that the present rainless condition of the upper country was due to a process of desiccation which had been going for countless years over an immense area. In earlier times rains of tropical violence prevailed. The present comparatively high rainfall of the Delta was shown to be due, in part at least, to the great lakes near the sea coast, and to the increase of vegetation which an improved system of irrigation now permitted.

The *Archives d'Electricité Médicale*, published in Bordeaux on the 15th of every month, terminates its second year of existence with the number which we have just received. It contains an interesting original article by Bordier on Muscular Contractions produced by Spark Discharges; and one by Tripier on Electrolytic Phenomena in Living Tissues, considering especially the inter-polar effects and their influence in the treatment of fibroids by Apostoli's method; also the report of a commission appointed to advise as to the best way of rendering aid to persons injured by electric accidents. There are also condensed reports of the proceedings of the French and of the American electrotherapeutic societies, abstracts of papers which have appeared elsewhere, and an index (four pages) of the writings on medical electricity during the past quarter. The last forms a most useful feature of this good publication.

MORTALITY AMONG MEDICAL PRACTITIONERS IN RUSSIA.—A writer in the *Vratch* gives some interesting details on this subject. There are in Russia between 15,000 and 16,000 medical practitioners, and a study of the mortality statistics among them during the years 1891, 1892, and 1893 shows that during that period the total number of deaths in the profession was 642, giving an average mortality for each year of 13.9 per cent. Among the causes of death it is of special interest to note that the foremost place is taken by contagious diseases contracted, it is to be presumed, at the bedside of patients; nearly one-third of the deaths of which the cause could be ascertained were from diphtheria, cholera, typhus, etc. Tuberculosis was accountable for 15 per cent. of the whole number of practitioners who died, while in general statistics it causes only 11 to 13 per cent. of all deaths. Suicide appears from the figures given by the *Vratch* to be relatively very frequent among medical practitioners in Russia, reaching 8.8 per cent., and it is said to be increasing every year. The cause of this is probably to be sought in the severity of the struggle for existence, which, in the medical profession at least, is even harder in that country than it is elsewhere.

FEMALE PROFESSORS IN MEDICAL COLLEGES.—The College of Physicians and Surgeons of Kansas City now has a lady professor in the person of Dr. Katherine Berry Richardson, who occupies the chair of Visceral and Histological Anatomy. The Board Regents of the University of Michigan have removed the barrier of sex to the occupancy of its chairs, and a movement has been set on foot in Detroit to endow a female professorship. It is estimated that a capital of 30,000 dollars will suffice for the endowment of the chair, and one enthusiastic advocate of the rights of her sex has already subscribed 10,000 dollars, while four others have among them given 4,000 dollars.

MEDICAL VACANCIES.

The following vacancies are announced :

- 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.
- CENTRAL LONDON THROAT AND EAR HOSPITAL,** Gray's Inn Road, W.C.—Assistant Registrar, qualified, and undertake to hold office for twelve months. Applications to the Secretary by January 15th.
- CITY OF DUBLIN HOSPITAL.**—House-Surgeon. Salary, £50 a year, with apartments, light, fuel, and attendance. Applications to the Honorary Secretary, Medical Board, City of Dublin Hospital, Upper Bagin Street, Dublin, by January 19th.
- GUEST HOSPITAL,** Dudley.—Resident Medical Officer; doubly qualified. Salary, commencing £100 per annum—increasing £10 a year to £120 if services are satisfactory—with board, residence, attendance, and washing. Applications to the Secretary by January 21th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physicians. Applications to the Secretary by January 24th.
- 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.
- NEWTON ABBOT UNION.**—Medical Officer and Public Vaccinator for the Ashburton (No. 1) District. Salary, £72 10s. per annum and £3 per annum for the medical officer to provide a surgery at Broadhempston. Salary mentioned will include all extras except payment of 10s. 6d. for each midwifery attended and the usual payment for vaccination. Applications to John Alsop, Clerk, Union Offices, Newton Abbot. Election on January 23rd.
- ROYAL HOSPITAL,** Chelsea.—Dispenser; must be on the *Medical Register*, and preference given to a married man with qualifications in surgery. Remuneration, 10s. a day, with unfurnished quarters, fuel, and light. Applications to the Secretary by January 19th.
- SOUTH-EASTERN FEVER HOSPITAL,** Hatfield Street, New Cross, S.E.—Temporary Assistant Medical Officer; doubly qualified. Salary, £13 6s. 8d. per month, with board, lodging, attendance, and washing. Applications, on forms to be obtained at the offices of the Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., to be sent to the Medical Superintendent, at the hospital, by January 11th.
- UNIVERSITY OF EDINBURGH.**—Additional Examiner in Natural History and Clinical Surgery. Period of office four years. Salary, £75 per annum in each case, with £10 per annum for travelling and other expenses in the case of an additional examiner not resident in Edinburgh or the immediate neighbourhood. An additional allowance is made to the Examiner in Natural History for examining for Graduates in Arts. Applications to L. J. Grant, Interim Secretary, University Court, University of Edinburgh, by February 6th.
- 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.
- BRODRICK, H. Edward, M.D., B.S., M.R.C.S., L.S.A.Lond.,** appointed Honorary Medical Officer to the Richmond (Surrey) Dispensary.
- NGELIS, David W., M.D.,** appointed Medical Officer of the Hebburn District of the South Shields Union, *vice* Robert Mitchell, M.B., C.M. Edin., resigned.
- KENWOOD, Henry Richard, M.B., C.M. Edin., L.R.C.P.Lond.,** reappointed Medical Officer of Health to the Finchley Local Board.
- LAW, T. Brough, M.B., C.M.,** appointed a District Medical Officer in the Colonial Medical Service at Nicosia, Cyprus.
- MARSH, O. E. B., L.R.C.P. Edin., M.R.C.S. Eng.,** appointed Honorary Surgeon to the In-patients at the Newport Infirmary, *vice* Arthur Williams Loveridge, M.R.C.S. Eng.
- PALMER, Horace J., L.R.C.P., L.R.C.S. Edin., L.M., L.F.P.S. Glasg.,** appointed Medical Officer of the Heath, Sutton-cum-Duckmanton, and Temple Normanton District.
- SHEPPARD, Amy, M.B.Lond.,** appointed Assistant-Physician to the New Hospital for Women.
- STEAVENTON, A. Paget, M.B., C.M. Edin.,** appointed Senior House-Surgeon to the District Hospital, West Bromwich, *vice* G. E. Helme, M.B., C.M., resigned.

MEDICAL APPOINTMENTS.

- UMNEY, William F., M.D.Lond., M.R.C.S. Eng.,** appointed Assistant Medical Officer to the Home and Infirmary for Sick Children, Sydenham, S.E.
- WADHAM, Frank J., L.R.C.P.Lond., M.R.C.S. Eng.,** appointed a Medical Officer to the Royal Isle of Wight Infirmary, Ryde.

DIARY FOR NEXT WEEK.

MONDAY.

- ODONTOLOGICAL SOCIETY OF GREAT BRITAIN,** 40, Leicester Square, W.C., 8 P.M.—Mr. C. S. Tomes: On Some Points upon Amalgams. Casual communications by Mr. J. J. Andrews and Mr. J. Mansbridge.
- MEDICAL SOCIETY OF LONDON,** 8.30 P.M.—Sir B. W. Richardson, F.R.S.: Cycling and Heart Disease. Dr. Hector Mackenzie: A case of Hysterical Deafness successfully treated, with some remarks on the Diagnosis and Treatment of this Affection.

TUESDAY.

- PATHOLOGICAL SOCIETY OF LONDON,** 8.30 P.M.—Dr. H. D. Rolleston: Diffuse Secondary Growth on Dura Mater. Dr. Collier: Enlarged Spleen. Mr. Cecil Beadles: Five Brains from Insane. Dr. T. W. Carr: Serous Pachymeningitis from a syphilitic Child. Dr. H. Snow: Density of Duct Cancer of Mamma with Ordinary Carcinoma. Dr. H. D. Rolleston: Abnormal Suprenals. Mr. C. P. White: On the Cultivation of the Diphtheria Bacillus on Hydrocele Fluid. Card Specimens: Dr. F. Parkes Weber: Boar's Tusk forming a Circle.
- CENTRAL LONDON THROAT AND EAR HOSPITAL,** 4.30 P.M.—Lecture by Mr. Lennox Browne on Diphtheria: the Elements of Prognosis and General Therapeutics.

WEDNESDAY.

- ROYAL MICROSCOPICAL SOCIETY,** 20, Hanover Square, 8 P.M.—Annual Meeting. Address by the President.
- ROYAL METEOROLOGICAL SOCIETY,** 25, Great George Street, Westminster, 7.30 P.M.—8.15 P.M., Annual General Meeting.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC,** Queen Square, 3 P.M.—Lecture by Dr. Gowers.

THURSDAY.

- SOCIETY OF ANÆSTHETISTS,** 20, Hanover Square, W., 8.30 P.M.—Dr. Fred-eric Hewitt: On Nitrous Oxide and Oxygen.
- HARVEIAN SOCIETY,** 8 P.M.—Annual General Meeting and President's Address. Smoking and music.
- NEUROLOGICAL SOCIETY OF LONDON,** 20, Hanover Square, 8.30 P.M.—Annual General Meeting. Address by Sir William Broadbent (President-elect) on Some Speculations on the Constitution and Action of the Nervous System.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

- MOIR.**—On December 15th, 1894, at 7, South Street, Halifax, Nova Scotia, the wife of Surgeon-Captain John Drew Moir, Army Medical Staff, of a son.
- NUTTALL.**—On January 4th, at 41, Great Bolton Street, Blackburn, the wife of Frank Nuttall, L.R.C.P. & S. Edin., of a son.
- THOMAS.**—On January 4th, at Greenlawn, Pen-y-lan, Cardiff, the wife of Mr. J. Lynn Thomas, F.R.C.S., of a daughter.

MARRIAGES.

- DAVIS—NUTTALL.**—On January 2nd, at St. Nicholas's Church, Liverpool, by the Rev. L. J. Rich. M.A., Albert Edward Davis, F.R.C.S. Edin., L.R.C.P.I., of 20, Great George Square, to Annie Louisa, only daughter of James S. Nuttall, of 26, Sandringham Road, Tuebrook.
- FERRARY—ANSELL.**—On January 3rd, at St. Paul's Church, Grove Park, Chiswick, by the Rev. Nevison Lorraine, Vicar, George Arthur Ferrary, L.R.C.P.Lond., M.R.C.S. Eng., of Birmingham, to Gertrude Somers, eldest daughter of William Henry Ansell, surgeon, of Market Rasen, Lincolnshire. At home Tuesdays in February.
- LORRAINE—MATHEWS.**—On January 8th, at Elm House, Maxwelltown, Dumfries, by the Rev. Maxwell Hutchison, M.A., B.D., Kirkmahoe, Dumfries, Richard Bell Lorraine, M.B., C.M., 26, Castle Street, Dumfries, to Mary Jane, daughter of the late Robert Dundas Mathews, Lochar House, Dumfries.
- QUILLER—KING.**—On January 1st, at the Chapel Royal Savoy, Charles Turner Quiller, M.R.C.S., to Caroline, widow of the late J. Walton King. No cards.
- SCUDAMORE—SMITH.**—On December 27th, 1894, at Wentworth Parish Church, by the Rev. H. C. Russell, Rector of Wollaton, assisted by the Rev. P. Verini, Vicar of Wentworth, Charles George Colin Scudamore, L.R.C.P., L.R.C.S. Edin., of 1, Burngreave Road, Sheffield, to Mary Olive, eldest daughter of James Smith, of Ashcroft, Wentworth.

DEATHS.

- HUTCHINSON.**—On January 1st, at Ashdown House, Fawley, Southampton, very suddenly, Martha Ann, wife of Joseph Hutchinson, M.R.C.S., aged 43.
- SCHMIDT.**—On January 5th, at 150, Bethnal Green Road, Alfred Edwin Schmidt, L.R.C.P.E., L.R.C.S.E., L.S.A., aged 56.

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., 9; 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; (Gynaecological), 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.

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.

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.

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.

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.

CALNUS asks to be recommended an institution or home where an imbecile boy, aged 6, can be received for a weekly pay of 5s. or 6s.

TREATMENT AFTER SUPRAPUBIC CYSTOTOMY.

R. C. S. writes: What is the best apparatus to be worn when it is desirable to keep open the sinus after suprapubic opening into the bladder? How long can such an apparatus be worn without inconvenience or injury? What would be the ultimate effect on the bladder where there is no malignant disease or serious enlargement of the prostate?

THE RULES OF COTTAGE HOSPITALS.

JUSTICE sends us a copy of the report of the cottage hospital of the town in which he practises, and calls our attention to the following rule: "(11) Any medical practitioner resident in the counties of — or possessing the legal qualifications required by the Local Government Board shall be allowed to visit his own patients in the hospital." He states that this rule has been interpreted to mean that the visit mentioned in it should be "a social visit."

Such an interpretation of the rule is contrary to all precedent, and would reduce the rule to a meaningless absurdity. The intention of a rule of this kind—which, we believe, has been adopted by all cottage hospitals—is that patients admitted to the cottage hospital should continue to receive the medical attendance of their own medical man if he be a duly qualified practitioner resident in the district.

"ON THE TREATMENT OF GLEET BY THE URETHROSCOPE."

M.D. writes from the Isthmian Club, Piccadilly, W.: I noticed in this club, the members of which are chiefly young men, a paper called the *Medical Week* in the library to-night. The paper is not taken in here, nor have I ever seen it here before. The article with the above title was marked on the cover in blue pencil.

ANSWERS.

M.R.C.S.—A Licentiate of the three Scottish corporations is not entitled to call himself Doctor, neither legally nor by Scottish use and wont.

CLINICAL SOCIETY OF LONDON.

M.B., C.M.—The subscription for resident members is one guinea annually and two guineas admission fee; for non-resident is two guineas admission fee, no annual subscription. A composition fee of five guineas entitles members to receive a copy of the *Transactions* each year.

PATENT MEDICINES.

E. N. N.—A list of "patent medicines" may be obtained from the Index of Patents at the Patent Office Library, and the composition of such medicines can be ascertained from the specifications relating to them. Lists of the secret, proprietary articles sometimes improperly called "patent medicines" can be obtained from Messrs. Newbery or Messrs. Barclay. The composition of these articles can only be ascertained by analysis. Partial analyses of some of them, chiefly in regard to the presence of statutory poisons, have been published in *Hygiene*, and reprinted under the title *Patent, alias Quack, Medicines* (London: Beaumont and Co. 1894), and in a pamphlet on the subject by Dr. Joseph Tillie published by Macniven and Wallace, Edinburgh. See also *Pharmaceutical Journal*, December 23rd, 1893.