

sible even in these enlightened days. Again, it is often not desirable to check a particular symptom even when this can be done, such as cough, provided it serves some useful purpose, though it may at the same time perhaps be controlled and helped in various ways. One general rule at any rate should be followed in dealing with symptoms in combined chest cases, and that is not to give more medicine than is really needed, and to employ simple and harmless remedies as much as possible.

I may draw attention to the great advantage to be derived in relation to thoracic symptoms not uncommonly from the adoption of treatment directed to some particular general condition or conditions, especially anæmia, emaciation, and obesity, though I think the last mentioned is sometimes rather injudiciously attacked. Nor must I overlook the immense relief to be often obtained by getting rid without delay of certain abdominal accumulations which physically interfere with the diaphragm and thoracic contents, as well as of extensive subcutaneous dropsy. The beneficial effects which thus follow tapping for ascites, or relieving anasarca by operative measures of different kinds, have, in my experience of a good many cases, been most remarkable.

8. I now come to my last point bearing upon the treatment of combined chest cases, and that is to say a few words about special therapeutic methods. I need scarcely remind you that we are living in an age when, to say the least, there is no great respect paid to traditional therapeutics, and when active and energetic workers are on all hands trying to discover new systems, methods, or even remedies, which will enable us to cope more effectually and successfully with disease in its varied and complex forms. It behoves us, however, as a profession, to be somewhat cautious in our so-called "progress," and not to be too eager to adopt and practise supposed "cures," which a little consideration may show to have really no rational foundation. Such caution is especially necessary in relation to the treatment of diseases of the chest, and a comparatively recent experience gave us all round a lesson which it is to be hoped will not soon be forgotten.

The more prominent special methods of treatment at present in vogue in relation to chest affections may be summed up as follows: (1) Antiseptic treatment, practised in various ways, including intralaryngeal injections, a method recently brought prominently before the profession by Dr. Colin Campbell. The use of antiseptics may unquestionably be of the greatest value in many combined chest cases, and not merely in those of a phthisical nature. (2) Hypodermic injections of different kinds, which may be rational enough in connection with certain exceptional conditions, but on the whole, as at present recommended and carried out, rather indicate a want of any actual clinical or even pathological knowledge of the grave diseases with which they profess to deal, and sometimes border on the absurd. (3) Climatic treatment, to which is added not uncommonly some particular "cure." About this treatment, which of course is the essential requirement in a large number of instances, I will only say that I find that the "resident doctors" in climatic "health resorts" do not at all like a very advanced or complicated chest case of any kind to deal with, but almost invariably, and for obvious reasons, give their opinion that their particular climate will not be suitable for the patient, and that he had better go elsewhere or stay at home. (4) The use of "respiratory gymnastics," often of the greatest service for various purposes, when properly carried out. (5) Methods connected with the employment of "condensed or rarefied air," especially for emphysematous cases. (6) Treatment directed to the nasal cavities and the throat, which in appropriate cases is of unquestionable advantage. (7) Mechanical or physical methods practised in the treatment of cardiac affections, such as massage, graduated mountain climbing, cycling, or special exercises. With regard to these methods, no doubt they are most beneficial in suitable cases, as I can testify, but each one requires very careful consideration before it is treated in any such way.

The preceding remarks have been intended merely to bring to your remembrance, without attempting to discuss them, certain methods of treatment, one or other of which might appropriately be called for in the management of more or less complicated chest conditions. Their individual

application must be left to the matured judgment, practical experience, enlightened common sense, and honesty of purpose of each member of the profession to which we have the privilege and honour to belong.

And now, Mr. President and Gentlemen, my task is ended. I am but too conscious of the imperfect manner in which it has been performed. One of the greatest and most trying problems which the medical profession has to face at the present day, is how to diminish by preventive measures the enormous number of cases of chest diseases which overwhelm us on all sides; and how most effectually to cope with these diseases, in their many forms and combinations, so as to restore health, to prolong life, or to lessen human suffering, according to the circumstances and conditions with which we have to deal. I can honestly say that my object in these lectures has been to contribute something, however insignificant, to the attainment of these ends. Increasing experience has made me feel more and more strongly that before we can succeed in our aims in anything like a satisfactory degree, we must not be content with a general and often vague or theoretical conception of the maladies against which we have to contend, or of their treatment; and I venture further to suggest, with all deference and respect, that we cannot consent to be guided in this matter solely by the teaching of modern experimental pathology and pharmacology. We are bound to realise things as they actually exist in living patients; and it is from this point of view that I have thought it might be of some positive advantage to bring the combinations of morbid conditions of the chest prominently before the profession, at the same time trying to arrange them under some kind of order, to take a comprehensive survey of their clinical investigation, and to glance at the more important principles bearing upon their practical management.

## MEMORANDA:

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

#### CONGENITAL ABSENCE OF KIDNEY AND FALLOPIAN TUBE.

I WAS sent for to see a female child, aged 1 month, who had died suddenly without any apparent cause. She was said to have been quite well in the early morning, when her mother left her in the bed alive, and returned after about an hour's absence and found her dead. The child had two thumbs on the right hand, the four fingers being normal. She had also two accessory auricles in the position of the upper branchial cleft and the intermaxillary cleft. An inquest was held. On making a *post-mortem* examination, I found that the right kidney and right Fallopian tube and ovary were absent, and there were not any rudimentary structures in their place. The right superior angle of the uterus was rounded off, and completely covered by peritoneum. The left kidney was normal in size and deeply congested. The pelvis contained a small quantity of purulent urine; the bladder was quite empty. In this case it appears as if the one kidney had been insufficient for the wants of the body.

Hendon.

F. W. EDRIDGE-GREEN, M.D., F.R.C.S.

#### THE CONTROL OF HÆMORRHAGE IN AMPUTATION AT THE SHOULDER.

THE method of controlling the main artery on the inner flap by placing a temporary ligature around the vessels, nerves, and muscles, after transfixing the flap by a needle, as described by Dr. Dillon in the BRITISH MEDICAL JOURNAL of February 9th, is no doubt efficient, but I think unnecessary. The text books give four suggestions: (1) pressure on the subclavian with or without division of the skin; (2) elastic ligature carried over the shoulder; (3) trusting to an assistant to compress the flap or catch the vessel; (4) previous ligature of the artery. The three first named are unreliable, the last superfluous. Having in my first amputation learnt the danger of trusting to even a highly-qualified assistant to control the hæmorrhage, I have ever since arranged to keep the

artery under my own command. The method I adopt is as follows :

The deltoid flap having been raised and the head of the humerus disarticulated, the knife is carried down on the inner side of the bone somewhat below the neck. The left hand now grasps the inner flap between the thumb and fingers so as to compress the artery, the thumb being in contact with the raw surface and the fingers outside. Held in this way the inner flap is completed by the knife without hæmorrhage, the surgeon retaining his hold until the vessel is secured with forceps. During the ten years I taught operative surgery in the school of Guy's Hospital, I always insisted on the students adopting this method so as to render them in practice independent of assistants, and I have so frequently tested its efficiency on the living subject that I can strongly recommend its general adoption.

Finsbury Square. R. CLEMENT LUCAS, B.S.Lond.F.R.C.S.

#### BURSA COMMUNICATING WITH KNEE-JOINT : EXCISION.

Mrs. D. first consulted me on November 22nd, 1894, complaining of a "jelly tumour" in the right popliteal space. She had noticed it for years, and had been treated for it by means of strapping, blistering, and injections of iodine and Morton's fluid. It had lately got larger and caused her inconvenience on walking. Excision was advised and accepted. On December 2nd an incision was made over the bursa, and an attempt made to "shell it out" entire. This was impossible, as it had a deep connection communicating with the joint. The bursa was opened and its contents mopped up. On exploring the interior of the sac a small opening was seen through which a probe could be run into the joint. A silk ligature was placed on the neck of the sac as near the joint as possible, and the sac then excised.

The patient made an uninterrupted recovery, and is now, January 14th, 1895, quite free from any inconvenience in the part.

Scarborough.

J. A. HUTTON, M.D.

#### MATERNAL IMPRESSION.

A WOMAN in the early months of pregnancy was attending the Electrical Department in St. Bartholomew's Hospital, and while she was sitting upon a bench in the waiting room, she was startled by a little boy who had two fingers of one hand fused together.

The boy was standing on the bench and put his hand upon her shoulder; she turned to see what it was that touched her, and then saw for the first time his deformed hand, and was agitated at the sight of it. Her baby now has a double fifth toe upon each foot. The right one is almost completely double, and the left one is so to a less degree, being bifurcated, and having two separate toe nails. The deformity had not occurred before, in any of her children or relations. I give this case for what it is worth, the relation between the alleged cause and effect being a fairly direct one.

Upper Wimpole Street.

H. LEWIS JONES, M.D.

#### A CASE OF CONTINUOUS HICCOUGH.

CASES of persistent hiccough lasting a few days are not infrequently met with in hysterical patients, but the following case is of interest on account of its having lasted for more than three months.

J. H., aged 21, a domestic servant, complained on October 28th, 1892, of shortness of breath on exertion, general *malaise*, and constipation. The mucous membranes were pale, tongue foul; temperature normal; pulse 76, fairly good. A *bruit de diable* was heard in the veins of the neck, and a hæmic murmur over the pulmonary cartilage. The menses were scanty, and the appetite bad. She was hiccoughing, but this symptom had commenced only just before I saw her. She had been in poor health for the previous twelve months. One brother was a congenital idiot, and two great-aunts and a great-uncle were also insane. A mixture of soda, rhubarb, and cascara was ordered to be taken before meals.

On October 30th the hiccough was much worse; she was unable to swallow solids, and had not slept. A draught containing bromide of potassium gr. xx, chloral hydrate gr. x, with spirit of chloroform, procured her some sleep, the hic-

cough ceasing during sleep. Next morning it recurred, and an inhalation of chloroform proved useless. Later Dr. de Havilland Hall saw her with me, and he advised morphine gr.  $\frac{1}{4}$  hypodermically, sinapisms round the diaphragm, and  $\mathfrak{m}$ v of tincture of belladonna every three hours. The sinapisms were repeated, blisters applied over the origins of the phrenic nerves, and among the drugs exhibited were carbolic acid and the valerianates of zinc and quinine. Pilocarpin (gr.  $\frac{1}{10}$  given by the mouth every four hours) was followed by lessening of the hiccough, which ceased on November 10th, but recommenced on November 12th.

On November 15th tincture of jaborandi in  $\frac{1}{2}$ -drachm doses was substituted for the pilocarpin. Again the spasm lessened, but in a few days was more violent than ever. Subsequently musk gr. j every three hours and gargle of cocaine were also given without result.

On November 24th she was admitted to Westminster Hospital, where faradism to the phrenics failed to relieve. For a few days the hiccough was changed for sneezing, but soon recurred. On February 4th, 1893, the patient was attacked with tonsillitis, after which she remained free from hiccough.

This case shows well how little reliance can be placed on the ordinary remedies. Nearly everything that has been recommended was tried in this case and failed. Heidenhain<sup>1</sup> thinks cocaine invaluable; Nobel and Stiller<sup>2</sup> consider jaborandi and pilocarpin the best remedies; Dr. Rattray<sup>3</sup> recommends musk; but all these proved ineffectual. The case is also of interest on account of the small effect which the hiccough had on the patient's general health; she only lost a few pounds in weight all through. In the *Boston Medical and Surgical Journal*, March 8th, 1894, a case of similar duration is recorded, in which the patient wasted from 150 lbs. to 80 lbs. and then died, in marked contrast with the present case.

South Croydon. ARTHUR W. HARRISON, M.R.C.S.Eng., etc.

#### OPERATION ON A CASE OF STRANGULATED IN- GUINAL HERNIA FOUR MONTHS AFTER A SUPPOSED RADICAL CURE.

On January 7th, 1895, I was sent for to a patient of whom I had no previous knowledge.

On arrival, I was told that four months previously the patient—a lady—had been advised to undergo, and had undergone, an operation for the radical cure of an old-standing right inguinal hernia. From this operation she had had an uninterrupted good recovery, though she was advised to continuously wear a truss.

Leaving London for a holiday she had tried to manage without her support, with the result that, after playing with a child, she was seized with violent abdominal pain.

I found the usual signs of an inguinal hernia, together with the scar of the previous operation over the most prominent point of the tumour. My efforts to return the gut being futile, my partner, Mr. Martin, kindly administered chloroform, and the tumour being still irreducible, I proceeded to operate in the usual manner. The only noticeable circumstance in the early stage was the excessive amount of fluid which spirted out immediately on incision of the sac. A knuckle of intestine was tightly gripped by the ring, and with difficulty I passed the director through and divided the constriction, then returning the intestine into the abdominal cavity. On examining the ring I could find no trace of a radical cure, in fact the ring seemed to be in a perfectly normal condition. I made no attempt at a radical cure, and the patient is now convalescent.

My object in communicating these notes is, first, that I think it is very unusual for a patient to have been operated on twice in four months for hernia on the same side; and secondly, I think it must be still more unusual when we remember that the first operation was done on an old reducible hernia solely for the purpose of a radical cure.

SIDNEY MATTHEWS, M.R.C.S., L.R.C.P.,  
Late Resident Medical Officer Brighton Hospital for Women.  
Crawley.

<sup>1</sup> *Berl. klin. Woch.*, June 11th, 1894.

<sup>2</sup> *Cent'ra'bl. f. klin. Med.*, 1892, Nos. 32 and 42.

<sup>3</sup> *BRITISH MEDICAL JOURNAL*, December 10th, 1892.

came to act for B: from a distance, and was paid the usual £3 3s. a week. It was almost immediately after (about twelve or fourteen days) leaving B that A. started practising in the village four miles distant; this was done with the full consent of B. There was no restrictive bond as to time or distance, but A. has refused to attend patients up to the present who live in the village where B. and C. practise, but thinks that now, as two years have passed, he would not be committing a breach of medical etiquette in attending them. The *locum tenens* was a longer one than usual, as it extended over three months. A. has consulted several of the other medical men in the neighbourhood (including C.), and they say A. would be quite justified after such a long interval to attend patients in the said village. When C. was asked his opinion he was aware that it was principally his own patients who were in question, but took a common-sense view of the question. As A. is anxious not to act unprofessionally, your opinion on the matter will be much appreciated.

\*.\* The statement that A. commenced practice in the village referred to with the full consent of B., his former principal, is so exceptional, that we fail to comprehend it; and alike difficult to understand is the alleged interviewing of C. in relation to his assumed dissatisfied patients. Moreover, be the opinion of the several practitioners whom he (A.) consulted on the subject what it may, we cannot ignore the apparent fact that he, in the absence of a restrictive bond, availed himself of his acquired knowledge as a *locum tenens* to settle as an independent practitioner in the near neighbourhood of, and to the unquestionable detriment of, B. and C. If such be the case, it is scarcely necessary to add that, in so doing, he failed to fulfil the great but simple moral law "to do unto others as he himself would wish to be done by." In reply, therefore, to the specific question as to whether A. would, in our opinion, be justified in professionally attending any person in the village in which B. and C. practise, we would simply counsel him to be guided by the dictates of his own conscience instead of soliciting extrinsic opinions.

## MEDICO-PARLIAMENTARY.

### HOUSE OF LORDS.

*The Royal Commission on Vaccination.*—In reply to Lord ASHBOURNE, the LORD CHANCELLOR said that when he became Lord Chancellor he wished to discontinue serving on the Commission, but he had remained a member of it in compliance with the request of his colleagues. The chair when he was away had been taken by Sir James Paget, than whom no one was better qualified to fill the position. The Commission was appointed on May 29th, 1894, and held its first meeting on June 26th. No doubt a very considerable time had elapsed since then, but if his noble and learned friend had seen the Blue Books that had been published from time to time he must have observed how wide had been the field of the inquiry. It was absolutely necessary that the Commission should prolong its investigations, for it was not thought desirable to shut out evidence, and it was felt to be expedient that no excuse should be given to the supporters or opponents of the present system for stating that they had not been fully heard. The inquiry had, then, been very exhaustive. Even the Blue Books did not give an idea of its complete extent, because the cases of injury from vaccination that had been brought before the Commission had been specially investigated by a medical man appointed for the purpose, and of course the reports received from him had required and received very careful examination. When the Commission was approaching the conclusion of its evidence, and indeed since the oral evidence was concluded, there had been in several parts of the country outbreaks of small-pox; and it was thought desirable by the Commission that a careful inquiry should be made by skilled persons into these epidemics. These inquiries necessarily, in order to be of any value, occupied some considerable time, because of course they had to range over the whole period of the continuance of the epidemic. The report of the last three inquiries was complete, and he believed would be very shortly in the hands of the members of the Commission. Steps had been taken for the preparation of the report of the Commission, but there was an enormous mass of matter to be dealt with, going often into points of very great detail, which, nevertheless, had to be noticed and considered. Several of the members of the Commission, moreover, were gentlemen whose time was very fully occupied, and it was impossible to make more than a reasonable demand upon their services; but the Commission, individually and as a whole, were desirous to see their labours brought to a close, and the report would be presented as expeditiously as possible consistently with its being complete and satisfactory.

—Lord ASHBOURNE asked for some more definite statements as to how soon the report might be expected.—The LORD CHANCELLOR said that there would be no unnecessary delay, and that the Commission would conclude their labours and issue their report at the earliest possible period. He could not give any more definite information.

*Indian Opium Commission.*—In reply to Lord CROSS, Lord REAY said that the report would certainly be issued before Easter, and Lord BRASSEY, as Chairman of the Committee, asserted that the Commission had shown the utmost assiduity in the discharge of their duties.

### HOUSE OF COMMONS.

*Public Hypnotic Exhibitions.*—In reply to Sir D. MACFARLANE, Mr ASQUITH said that his attention had not previously been called to the public exhibition of hypnotism at the Royal Aquarium, but that the matter having now come under his notice he intended to give it attention.

*The Vaccination Commission.*—In reply to Mr. WHARTON, the PRESIDENT OF THE LOCAL GOVERNMENT BOARD said that the Commission had practically concluded the taking of evidence, and the delay in the appearance

of the report was due in part to the great mass of evidence and in part to the institution of special inquiries into particular outbreaks. In reply to a further question, Mr. SHAW LEEFEBRE said that boards of guardians had been informed of the state of the law very often, but that it was difficult to call upon them to enforce it pending the report of the Commission.

Mr. LONG introduced a Bill to provide for superannuation allowances to Poor-law officers and servants, and for contributions towards such allowances by such officers and servants, and to make other relative provisions.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

DEGREES.—At the Congregation on February 14th, the following medical degrees were conferred: M.B. and B.C.—Harold Christian Barraclough, B.A., St. John's College; Lionel Nicholson Harding, B.A., Selwyn College.

EXPERIMENTAL PHYSICS.—The Cavendish Laboratory is about to be extended at a cost of some £4,000, chiefly for the accommodation of the large classes of elementary students preparing for the First M.B. Examination.

### UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE, Pass List.—*Entire Examination.* Second Division: J. H. Arthur, London Hospital; W. B. Bell, King's College; H. C. P. Bennett, St. Bartholomew's Hospital; W. M. Bergin, University College, Bristol, and Clifton Laboratory; R. P. Brown, St. Bartholomew's Hospital; E. P. Chennells, University College; J. B. Christian, St. George's Hospital; W. W. Clegg, Leeds and Middlesex Hospital; F. C. W. Clifford, King's College; A. S. Cobbedick, Bristol Medical School; E. Evans, Guy's Hospital; R. T. Fitz-Hugh, Guy's Hospital; Lucy Elizabeth Harris, London School of Medicine for Women and Birkbeck Institute; F. J. Hasslacher, King's College; C. R. Hodgson, Guy's Hospital; Beatrice Knowles, London School of Medicine for Women and Birkbeck Institute; Octavia Margaret S. Lewin, London School of Medicine for Women; J. J. S. Lucas, B.A., Bristol Medical School; S. F. Lynch, King's College; R. Maxwell, London Hospital; R. W. Mayston, Guy's Hospital; F. A. H. Michod, St. Mary's Hospital; J. Moore, Guy's Hospital; W. G. Mortimer, London Hospital; A. E. Payne, St. Mary's Hospital; J. H. Phipps, Owens College; F. Pritchard, Owens College; H. J. Starling, Guy's Hospital; W. C. Varley, Owens College; W. P. Walker, Owens College; A. E. Walter, Middlesex Hospital; Bertha Margaret Webb, London School of Medicine for Women; A. J. Wernet, Guy's Hospital; R. H. Wilsnah, Owens College; H. B. Woodcock, Owens College.

*Excluding Physiology.* Second Division: A. E. Baker, Middlesex Hospital; G. P. Bletcher, Middlesex Hospital; C. E. Durrant, St. Thomas's Hospital; W. N. East, Guy's Hospital; E. A. Günther, University College; E. S. Hall, Guy's Hospital; E. L. Hunt, St. George's Hospital; H. J. Marriage, St. Thomas's Hospital; J. L. Maxwell, St. Bartholomew's Hospital; P. W. Moore, Guy's Hospital; P. Northcote, St. Thomas's Hospital; D. L. Smith, Guy's Hospital; J. Thornton, London Hospital and Birkbeck Institute.

*Physiology only.* First Division: J. P. Scatchard, St. Thomas's Hospital; S. F. Smith, St. Bartholomew's Hospital. Second Division: H. R. Emms, University College; H. N. Goode, St. Thomas's Hospital; F. E. Greenwood, Mason College; J. C. Harcourt, St. Thomas's Hospital; H. F. Mantell, St. Mary's Hospital; H. Mundy, St. Bartholomew's Hospital; C. S. Read, University College; C. Rivière, St. Bartholomew's Hospital; F. M. Seal, University College; E. Shepherd, St. Mary's Hospital; R. O. Sibley, St. Mary's Hospital; H. Sugden, St. Mary's Hospital; C. E. Trimble, University College, Edinburgh University Extra Mural School; W. Wrangham, St. Bartholomew's Hospital.

THE MATRICULATION EXAMINATION.—The list of successful candidates has just been issued. There are nineteen names in the honours division, of whom two are women. The first division contains 465 names, and the second 193. The total number of new undergraduates for the half-year is thus 677.

### UNIVERSITY OF EDINBURGH.

MR. ARTHUR E. SHIPLEY, M.A.Camb., F.R.S., has been appointed additional examiner in Zoology for medical and science degrees in the University of Edinburgh.

STUDENTS' REPRESENTATIVE COUNCIL.—The statutory monthly meeting of the Students' Representative Council was held on February 26th. There was no business of special medical interest before the meeting.

### UNIVERSITY OF ST. ANDREWS.

A SPECIAL meeting of the Court of St. Andrews University was held on February 16th. By a majority of 9 to 8 the following motion was carried: "That the resolution adopted at the meeting of the University Court on January 26th, namely, 'That the Court petition Parliament in favour of the Bill to Amend the Affiliation of University College, Dundee, to the University of St. Andrews,' be rescinded, and that a committee be appointed to take such steps as may be necessary, by petition to Parliament or otherwise, to oppose the said Bill."

There was read to the meeting an extract minute of the Senatus Academicus, bearing that the Senate had, by 11 votes to 4, passed a resolution disapproving of the proposed establishment of two additional medical chairs out of the Berry Fund.

There was also submitted and read a communication from the Students' Representative Council, stating that at a mass meeting of the students of the United College and St. Mary's College, a resolution deprecating the decision of the Court regarding the foundation of medical chairs had been carried by 93 votes to 3. On this, a motion to the effect that the Court adheres to its resolution as to the foundation of

wo additional medical chairs, adopted at last meeting, was carried by 5 votes to 7.

The import of this last resolution is that students will now be able to take two complete *anni medici* at the University of St. Andrews, and will y recent ordinances thus be left free to take the remaining three *anni medici* at any of the schools or colleges recognised as giving qualifying courses.

## OBITUARY.

JOHN WHITAKER HULKE, F.R.S.,

President of the Royal College of Surgeons of England ;  
Senior Surgeon to the Middlesex Hospital.

It seems but the other day that the profession of medicine in this country had to sorrow with the College of Physicians in the unexpected demise of its President, and now we have to express profound regret that a similar calamity has befallen the Royal College of Surgeons of England. Mr. Hulke, though he never, at least for many years past, presented the appearance of one endowed with a robust physical constitution, was yet until the other day apparently in the enjoyment of excellent health, and there seemed every reason to suppose that he had still many years of useful and honourable work before him. There can be no doubt that he has fallen a victim to the unreserved manner in which he devoted himself to the duties of the many honourable offices which had accumulated upon him, and to his unflinching determination to carry out these duties at whatever cost to himself.

Mr. Hulke attended a meeting of the Clinical Society, of which he was President, on February 8th ; and we understand that during the bitter cold of that night, or rather in the early hours of Saturday morning, he obeyed an urgent summons to attend a case of strangulated hernia at the Middlesex Hospital, to which he was senior surgeon. Shortly afterwards he was seized with symptoms of influenza, which was followed by broncho-pneumonia, and in spite of the unremitting attention of his colleagues, Dr. Douglas Powell and Dr. Kingston Fowler, he succumbed to this insidious disease at noon on February 19th. The incident is made the more pathetic by the fact that his lifelong companion and fellow worker, Mrs. Hulke, was at the same time suffering from a dangerous attack of influenza.

John Whitaker Hulke was born in 1830, and was the elder son of a highly esteemed surgeon at Deal, where the family had been resident for many generations. His ancestors, who bore originally the name of Hulcher, had left their native Low Countries during the persecutions of the Duke of Alva in the sixteenth century, and their descendant probably owed to his sturdy Puritan ancestors certain traits conspicuous in his character. The father attended the great Duke of Wellington during his last illness in September, 1852, and Mr. Hulke was associated with his father in the treatment of this illustrious patient, and was present at his death. The late President of the College of Surgeons was educated at King's College School, and before becoming a medical student spent two years in Germany. He entered the medical school of King's College in 1849, and was dresser to the late Sir William Bowman, House Surgeon to Sir William Fergusson, and subsequently became Medical Tutor in succession to the late Dr. Brinton. In 1855, like so many other young surgeons at that time, he volunteered his services during the Crimean War, and was for some time Assistant Surgeon to the British Civil Hospital at Smyrna. In the following year he was attached to the General Hospital before Sebastopol. At the conclusion of the war he returned to England, became a Fellow of the Royal College of Surgeons in 1857, and in the same year was appointed Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields. At this time Mr. Hulke devoted much attention to the study of the minute anatomy and comparative anatomy of the eye, and especially of the retina ; and in 1859 he received the Jacksonian Prize for his essay afterwards published under the title of *A Practical Treatise on the Use of the Ophthalmoscope*. At the Moorfields Eye Hospital he took a distinguished part, in association with the late Sir William

Bowman and the late Mr. Critchett, in giving that extraordinary impetus to the science and art of ophthalmology which has resulted in bringing both to their present high state of excellence. He had already become known, however, in another and apparently a very dissimilar scientific department, and his studies in palæontology, especially on the anatomy of the fossil remains of the larger Saurians, were no doubt one of the main grounds for his election as Fellow of the Royal Society in June, 1867. In the following year he was appointed Arris and Gale Lecturer at the Royal College of Surgeons, a post which he held also in 1869 and 1870, his lectures being devoted to the discussion of the minute anatomy of the eye. Meanwhile, owing to circumstances which it is not now necessary to discuss, his connection with King's College Hospital had ceased, and in 1862 he became Assistant-Surgeon to the Middlesex Hospital. In 1870 he became full Surgeon to this hospital, and from 1879 to the time of his death he was Senior Surgeon. During the whole of his long period of service he devoted himself with the punctilious conscientiousness, which was one of the most striking qualities of his character, to the exacting duties of surgeon to a large general hospital, adding to them those of Lecturer on Physiology and subsequently on Surgery in the School. Although known as a practitioner mainly—at any rate, in his earlier days, as an ophthalmologist—Mr. Hulke never permitted his interest in surgery to be narrowed by the success which he had achieved in this absorbing department of practice, and he was not only a careful and successful operator, but also one whose opinion in cases of difficult diagnosis was most highly esteemed by his colleagues. During the greater part of the time during which he was giving so much energy to the work of the Middlesex Hospital he retained his connection with the Moorfields Eye Hospital, becoming full Surgeon there, and, on his retirement, Consulting Surgeon.

Mr. Hulke's long official connection with the Royal College of Surgeons began by his appointment to the Board of Examiners in 1880. This office he held for two periods, retiring finally in 1890. In 1881 he became a member of the Council of the College, and from the first took a very great interest in the administration of College affairs. He was punctual and assiduous in his attendances, and served upon many committees of the Council. He was Vice-President in 1888, and again in 1891, and in the latter year delivered the Bradshaw Lecture. In 1893 he was elected President. But though this last office was the more honourable, we believe that we are justified in saying that his most important service to the College was the manner in which he discharged the duties of Chairman of the Joint Committee of the two Royal Colleges charged with the management of the Laboratories on the Embankment. He was a member of this Committee at its first appointment in 1889, and was immediately elected its Chairman—an office which he held at the time of his death. His interest in the work carried on there was never-failing, and it may safely be said that in his capacity of Chairman he rendered most valuable services to the laboratories and the Colleges. He showed great tact in dealing with knotty questions arising from time to time in connection with the carrying on of the work in the laboratories ; and his sound common sense, directness of purpose, and strict integrity, impressed all with whom he came in contact, in this capacity, in a most remarkable manner. His last official work in connection with the laboratories was to make arrangements for the co-operation of the Colleges with the Metropolitan Asylums Board in carrying on an extensive investigation into the causation of diphtheria, and in providing the hospitals under the Board with antitoxic serum for the treatment of this disease.

As an examiner Mr. Hulke had the reputation of being scrupulously fair and painstaking ; he was free from "fads" and although considered somewhat severe by the candidates he was known by his colleagues to be only what an examiner should be—thoroughly searching and absolutely impartial. Students found it impossible to evade his questions, which were well pushed home until it was clear that the student knew his subject or did not. When elected a member of the Council of the College, as those who knew him anticipated, Mr. Hulke from the very first showed himself

THE death is reported of Mr. J. WESTWOOD MOORE, of Balsall Heath and Moseley, after a brief illness. The deceased qualified as M.R.C.S.Eng., in 1878. He had held the post of Senior House-Surgeon to the Queen's Hospital, Birmingham. In his earlier days Mr. Moore was an enthusiastic athlete.

DR. LOUIS ROUGE, of Lausanne, the well-known surgeon, died on January 13th of pulmonary disease, from which he had suffered at different times during the last thirty years. He was born at Lausanne in 1833, studied medicine at Zurich, Strassburg, and Berne, and took his doctor's degree in the last-named University in 1856. He was appointed Chief Surgeon of the Cantonal Hospital at Lausanne in 1866. One of the results of the new spirit which Rouge's intellectual energy breathed into his medical brethren was the formation of the Société Médicale de la Suisse Romande, which issued a monthly *Bulletin*, of which Rouge was appointed editor. In this *Bulletin* appeared a large number of papers and reports of cases from his pen. In 1873 he resigned his editorship into the hands of Drs. de Cérenville and Dufour, under whose rule it was some time afterwards transformed into the *Revue Médicale de la Suisse Romande*, which is now the leading medical journal of Switzerland, and is published at Geneva. In 1870 Dr. Rouge was placed at the head of a Swiss ambulance organised for service in the Franco-German war, and did excellent work among the wounded. He was probably best known in this country by the operation on the nasal cavities which bears his name. His writings, however, deal with nearly the whole field of surgery. He also translated Esmarch's work on military surgery into French. He was not only an accomplished surgeon, but a man of many-sided intellectual interests and of upright kindly character.

DR. ANTOINE BAUMGARTNER, one of the oldest practitioners of Geneva, died on January 14th, in his 87th year. Born at Birmingham in 1808, he returned to Switzerland with his parents in 1813, and received his early education at Geneva. He studied medicine in Paris, where he took his doctor's degree in 1833. He settled in Geneva, and practised his profession. He made some contributions to medical literature, notably a pamphlet published in 1842, in which he strongly recommended the cold bath in typhoid fever. As a writer on political subjects he acquired such a reputation that he was compared to the famous pamphleteer, Paul Louis Courier.

DR. BOURNET, of Amplepuis, who recently died of infectious pneumonia, at the age of 41, was a recognised authority on criminal anthropology. He was one of the founders, and remained till his death the Director, of the *Archives d'Anthropologie Criminelle*. He was the author of an interesting Life of St. Francis of Assisi. As a practitioner he was entirely devoted to his patients. He succeeded, after overcoming a good many difficulties, in establishing a mountain sanatorium for scrofulous children at Magny.

DR. JULES REGNAULD, Professor of Pharmacology in the Paris Faculty of Medicine, who died on February 9th, took his doctor's degree in 1847, and became *Agrégé* in 1857. In 1859 he was appointed Professor of Pharmacology. He was President of the Académie de Médecine in 1892. He was joint author with his father-in-law, Professor Soubeiran, of a *Traité de Pharmacie*, which is still a standard textbook in the French schools, and of papers embodying the results of original researches on ether, chloroform, mydriatic alkaloids, etc. He was a man of great moral and intellectual work, and of a retiring modesty which showed itself even in his directions as to his funeral. By his express wish no intimation was sent out, no official delegation was present, and no parting salute of funeral oratory was delivered over the grave.

DR. JOLICEUR, of Rheims, who died on January 18th, aged 56, has left 50,000 francs (£2,000) to the hospitals and other public charities of Rheims, and 15,000 francs (£600) to the Rheims School of Medicine for the foundation of a prize for first year's students.

DR. NIKOLAI MASSLOFF, District Medical Officer of Kirchdorf Makarowo, in the Woronesh Government, Russia, died recently of diphtheria contracted from a child which coughed in his face while he was painting its throat. Dr. Massloff was in his 26th year, and took his degree in the University of Charkoff only a year ago.

DR. JOSÉ EDUARDO DE MAGALHAES COUTINHO, Emeritus Professor in the Medico-Chirurgical School of Oporto, of which he was also Director, died at Lisbon on January 13th, in the 80th year of his age. He was Physician in Ordinary and a most intimate friend of the late King Luis I. He was Chairman of the Consultative Committee of Public Health, and Custodian of the Royal Library at Ajuda.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. L. Valdivieso y Prieto, of Madrid, for many years editor of *El Jurado Medico-Farmacéutico*; Dr. Henry Goldthwaite, Physician to the City Hospital of New York, and for many years one of the most noted "quiz-masters" (*Anglice* "coach") in that city, aged 52; Dr. Manuel Rodrigues da Silva Pinto, Professor of Forensic Medicine and Public Health in the Medico-Chirurgical School of Oporto; Dr. B. W. Palmer, for some years editor of the *Medical Age* of Detroit; Dr. A. B. Cook, of Louisville, formerly Professor of Surgery in the Kentucky School of Medicine, aged 66; Dr. Espian de Lamaestre, Physician to the Lunatic Asylums of the Seine Department, aged 72; Dr. Boursier, one of the leading practitioners of Bordeaux; Dr. Henri Clermont Lombard, the oldest member of the medical profession in Geneva, aged 92; Dr. John W. Pinkham, of Montclair, New Jersey, author of numerous works on hygiene, intubation of the larynx, etc.; Dr. Mariano Sancho Martin, Professor of Obstetric Medicine in the University of Valladolid; Dr. D. K. Rodsajewski, Professor of Pharmacology in the University of Charkoff; Dr. Gustav Loimann of Franzensbad, of which he had been Burgomaster for ten years; and Dr. François Demon, *professeur agrégé* at the Medical Faculty of Lille, and former President of the Société de Médecine du Nord, and author of a treatise on the nervous centres, etc., aged 54.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,906 births and 5,430 deaths were registered during the week ending Saturday, February 16th. The annual rate of mortality in these towns, which had increased from 18.7 to 20.7 per 1,000 in the preceding three weeks, further rose to 26.7 last week. The rates in the several towns ranged from 14.5 in Croydon, 18.3 in Hull, and 18.7 in Plymouth to 27.7 in Leeds, 29.2 in London, and 39.6 in Liverpool. In the thirty-two provincial towns the mean death-rate was 24.9 per 1,000, and was 4.4 below the rate recorded in London, which was 29.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.5 per 1,000; in London the rate was equal to 1.7 per 1,000, while it averaged 1.5 in the thirty-two provincial towns, and was highest in Wolverhampton, Sheffield, Manchester, and Burnley. Measles caused a death-rate of 1.1 in Sheffield, 1.6 in Gateshead, and 2.3 in Plymouth; scarlet fever of 1.0 in Burnley; whooping-cough of 1.1 in Bristol and 1.5 in Norwich; and "fever" of 1.3 in Bolton. The 52 deaths from diphtheria in the thirty-three towns included 27 in London, 4 in Liverpool, 3 in Wolverhampton, and 3 in Birmingham. One fatal case of small-pox was registered in London and 1 in Birmingham, but not one in any other of the thirty-three large towns. There were 67 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, February 16th, against 35, 55, and 56 at the end of the preceding three weeks; 18 new cases were admitted during the week, against 8, 21, and 18 in the preceding three weeks. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital, which had been 1,662, 1,653, and 1,667 at the end of the preceding three weeks, was 1,657 on Saturday last, February 16th; 159 new cases were admitted during the week, against 186, 160, and 149 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 16th, 937 births and 1,013 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.9 and 26.2 per 1,000 in the preceding two weeks, further rose to 35.1 last week, and was as much as 8.4 per 1,000 above the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates

sure and the temperature decreased, nevertheless the cold was moderate; the rainfall during the epidemic was slight; nevertheless, the hygrometric state of the atmosphere increased; at the height of the epidemic it was more than 0.80. M. Masson's investigations also tend to show that throughout Europe the oscillations of the barometer coincided with the decrease and increase of mortality—the maximum of barometric pressure with the highest death-rate from influenza, the minimum with the minimum death-rate. Russia, according to M. Teissier, is the sole exception.

#### SANITARY ADMINISTRATION IN DENMARK.

CONSIDERABLE changes are about to be introduced into the sanitary administration of Denmark. The "Royal Health College" is to be transformed into a superior sanitary council, consisting of a medical director appointed by the King, two medical councillors appointed by the Minister of Justice, and of other members also appointed by the Minister. Among the latter there will be two pharmacists, at least one of whom is actually engaged in retail trade. The council is to exercise supervision over everything that concerns the public health and the care of the sick. Practitioners of medicine and of dentistry, pharmacists and midwives, are in the practice of their several professions to be under the supervision of the Council. The Council will also be called upon to advise in all circumstances of public need in which medical knowledge is likely to be useful.

#### THE VESTRY OF ST. GEORGE SOUTHWARK AND ITS MEDICAL OFFICER OF HEALTH.

IN our issue of February 16th, we commented upon a report by the Medical Officer of St. George, Southwark, on the need of the provision in the district of a shelter for families who have to leave their dwellings for the purpose of disinfection. Dr. Waldo has also recently presented to the sanitary authority a report on the desirability of enforcing the by-laws which have been adopted and confirmed under Section 94 of the Public Health London Act, 1891, and which deal with tenement houses. At the vestry meeting, held on the 29th ultimo, the opinion was expressed that the Medical Officer wrote "flaring reports."

The member of the authority who pronounced this criticism cannot be congratulated upon his appreciation of the position of affairs. The provision of a shelter and the enforcement of by-laws under Section 94 are duties which the sanitary authority must carry out in order to comply with the Act of 1891. These duties have remained unperformed for more than three years, and a clear statement of the urgent need for prompt action is therefore amply justified.

At the conclusion of the meeting of the vestry last week, at which Dr. Waldo had replied to certain allegations, and at which subsequently an acrimonious discussion took place on another matter not connected with public health, the chairman is reported, in the *South London Press* of February 16th, to have said: "Gentlemen, you have been here for hours, and what have you done for the good of the parish? The proceedings of to-night, like the proceedings of our last meeting, must be most disastrous to interests which we are here to represent."

#### NEW EXCUSES FOR FAILURE TO VACCINATE.

MR. CORRIE GRANT, barrister, recently made a curious point when he argued that a distinction should be drawn between persons who defended their neglect of the vaccination law on purely conscientious grounds and those who neglected to comply with the law from pure carelessness. This is certainly a very extraordinary argument for a barrister to use. But a still more curious point was made the same day by another barrister, who made a fresh objection to the proceedings under the Vaccination Act, namely, that it was impossible for the Registrar—or anyone else, we imagine—to prove that the supposed father of any particular child is the real father. The Brentford Police Magistrates would not entertain this new plea, and the usual order was made.

#### INFECTIOUS DISEASES IN EDINBURGH.

AT a meeting of the Edinburgh Town Council, on February 19th, it was reported that there were 362 cases of infectious disease in the fever hospital, probably the largest number ever known. There was a marked increase in small-pox last week, 12 fresh cases having been reported. Measles shows no sign of decrease, no fewer than 539 cases having been notified. Happily, diphtheria and scarlet fever are diminishing. Fourteen deaths were due to zymotic causes. Eighty-three deaths of a total of 132 were due to chest disease.

#### NOTIFICATION QUESTION.

A. B.—(1) The fact of a previous notification having been made by another practitioner does not remove the duty of notification, or the right to the usual fee for notifying.

(2) Without hearing the other side we cannot offer an opinion as to the propriety of X.'s conduct in commencing practice on his own account, or in seeing A.B.'s (former?) patient. If he has broken faith with his former employer, or if he intruded unasked in the latter case, there is much to be said in justification of the course proposed. Assuming the diagnosis of scarlet fever to have been made by X. in good faith, it was his duty to notify. The fee would be due to his principal.

#### RESIDENCE OF MEDICAL OFFICER OF HEALTH OUTSIDE HIS DISTRICT.

TACT asks whether he is eligible for the appointment of medical officer of health for a neighbouring urban district of 12,000 inhabitants. His residence is within a mile of the boundary, but there are three medical men who reside in the district itself.

\*\* Non-residence is not a disqualification: it involves a certain amount of inconvenience, which would no doubt be considered by the District Council in making the appointment, and by the Local Government Board in sanctioning it.

## MEDICAL NEWS.

THE Cork Board of Guardians, on February 14th, unanimously adopted the Notification of Infectious Diseases Act.

LORD RAYLEIGH will give the Friday evening discourse at the Royal Institution on April 5th. His subject will be Argon, the new constituent of the atmosphere.

MR. SAMUEL BRAITHWAITE, M.R.C.S., has been elected the first Chairman of the Egremont (Cumberland) Urban District Council. He had in previous years acted as chairman to the Local Board.

THE dinner of the past and present students of King's College Hospital will be held on Friday, March 1st, at the Holborn Restaurant, under the chairmanship of Dr. Curnow. Old students intending to be present should communicate with Mr. J. Gott or Mr. A. H. Safford at the hospital.

DONATIONS AND BEQUESTS.—The Queen has sent an annual subscription of £10 in aid of the funds of the Royal National Hospital for Consumption at Ventnor. The Mercers' Company have contributed 500 guineas to the special appeal fund of St. Thomas's Hospital.

THE annual general meeting of University College, London, will be held on Wednesday next. The report to be then presented by the Council gives expression to the expectation that the Government will shortly bring in a Bill for the appointment of a Statutory Commission for the purpose of carrying out the recommendations of the Royal Commission on the Gresham Draft Charter.

CAMBRIDGE MEDICAL GRADUATES' CLUB.—A smoking concert was given, under the auspices of this club, in the St. James's Banqueting Hall, on February 18th. The Oxford Graduates' Medical Club was invited, and was well represented among the guests. Excellent music was provided by Drs. Shadwell, Habershon, Fyffe, McCann, and Hayne, and Messrs. Burns, Gale, Marshall, and Forman. The proceedings, which were informal and thoroughly social, terminated shortly before midnight.

DR. J. G. SWAYNE, OF BRISTOL.—On February 20th a complimentary dinner was given to Dr. Joseph Griffiths Swayne, in recognition of the value of his fifty years' work at Bristol University College, and as a medical teacher in Bristol. The chair was taken by Dr. E. Long Fox, the President of the British Medical Association. Dr. H. Marshall, who proposed "The Health of Dr. Swayne," said that students over the whole kingdom for many years had looked on the *Obstetric Aphorisms* of Dr. Swayne as useful to them at the school and at the bedside. The Dean of the Faculty (Dr. E. Markham Skerritt) subsequently announced that that afternoon Dr. Swayne had been elected Emeritus Professor of Midwifery, and Mr. N. C. Dobson (President of the Bath and Bristol Branch of the Medical Association) Emeritus Professor of Surgery. A presentation of plate was then made to Dr. Swayne. One of the pieces bore the following inscription: "Presented with a service of plate to Joseph Griffiths Swayne, M.D., Emeritus Professor of Midwifery in University College, Bristol, by his colleagues, friends, and former pupils, as a mark of their personal esteem, and in grateful recognition of his eminent services in the teaching of Obstetric Medicine and Gynaecology in the Bristol Medical School and University College, Bristol, during the long period of fifty years." The President, Dr. Fox, made the presentation, and Dr. Swayne, in the course of his reply, mentioned that the *Aphorisms* which had been alluded to had been translated into eight languages, including Hindustani.

THE OXYGEN TREATMENT OF WOUNDS AND ULCERS.—At the Richmond Hospital, Dublin, on February 16th, Dr. George Stoker, of London, a former pupil, gave a demonstration of the treatment of ulcers and wounds by the local application of oxygen gas. There was a large attendance, amongst those present being Dr. W. G. Smith, President of the Royal College of Physicians; Mr. Thornley Stoker, President Royal College of Surgeons; Sir John Banks, K.C.B.; Dr. S. Gordon, Sir Philip Smyly, Mr. H. G. Croly, Dr. W. Martin, Dr. Lane, Dr. Winifred Dickson, Dr. J. F. Knott, Dr. G. H. Kidd, Dr. O'Carroll, Mr. L. H. Ormsby, Mr. Arthur Chance, Dr. F. H.

Heuston, Dr. T. Stafford, Dr. Cox, and Mr. William Stoker. Mr. William Thomson introduced the lecturer, who detailed the experiments which he had been carrying on for some months, and showed the apparatus which he employed for the treatment. He said he had been permitted to use the treatment in the Richmond Hospital, and the cases were now present for examination. A large number of photographs were shown to enable the audience to observe the rapid improvement effected in old-standing ulcers. The cases exhibited were mostly tuberculous, and testimony was borne by some members of the staff as to the advantage which had so far been gained. Reports of the observations on these cases will be made at a future time.

**AMERICAN JOTTINGS.**—Among the names of the fifty-three celebrated sons of Massachusetts which are to be inscribed on the base of the dome of the new Chamber of the House of Representatives in the State House at Boston is that of Dr. W. P. G. Morton, to whom the discovery of anæsthesia is chiefly due.—Millie Jefferson, believed to have been the oldest negro woman in America, recently died at the age of 109 years, 8 months, and 16 days. The date of her birth, March 30th, 1785, is definitely known. She was born on the plantation of Thomas Jefferson in Virginia, and married the body servant of that distinguished statesman.—The Sanitary Committee of the Philadelphia Board of Health have declared in favour of a biological laboratory and the necessary equipment for investigating contagious diseases, facilitating diagnosis, and examining water and food supplies, with the hope of obtaining knowledge indicative of appropriate remedial measures. The Board will petition the City Council for 15,000 dollars, to be expended in organising a division of bacteriology and disinfection.—The Detroit Board of Health has established an information bureau for the convenience of persons seeking houses to rent. The bureau will furnish specific information regarding the sanitary condition of every house in the city. Three large maps will show the location and surroundings of each habitation, and when the inspection corps makes its annual examinations of premises, the returns will be tabulated and placed at the disposal of house hunters. Details will be set forth with reference to the material employed in constructing the house—whether stone, brick, or wood—height in storeys, number of rooms, size of surrounding yard, if any, ventilation, condition of closets, plumbing, etc. The expense of this procedure will be about 200 dollars, the maps costing 180 dollars of this amount. The landlord will henceforth be compelled to keep his tenements in first-class condition, or suffer the brand of unhygienic to be placed thereon.

#### MEDICAL VACANCIES.

The following vacancies are announced:

- BARNWOOD HOUSE HOSPITAL FOR THE INSANE, Gloucester.**—Junior Assistant Medical Officer. Salary, £100 per annum with board. Applications to the Medical Superintendent.
- CAPE COLONY.**—Medical Officer of Health for Cape Colony. Salary, £1,000 per annum. Applications to the Agent General, 112, Victoria Street, S.W., or the Colonial Under-Secretary, Cape Town, by March 15th.
- GUEST HOSPITAL, Dudley.**—Resident Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided in the Hospital; no salary. Applications to the Secretary by February 27th.
- HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE, Virginia Water.**—Junior Assistant Medical Officer. Salary, £100 per annum. Applications to Dr. Phillips.
- NORTH LONDON CONSUMPTION HOSPITAL, Hampstead, N.W.**—Medical Officer, doubly qualified. Appointment for one year but eligible for re-election. Honorarium, £40 per annum, with board, rooms, etc. Applications to the Secretary, Lionel F. Hill, M.A., by March 4th.
- NORTHUMBERLAND COUNTY LUNATIC ASYLUM, Morpeth.**—Assistant Medical Officer, unmarried. Salary, £120 per annum, increasing £10 yearly to £150, with furnished apartments, board, and lodging. Applications (marked outside "Medical") to Dr. McDowell at the Asylum by March 11th.
- PADDINGTON GREEN CHILDREN'S HOSPITAL, W.**—House-Surgeon. Salary, £50, with board and residence. Appointment from April 1st to November 7th. Also Surgeon to the Out-patients. Applications to the Secretary by March 1st.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.**—Resident Medical Officer. Appointment for four months. Salary at the rate of £60 per annum, with board and residence. Applications to the Secretary by March 2nd.

- ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY, Wigan.**—Junior House Surgeon; doubly qualified. Salary, £80 per annum, with apartments and rations. Applications to Will Taberner, General Superintendent and Secretary, by February 27th.
- ROYAL SURREY COUNTY HOSPITAL, Guildford.**—Assistant House-Surgeon. Board, residence, and laundry found. No salary. Applications to the Honorary Secretary by March 4th.
- ST. GEORGE'S HOSPITAL, S.W.**—Assistant Surgeon; must be F.R.C.S.Eng. Applications to the Secretary by March 1st.
- ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Golden Square, W.**—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, fuel, light, and attendance. Applications to S. Leger Burnett, Secretary, by March 2nd.
- ST. PETER'S HOSPITAL, Henrietta Street, Covent Garden, W.C.**—House-Surgeon. Appointment for six months. Salary at the rate of 50 guineas a year, with board, lodging, and washing, and an allowance for wine, etc. Applications to the Secretary by March 1st.
- WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.**—Fourth Assistant Physician, must be Fellow or Member of the Royal College of Physicians of London, not practising pharmacy and midwifery. Applications to the Secretary before February 26th.
- WORCESTER COUNTY AND CITY LUNATIC ASYLUM.**—Third Assistant Medical Officer; unmarried. Salary commences at £100 per annum, with board, lodging, and washing. Applications to Dr. Cooke, The Asylum, Powick, near Worcester, by March 1st.

#### MEDICAL APPOINTMENTS.

- BODINGTON, G. F., F.R.C.S., M.R.C.P.,** appointed Medical Superintendent to the New Westminster Asylum, Canada.
- BRIGGS, Henry, M.B., C.M. Edin., F.R.C.S. Edin.,** reappointed Honorary Surgeon to the Liverpool Hospital for Women.
- BURTON, John E., M.A., L.R.C.P. Lond., M.R.C.S. Eng.,** reappointed Surgeon to the Liverpool Hospital for Women.
- DAVIES, E. T., M.D. Edin., F.R.C.S.,** reappointed Senior Assistant Surgeon to the Liverpool Hospital for Women.
- DAVIES, W. G., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Western District of the Llandilo Rural District Council, *vice*—Jones, deceased.
- DE LA TOUCHE, Mr. A.,** appointed Medical Officer for the Soothill Nether District of the Dewsbury Union.
- EDIS, John Butler, L.R.C.P. Edin., M.R.C.S. Eng.,** reappointed Honorary Surgeon to the Liverpool Hospital for Women.
- GRIMSDALE, T. B., B.A. Cantab., M.B., M.R.C.S.,** reappointed Honorary Assistant Surgeon to the Liverpool Hospital for Women.
- HALE, Mr. L. H. D.,** appointed House-Surgeon to the Boscombe Hospital and Provident Dispensary.
- HANCOCK, George, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Obstetric House-Physician to Westminster Hospital.
- HARPER, Walter Joseph, M.R.C.S., L.R.C.P.,** appointed Medical Officer and Public Vaccinator for the Braunton District of the Barnstaple Union.
- JOHNSTON, J., M.D. Edin.,** appointed Public Vaccinator for the Western District of the Bolton Union.
- KEAY, Joseph H., M.A. Edin., M.D.,** appointed Medical Officer for the Colne District of the Burnley Union.
- KEITH, Mrs. Caroline, L.R.C.S., L.R.C.P. Edin.,** appointed Anæsthetist to the Chelsea Hospital for Women.
- KNIGHT, Ernest, M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the Salford Royal Hospital, *vice* S. M. Brown, resigned.
- MAX-VICKERS, Mr. C. G.,** appointed Medical Officer for the No. 8 District of the Newmarket Union.
- PERRY, F. W., L.R.C.P., L.R.C.S.I.,** reappointed House-Surgeon to the Pendleton Branch Dispensary of the Salford Hospital.
- RAY, J. Howson, M.B., Ch. B. Vict., M.R.C.S., L.R.C.P.,** appointed Junior House-Surgeon to the Salford Royal Hospital, *vice* E. Knight, M.R.C.S., L.R.C.P., appointed House-Surgeon.
- RAYWOOD, J. R. I., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Honorary Surgeon to the Montgomeryshire Infirmary.
- ROBERTS, Mr. E. A. Mills,** appointed Surgeon to the Penrhyn Quarry Hospital.
- ROBINSON, F. Gardner, M.B. Vict., L.R.C.P. Lond.,** reappointed District Medical Officer to the Salford Royal Hospital.
- SMART, David, M.B., C.M. Edin., B.Sc.,** reappointed Assistant Surgeon to the Liverpool Hospital for Women.
- SMITH, Wm. Barron, L.R.C.P. Edin., M.R.C.S. Eng.,** reappointed District Medical Officer to the Salford Royal Hospital.
- STUCK, S. J., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer to the Chelsea Hospital for Women.
- THOMPSON, Charles S., M.B., C.M. Edin.,** reappointed Medical Officer for the No. 5 District of the Barnstaple Union.
- WARE, John Wm. Langston, L.R.C.P. Lond., M.R.C.S. Eng.,** reappointed Medical Officer of Health for the Fourth District of the Barnstaple Union.
- WELLS, T. P. Grosart, L.R.C.P. Edin., L.R.C.S. Edin., L.F.P.S. Glasg.,** appointed Honorary Medical Officer to the St. Albans Hospital and Dispensary.
- WILLIAMS, Mr.,** appointed Medical Officer for the Crowland District of the Peterborough Union, *vice* M. R. Rich, L.R.C.P., L.R.C.S. Edin.
- WRIGHT, J. F., M.R.C.S. Eng.,** appointed Medical Officer for the Western District of the Bolton Union.

## DIARY FOR NEXT WEEK.

## MONDAY.

- ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. B. Lockwood: On Traumatic Infection. Lecture I.
- LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. A. Stanford Morton: Affections of Eyelids. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. George Stoker: Post-nasal Growths and Enlarged Tonsils.
- MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. J. D. Malcolm: Some cases of Liver and Gall Duct Surgery. Dr. Wallis Ord and Mr. E. Cotterell: A case of Craniectomy. Patient will be shown.

## TUESDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Puerperal and Lactational Insanity.
- THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2 P.M., Lecture at 4.
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Discussion on Affections of the Nervous System occurring in the Early (Secondary) Stages of Syphilis.
- CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, 4.30 P.M.—Dr. Dundas Grant on "The Diagnosis of Diseases causing Pain in and about the Ear."

## WEDNESDAY.

- ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. B. Lockwood: On Traumatic Infection. Lecture II.
- LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Eczema: its Varieties. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Optic Neuritis.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, 3 P.M.—Lecture by Dr. Gowers.
- HUNTERIAN SOCIETY, 8 P.M.—Lecture by Professor Clifford Allbutt on Senile Plethora (High Arterial Tension in the Aged).
- WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Dr. W. Hunter: Pernicious Anæmia.

## THURSDAY.

- LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Bastian: Cases in the Hospital. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. Donald Gunn: Ophthalmia. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Bryant: Cases in the Wards.

## FRIDAY.

- ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. B. Lockwood: On Traumatic Infection. Lecture III.
- LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture: Tuberculosis and Leprosy. Practical Work: Staining Sputum and Sections.
- WEST KENT MEDICO-CHIRURGICAL SOCIETY, Miller Hospital, Greenwich, 8.15 P.M.—Clinical evening. Card specimens and cases by Mr. John Poland, Dr. Taylor, Dr. Herschell, Mr. J. P. Puris, Dr. Ezard, and Dr. Ernest Clarke.
- CANCER HOSPITAL, Brompton (Free), 4 P.M.—Mr. F. Bowreman Jessett: On Cancer of the Uterus.
- CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. E. W. Goodall: An unusual case of Diptheria of the Air Passages. Dr. Lee Dickinson: A case of Malformation of the Heart with Hæmophilia. Mr. Barling: A case of Gangrenous Umbilical Hernia; Resection and Immediate Union by Murphy's Button; Recovery. Dr. Hector Mackenzie: A case of Hysterical Contracture of the Legs of Two Years' Duration Successfully Treated. Mr. Arbuthnot Lane: A case of Extensive Degenerating Nævus of the Bladder. (Postponed from February 22nd on account of the death of Mr. J. W. Hulke.)

## SATURDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Hyslop: Developmental Insanity, Circular Insanity.

## BIRTHS, MARRIAGES, AND DEATHS.

## BIRTHS.

- COCKS.—On January 18th, at Elmsere, Inglis Road, Colchester, the wife of Surgeon-Captain Horace Cocks, M.B., Army Medical Staff, of a son.
- MAPLETON.—January 18th, at Bassterre, St. Kitts, West Indies, the wife of G. H. Mapleton, M.B., of a son.
- RAYNER.—February 19th, at 68, Portchester Terrace, W., the wife of Herbert E. Rayner, F.R.C.S., of a daughter (prematurely).

## DEATHS.

- BLUETT.—On January 16th, at his residence, Chesterfield, John Bluett, M.R.C.S., L.S.A. (formerly of St. John's Wood, London), secondson of the late John Bluett, of Haygrass House, in the county of Somerset, in his 80th year. Friends will please accept this, the only intimation.
- HULKE.—On February 19th, at 10, Old Burlington Street, London, W., John Whitaker Hulke, F.R.S., President of the Royal College of Surgeons of England, aged 64.

## 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; (Gynæcological), 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.