

away the adenoids. The free hæmorrhage is allowed to drain into the right cheek, and is speedily swabbed away, the gag always being *in situ*, with tongue forceps, if not actually in use, ready at hand. After the first free bleeding is checked, it is my custom to feel with the finger for remaining growths, these being removed either with the scraper or Loewenberg's forceps. If enlarged tonsils are present I remove them with the guillotine before the administration of an anæsthetic, either at the time or a day or two before.

In this paper I have avoided touching upon the treatment of nasal stenosis, so frequently an associated condition, but have only gone sufficiently into the subject of the treatment of adenoid vegetations to show the advantages as they appear to me of my modification of Hartmann's scraper. It is obtainable in three sizes of the makers, Messrs. Reynolds and Branson, Leeds.

## A NEW METHOD OF FIXING THE SIGMOID IN INGUINAL COLOTOMY.

By LEONARD A. BIDWELL, F.R.C.S.,  
Senior Assistant Surgeon to the West London Hospital.

THE following method is so simple that I venture to suggest it in all cases where an artificial anus will be required permanently. In this method, too, a bridge of normal skin separates the openings into the upper and lower portions of the sigmoid, so there is no chance of any fæces finding their way into the rectum.

The incision being made in the ordinary position, the peritoneum is stitched to the skin; a loop of sigmoid is brought out of the wound, and a good-sized hole scratched in its mesosigmoid. A silkworm-gut suture is passed through the whole thickness of one edge of the wound; it is then carried across the wound through the hole in the mesosigmoid, and is finally passed through the whole thickness of the other edge of the wound. When the suture is tied, the two edges of the wound are united within the hole of the mesosigmoid. This stitch should be inserted at the junction of the middle and lower thirds of the incision. No other sutures are necessary; but as I find that, after the gut is divided, it is desirable to stitch the four corners of the upper portion to the skin, so as to keep the opening free, I usually pass two sutures through the skin on each side of the incision, and leave their ends untied, so as to avoid having to give chloroform when the gut is divided.

On the fourth day the bowel is completely divided on a director passed beneath it, and the sutures, previously passed through the skin, are inserted into the upper end of the gut and are tied. The stitches are removed on the eighth or ninth day.

I do not give an anæsthetic when completing the operation, since the section of the gut does not appear to be painful; traction on the bowel, on the other hand, usually gives rise to a good deal of pain. The cases on which I have operated after this method have been very satisfactory.

## MEMORANDA:

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

#### DIVERGENT DISLOCATION OF THE ELBOW—ULNA BACKWARDS, RADIUS FORWARDS.

THE above injury is admittedly rare. Many of our textbooks make no mention of it; others refer to it as very infrequent. Keen and White (Ed. 1893) state that 11 cases have been reported. Nowhere have I been able to find it described in detail. These facts should invest each new case with some interest, and as the following example presented entire absence of certain of the classical signs of elbow dislocation I venture to record it:

A gentleman, aged 30, hurrying to catch a train, slipped over a very high kerbstone and fell. How his arm was placed in falling he could not recall, but he found it lying under him when his thoughts got cleared. He was taken to a

hotel, where he spent the night, and next morning made a journey home of nearly fifty miles. I then saw him for the first time, when I found great swelling around and above and below the elbow-joint. The arm was fully extended and the hand slightly off the supine. Any attempt at flexion or rotation was resisted. The tip of the olecranon was found, when compared with the sound limb, to be raised an inch and a-half upwards on the back of the humerus. Owing to the swelling and the difficulty of rotation the head of the radius could not be located with certainty. On reduction of the swelling and administration of chloroform, however, there was no difficulty in finding the latter bone to have been pushed upwards in front of the external condyle of the humerus. It was no easy matter to replace it, but this was at last accomplished, and a little manipulation effected the same result as regards the ulna. The arm, though being still at rest—six days after reduction—is now capable of its proper movements.

Perth.

JAMES FERGUSON, M.B., C.M.

#### CINNAMON IN URINARY FŒTIDITY.

IN THE BRITISH MEDICAL JOURNALS of March 16th and 30th allusion is made to the efficacy of cinnamon in influenza. This simple drug has a wider sphere of usefulness than it is generally credited with. For instance, I have had lately a case of very foul-smelling urine, which rendered life miserable, accompanied with a slight degree of cystitis, which nothing relieved so well as oil of cinnamon internally.

If in such cases this drug be combined with *sodæ hyposulphitis* in, say, *mist. amygdal.*, we have a pleasant and an exceedingly efficacious mixture.

Finsbury Pavement, E.C.

JAMES MACMUNN.

#### TREATMENT OF AFTER-COMING HEAD.

I WAS called to attend a black married woman, aged 20, in her first labour. On arriving I found a dead child at full term tightly impacted. The woman had been all night in labour. There was no room for the forceps owing to a contracted pelvis. An army medical friend near by assisted me by giving chloroform, and I perforated the head and delivered. About a year after I attended this woman again. At the seventh month I induced labour, and with the forceps delivered her of a living male child, who is now a healthy, well-grown boy.

Two years after the second labour I was called to this woman, who had gone farther away from me, and had allowed her pregnancy to run on to full term. She had been in labour for over sixteen hours, and, being in the hands of an ignorant nurse, did not seek medical assistance until all movements of the child had ceased. I found a head and funis presentation and a dead child. I had no instruments with me, but luckily an ample supply of chloroform. I at once placed my patient fully under chloroform, and without much difficulty brought the feet down, but, on attempting to complete the delivery through a narrow pelvis, the head parted from the body. The uterus was acting pretty vigorously, and soon contracted on the child's head within it. I made the nurse press down the uterus, and, hooking my right index finger into the mouth, attempted to deliver the head, but to my great disappointment the lower jaw began to give way, and, not wishing to leave a jagged surface to wound the soft parts of the mother, I at once desisted, and by steady digital manipulation in the absence of a pain, I was able to turn the head so as to bring the vault of the skull within touch. I then passed my finger through the posterior fontanelle, and took away as much brain as I could; this diminished the calibre of the skull, and after some hard work I happily delivered the "after-coming head" without hurting the woman, who made a speedy and good recovery. She is now a widow, and I have advised her to remain one.

In my opinion, where the harmony of the child's head and mother's pelvis is at fault, the head had better be separated and diminished than forcibly pulled through by such powerful leverage as the body affords. The muscles of a dead child are more easily torn than those of a living one, but in any case it is quite possible to tear them away and at the same time badly wound the soft parts of the woman.

St. Andrew, Jamaica.

JASPER CARGILL, M.D.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

## LEGAL INQUIRIES IN SCOTLAND.

**J.S., M.B., C.M.**—Clearly our correspondent having attended the case ought to have been present, and, indeed, ought to have performed the *post-mortem* examination. A polite note to the Crown Agent, Parliament Square, Edinburgh, stating the circumstances of the case, would probably suffice to prevent the recurrence of such an experience. The medical man employed by the Fiscal was justified, by the practice in such cases, in making the *post-mortem* examination without the presence of any assessor. "J.S." can claim a fee from the person who sent for him—in the event of its having been the police, from the Chief Constable.

## UNFOUNDED RUMOURS.

**INQUIRER.**—To contradict through the medium of the local press the rumour referred to would not only be an unprofessional proceeding, and justly subject our correspondent to severe criticism, but is, in our opinion, unnecessary in view of the fact that his public appointments cannot fail to afford him numerous opportunities to disavow it in person. Moreover, if such publicity be held insufficient, he can send an autograph note, or a lithographed *fac simile* thereof, to such of his *bond fide* patients as may be deemed judicious and expedient.

## THE NEW DISTRICT COUNCILS.

**ENQUIRER** writes: B., a health medical officer, Cantab, Memb. B.M.A., has been continuously elected for twenty-two years by the Board of Guardians for a district of 100 square miles, and, with exceptional qualifications as to ability, analytical knowledge, and organisation during epidemics, etc., has carried on the work with the greatest courtesy and absence from friction. Under the new district council, B. comes up for election. Candidates are announced from London, also C., an urban practitioner, and D., a district young medical man, who gives no intimation to B. At the election no strangers appear, and C. therefore proposes to D. that they should both retire in favour of B. D. refuses, and is elected by these new district councillors, although D. has no D.P.H. nor any special qualification for the post. Is D.'s whole action in accordance with professional ethics?

\*.\* Certainly not, under the circumstances as stated.

**G. C. C.**—Under the circumstances referred to, no autograph or other notification is, in our opinion, necessary or expedient. The usual and natural result of the demise of the partner will soon or later develop itself.

**ETIQUETTE.**—In answer to our correspondent's first question, we may note that such a title on the diploma would not only be in bad taste, but, as we view it, not legal. To the second query our reply is that the diplomas referred to would not legally entitle him to the designation of "Physician and Surgeon."

## MEDICO-PARLIAMENTARY.

## HOUSE OF COMMONS.

**Irish Asylum Boards.**—Mr. J. MORLEY, in answer to Mr. TUITT, said a suggestion had been made to him with respect to an increase of the Government capitation grant for Lunatic Asylum Boards in Ireland. The Government Grant was first made in 1874, and was fixed at 4s. per week in respect of each patient. The average cost of maintenance was £24 1s. 2d. in the year 1875, as against £21 14s. in 1893 (the last year for which this information was available) so that no increase had taken place in those years in the cost of maintenance. The capitation grant was made with a view to the improved maintenance and treatment of the insane poor, and was not applicable to meet the cost of structural alterations of asylums, for which separate loans were granted under an Act of 1893.

**Hospital Patients.**—Mr. BARTLEY asked the President of the Local Government Board whether his attention had been called to the alleged cases of the consequences of the too early discharge of patients from the North-Eastern Fever Hospital; whether he was aware that, in the case of Mr. Holland's children, two died, and the father was attacked with scarlet fever, having caught the fever, it was alleged, from the third child, who was sent home while still desquamating; and whether he would order an inquiry into the whole matter?—Mr. SHAW LEEFVRE replied that he had communicated with the manager of the Metropolitan Asylum District, who had caused full inquiry to be made into the case of Mr. Holland and the children. There appeared to be no justification for attributing the disease of the father and children to any infection arising from the premature discharge of the child from the hospital. The clerk stated that in the case of the two children there was strict evidence that the disease was diphtheria, and not scarlet fever.

**The Notice of Accidents Act.**—Sir A. ROLLIT: I beg to ask the President of the Board of Trade what steps the Board have taken, or intend to take, in order to inform themselves as to when it may be desirable or not to appoint a medical assessor in the terms of Section 3, Subsection 1, of the Notice of Accidents Act, 1894?—Mr. J. BRYCE (The President of the Board of Trade): The accident returns are examined, and, in cases of sufficient importance, the Board of Trade appoint a competent person to hold an investigation. No inquiry has yet been held in which the appointment of a medical assessor has been found to be necessary, but each case will be considered on its merits.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF EDINBURGH.

The following candidates have passed in the subject of Zoology at the First Professional Examination for the degrees of M.B., C.M.:

W. H. Dawson, F. Myers, F. J. Jude, B. E. Myers, M. L. Dhring, M. A. Ghany, D. J. Hughes, J. C. Lauder, B. B. Head, B. N. Brebner, G. A. Brogden, E. H. Brunt, W. Reid, A. B. Slater, D. Robertson, F. E. Robinson, H. O. Smith, G. B. Robinson, J. Scobie, T. S. Shepherd, A. K. S. Shand, V. E. Sorapure, S. Southall, B. Stracey, K. L. Seng, J. B. Thorburn, R. B. Turnbull, J. C. Smith, S. Newmark, F. Burne, M. Carthen, C. S. Clark, A. Dods, P. W. Hampton, F. J. Hathaway, J. F. Martin, F. N. Menzies, J. R. Munro, W. G. Thompson, E. J. Peill, A. S. M. Peebles, R. N. Pringle, A. Tweedie, K. H. Uffmann, C. S. Vartan, N. D. Walker, H. E. Wareham, C. H. Watson, R. Weatherston, W. G. Williams, H. D. Wilson, T. R. Robertson, T. O. Rowley, J. Anderson, J. W. Barrack, H. Baird, W. J. Barclay, E. A. Brown, J. M. Buist, D. A. Callender, P. C. Camparole, H. G. Carlisle, R. G. Carr, J. B. Cassels, K. Chapel, B. J. Courtney, J. L. Craig, Y. A. Djedjizian, R. R. Fasson, D. Fenton, D. Ferrier, Y. Fukuda, J. Fullarton, J. G. Galbraith, P. P. Gauteaume, F. A. Georgeson, B. K. Goldsmith, F. B. Gornall, G. Haddow, F. A. Barnardo, A. B. George, J. Cameron, A. M. W. Green, H. M. Calman, W. M. Niven, W. W. Thom, A. H. Wood, J. P. Bell, P. G. Bodington, W. M. Kay, A. B. Flett, J. Thornhill, S. S. Steyn, J. S. Bostock, A. W. Fuller, W. D. S. Harrison, R. Kutherford, E. Steyn, R. Bruce, R. Cameron, L. Crossley, E. G. Ford, C. Forsyth, H. T. Holland, C. A. B. Horsford, A. Hunter, B. S. Hyslop, J. K. Herman, A. M. Holmes, R. D. Hudson, R. F. Jardine, J. Jones, J. W. Kerr, H. C. Keum, C. G. S. Leeds, G. D. Laing, J. L. Louis, G. Lowther, J. Luckhoff, W. C. Macdonald, W. M. Mackay, M. McKelvie, H. M. McKenzie, J. C. McKenzie, G. Mackay, G. C. M. Leavy, R. A. McNeill, L. W. Macpherson, H. H. Mossmass, A. H. D. Moore, A. Mouat, W. A. Murray, A. C. Neethling, E. G. O. Nixon, T. R. Oates, A. C. Kirkpatrick, G. R. Laing, J. C. McConaghey, E. M. Culloch, P. H. Macdonald, J. MacGregor, A. M. Kay, G. A. Mackey, T. Meldrum, G. H. Menzies, F. G. Middleton, W. Raine, A. Shearer, F. H. Stirling, C. S. Stevenson, J. P. Thorn, A. H. Thomas, R. G. Thomson, J. M. Gray, P. S. Hopkins, W. Gilbert, E. G. Ffrench, A. E. Goldie.

Miss A. M. C. Geddes and Miss Mary Mannetti have passed the same examination.

The following candidates have passed in the subject of Botany of the same examination:

W. H. Dawson, M. A., B. E. Myers, A. Wood, R. N. Brebner, A. Cartner, H. Dodgson, J. Husband, H. E. Coghlan, J. W. Barrack, F. A. Barnardo, J. Cameron, A. M. C. W. Green, H. M. Calman, W. Macniven, W. W. Thom, A. H. Wood, F. R. Robertson, M. L. Dhring, M. A. Ghany, and Miss A. M. C. Geddes.

The following gentlemen have passed in the subject of Chemistry for the same examination:

J. Anderson, J. J. Pillay-Anthony, H. Baird, C. A. J. A. Balck, W. J. Barclay, L. D. H. Baugh, G. H. Boydell, R. N. Brebner, H. H. Broome, W. J. D. Bromley, A. A. Brown, A. P. L. Brown, E. A. Brown, G. H. J. Brown, E. H. Brunt, J. M. Buist, F. Burne, D. A. Callender, P. C. Camperide, H. G. Carlisle, M. Carthew, J. C. Carr, J. B. Cassels, K. Chapel, H. E. Coghlan, W. J. Collinson, J. Cullen, R. M. Dalziel, W. Darling, M. L. Dhring, G. A. Djedjizian, A. Dods, F. H. Dommissie, R. R. Fasson, D. Ferrier, D. J. Ferguson, A. S. Frank, E. G. Ffrench, D. R. Forshaw, Y. Fukuda, J. Fullarton, J. J. Gallbraith, P. P. Gauteaume, M. A. Ghany, B. K. Goldsmith, T. B. Gornall, T. Graham, A. H. Griffith, G. Haddow, P. W. Hampton, A. C. Heatn, J. K. Hermon, A. M. Holmes, R. D. Hudson, D. J. Hughes, J. Husband, J. G. Jack, R. F. Jardine, F. J. Jude, H. C. Kenn, D. B. King, M. A., J. D. Laing, T. C. Lauder, T. Livingstone, J. L. Louis, J. Luckhoff, W. C. Macdonald, W. R. Macdonald, T. J. T. McHattie, W. M. Mackay, M. McKelvie, H. M. Mackenzie, T. C. Mackenzie, G. Mackie, P. A. MacLagan, L. C. Wedderburn-MacLagan, R. C. M. Lachlan, G. C. M. Leavy, R. A. MacNeill, J. Macpherson, J. F. Martin, J. Masson, M. A., C. W. F. Melville, F. N. Menzies, G. H. Menzies, D. B. Merry, J. G. Mitchell, H. A. D. Moore, A. Mowat, J. G. Munro, J. R. Munro, W. A. Murray, B. E. Myers, F. Myers, S. Newmark, A. D. Nimmo, T. P. Oates, J. H. C. Orr, T. S. A. Orr, L. J. L. de Pavillet, A. S. M. Peebles, J. Pender, E. J. Porteous, A. Preston, R. N. Pringle, H. G. P. Raeburn, W. Reid, M. A., J. Richardson, F. E. Robinson, G. B. Robinson, J. R. Robinson, W. Rogers, T. S. Shepherd, G. F. B. Simpson, R. M. K. Skinner, A. B. Slater, A. K. Smith-Shand, V. E. Sorapure, W. C. Spooner, H. B. Sproat, E. Steyn, W. J. Stuart, K. L. Teng, W. G. Thompson, R. G. Thomson, R. B. Turnbull, A. Tweedie, K. H. Uffmann, C. S. Vartan, N. D. Walker, H. D. Wareham, C. H. J. Watson, R. Weatherston, A. Whitome, P. D. Whiriskey, W. R. E. Williams, H. D. Wilson.

The following ladies have also passed in Chemistry:

H. A. S. Bird, J. A. Craig, J. D. Cameron, F. P. Crowther, A. M. C. Geddes, A. M. Hutchinson, T. M. Alexander, R. M. Gregor, R. Massey, C. A. Mayne.

The following have passed in Chemistry for the First B.Sc. Examination:

W. Blackadder, Gertrude Buist, Miss E. W. Garrett, P. S. Hardie, G. C. Hay, J. Y. Simpson, A. C. Smith, T. A. Sprague, F. P. Walker.

## UNIVERSITY OF GLASGOW.

The following have passed the First Professional Examination (old regulations) for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.):

T. S. Goodwin, C. D. Picken, A. J. T. Swann, E. M. Watkins.

The following have passed the First Professional Examination (new regulations) for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subject or subjects indicated after their respective names (B., Botany; Z., Zoology; P., Physics; C., Chemistry):

J. N. Baxter (B. P.), T. F. Bennett (Z. C.), W. Bennett (B.), W. Broad (B. Z. C.), A. Brownlie (P.), J. Brunton (B. P.), T. B. Calland (B. C.), R. D. Campbell (P. C.), J. Carruthers, M. A. (P.), A. H. Cassells (Z. C.), J. R. Chalmers (Z. C.), A. Clark (B.), D. M. Cowan (Z. C.), G. M. Crawford (B. P.), J. Cullen (P. C.), C. C. Cumming (Z. P.), A. W. Davidson (Z. P.), D. W. Davidson (Z. C.), J. L. Davie (B. P.), J. Dick (Z. P.), P. L. Dickson (Z. P.), J. Drummond (P. C.), C. McG. Finlay (Z. P.), M. W. Fraser (Z. P.), J. A. Garden (B. P.), J. Gracie (B. P.), J. H. F. Graves (Z.), A. W. Harrington (Z. P.), L. C. B. Head (Z. P.), J. Henderson (C.), I. M. Huey (Z. P.), T. Inglis (Z.), R. D. Kennedy (B. P.), A. Kerr (Z.), P. D. Littlejohn (B. C.), J. G. Miller (Z. P.), R. Miller (Z. P.), H. Miller (P.), N. M. Miller (Z. P.), A. MacCulloch (B. C.), J. H. MacDonald (Z. P.), A. T. MacEwan (Z. P.), P. MacL. MacEwen (Z. P.), J. M. Gilchrist (Z. P.), D. D. F. Macintyre (B. P.), C. F. Maclean (Z. P.), N. F. MacLeod (Z. P.), W. J. MacLure (B. P.), A. R. MacLurkin (Z. C.), J. M. Millan (B. P.), R. E. Macnicol, M. A. (C.), T. Neill (B. P.), J. Patton (B. Z. C.), T. S. Picken (Z. P.), W. B. I. Pollock (B. P.), A. Robin (Z. P.), J. Scott, M. A. (Z. C.), J. Shaw, M. A. (Z. C.), J. Shearer (B. P.), J. C. A. J. Smith (Z. P.), D. J. Smith (Z. P.), J. Smith (B. C.), J. Smith (B. C.), W. S. Stalker (P. C.), A. G. Stewart (Z. C.), F. R. Stewart (B. C.), J. D. B. Stewart (B. C.), P. D. Strachan, M. A. (B. C.), J. A. Sutherland (B. P.), C. F. Thomson (Z.), W. B. Thomson (B. P.), T. B. Tierney (P. C.), A. L. Watson, M. A. (Z. P.), A. S. Wells (Z. C.), R. O. Whyte (B. Z. P.), C. G. H. Wildish (Z. P.), M. W. Williams (P.), A. Wilson (Z. P.), W. Wright (Z. P.), J. Young (Z. C.).

*Women Candidates:*—Davidson (P. C.), M. K. H. Fleming (P. C.), J. T. Granger (P. C.), M. Hardie (P. C.), J. S. B. Hunter (P. C.), M. Longair (B. P.), J. Lorimer (C.), A. L. M'Ilroy (B. C.), I. L. M'Neill (P. C.), M. L. M'Neill (Z. P.), S. M. Robertson (P. C.), M. Spencer (P. C.), G. F. Taylor (P.), G. L. Young (P. C.).

The following have passed the Second Professional Examination (old regulations) for the degrees of Bachelor of Medicine (M.B.), and Master in Surgery (C.M.):

W. B. Armstrong, J. T. Bowie, J. R. Burns, J. B. Cumming, J. J. Edgar, G. L. Le Ferre, R. H. Meikle, J. A. C. Macewen, W. F. M'Ewen, M. G. Glashan, L. M. Mackay, W. M. Pearson, J. H. Rankin, J. R. Ratcliffe, R. Shanks, J. Sillars, A. Stevenson, D. L. Stevenson, M. A.

The following have passed the Second Professional Examination (new regulations) for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects or subjects indicated after their respective names (A., Anatomy; P., Physiology; M.M. and T., Materia Medica and Therapeutics):

A. S. Allan (A. P.), T. B. Broadway (A. P.), D. L. Cairns (A. P.), F. J. Charteris (A. P.), J. A. Clarke (A. P.), G. W. Coats (A. P.), J. D. Cochran (A. P.), W. S. Findlay, M. A. (A. P.), J. F. Fleming (A. P.), A. A. Forrester (A. P.), L. W. Harrison (A. P.), M. M. and T.), J. Lawrie (A. P.), W. M. Lindsay (A. P.), M. M. and T.), W. G. Liston (A. P.), M. M. and T.), J. MacDonald (A. P.), J. M. Haffie (A. P.), D. McKail (A. P.), J. M. Queen M. A. (A. P.), N. E. H. Scott (A. P.), A. B. Sloan (A. P.), S. M. Sloan (A. P.), D. S. Smith (A. P.), J. Strang (A. P.), M. L. Taylor (A. P.), W. L. Thomson (A. P.), W. Watson (A. P.), E. Watt (A. P.), E. R. Weir (A. P.), W. Wyper (A. P.), D. J. Young (A. P.).

*Women Candidates:*—D. A. M. Clark (A. P.), M. E. McNeill (A. P.), J. H. Smith (A. P.).

The following have passed the Third Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.):

*A. Including Pathology.*—J. Allen, S. Anderson, B. Sc., J. K. Brown, W. Burns, M. Campbell, J. Divine, M. Dunning, T. M'G. Fletcher, D. M. Glen, G. Hanson, A. Iredale, J. W. Jackson, J. Knight, J. W. Munro, W. M. McFarlane, J. S. McKendrick, H. M'Len, J. M. Laws, T. D. Newbigging, H. C. Patrick, D. S. Service, J. C. Taylor, N. C. E. Ward, H. Whitehouse, J. E. Wilson.

*Women Candidates.*—M. B. Hannay, M. S. Maclean.  
*B. Not including Pathology.*—A. Charlton, D. Drummond, G. H. B. Harvie, R. Hastie, J. Hogg, E. B. Jago, J. Marshall, S. Martyn, J. R. G. Phillips, J. M. Robertson, N. Robson, W. K. Russell, E. F. D. Walker.

#### UNIVERSITY OF ST. ANDREWS.

The following registered medical practitioners, having passed the required examinations, had the degree of Doctor of Medicine conferred upon them on March 26th, 1895:

G. H. Darwin, F.R.C.P. Edin., L.F.P.S. Glasg.; S. B. Fairley, L.S.A. Lond., L.F.P.S. Glasg.; J. J. Fraser, L.R.C.P. Edin., F.R.C.S. Edin.; J. R. Haynes, M.R.C.S. Eng., L.R.C.P. Edin., L.S.A. Lond.; L. J. James, L.R.C.P. Edin., L.R.C.S. Edin., L.F.P.S. Glasg.; J. D. McDaw, F.R.C.S. Edin., L.R.C.P. Edin., L.S.A. Lond.; J. B. Ronaldson, L.R.C.P. Edin., F.R.C.S. Edin., L.A.H. Dub., D.P.H.; T. C. B. Shadwell, M.R.C.S. Eng., L.R.C.P. Lond., D.P.H.; T. Willey, M.R.C.S. Eng., L.R.C.P. Lond.; and I. Williams, L.R.C.S. Edin., L.M. Edin.

**FOUNDATION OF MEDICAL CHAIRS.**—At the half yearly meeting of the General Council of the University, held on March 28th, under the presidency of the Lord Rector, the Marquis of Bute, the question of the foundation of two additional medical chairs was raised. The matter has excited a great deal of interest and some rivalry between St. Andrews and Dundee. The meeting was largely attended, and included many graduates from different parts of England. Professor Pettigrew moved: "That the General Council heartily approve of the action of the University Court in founding from the Berry bequest two additional medical chairs at St. Andrews as calculated to improve the general usefulness of the University, and resolve that every available means be taken by the Council to ensure their success, as well as that of the extended medical school at St. Andrews as a whole." He said that there was a grave necessity for extending the medical school at St. Andrews, for he could not conceive any place better adapted for giving the first two years of fundamental medical training. They had the means for founding two new medical chairs, those of anatomy and materia medica. Sir B. W. Richardson seconded the resolution. Dr. Buist, of Dundee, moved the

disapproval of the motion. He argued that it was impossible to carry out satisfactorily instruction in even the earlier subjects of a medical curriculum without a hospital. The amendment was seconded by Professor Purdie. Professor Meiklejohn then moved that the amount available from the Berry fund should be devoted to founding a chair of history and two lectureships, one in German and one in geography. It had, he said, been found almost impossible to attract medical students to St. Andrews. After some further discussion Professor Pettigrew's motion was finally carried by 74 to 38, and a committee was appointed to promote the development of the extended medical school and system of medical graduation at St. Andrews.

#### THE VICTORIA UNIVERSITY.

##### FINAL M.B. EXAMINATION.

*Part I.*—G. F. Bowman, Owens College; A. Brushfield, Owens College; H. S. H. Callum, Yorkshire College; C. E. Ligertwood, Yorkshire College; F. C. Moore, Owens College; J. V. Shaw, Yorkshire College; S. Thorp, Owens College; R. H. Trotter, Yorkshire College.  
*Part II.*—\*H. Ainsworth, Owens College; C. S. Ashe, Owens College; R. E. Bickerton, University College, Liverpool; D. E. Darbyshire, University College, Liverpool; F. W. Fish, Owens College; T. P. Hall, Owens College; J. J. H. Holt, Owens College; W. A. Newall, Owens College; H. A. Scott, Owens College; W. L. Spink, Yorkshire College; \*J. S. Taggart, Owens College.

##### \* Awarded First Class Honours.

##### † Awarded Second Class Honours.

##### SECOND M.B. EXAMINATION.

*Anatomy and Physiology.*—J. T. Auld, Owens College; M. Aungier, University College, Liverpool; T. F. Bamford, Owens College; W. H. Bateman, Owens College; W. Bradley, Owens College; J. J. Butterworth, Owens College; H. J. Crompton, Owens College; L. O. Delecourt, Owens College; J. E. Dutton, University College, Liverpool; W. Graham, University College, Liverpool; A. S. Griffith, University College, Liverpool; H. Hartley, Owens College; J. F. Hodgson, Owens College; D. G. Hurter, University College, Liverpool; R. Kelsall, Owens College; J. Kemp, Owens College; G. G. L. Lawson, University College, Liverpool; F. T. A. Lovegrove, University College, Liverpool; J. H. Mason, Yorkshire College; H. A. Mawdsley, University College, Liverpool; W. T. Melling, Owens College; J. Milne, Owens College; H. G. H. Monk, Yorkshire College; J. Mooney, Owens College; C. H. Moorhouse, Yorkshire College; J. Prestwich, Owens College; A. H. Priestley, Owens College; G. Renshaw, Owens College; J. H. Sheldon, Owens College; R. Sutherland, University College, Liverpool; H. Thorp, Owens College; L. S. Whitlam, University College, Liverpool; J. H. Willett, University College, Liverpool; J. Williamson, Yorkshire College; and D. S. Wylie, Owens College.

*Materia Medica and Pharmacy.*—D. A. Ashton, Owens College; J. T. Auld, Owens College; T. F. Bamford, Owens College; R. T. Bollans, Yorkshire College; H. N. Bridge, Owens College; Lucy Buckley, University College, Liverpool; W. J. S. Bythell, Owens College; H. R. Clarke, Owens College; F. Darlow, Yorkshire College; J. W. Dearden, Yorkshire College; W. Graham, University College, Liverpool; K. Hamer, Owens College; T. W. Hart, Owens College; H. Hartley, Owens College; W. Hickey, Owens College; D. G. Hurter, University College, Liverpool; R. Kelsall, Owens College; G. G. L. Lawson, University College, Liverpool; E. J. Martin, Owens College; T. O'Neill, Owens College; A. H. Priestley, Owens College; C. R. Schofield, Owens College; J. H. Sheldon, Owens College; H. Slater, Owens College; R. Sutherland, University College, Liverpool; H. de P. B. Veale, Yorkshire College; J. V. Watson, Owens College; and W. Wright, Owens College.

Candidates' names are arranged in alphabetical order.  
The Scholarship in Medicine is awarded to R. Kelsall, Owens College.

#### 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. Monday, April 1st.

*Anatomy and Physiology.*—I. Taylor, student of Yorkshire College, Leeds; K. W. Pearson, H. H. Robinson, J. Bennett, and J. Wood, of Owens College, Manchester; J. Black, of Owens College, Manchester and Firth College, Sheffield; J. Gardner and N. Milner, of Firth College, Sheffield; F. Barnes, F. N. Deakin, W. H. Coltart, J. G. C. Taunton, J. Bradley, F. Pope, and J. A. N. Longley, of Mason College, Birmingham; A. W. Tuxford, of St. Mary's Hospital; W. R. Batye, of University Colleges, Bristol and London; and J. W. Hughes of Cambridge University.

*Anatomy only.*—H. Spinks, J. Wallwork, and H. Blakemore, of Owens College, Manchester; F. C. Morgan and C. M. Mitchell, of University College, Bristol.

*Physiology only.*—G. Renshaw and H. L. Laidman, of Owens College, Manchester; and O. T. A. Phillips, of University College, Cardiff. Twelve gentlemen were referred in both subjects, 4 in Anatomy only, and 5 in Physiology only.

Tuesday, April 2nd.

*Anatomy and Physiology.*—W. E. Jones, student of Owens College, Manchester; W. E. B. Roberts, of Mason College, Birmingham; E. C. Sawdy and E. S. Graham, of St. Mary's Hospital; E. V. Foss and R. F. Moorshead, of University College, Bristol; G. L. Bates and W. J. May, of Charing Cross Hospital; R. W. C. Pierce, W. H. Tucker, and H. E. Hewitt, of St. Thomas's Hospital; G. C. Marrack, of St. Bartholomew's Hospital; H. J. Graunt, of Westminster Hospital; L. E. C. Handson, of Guy's Hospital; T. Jones, of London Hospital; A. Roman, of Strassburg, Tubingen, and Kell Universities; and H. A. Bruce, of Toronto University and University College, London.

*Anatomy only.*—E. S. Crispin, of King's College, London; J. L. Payne, of Guy's Hospital; A. J. Andrew, of St. Bartholomew's Hospital; F. C. Maitland, of Middlesex Hospital; and J. E. H. Parsons, of Cambridge University and Guy's Hospital.

*Physiology only.*—J. M. A. Manning, of St. George's Hospital; D. Ackland, of Charing Cross Hospital; and A. R. O'Flahertie, of London Hospital and Mr. Cooke's School of Anatomy and Physiology. Ten gentlemen were referred in both subjects, 5 in Anatomy and 6 in Physiology only.

#### ROYAL COLLEGE OF SURGEONS IN IRELAND: SCHOOLS OF SURGERY.

CLASS PRIZES, Winter Session, 1894.

*Descriptive Anatomy.*—Junior: W. J. Anglim, 1; H. M. Clarke and J. M. Crawford (equal), 2. Senior: F. J. Palmer, 1; and R. H. D. Pope, 2.

*Practical Anatomy.*—First Year: S. R. Godkin, 1; and J. J. Huston, 2. Second Year: M. W. Faulkner, 1; and D. Hadden and J. Leventon (equal), 2. Third Year: A. S. Greene, 1; and A. McMunn, 2.

*Practice of Medicine.*—D. Kennedy, 1; and W. M. Power, 2.

*Theoretical Surgery.*—A. I. Eades, 1; and D. Kennedy, 2.

*Midwifery.*—G. A. Robinson, 1; and J. A. McMunn, 2.

*Physiology.*—F. J. Palmer, 1; and D. Hadden, 2.

*Chemistry.*—W. J. Anglim, 1; and S. R. Godkin, 2.

*Pathology.*—G. A. Robinson, 1.

*Physics.*—W. J. Anglim and D. A. Fitzgerald (equal), 1; and M. Gavin, 2.

The Schools opened on Monday, April 1st, for the three months' courses of Operative Surgery, Practical Chemistry, Pharmacy, Public Health, Forensic Medicine, Materia Medica, Histology, Biology, and Dissection.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,317 births and 4,751 deaths were registered during the week ending Saturday, March 30th. The annual rate of mortality in these towns, which had declined from 35.0 to 27.7 per 1,000 in the three preceding weeks, further fell to 23.4 last week. The rates in the several towns ranged from 14.5 in Swansea, 15.1 in Cardiff, and 16.5 in Birkenhead to 37.1 in Bolton, 38.3 in Wolverhampton, and 42.4 in Burnley. In the thirty-two provincial towns the mean death-rate was 25.0 per 1,000, and was 3.9 above the rate recorded in London, which was 21.1 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 1.6 per 1,000, while it averaged 1.5 in the thirty-two provincial towns, and was highest in Manchester, Gateshead, and Bolton. Measles caused a death-rate of 1.5 in Sheffield and 2.2 in Bolton; scarlet fever of 1.2 in Wolverhampton; and whooping-cough of 1.2 in Plymouth and in Blackburn, 1.3 in Salford, and 1.6 in Gateshead. The 53 deaths from diphtheria in the thirty-three towns included 31 in London, 3 in West Ham, 3 in Manchester, 2 in Liverpool, and 2 in Birmingham. No fatal case of small-pox was registered during the week under notice, either in London or in any of the thirty-two provincial towns. There were 55 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-Pox Hospital on Saturday last, March 30th, against 56, 57, and 58 at the end of the three preceding weeks; 10 new cases were admitted during the week, against 8, 12, and 14 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 1,619, 1,615, and 1,587 at the end of the three preceding weeks, had further declined to 1,555 on Saturday last, March 30th; 161 new cases were admitted during the week, against 141, 133, and 184 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, March 30th, 941 births and 732 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 42.8 to 31.3 per 1,000 in the four preceding weeks, further fell to 25.4 last week, but exceeded by 2.0 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rate ranged from 18.4 in Greenock to 34.2 in Leith. The zymotic death rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Aberdeen and Leith. The 333 deaths registered in Glasgow included 2 from small-pox, 3 from scarlet fever, 2 from diphtheria, and 12 from whooping-cough. Fifteen fatal cases of measles were recorded in Edinburgh and 9 in Leith.

### VACCINATION WITH CALF LYMPH.

WITH reference to a paragraph headed as above in the BRITISH MEDICAL JOURNAL of March 30th, our attention has been directed to an extract (which we hasten to insert) from a letter recently received from the Local Government Board:—"The present system of public vaccination in England, with its periodical attendances at appointed stations and at fixed times, is designed to secure, as far as possible, vaccination with fresh lymph from arm-to-arm; the official instructions to Vaccinators under Contract contain (Section 5) an express warning against departure from that system; and the granting of special awards is subject to certain specified conditions, one of which is compliance with the regulations embodied in those instructions, to the effect that the public vaccinator shall not, under ordinary circumstances, adopt any other method of vaccinating than with liquid lymph directly from arm-to-arm. The Board would, therefore, point out that departure from this rule might involve the public vaccinators in loss of their awards; and at the present time, while the whole question of vaccination is under investigation by a Royal Commission, it seems to them specially undesirable that they should make any change in the official instructions in question." Our correspondent adds that, of course, it is the use of preserved calf lymph

that is so much deprecated, and that, so far as his experience goes, the Local Government Board look with equal favour upon calf-to-arm and arm-to-arm vaccinations. The former is, as most of our readers will know, in use at the Animal Vaccine Establishment in Lamb's Conduit Street, London.

### ONE-SIDED ARGUMENTS.

A MEDICAL man who is opposed to vaccination is indeed a *rara avis in terris*, but Mr. Walter R. Hadwen, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., of Highbridge, Somerset, has been going about lecturing against vaccination. By simply ignoring all the facts which speak for vaccination, he makes out a plausible case to the ignorant; but the justice of such a procedure is questionable. Take the following example of his arguments. Mr. Hadwen in a letter to a local newspaper cites the Sheffield epidemic, and then tells the public that 98 per cent. of the population were vaccinated persons, and that in one year there were 6,000 cases amongst vaccinated persons, with 680 deaths. But he does not tell the public the other side at the same time, as he ought to do—namely, that the attacks amongst the unvaccinated were six times more numerous per cent. than amongst the vaccinated, and the deaths 68 times per cent. more numerous, up to March 31st, 1888, when the epidemic was distinctly declining. Thus the public only hear one side of the question from such debaters as Mr. Hadwen. The deaths among the vaccinated up to the above date were only 200, not 680, and but few more occurred.

### BARNSTAPLE UNION.

WE understand that the medical officership of the Ilfracombe District of the Barnstaple Union is again vacant, and this for the second time within one year, and for the third time within five years. The cause of the present vacancy appears to be the inadequate salary paid by the guardians, this being the same as fixed forty years back, though the population of the district, largely composed of the working class, has enormously increased. Under these circumstances we cannot recommend this appointment as being a desirable one for any member of the profession to apply for.

### THE SANITARY CONDITION OF ITALY.

PROFESSOR PAGLIANI'S Report on the Sanitary Condition of Italy during the second half of 1894 states that the various infectious diseases in human beings were not more prevalent than usual. There was an increase of small-pox in Puglia, where it has existed since 1893, owing to vaccinations being difficult to carry out in sufficient proportions. Towards the end of the year the disease made its appearance at Trapani in considerable numbers. Diphtheria was most prevalent in July and August. Typhoid fever was rather prevalent in the provinces of Alexandria, Milan, and Pavia, but the only serious epidemic occurred in Syracuse in December, particulars of which have already been published in the BRITISH MEDICAL JOURNAL. In a few days there were 160 cases with 12 deaths, and the cause was due to the pollution of the water supply. The epidemic was quickly cut short by the energetic measures taken. The epidemic of cerebro-spinal meningitis, which was so prevalent in the first half of the year, showed a rapid decline in the second half.

During July, 1894, 10 cases of cholera were reported in the province of Alexandria. The disease was most probably introduced from Marseilles, where cholera was then prevalent. In August, September, and October there were 50 cases in Naples and its neighbourhood; here also the disease was imported from Marseilles. The only other cases of cholera that occurred in Italy during the six months were 1 suspicious case in the province of Campobasso and 2 or 3 in that of Caserta. On August 1st 1 death took place at Genoa on board a steamer which came from Marseilles. The remaining sections of the report deal with the various hygienic improvements carried out in the kingdom: the sewerage of Naples; regulations in reference to cemeteries, etc.; the appointment of provincial doctors (county health officers); the arrangements made for the manufacture and supply of the different antitoxins for man and animals; and regulations in reference to marine sanitation, and with the medical aid for the poor. The part relating to vaccination shows that in the Jennerian Section of the State Vaccine Institute during the year, 254 calves were inoculated; 22,517 applications for lymph were received, and 62,167 tubes and 1,996 points were sent to the various applicants. Altogether, from January 1st to December 31st, sufficient lymph to vaccinate over 3,000,000 persons was sent out.

### MEASLES AND SCHOOL CLOSURE.

DR. MARK FENTON, the health officer of Coventry, is well qualified to speak on the subject of measles in its relation to sanitary administration, as that city has had a large acquaintance with the disease under the system of compulsory notification. In his annual report for the past year, Dr. Fenton says that the precautionary measures adopted in Coventry have availed little in respect of the repression of measles, except the entire closure of schools. Here he shows that much has been done, the rapid falling off in the numbers notified shortly after, as compared with the weeks preceding school closure, plainly demonstrating the efficacy of total closure. Thus, in four successive weeks of epidemic prevalence of the disease with the schools open, the numbers of cases were 162, 213, 275, and 492; whilst thereafter they at once fell upon closure of the schools to 306, 260, 134, 88, and 42 respectively. The same plain action of school closure was shown in the epidemics of 1886 and 1889. One point to be noticed is that some of the schools did not act on the closing order for upwards of a week, because examination time was close at hand; and indeed one school, after protesting that no measles existed among its scholars, had three weeks later to apply for a compulsory closing order, as 33 per cent. of its attendants were away with measles. What is wanted, says Dr. Fenton, is isolation of all early cases. Compulsory notification may be useful in enabling the authority at once to apply their measures of precaution by quickly learning of the presence of measles in their town. If the information is not at once made use of, the blame does not rest on the notification system.

## SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

A SCOTTISH POOR-LAW MEDICAL OFFICER writes: I suppose most Poor-law medical officers in Scotland are under the impression that the Bill for this purpose at present before Parliament is applicable to Scotland as well as to England. This impression would naturally follow from reading the form of petition in the BRITISH MEDICAL JOURNAL of March 9th, p. 557, which states that "the petitioners are an association representing the Poor-law medical officers of Great Britain." I was, therefore, rather surprised to hear from the member of Parliament for our district that the Bill does not apply to Scotland. Now, Sir, I think this is rather unfair, for I am sure the position of the Scottish Poor-law medical officers is not superior in any way to that of their English brethren. For one thing their tenure of office is in this anomalous state—that they can be dismissed both by the Local Government Board and by the parochial boards or parish councils, whereas I believe the English medical officers, and even the Scottish inspectors of poor, can only be dismissed by the Local Government Board. I hope the Scots, who have never been behind when any fighting was going on, will not sleep any longer under these indignities, and that you, Sir, will advocate that justice be done all round.

## THE DUTIES OF M.O.H. IN INFECTIOUS CASES.

M.O.H. (who has forgotten to enclose his card) has been called upon by his rural district council to visit every case of infectious disease notified to him. He asks if this is usual, and if there is anything in the Public Health Act which implies it.

\*.\* It is not usual, and is not required by the Public Health Act. The order of the Local Government Board requires the M.O.H. to visit without delay the spot on which an outbreak of dangerous infectious disease is reported, but this has not usually been taken to mean an immediate personal visit to every infected household. In many instances it would be proper to accept the report of the inspector; and indeed, unless the M.O.H. has a small district and little else to do, he might often find it difficult to carry out personal inquiries in all cases notified.

MR. WM. C.—The medical officer of health was right in taking immediate action to satisfy himself that proper precautions were being observed in such an important centre as a post-office, especially if the intimation of the existence of a dangerous infectious case reaches him unofficially, with no guarantee of proper medical supervision being exercised. The delay in notification was therefore unfortunate. But he would not be acting with discretion in examining patients whom he knew to be under the charge of a medical man, without communicating with the latter. Much turns upon this point of knowledge, which our correspondent does not make quite clear.

## NOTIFICATION FEES.

S. T. B.—The Local Government Board have repeatedly expressed officially the opinion which has on many occasions been given in the BRITISH MEDICAL JOURNAL—namely, that every practitioner called in to see a notifiable case must notify, and is entitled to the usual fee for doing so. A prior notification by another practitioner, even if known to a medical man called in later, does not relieve him of his legal responsibility to notify, nor the authority of their liability for the fee.

## OBITUARY.

## JAMES HENRY COVENEY, M.R.C.S.

WE have to announce with much regret the death, on March 26th, of Mr. James Henry Coveney, at Hawkhurst, Kent, to which place he had retired a few years ago, after some thirty-five years' active practice in Prestwich, Lancashire. Mr. Coveney received his professional education at St. Bartholomew's Hospital, and, after obtaining the diplomas of the Royal College of Surgeons and the Society of Apothecaries, migrated to Manchester, where, in the first instance, he held an appointment in connection with the Manchester Royal Infirmary. Later he held the Lectureship on Surgery at the Manchester Royal School of Medicine. While at Prestwich he was engaged in a large practice, and also held the appointments of Medical Officer of Health and District Medical Officer of the Prestwich Union. His work in Prestwich brought him into relation with both rich and poor, by whom he was much beloved, and who testified their affectionate esteem for him by presenting him on his retirement in 1886 with a handsome testimonial. At Hawkhurst, although relieved from the cares of practice, he found ample opportunities of rendering services to those among whom he lived, and his death, which occurred suddenly, has deprived many of a friend who could be ill spared.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Augé, Mayor of Biarritz, and a prominent member of the Republican party; Dr. Victor

Parisot, Professor of Clinical Medicine in the old medical faculty of Nancy, aged 85; Dr. E. F. Farge, honorary professor and formerly director of the medical school of Angers, and chief physician to the Hôtel-Dieu of that town; Dr. Ermete Coliva, a well-known practitioner of Florence, and inventor of an automatic bed for artificial respiration, aged 61; Dr. Milton N. Taylor, formerly City Physician, and afterwards a Commissioner of Health, of Baltimore; Dr. C. W. Breyfogle, a leading practitioner of Louisville, aged 54; Dr. Dufay, of Gisors (Eure), one of the oldest members of the profession in France, for more than seventy years the busiest practitioner in his district, aged 96; Dr. Jamin Strong, one of the best-known alienists of America, for many years Medical Superintendent of the Cleveland Hospital for the Insane; Dr. Zénon Pupier, formerly of Vichy, where he practised for forty years; and Dr. Pohl-Pincus, of Berlin, a well-known specialist in diseases of the skin.

## INDIA AND THE COLONIES.

## INDIA.

VACCINATION IN BENGAL.—The Annual Statistical Returns and Short Notes on Vaccination in Bengal for the Year 1893-4, by Surgeon-Lieutenant-Colonel W. H. Gregg, M.B., M.R.C.P. Lond., Sanitary Commissioner for Bengal, contains serried ranks of figures which well exhibit the wonderful organisation which now exists in India. In all the districts of the Bengal Province during the year 1893-4 the deaths from small-pox numbered 12,499, and the ratio of small-pox deaths per 1,000 of population was 0.17; the ratio per million of population was thus 170. The population is 70½ millions, and 1½ millions were vaccinated during the year, including 3,782 successful revaccinations. The ignorance and religious scruples, but especially the apathy, of the native population are great obstacles to vaccination, and, under the circumstances, the report which Dr. Gregg has presented to his Government is gratifying.

THE IMPERIAL BACTERIOLOGIST.—The Government of India have sanctioned a revised establishment for Professor Lingard, M.B., the Imperial bacteriologist, with effect from April 1st next, when his establishment will be moved from Poona to the new premises in the hills. The establishment is not to cost more than Rs.4,500.

## CANADA.

MEDICAL LEGISLATORS.—The Hon. Dr. Montague has been named a member of the Canadian Cabinet and a Privy Councillor. The roll of Canada's public men now includes, besides a large number of medical members of the Senate, Commons, and Legislatures, the names of the Hon. Drs. W. W. Baldwin and Widmer, Legislative Councillors; the Hon. Dr. Rolph, well known for his devoted work in the promotion of medical teaching in Ontario; the Hon. Dr. Blanchet, Speaker of the Commons; Sir Charles Tupper, M.D., High Commissioner to England; and Sir Étienne Taché, M.D., Prime Minister of the Canadas in two Administrations.

## CAPE COLONY.

SANITARY ADMINISTRATION.—Dr. Gregory's interesting address to the second South African Medical Congress, which has been republished,<sup>1</sup> reveals a wider gap than is generally recognised between the mother country and some at least of the Colonies in the matter of health legislation. Registration of deaths is attempted only in some few towns in Cape Colony, and even there imperfectly, so that accurate statement of death-rates is impossible. The system of sanitary government seems to be equally chaotic, notwithstanding much patchwork legislation. There is little effective central control. Many urban centres have no local authority at all, and there the inhabitants—like the "village Boards" which represent sanitary administration elsewhere—are able to do pretty much as they please. Dr. Gregory evidently writes with intimate knowledge of the needs of the Colony, and the measures which he advocates are clearly and thoughtfully stated.

## HONG KONG.

THE Annual Report on the Medical Department (Hong Kong) for the Year 1893 (Hong Kong: Noronha and Co., Government Printers, 1894, fcap. folio, pp. 56), recently issued, contains much interesting information on the sanitary condition of the town of Victoria prior to the outbreak of plague last year. To this we have already adverted in connection with Drs. Ayres' and Lowson's paper at the Buda-Pesth Congress. In addition to this, and to the usual information on the medical establishments of the Colony, the present report embodies the views and experience of Dr. Ayres and his colleagues on the opium question. They are distinctly pro-opiologists. The statement which Dr. Ayres makes to the effect that opium smoked does not produce contraction of the pupil is interesting if of universal application. Experience associates contraction of the pupil with the physiological action of opium. Opium either produces or does not produce a physiological effect when smoked. If non-contraction of the pupil is evidence that it does not produce a physiological effect we wonder why it is smoked. Dr. Ayres should give his observations on so interesting a point in greater detail. His allegation, if true, may embody a therapeutic principle worth following up.

<sup>1</sup> Health Legislation in Relation to the Requirements of the Cape Colony. By A. J. Gregory, M.D., B.S., D.P.H., etc. Cape Town: J. C. Juta and Co. 194. (Roy. 8vo, pp. 24. 3s.)

## HOSPITAL AND DISPENSARY MANAGEMENT.

## ABERDEEN ROYAL LUNATIC ASYLUM.

DR. WILLIAM REID, physician-superintendent of the Aberdeen Royal Lunatic Asylum, in publishing his annual report of the medical work of the institution, which is of the usual satisfactory nature, offered some remarks deserving of careful consideration both by the members of the profession and by the general public. Dr. Reid lays great stress on the question of heredity. He states that he endeavoured to make a minute investigation of each patient as to this point during the past year. The investigation proved unsatisfactory. A large number of the relatives of the patients were extremely reticent in giving an open family history. A study of the causes of insanity, he says, leads him to the conclusion that the chief agency is nerve instability transmitted from parent to progeny. The greater the force of this instability the less need be the immediately exciting causes which produce disorder of the brain functions. There is, in his opinion, no doubt that the tendencies towards intemperance and the commission of crime are referable to this inherited weakness. Can any suitable means be found to fortify him against such influences or protect him from them?

It is certainly the duty of the individual to battle against his infirmities, but is it not a hardship that he is handicapped at the start and still more so that through an inconsiderate marriage with one having similar tendencies he should transmit these evils, in a more aggravated form, to a still more unhappy offspring? He points out how little the family history and abnormal mental tendencies are studied by parties contracting marriage. And how often these are carefully hidden away in family secret vaults till something demands inquiry, and then the weak points are evident. Dr. Reid is not overstepping his duty when he indicates that the facts already established in connection with heredity point out an essentially useful sphere for State interference in a matter which is a festering sore in social life.

At any rate waiting for the time when the State may be able to legislate on this point in a scientific manner, it is the duty of parents, physicians, and teachers to recognise these facts and to use every wise means to diffuse sound knowledge in this weighty matter.

## MEDICAL NEWS.

DR. JUSTIN McC. MCCARTHY, of St. George's, Shropshire, asks us to state that the chief cause of his resignation of his seat upon the Council of the Medical Defence Union was the difficulty he encountered, owing to the facts not having been entered in the minutes, in obtaining knowledge of the exceptional circumstances which led the Council of the Union to take action in a recent case.

THE monthly meetings of the Royal Statistical Society during the remainder of the present session will be held in the Lecture Theatre of the Royal United Service Institution, Whitehall, S.W.

At the annual meeting of the North London Medical and Chirurgical Society on Thursday, April 11th, at the Great Northern Hospital (S.R.M.), the President, Dr. J. G. Glover, will deliver an address on The Profession, its Place and Progress.

THE Home Office Committee, appointed to report upon the sanitary conditions under which castings and workings in brass and kindred alloys are carried on, held a sitting in Sheffield last week; evidence was taken and workshops inspected. The inquiries of the committee have already been conducted in Birmingham and Walsall, London, Wolverhampton, and Glasgow.

THE CAIUS SETTLEMENT.—The annual report of the Gonville and Caius College Cambridge Mission and Settlement at Battersea for 1893-4 shows that the educational, social, and religious work done at Caius Hall, Caius House, and Caius Mission House, continues to attain the high aims which the founders set before themselves. The scheme is, however, handicapped by want of adequate funds.

A STAINED-GLASS window containing the coats of arms or crests of members of the medical and surgical staff, past or present, of the London Hospital has been erected in the library of the London Hospital Medical College. These armorial bearings include those of Dr. John Andree, the first physician, and Mr. John Harrison, the first surgeon, who were appointed in 1740. Among the thirty-two shields are those of Sir William Blizard, Sir Andrew Clark, Richard Clement Headington, John Goldyer Andrews, James Luke, Thomas Blizard Curling, and Jonathan Hutchinson, all at one time or another Presidents of the Royal College of Physicians or of Surgeons. It is hoped that the armorial bearings of many others with whose descendants it has not hitherto been possible to communicate may eventually be added; and the Warden of the College, who is ready to show

the window to any person interested, will be glad to receive communications from the present representatives of former members of the staff.

A PLEASING and characteristic portrait of the late Mr. J. W. Hulke, President of the Royal College of Surgeons, has been issued by Messrs. Baillière, Tyndall, and Cox. It is printed from a copperplate by photogravure from a photograph by Messrs. Barraud, of Oxford Street. Messrs. Baillière, Tyndall, and Cox (20, King William Street, Strand) will supply the portrait, framed, at the price of 10s. 6d., and they ask us to state that the number of copies is limited.

## MEDICAL VACANCIES.

The following vacancies are announced:

BIRMINGHAM CITY ASYLUM.—Resident Qualified Clinical Assistant. Board and apartments provided. Applications to the Medical Superintendent.

BIRMINGHAM GENERAL DISPENSARY. Resident Surgeon; doubly qualified. Salary, £150 per annum (with an allowance of £30 per annum for cab hire), and furnished rooms, fire, lights, and attendance. Applications to Alex. Forrest, Secretary, by April 22nd.

BRITISH LYING-IN HOSPITAL, Endell Street, Long Acre, E.C.—Physician to the Out-patient Department. Applications to the Secretary by April 20th.

CARDIFF UNION.—Medical Officer for the Bonvilstone District. Salary, £45 per annum. Applications to Arthur J. Harris, Clerk, Queen's Chambers, Cardiff, by April 16th.

COUNTY ASYLUM, Dorchester.—Second Assistant Medical Officer, unmarried, and not over 30 years of age. Salary to commence £130 per annum, rising £10 yearly to £160. Applications to Dr. MacDonald, Medical Superintendent, by April 8th.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell E.—House-Physician. Board, lodging, etc., provided; no salary. Applications to the Secretary by April 8th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Applications to the Secretary by April 18th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Surgical Registrar and an Anesthetist. Appointments for one year. Honorariums of £40 and £15 15s. respectively at the expiration of term. Applications to the Secretary by April 23rd.

KENT COUNTY LUNATIC ASYLUM, Barming Heath, near Maidstone.—Fourth Assistant Medical Officer and Pathologist; unmarried. Salary, £175 per annum, rising £5 annually, with furnished quarters, attendance, coals, gas, produce, milk, and washing. Appointment for two years in the first instance. Applications to Francis R. Howlett, Clerk to the Subcommittee of Visitors, 9, King Street, Maidstone, by May 1st.

LONDON HOSPITAL MEDICAL COLLEGE.—Assistant Demonstrator in Anatomy. Salary, £90 per annum. Applications to the Warden by April 25th.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, 32, Soho Square, W.—Two Clinical Assistants for the Electrical Department. Applications to Dr. Haydon or the Secretary by April 15th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.—Physician. Must be F. or M.R.C.P. Lond. Applications to T. Glenton-Kerr, Secretary, at the Office, 27, Clement's Lane, E.C., by April 16th.

NORTHUMBERLAND COUNTY ASYLUM, Morpeth.—Clinical Assistant. Board and residence provided. Applications to Dr. McDowell, Medical Superintendent.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.—Resident Medical Officer and Assistant Resident Medical Officer. Appointment for six months. Salary at the rate of £50 per annum is attached to the senior post. Applications to the Secretary by April 26th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—Surgeon to the Throat and Ear Department. Applications to the Secretary by April 22nd.

POPLAR HOSPITAL FOR ACCIDENTS, Blackwall, E.—Honorary Surgeon. Applications to the House Governor by April 20th.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon; doubly qualified. Appointment for six months. Rooms, commons, and washing provided in lieu of salary. Applications to the House-Surgeon by April 18th.

ROYAL COLLEGE OF PHYSICIANS.—Milroy Lecturer. Applications to the Registrar, Royal College of Physicians, Pall Mall East, S.W., by April 9th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Four Examiners in Anatomy and four Examiners in Physiology for the Fellowship; candidates for the former must be Fellows of the College. Four Examiners in Elementary Anatomy (First Examination). Two Examiners in Elementary Biology (First Examination). Four Examiners in Anatomy (Second Examination). Three Examiners in Physiology (Second Examination). Four Examiners in Midwifery (Third Examination). Two Examiners in Public Health. Applications to the Secretary by April 25th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Resident Medical Officer. Appointment for six months. Salary, £100 per annum, with furnished apartments and board. Applications to the Secretary by April 24th.

**ROYAL SOUTH HANTS INFIRMARY**, Southampton.—Assistant House-Surgeon; must be willing to engage for six months. Gratuity of £10 will be given at the end of this period if satisfactory. Board and lodging provided. Applications to T. A. Fisher Hall, Secretary, by April 24th.

**SWANSEA GENERAL AND EYE HOSPITAL**.—Clinical Assistant. Appointment for six months. Board, lodging, and washing provided. Applications to the Honorary Secretary of the Medical Staff by April 15th.

**TANCRED'S CHARITIES**.—Two Studentships in Divinity at Christ College, and one Studentship in Physic at Gonville and Caius College, Cambridge. Each student will receive £50 a year and a share in the surplus rents and profits (the stipend not to exceed £100 a year); the student in Physic until admission to the degree of Bachelor of Medicine, and for three years afterwards, or for such shorter terms as may be determined by authority. Candidates must be natives of Great Britain, members of the Church of England, unmarried, and not below the age of 16 or above the age of 22. Forms of petition and all information may be obtained from Mr. George Edgar Frère, 28, Lincoln's Inn Fields, W.C., Clerk to the Tancred's Charities, to whom petitions must be sent by April 20th.

### MEDICAL APPOINTMENTS.

**ADAMSON**, Charles H., M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

**ALEXANDER**, S. R., M.D.Lond., M.R.C.S., reappointed Medical Officer for the No. 1 District of the Faversham Union.

**ASHWORTH**, J. Henry, M.D.St.And., F.F.P.S.Glasg., M.R.C.P.Edin., etc., appointed Medical Officer to the Post Office, Halstead, Essex.

**ASTIN**, Wilson, M.B., C.M.Aberd., appointed Assistant Medical Officer to Oriole Cottage Hospital for Cancer, Loughton, Essex.

**BATELY**, John, M.D.Durh., L.R.C.P., M.R.C.S., reappointed Medical Officer for the Belton District of the Muford and Lotheringland Union.

**BEATTIE**, James M., M.B., C.M., appointed Resident Physician to the Royal Edinburgh Hospital for Sick Children.

**BELSON**, G. de Veuille, M.A.Oxon., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Third District of the Dulverton Union.

**BOND**, Reginald St. G. S., M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

**BROOKS**, C., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Chalfont District of the Amersham Union.

**BUCHANAN**, R. M., M.B., C.M., appointed Professor of Medical Jurisprudence at Anderson's College Medical School, Glasgow, *vice* T. Kennedy Dalziel, M.B., C.M.Edin., resigned.

**CLARK**, Andrew, F.R.C.S.Eng., appointed Surgeon to the Middlesex Hospital, *vice* J. W. Hulke, F.R.C.S.Eng., deceased.

**COX**, William, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Winchcombe Rural District Council.

**CURREY**, E. F. N., M.R.C.S., L.R.C.P.Lond., appointed House-Physician to the West London Hospital.

**ERSKINE**, James, M.A., M.B., appointed Lecturer on Aural Surgery at Anderson's College Medical School, Glasgow, *vice* Thomas Barr, M.D.Glasg., resigned.

**GALLIE**, J. Stuart, M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

**GILLETT**, G. E., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Third District of the Loddon and Clavering Union.

**GOODFELLOW**, James A., M.B., C.M.Glasg., reappointed Medical Officer of Health for the Brampton Rural Council.

**HENDERSON**, John, M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

**KELLY**, Bruce C., M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

**KENNAN**, R. H., M.B., B.Ch., B.A.O.Univ.Dub., appointed Assistant Resident Physician to the Birmingham Workhouse Infirmary.

**LAWRIE**, John, M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

**LENTAIGNE**, John, F.R.C.S.I., Surgeon to the Mater Misericordiae Hospital, appointed Surgeon to the Children's Hospital, Temple Street, Dublin.

**LINDEN**, H. C., L.R.C.P.Edin., L.F.P.S.Glasg., appointed Medical Officer for the Harptree District of the Clutton Union.

**M'DONNELL**, Dr. Joseph, appointed Medical Officer for the Workhouse of the Roscommon Union.

**MARTINO**, William Robert, M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

**MEAKIN**, Harold B., M.B.Lond., M.R.C.S., L.R.C.P., appointed Senior House-Physician to the Metropolitan Hospital, Kingsland Road, N.

**MOSSOP**, Arthur George, M.R.C.S.Eng., L.R.C.P.I., appointed Medical Officer of Health for the Newhaven Urban District Council.

**OSWALD**, Landel, M.B., C.M.Glasg., appointed Medical Superintendent of the Asylum at Gartloch.

**PARHAM**, William M., M.D.Edin., appointed Medical Officer for the Brecon Union Workhouse, *vice* James Williams, F.R.C.S., resigned.

**RICHARDS**, W. H., L.S.A., appointed Medical Officer for the St. Mellon's District of the Newport Union.

**ROBERTS**, G. A. E., M.R.C.S.Eng., appointed Medical Officer of Health to the Winchester District Council.

**ROPER**, A. C., F.R.C.S., L.R.C.P.Edin., M.R.C.S., appointed Surgeon to the Devon and Exeter Hospital, *vice* James Bankart, M.B.Lond., F.R.C.S.Eng., resigned.

**ROXBURGH**, A. B., M.A., M.B.Oxon., F.R.C.S.Eng., appointed Surgical Registrar to the London Hospital.

**SELBY**, W. McDowell, M.B., C.M., appointed Resident Physician to the Royal Edinburgh Hospital for Sick Children.

**STAUNTON**, M. C., M.D., B.Ch.R.U.I., appointed Visiting Surgeon to the Children's Hospital, Temple Street, Dublin.

**STEPHENS**, Lockhart E. W., M.R.C.S., appointed Medical Officer of Health to the Warlington Urban District.

**STEWART**, J. Purves, M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

**STILL**, George F., M.A., M.B.Cantab., appointed Medical Registrar and Pathologist to the Hospital for Sick Children, Great Ormond Street, W.C.

**WATTS**, E. Croft, M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

**WEBB**, Thomas L., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer for the Madely No. 2 District of the Madely Union.

**WILSON**, George John, M.A.Oxon., M.D.Dub., M.R.C.S.Eng., appointed Honorary Physician to the Radcliffe Infirmary, Oxford.

**WILSON**, R. Mervyn, B.A., M.D., B.Ch., appointed Honorary Medical Officer on the staff of the Derbyshire Hospital for Sick Children.

**WILSON**, T. A. M., M.B.Edin., appointed Medical Officer for the Morland District of the West Ward Union.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**MEDICAL SOCIETY OF LONDON**, 8.30 P.M.—Clinical evening. Dr. G. Johnston: Congenital Chorea. Dr. Beavor: Facial Hemiatrophy. (Dr. L. Guthrie: (a) Friedreich's Disease, (b) Cerebral Disease. Mr. S. Edwards: Case after removal of a Papilloma of the Bladder by Suprapubic Cystotomy. Mr. Waring: Charcot's Disease. Mr. Astley Bloxam: (a) Restoration of Nose by Means of Transplanting Portion of the First and the whole of the Second Phalanx of Middle Finger of Left Hand, (b) Macrocheilia. Mr. Openshaw: Multiple Osteitis. Mr. Allingham: Large Renal Sarcoma removed from a Child aged 3. Dr. Abraham: (a) Subcutaneous Nodules in an Infant, (b) ? Devergie's Lichen Pilaris with Psoriasis.

**SOCIETY OF MEDICAL OFFICERS OF HEALTH**, 197, High Holborn, 7.30 P.M.—Business: Election of President. Adjourned discussion on Mr. Jones's paper, Drains or Sewers.

#### TUESDAY.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY**, 8.30 P.M.—Mr. Reginald Harrison: A case of Large Pelvic Hydatid successfully treated by Perineal Incision and Drainage, with Observations.

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

#### WEDNESDAY.

**HUNTERIAN SOCIETY**, London Institution, 8 P.M.—Dr. Arnold Chaplin: (a) Case for Diagnosis, (b) Case of Transposition of Viscera. Dr. Galloway: Cases of Lichen Planus. Mr. Openshaw: Cases of Cerebral Abscess.

**LARYNGOLOGICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 5 P.M.—Cases, Specimens, etc., will be exhibited by Mr. E. H. Crisp, Mr. A. Kayvett Gordon, Dr. Dundas Grant, Dr. de Havilland Hall, Dr. William Hill, Dr. J. Middlemass Hunt, Dr. Percy Kidd, Dr. Scanes Spicer, Mr. Charters J. Symonds, Dr. E. B. Waggett, and Mr. A. A. Bowiby.

#### THURSDAY.

**BRITISH GYNÆCOLOGICAL SOCIETY**, 8.30 P.M.—Specimens. Adjourned discussion on the Abuse of Morphine in Gynaecology.

**NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY**, Great Northern Central Hospital, 9 P.M.—Closing meeting of the session 1894-95. Address by Dr. J. G. Glover, the President, on The Profession, its Place and Progress.

**DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND**, 20, Hanover Square, 5 P.M.—Exhibition of Cases 4.30 P.M.

### 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.

**GRINDON**.—On March 26th, at Olney, Bucks, the wife of F. J. Grindon, M.R.C.S., L.S.A., of a daughter.

**HEELIS**.—On Sunday, March 31st, at Church Street, Lenton, Nottingham, the wife of Robert Heelis, M.D., of a daughter.

#### MARRIAGE.

**WOOD—HIBBARD**.—On March 28th, at St. John's, Weston, Bath, by the Rev. John Stedman, B.A., John Wood, M.R.C.S., L.R.C.P., of 20, Adrian Square, Westgate-on-Sea, only son of the late John Wood, F.R.S., F.R.C.S., of Wimpole Street, W., and of Mrs. John Wood, of Castle Hill Avenue, Folkestone, to Jessie, daughter of the late Edwin Hibbard, Esq., of Newport.

#### DEATH.

**LEEDS**.—On March 9th, suddenly, at the Europa Hotel, Gibraltar, Thomas Leeds, M.R.C.S.Eng., M.S.A.Lond., aged 55 years.