

grammes when dry; it is so soft that it can be indented by the finger nail; one side of the stone is black with dark-brown patches, the other side is yellowish-grey. There is a shallow depression in the duodenum half an inch from the pylorus in which the stone was found; at the bottom of the depression is a circular aperture one-eighth of an inch in diameter, leading into a passage of similar diameter, and nearly 2 inches in length; from the end of the passage a distended hepatic duct leads into the left lobe of the liver for a distance of 7 inches. The gall bladder measures three-quarters of an inch in length, one-third of an inch in breadth. No trace of cystic duct can be found. The bile papilla opens into the duodenum 3 inches from the pylorus; the common duct appears normal; the liver is of normal weight; it is covered by adhesions on both the upper and under surface of the right lobe."

The facts of the whole case appear clear. In January, 1889, the stone left the gall bladder, and was lodged at the junction of the common and cystic ducts. In January, 1892, adhesion to the duodenum and ulceration occurred, setting up a general peritonitis with accumulation of fluid. This gradually subsided, and by degrees the peritoneal sac was obliterated by adhesions. Interstitial changes progressed in the liver, enormous congestion of the spleen occurred, which was relieved by several small hæmorrhages, and on November 30th by an enormous hæmatemesis (upwards of two quarts). As all this blood had been stored up in the spleen, outside the circulation as it were, no great immediate collapse occurred; but the patient's death ensued in a few days, in consequence, no doubt, of further blood being withdrawn from the "general circulation" by the obstruction in the liver.

The case appears interesting in several particulars:

1. The unexampled duration of the jaundice.
2. The very great enlargement of the spleen during the later stages, and comparatively moderate size (21 ounces) after death, a fact explained by the very copious hæmatemesis (2 quarts) which occurred a few days before death, and explaining the comparatively slight general upset resulting from such an enormous sudden loss of blood.
3. The entire absence of xanthelasma in 1894 when its presence was noted in 1892.
4. That the presence of a gall stone causing irritation and jaundice for a period of six years had not given rise to any appearance suggestive of malignancy.

TREATMENT OF GALL STONES BY LARGE DOSES OF OLIVE OIL.

By WILLIAM H. STEPHENSON, L.R.C.P., L.R.C.S. EDIN.,
Harpurhey, Manchester.

In July, 1893, Mrs. T., aged 43, came under my care suffering from biliary colic. She was suffering from acute pain, situated over the hepatic region and extending through to the right shoulder blade, accompanied by severe retching and vomiting and collapse. The pain was relieved by hypodermic injection of morphine. The attack was followed by well-marked jaundice, which, however, passed off in a few days' time. She stated that she had suffered from these attacks at various intervals for upwards of four years, and that they were invariably followed by slight jaundice. I had the fæces carefully examined for gall stones, but none could be discovered. About two months later she was again seized with a severe attack of colic, but very careful search failed to detect any trace of gall stones in the fæces. These attacks continued at intervals of about three to six weeks for nearly five months, although the patient was constantly under treatment, all the usual remedies, such as Carlsbad salts, phosphate of sodium, sulphate of sodium, salol, ether, and turpentine, being tried without avail. In no instance was a gall stone ever found in the fæces.

On examination the patient complained of pain on pressure over the region of the gall bladder and there was a somewhat resistant swelling in this region, but, as she was rather stout and the abdominal walls were very thick, it was very difficult to make out any gall stones. About the end of February 1894, she had a very severe attack of colic, which lasted for

nearly thirty-six hours, during which time she was kept continuously under the influence of morphine and free stimulation, as there was severe collapse. She managed, however, to rally, but remained jaundiced for a fortnight. Acting on my advice she decided to go into hospital and have cholecystotomy performed.

Whilst waiting to be admitted, however, I decided as a last resort to try the effect of large doses of olive oil. Pil. hydrarg. (gr. iij) was taken at bedtime, and this was followed at 6 A.M. by 3 iij of pure olive oil, the patient being ordered to lie on the right side. At 8 A.M. the blue pill acted, producing a copious biliary motion, but no gall stones were passed. The oil was continued in tablespoonful doses every three hours during the day. In the three motions that were passed between 3 and 8 P.M., six large gall stones were found; two of them measured nearly half an inch, and were faceted. No pain was experienced during the passage of the stones, nor did the oil cause much nausea. The jaundice passed off in a week or ten days, and the patient made a complete recovery. She has never had an attack of colic since, now twelve months ago.

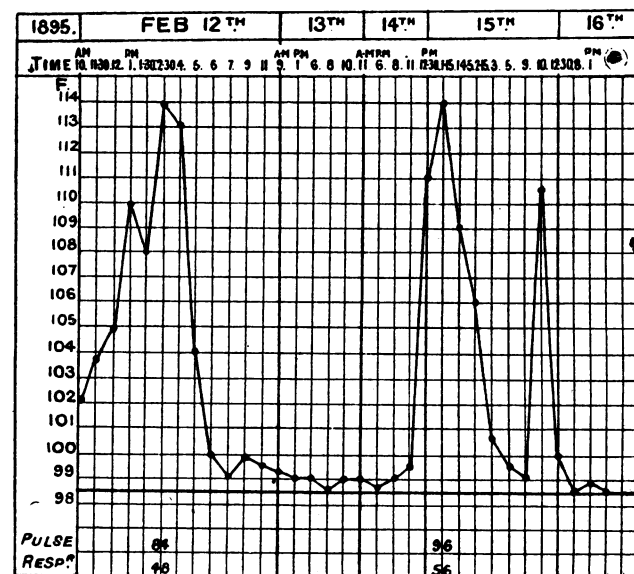
The treatment by large doses of olive oil is, I think, well worthy of a trial in cases of recurring biliary colic, and also in cases of jaundice due to impacted gall stone. How the oil acts in these cases it is difficult to explain. Gall stones and their constituents (cholesterin) are soluble in solutions of olive oil at body heat. Is it possible that it acts by softening and reducing the stones in size, or by assisting in relaxation of the duct, or in both ways? Whatever its *modus operandi*, its administration was followed in this well-marked and persistent case by exceedingly satisfactory results.

MEMORANDA:

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

HYPERPYREXIA ACCOMPANYING PLEURISY AND PNEUMONIA: RECOVERY.

ON February 12th last I was called to see a lady about 30 years old, who complained of great pain in the left side and difficulty of breathing. I found the usual signs of pleurisy and pneumonia. The dulness on percussion was confined to the base of the left lung. The temperature was taken at 10 A.M., and was 102° F., as will be seen by the accompanying chart. Linseed poultices were ordered, and a mixture of



spirits of nitrous ether, aconite, and liquor ammoniæ acetatis was given. By 1 P.M. the temperature had risen to 110° F.

The poultices were now applied as hot as possible every twenty minutes. By 2.30 p.m. the temperature had risen to the alarming height of 114° F. (Wishing to be correct in my statements I may say that the mercury reached the top of the thermometer, which is only marked 110° F., but above this marking there is space for four extra degrees.) I gave at once 15 grains of antipyrin, followed in an hour's time by another similar dose, and by 5 p.m. the thermometer registered the comforting temperature of only 104° F. At 7 p.m. the patient seemed quite easy, with little or no pain; there had been during the time of high temperature no excitement or delirium. I naturally doubted the accuracy of my thermometer when seeing it had registered 114°, especially as the temperature was taken in the mouth, so immediately sent for two others, but found they all registered alike. For the next two days, the temperature kept between 99° and 100° F., but on February 15th it again rose to 114°. The patient was, however, this time in such a weak and debilitated state, that I thought I was not justified in again giving antipyrin and so gave the acetate of ammonia mixture, and resumed the poulticing every twenty minutes. The patient complained at the end of ten minutes that they were quite cold, although when taken off they were quite hot to the touch of the attendant.

During the periods of high temperature the patient complained of complete loss of sensation in the hands and feet, and requested to have them rubbed. The absence of any delirium was most remarkable. As will be seen by the chart, the temperature was normal on the 16th, and since then the patient has progressed most favourably. I have had the thermometer verified at Kew Observatory; it was practically correct.¹

Small Heath, Birmingham.

ALFRED STANLEY.

A CASE OF PLACENTA PRÆVIA.

MRS. C., aged 25, whose first child was 2 years old, was found on my arrival to be losing a large quantity of blood. Slight labour pains had been experienced for six hours. I was informed that she had suffered from occasional hæmorrhage for the previous three months.

I found the os the size of half a crown, covered by the placenta, which was very thick and hard. Not being able to find the edge or any thinner part, I attempted to tear through the placenta, but was unable to do so. I then attempted to pierce it with a metal catheter, but without success. Finally I was obliged to cut through the placenta with scissors, holding it down as well as possible with the fingers of my right hand. I could then find the insertion of the cord about 1 inch anterior and a little to the right of the opening I had made. By cutting away posteriorly, on the opposite side to the cord, I made room to pass my hand through and turn. The placenta caused some difficulty by catching the head. The child was dead. The placenta came away without trouble fifteen minutes afterwards, and the mother made an excellent recovery.

The placenta was thick, and an area of about 4 inches diameter was hard and firm almost like leather, so that it offered considerable resistance to the scissors. I did not see that any large vessels were divided, nor did any blood appear to come from the wound made by the scissors.

Cheshunt.

WALTER F. CLARK, L.R.C.S.

SPONTANEOUS LACERATION OF STOMACH.

A STRONG, well-nourished woman, aged 37 years, and weighing nearly 12 st., after eating her dinner vomited a small quantity of blood, rapidly became unconscious, and died in about half an hour. She had had a slight attack of influenza in March, and occasionally complained of dyspeptic symptoms, but had otherwise enjoyed good health during the nine months she was in the prison. On the day of her death she made no complaint, and appeared to be in her usual health until about an hour after her dinner. The seizure commenced with an attack of retching, but as the woman so rapidly became unconscious, and before the gravity of the case was recognised, it was not possible to obtain much information as to her first sensations on feeling ill.

¹ The corrections to be applied to the scale readings, determined by comparison with the standard instruments at the Kew Observatory, Richmond, are: At 95°, 0.1°; at 100°, 0.2°; at 105°, 0.1°; at 110°, 0.1°.

A necropsy was made twenty-four hours after death. There were no external signs of injury or disease. The heart, large blood vessels, and lungs were healthy, and nothing abnormal was found in the thoracic cavity. The abdominal cavity contained about 10 ounces of bloody serum. The stomach was much distended, and in the anterior wall at the cardiac extremity was a distinct rent, about $\frac{1}{2}$ inch long, through the entire thickness of the wall, and extending about $\frac{1}{4}$ inch further through the serous coat only. The direction of the laceration was downwards and to the right. The interior of the organ was filled with coagulated blood, which when broken up was found to contain pieces of imperfectly masticated meat and other material, which appeared to be bread. The mucous membrane was free from all signs of disease, and appeared perfectly healthy, only a slight redness, such as normally exists during digestion, being apparent. The walls of the stomach were thick and strong, and displayed no appearances of degeneration or softening. The diaphragm and muscular walls of the abdomen were very strong and well developed, and the remainder of the abdominal organs were normal.

Spontaneous laceration of the stomach would appear to be a very rare occurrence. Its possibility is denied by some, but Taylor, in his work on *Medical Jurisprudence*, gives several examples. In the subject of this memorandum it was certainly not the result of any external injury or violence, but would appear to be due to violent contraction of the stomach itself upon a mass of undigested food, accelerated by the action of a strongly developed diaphragm and abdominal muscles.

RICHARD BRAYN, L.R.C.P.,

Governor and Medical Officer Her Majesty's
Convict Prison, Woking.

J. BROOKE RIDLEY, M.D. EDIN.,

Late House Surgeon Hunts County Hospital.

REPORTS

ON

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

GLASGOW ROYAL INFIRMARY.

CASTRATION FOR ENLARGED PROSTATE.

(Under the care of Dr. FLEMING.)

[Reported by J. W. THOMSON WALKER, M.B., House-Surgeon.] J.C., aged 65, a boiler maker, was admitted on December 21st, 1894. For two years he had had incontinence of urine. He had for a long time been mentally peculiar but not sufficiently so to entail restraint. For eight days before admission he had had complete retention and required his urine drawn off twice daily.

On admission No. 7 catheter passed easily. The urine was of dark colour and foetid odour. *Per rectum* well marked enlargement of the prostate was detected. The urine was drawn off thrice daily and the bladder washed out with boracic acid solution.

On January 9th the urine contained pus but was no longer foetid. There was considerable difficulty in the passage of an india-rubber catheter and a little bleeding. Under chloroform Dr. Fleming removed both testes by median incision.

On January 10th the wound was quiet. The urine was dribbling away and the dressings were continually wet. On this account, on January 11th, bladder drainage by tying in a rubber catheter was established. On the night of January 11th the patient became restless and excited. This continued at night till January 14th when he became very noisy. The wound, which was quiet and painless, was painted over with collodion to prevent contamination with urine.

On January 15th there was a slough on the anterior surface of the scrotum and the rest of the scrotum was a good deal excoriated. The wound was still dry and quiet.

On January 16th the mental state was steadily getting worse. The patient was sleepless and lay muttering quite unconscious of his surroundings. He had frequent maniacal outbursts lasting about ten to fifteen minutes at a time.

with our correspondent in thinking that if such certificates were given simply upon the report of police constables and unskilled witnesses it would open the door to crime, and the Registrar-General's returns on such cases would be valueless as accurate statements as to the causes of deaths. Our correspondent did right in declining to give a certificate of the cause of death, as he could form no opinion without a post-mortem examination.

EMERGENCY CALLS.

AJAX writes that a patient of his recently met with a carriage accident, and that a practitioner living near was called in. This practitioner has retained the charge of the case, and in reply to a remonstrance from our correspondent is reported to have expressed the opinion that in cases of accident "it was first come first served."

. The ethics of our correspondent's colleague are primitive and selfishly erroneous, for the case in question is governed by the following rule: "When a practitioner is called in to an urgent case, either of sudden or other illness, accident, or injury in a family usually attended by another, he should (unless his further attendance in consultation be desired), when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter, but he is entitled to charge the family for his services."—*Code*, chap. ii, sect. 5, rule 7.

DOORPLATES.

H. makes an inquiry as to the usual practice as regards doorplates in the case of medical men practising in partnership. I, he writes, the oldest established practitioner in the place, having been junior partner in a firm for ten years, acquire the whole practice, and take into partnership another medical man commencing practice. We agree on a joint plate, with my name first, to be placed on each other's gate, and the individual partner's name on the door. Some time afterwards my partner on moving into a new house transposes the names on his plates, placing his own first, having been informed that it is more usual to have the name of the partner first that occupies the house. The partnership is for a term, and there is nothing in the articles of partnership about the style of the firm. I contend that the alteration is unfair to me, being documentary evidence that I am junior partner. Which is right?

. Notwithstanding the omission of the name and style of the firm from the deed of partnership, in which it is the general rule to embody it, immemorial custom and usage would establish our correspondent's indubitable right to precedence for his name on the respective doorplates, and the contention of his junior partner to the contrary in the instance referred to is incorrect, and, if sanctioned, would naturally lead the public to an erroneous impression of their relative positions.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

Inebriates Act.—The LORD CHANCELLOR brought in a Bill to amend the Inebriates Act of 1879 and 1885, which was read a first time.

Richmond Lunatic Asylum, Dublin.—In reply to the EARL OF BELMORE, LORD RIBBLESDALE said that the estimated cost of remodelling the Richmond Asylum was £80,000, not £110,000. For that sum suitable buildings and accommodation would be provided for the residue of the lunatics of the district, about 800 in number, who could not be accommodated in the new buildings at Portrane. The new buildings were estimated to cost £240,000 and to accommodate 1,200 lunatics. The Irish Government at first held the opinion that it would be better to abandon the existing asylum and to erect new buildings on a better site, and they made representations to that effect to the Board of Control, but the answer was that whereas the old buildings were worth £100,000 while used for the accommodation of lunatics they would not be worth more than £20,000 if sold in the open market. After that answer the Irish Government did not feel justified in further interference with the discretion of the Board of Control.—In the course of a brief discussion which followed LORD ASHBOURNE said that the Richmond Asylum was enormously overcrowded and inquired what was to happen to the lunatics hitherto housed at that asylum who could not be accommodated in the new building at Portrane. He questioned the accuracy of Lord Ribblesdale's figures, expressing the opinion that the total expenditure of the Richmond Asylum would amount to a total of £110,000.—LORD RIBBLESDALE said that the estimates supplied to him were £80,000, and VISCOUNT POWERSCOURT expressed the opinion that the building could not cost anything like £110,000.

HOUSE OF COMMONS.

Bovine Tuberculosis.—MR. SHAW LEEFVRE informed Mr. Knowles that the Royal Commission on this subject issued a few days ago their report of the evidence which had been taken, but made no recommendation. Reference was made to the consumers of milk, and the conclusions on that part of the subject appeared to point to the extension of inspection of dairies, butchers' shops, and possibly of slaughterhouses.

The Influenza.—MR. THORNTON asked a question as to the promised inquiry into the different natures of ordinary cold and influenza.—SIR W. FORSTER said that the object of the inquiry referred to had been to ascertain whether any relation existed between the ordinary influenza cold and epidemic influenza, and it had been found that the acute stages of the two diseases alone afforded opportunity for the necessary bacteriological examination. It was not considered that further study of the sequelæ or after-effects of the disease was necessary, or would be helpful to that end.—MR. THORNTON asked whether medical men would be en-

couraged to give their experience to the Local Government Board.—SIR W. FORSTER replied that medical men required no encouragement to publish for the benefit of the public the results of their studies as to the means of preventing the spread of the disease.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES.—At the Congregation on May 16th the following Medical and Surgical degrees were conferred:

M.D.—A. W. Metcalfe, M.A., M.B., B.C., Trinity College.

M.B. and B.C.—A. Burton, B.A., King's College; A. Eichholz, M.A., Fellow of Emmanuel College; J. E. Bates, B.A., Queens' College; and E. Whicello, B.A., Sidney Sussex College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations and having conformed to the by-laws and regulations, have been admitted Members of the College, namely:

Adams, P. E., L.R.C.P.Lond.	Moore, P. L., L.R.C.P.Lond.
Bacon, R. A. E., L.R.C.P.Lond.	Mott, C. H., L.R.C.P.Lond.
Barritt, J. T., L.R.C.P.Lond.	Mumford, W. G., L.R.C.P.Lond.
Basden, H. S., L.R.C.P.Lond.	Norbury, W., L.R.C.P.Lond.
Baxter, S. E., L.R.C.P.Lond.	Ogden, O. W., L.R.C.P.Lond.
Bennett, A. G., L.R.C.P.Lond.	Owen, A. D., L.R.C.P.Lond.
Birley, H. K., L.R.C.P.Lond.	Owles, O. W., L.R.C.P.Lond.
Blackburn, E. W., L.R.C.P.Lond.	Pakes, W. C., L.R.C.P.Lond.
Blackett, E. J., L.R.C.P.Lond.	Palin, E. W., L.R.C.P.Lond.
Blount, G. B. C., L.R.C.P.Lond.	Pardoe, J. G., L.R.C.P.Lond.
Burnett, F. M., L.R.C.P.Lond.	Peake, W. H., L.R.C.P.Lond.
Burridge, H. A., L.R.C.P.Lond.	Pearson, M. G., L.R.C.P.Lond.
Burton, L. L., L.R.C.P.Lond.	Pern, E. C., L.R.C.P.Lond.
Butler, T. H., L.R.C.P.Lond.	Perry, E. L., L.R.C.P.Lond.
Caldicott, C. H., L.R.C.P.Lond.	Phillips, D. C., L.R.C.P.Lond.
Clark, W. G., L.R.C.P.Lond.	Pinchard, M. B., L.R.C.P.Lond.
Clemesha, W. W., L.R.C.P.Lond.	Pitt, W. C., L.R.C.P.Lond.
Conford, G. J., L.R.C.P.Lond.	Playfair, E., L.R.C.P.Lond.
Cooper, E. M. Le H., L.R.C.P.Lond.	Price, G. B., L.R.C.P.Lond.
Croonen, S., L.R.C.P.Lond.	Reynolds, F. E., L.R.C.P.Lond.
Crouch, H. C., L.R.C.P.Lond.	Richards, J., L.R.C.P.Lond.
Dalal, R. D., L.R.C.P.Lond.	Rigg, S. E., L.R.C.P.Lond.
Devereux, N., L.R.C.P.Lond.	Sedgwick, H. K., L.R.C.P.Lond.
Dickin, E. P., L.R.C.P.Lond.	Smith, F. L., L.R.C.P.Lond.
Dixon, W. E., L.R.C.P.Lond.	Smith, L. A., L.R.C.P.Lond.
Dobbin, E. J., L.R.C.P.Lond.	Smith, F. M., L.R.C.P.Lond.
Dodd, F. L., L.R.C.P.Lond.	Sowry, G. H., L.R.C.P.Lond.
Dodgson, R. W., L.R.C.P.Lond.	Stanley, H., L.R.C.P.Lond.
Dunn, E., L.R.C.P.Lond.	Statham, C. J. B., L.R.C.P.Lond.
Dunn, W. E. N., L.R.C.P.Lond.	Stevenson, J. S., L.R.C.P.Lond.
Edge, B. E., L.R.C.P.Lond.	Stewart, C. B., L.R.C.P.Lond.
Elson, E. T., L.R.C.P.Lond.	Stokes, J. W., L.R.C.P.Lond.
Fuller, A. E., L.R.C.P.Lond.	Swainson, E. A. C., L.R.C.P.Lond.
Gardner, W., L.R.C.P.Lond.	Thomas, W. F., L.R.C.P.Lond.
Gibbons, A. P., L.R.C.P.Lond.	Thompson, H. E., L.R.C.P.Lond.
Gillies, S., L.R.C.P.Lond.	Townend, R. H., L.R.C.P.Lond.
Goddard, G. H., L.R.C.P.Lond.	Toye, E. J., L.R.C.P.Lond.
Griffiths, J. C., L.R.C.P.Lond.	Tressider, P. E., L.R.C.P.Lond.
Groves, E. W. H., L.R.C.P.Lond.	Tribe, P. E. E., L.R.C.P.Lond.
Hallwright, M. L. G., L.R.C.P.Lond.	Tucker, E. F. G., L.R.C.P.Lond.
Harrison, H. M., L.R.C.P.Lond.	Van Someren, E. H., L.R.C.P.Lond.
Head, E. E., L.R.C.P.Lond.	Vivian, J. H. P., L.R.C.P.Lond.
Heaton, A. B., L.R.C.P.Lond.	Walker, H. R., L.R.C.P.Lond.
Higginson, G., L.R.C.P.Lond.	Walls, E. G., L.R.C.P.Lond.
Hopton, R., L.R.C.P.Lond.	Wanhill, C. F., L.R.C.P.Lond.
Horton, W. H., L.R.C.P.Lond.	Waring, A. H., L.R.C.P.Lond.
Isacks, M. W. S., L.R.C.P.Lond.	Warrington, R. J., L.R.C.P.Lond.
James, C. H., L.R.C.P.Lond.	Waters, F. W., L.R.C.P.Lond.
James, F. C., L.R.C.P.Lond.	Webster, T. L., L.R.C.P.Lond.
Jones, J. E., L.R.C.P.Lond.	Whitley, H. W., L.R.C.P.Lond.
King, T. F., L.R.C.P.Lond.	Wilkins, J. C. V., L.R.C.P.Lond.
Lane, J. G. O. H., L.R.C.P.Lond.	Wilks, M., L.R.C.P.Lond.
Laslett, M. H., L.R.C.P.Lond.	Williams, D. F., L.R.C.P.Lond.
Lawson, R., L.R.C.P.Lond.	Williams, K. T., L.R.C.P.Lond.
Legg, T. P., L.R.C.P.Lond.	Williams, L. A., L.R.C.P.Lond.
Lister, W. T., L.R.C.P.Lond.	Willis, W. M., L.R.C.P.Lond.
Lockett, G. V., L.R.C.P.Lond.	Winter, J. B., L.R.C.P.Lond.
McArthur, A. N., L.R.C.P.Lond.	Wiseman, D. W., L.R.C.P.Lond.
Madge, H. A., L.R.C.P.Lond.	Woodman, A., L.R.C.P.Lond.
Marks, H. W. J., L.R.C.P.Lond.	Worthington, G. V., L.R.C.P.Lond.
Marriott, A., L.R.C.P.Lond.	Wyborn, W. E., L.R.C.P.Lond.
Meaker, J. H., L.R.C.P.Lond.	Young, A., L.R.C.P.Lond.
Mills, H. W., L.R.C.P.Lond.	Young, C. W., L.R.C.P.Lond.
Moffat, H. A., L.R.C.P.Lond.	
Montgomery-Smith, E. C., L.R.C.P.	

THE following gentlemen passed the First Professional Examination for the Diploma of Fellow, at a meeting of the Board of Examiners, on Wednesday, May 15th:

A. Baldwin, L.R.C.P.Lond., M.R.C.S.Eng., Middlesex Hospital; H. J. Curtis, L.R.C.P.Lond., M.R.C.S.Eng., University College, London; C. B. Hall, L.R.C.P.Lond., M.R.C.S.Eng., St. Mary's Hospital; S. B. Hulke, L.R.C.P.Lond., M.R.C.S.Eng., Middlesex Hospital; C. R. Keyser, St. George's Hospital; F. E. Scrase, L.R.C.P.Lond., M.R.C.S.Eng., University College, Bristol, and St. Bartholomew's Hospital; T. R. H. Smith, L.R.C.P.Lond., M.R.C.S.Eng., Cambridge University and St. Bartholomew's Hospital; and F. J. Worth, L.R.C.P.Lond., M.R.C.S.Eng., St. Mary's Hospital.

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

Passed on Thursday, May 16th:

F. S. Collard, L.R.C.P.Lond., M.R.C.S.Eng., St. George's Hospital; M. G. Dyson, St. Bartholomew's Hospital; G. R. Fox, L.R.C.P.Lond., M.R.C.S.Eng., St. Bartholomew's Hospital; R. M. Going, Trinity College, Dublin, and London Hospital; F. Jaffrey, L.R.C.P.Lond., M.R.C.S.Eng., St. George's Hospital; S. F. Lynch, King's College, London; H. Mundy, St. Bartholomew's Hospital; N. C. Ridley, L.R.C.P.Lond., M.R.C.S.Eng., St. Mary's Hospital; A. H. Spicer, Guy's Hospital; W. G. Sutcliffe, L.R.C.P.Lond., M.R.C.S.Eng., St. Thomas's Hospital; L. A. R. Wallace, L.R.C.P.Lond., M.R.C.S.Eng., Oxford University and St. Thomas's Hospital; and J. H. T. Walsh, Surgeon-Captain I.M.S., L.R.C.P.Lond., M.R.C.S.Eng., Westminster Hospital.

Eight gentlemen were referred back to their professional studies for six months.

Passed on Friday, May 17th:

R. C. Brown, M.B.Melb., Melbourne University and Westminster Hospital; W. R. Caveragh-Mainwaring, M.B.Adelaide, Adelaide University and London Hospital; J. H. Churchill, St. Bartholomew's Hospital; J. H. Crowley, M.B.Melb., M.R.C.S.Eng., Melbourne University; F. E. Freemantle, Oxford University and Guy's Hospital; T. S. Novis, London Hospital; E. J. O'Meara, Guy's Hospital; and M. Randall, M.R.C.S.Eng., L.R.C.P.Lond., University College, London.

Eight gentlemen were referred back to their professional studies for six months.

Passed on Monday, May 20th:

E. Evans, Guy's Hospital, and J. F. Wood, L.R.C.P.Lond., M.R.C.S.Eng., St. Bartholomew's Hospital.

Ten gentlemen were referred back to their professional studies for six months.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH; ROYAL COLLEGE OF SURGEONS, EDINBURGH; AND FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

THE following gentlemen having passed the requisite examination, received the Diploma in Public Health:

T. H. Thomson, M.D.; G. D. Browning, M.R.C.S.Eng., L.R.C.P.Lond., Army Medical Staff.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, MAY, 1895.—The following candidates passed in:

Surgery: J. Ash, St. Thomas's Hospital; E. R. Bowen, Brooklyn and Bristol; E. E. Cornaby, Cambridge and London Hospital; A. H. P. Dawnay, University College and St. Thomas's Hospital; R. A. Fegan, St. Bartholomew's Hospital; C. F. Le Sage, London Hospital; E. D. Macnamara, Westminster Hospital; A. P. Mürtz, King's College; G. H. Smith, St. Bartholomew's Hospital; H. Williams, Middlesex Hospital.

Medicine, Forensic Medicine, and Midwifery.—S. B. Blomfield, Westminster Hospital; W. E. Kirby, University College; W. G. Noble, London Hospital.

Medicine and Midwifery.—A. J. Petyt, Cambridge and Leeds; M. White, St. Thomas's Hospital.

Medicine.—A. C. Fenn, St. Bartholomew's Hospital; W. A. Higgins, Cambridge and Birmingham; M. Umanski, Kharkoff.

Forensic Medicine and Midwifery.—A. H. P. Dawnay, University College and St. Thomas's Hospital; B. L. Dhingna, Lahore; P. G. Lodge, Leeds and St. Thomas's Hospital.

Forensic Medicine.—E. D. Macnamara, Westminster Hospital; G. H. Smith, St. Bartholomew's Hospital.

Midwifery.—W. E. Bremner, King's College; H. Clapham, Sheffield; J. H. R. Pigeon, Bristol; W. H. Reed, Bombay and King's College; A. Robinson, Leeds; E. H. Tipper, Guy's Hospital; L. G. W. Tyndall, St. Mary's Hospital.

To Messrs. Bremner, Fenn, Higgins, Kirby, Le Sage, Macnamara, Noble, Petyt, and Umanski was granted the diploma of the Society entitling them to practise medicine, surgery, and midwifery.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

FILTERING SEWAGE EFFLUENT.

THE London County Council have been having a series of experiments carried out during the last four years in regard to the best means of further purifying the effluent obtained by precipitation at the Barking outfall by means of filtration through various media. The experiments have been made with filters of from one two-hundredth of an acre to one acre in area, which tend to show that of the various materials used coke breeze was the most effective. An average quantity of no less than one million gallons of effluent a day an acre has been purified to such a degree as to remove odour, colour, and liability to putrefaction. It is not intended at present to interfere with the precipitation works for London, as the condition of the Thames is satisfactory; but in view of the ever-increasing population it is felt it will be invaluable in the near future to have ready to hand such a simple filtration on biological principles through coke breeze.

THE NOTIFICATION OF MEASLES.

THE question whether on the whole it is advisable to include measles in the list of infectious diseases which shall required to be notified under the Infectious Disease (Notification) Act is one upon which there is still much difference of opinion. Every contribution to the subject founded

on experience of the actual working of notification of measles is valuable. Dr. Sydney Marsden, medical officer of health for Birkenhead, has recently published his observations on the working of the notification of measles in that town during twelve years, and he states that it has there been found "that the advantages derived from such notification fully justify the continuance of it, and more than counterbalance the disadvantages of cost and trouble involved by such a course." One main argument against the application of the Act to measles is that the disease is so highly infectious in the pre-eruptive stage that it is useless to notify the cases, since the mischief is already done before the sanitary authority can become aware of the existence of an attack. Dr. Marsden does not accept this conclusion; he argues that this early infectiousness renders it all the more important to get information of the first cases, in order that the patient and other members of the household likely to contract and so to spread the disease may be isolated and kept from school or public places of resort until the danger of their carrying infection has passed. He admits that if a general outbreak occurs in all parts of a district notification may not help much to limit the epidemic, but he believes that when the cases are limited to a small area, and when the earliest cases are known, a medical officer may do much to isolate cases by visiting the infected house and warning the relatives of the danger run by the exposure of the patient, and by prosecuting if the warning is neglected. Further, closure of the schools in the affected district may be resorted to. Large blocks of tenement houses are a great difficulty, and it is necessary, if the epidemic is to be checked, to isolate the first case in hospital, and to watch for the development of fresh cases during the period of suspicion, and to remove any which may arise to hospital. Another advantage claimed for notification is that when the case occurs at the house of a dairy, confectioner, or other purveyor of food, special precautions can be taken. Finally, in the poorer neighbourhoods, great advantage results from the opportunity which is afforded for disinfection of the premises.

Dr. Marsden appends a table showing the number of cases of measles notified during the twelve years, and points out that the number of deaths registered among unnotified cases has steadily diminished, so that it is probable that very few cases now escape the knowledge of the sanitary authority. The measles death-rate per mille is given also, but does not seem to show any distinct diminution since notification has been enforced.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,175 births and 3,569 deaths were registered during the week ending Saturday, May 18th. The annual rate of mortality in these towns, which had been 17.5 and 17.7 per 1,000 in the two preceding weeks, declined to 17.6 last week. The rates in the several towns ranged from 12.3 in Croydon, 12.7 in Norwich, and 13.1 in Brighton to 25.7 in Manchester, 26.5 in Salford, and 28.7 in Preston. In the thirty-two provincial towns the mean death-rate was 18.3 per 1,000, and exceeded by 1.8 the rate recorded in London, which was 16.5 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 1.8 per 1,000, while it averaged 1.3 in the thirty-two provincial towns, and was highest in Gateshead, Newcastle-upon-Tyne, and Preston. Measles caused a death-rate of 2.2 in Bolton and 2.3 in Newcastle-upon-Tyne; and whooping-cough of 1.9 in Preston, 2.0 in Salford, and 2.2 in Gateshead. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 52 deaths from diphtheria in the thirty-three towns included 41 in London, 3 in Leeds, 2 in West Ham, and 2 in Birmingham. One fatal case of small-pox was registered in Liverpool, but not one in London or in any other of the thirty-three large towns. There were 27 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, May 18th, against 37, 34, and 33 at the end of the three preceding weeks; 4 new cases were admitted during the week, against 12, 8, and 6 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 1,489, 1,413, and 1,438 at the end of the three preceding weeks, was 1,444 on Saturday last, May 18th; 185 new cases were admitted during the week, against 132, 107, and 179 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, May 18th, 988 births and 608 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.9 and 18.7 per 1,000 in the two preceding weeks, rose again to 21.1 last week, but exceeded by 3.5 per 1,000 the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 14.8 in Aberdeen to 23.4 in Dundee. The zymotic death-rate in these towns averaged 2.3 per 1,000, the highest rates being recorded in Perth and Leith. The 301 deaths registered in Glasgow included 11 from whooping-cough, 7 from measles, 2 from diphtheria, and 1 from small-pox. Six fatal cases of measles were recorded in Edinburgh, and 6 in Leith.

ZYMOTIC MORTALITY IN LONDON.

THE accompanying diagram shows the prevalence of the principal zymotic diseases in London during each week of the first quarter of the current year. The fluctuations of each disease, and its fatal prevalence as compared with that recorded in the corresponding weeks of recent years, can thus be readily seen.

Small-pox.—The deaths referred to small-pox, which had been 37, 43, and 5 in the three preceding quarters, increased to 10 during the three months ending March last, but were 37 below the corrected average number in the corresponding periods of the preceding ten years, 1885-94. Of these 10 deaths, 9 belonged to Marylebone and 1 to Newington sanitary areas. The number of small-pox patients in the Metropolitan Asylums Hospitals, which had been 123, 93, and 16 at the end of the three preceding quarters, had risen again to 54 at the end of March last; 155 new cases were admitted during last quarter, against 559, 427, and 79 in the three preceding quarters.

sagacious, he occasionally allowed his judgment—which in ordinary life was rarely at fault—to be influenced by data which should have, perhaps, formed grounds for inquiry but were insufficient for decision. The same enthusiastic temperament, however, endowed him with immense capabilities for work and a power of influencing others which would have been absent with a less active mind. He was a fast friend, a fearless but just controversialist, a man of purest life and noblest aims. He was a general practitioner of the best type, who did not let his knowledge grow cold and stale for want of use or revision; equally able, ready and willing to amputate a limb, attend a confinement (complicated or uncomplicated), or treat an ordinary cold."

Dr. Crerar, who obtained the diploma of M.R.C.P.Ed. in 1871, was an original member of the Border Counties Branch (then the Cumberland and Westmorland) of the British Medical Association. He was a frequent attendant at the meetings of the Branch, and became its President in 1891. On his retirement from office in the following year he was elected a permanent Vice-President. The funeral, which took place on May 13th, was attended by a large number of mourners.

JAMES STEADMAN CRAIGIE, M.D.Ed., B.Sc.(P.H.). We regret to announce the death, on May 16th, after a long illness, of Dr. J. S. Craigie, the Medical Officer of Health for Musselburgh. He was a native of Edinburgh; was largely educated at Kilmarnock Academy; served an apprenticeship as an engineer; took to medicine, and graduated M.B. and C.M. at Edinburgh in 1880. In 1884 he took his M.D. degree, his thesis on Our Present Knowledge of the Production of Monstrosities being commended. In 1888 he took the degree of Bachelor of Science in Public Health, and was shortly after appointed Medical Officer for Musselburgh, to succeed Dr. Sanderson. His duties in this office were most efficiently done.

Dr. Craigie was a linguist of no mean order; a musician; had a wide interest in literature, and was a keen golfer.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Fano, formerly *professeur agrégé* of the Paris Medical Faculty; Dr. L. Druhen, Honorary Professor in the Medical School of Besançon; Dr. Lucian Rydel, Professor of Ophthalmology in the University of Cracow, aged 57; Dr. Theodore Knauth, of Dresden, author of works on diseases of the respiratory organs, etc., aged 56; Dr. Felix Vulpus, Chief Physician to the Municipal Hospital of Weimar, and a nephew of Christiane Vulpus, whom Goethe married, aged 79; Dr. Tebaldo Rosati, Professor of Surgery in the Medical School of Florence, and Chief Surgeon to the Arcispedale di S. M. Nuova of that city, aged 63; and Dr. Emil Noeggerath, formerly Professor in the Medical College, New York, and well known by his work on the relation between gonorrhœa and certain diseases of women.

MR. GEORGE GILES CORBOULD, of Bristol, died suddenly on May 18th, at the age of 64. When quite a young man he was apprenticed at Bristol to the late Dr. Wilson, and subsequently he succeeded to the practice of this gentleman, whose daughter he married. The deceased had been actively engaged in his professional duties up to May 17th, apparently in good health. On the morning of May 18th he had a seizure of apoplexy, which proved fatal. Mr. Corbould qualified as M.R.C.S.Eng., L.S.A., in 1855.

THE death is reported of Mr. F. C. SPACKMAN, of Faringdon, at the age of 69. The deceased gentleman qualified as M.R.C.S.Eng., L.S.A., in 1849, and had for a number of years a large practice in Faringdon. A few years since he retired in favour of his son.

A FRENCH gentleman, M. Guzman, has left 50,000 francs to the Assistance Publique, the Paris Municipal Charity Department, to defray the cost of musical entertainments to be given to the sick poor in the hospitals and asylums under its control.

MEDICAL NEWS.

PRESENTATION.—Mr. W. Davies, of Peckham, has been presented with a timepiece, aneroid barometer, thermometer, and perpetual calendar combined in one piece. The presentation was made on behalf of the ambulance class for women lately conducted by him at Messrs. Braby's works, Deptford.

THE ASSOCIATION OF GERMAN ALIENISTS.—The Association of German Alienists will hold its annual meeting this year in Hamburg, on September 13th and 14th. The following are the principal questions on the programme: The Diagnostic and Prognostic Significance of the Knee Phenomenon in Mental Diseases (to be introduced by Dr. A. Cramer, of Göttingen); Action-bringing Insanity in its Nosological and Forensic Relations (to be introduced by Dr. Koppen, of Berlin); Transitory Mental Disorders of Epileptics in their Medico-Legal Relations (to be introduced by Professor Siemerling, of Tübingen).

MR. CAMPBELL-BANNERMAN, M.P., Secretary of State for War, will take the chair at the dinner of the Glasgow University Club, London, to be held at the Holborn Restaurant on Monday next, May 27th, at 7.30 p.m. The guests of the evening will be General Sir Evelyn Wood, V.C., G.C.B., and Mr. Fletcher Moulton, Q.C., M.P. Graduates or former students of the Glasgow University who may wish to join the club can obtain full particulars on applying to Mr. Norman L. MacLehose, 13, Queen Anne Street, Cavendish Square, W., or Mr. James M. Dodds, Dover House, Whitehall, S.W.

CLINICAL SOCIETY OF LONDON.—At the annual meeting to be held this evening (Friday), the election of officers and Council for the year 1895-6 will take place. The following are the names of the gentlemen proposed for election. Those whose names are marked with an asterisk were not on the Council, or did not hold the same office, during the year 1894-5: *President*: *Thomas Buzzard, M.D. *Vice-Presidents*: F. Taylor, M.D., T. T. Whipple, M.B., *T. Barlow, M.D., R. W. Parker, *W. H. Bennett, and *R. J. Godlee, M.S. *Treasurer*: W. M. Ord, M.D. *Council*: W. H. Allichin, M.D., W. P. Herringham, M.D., Constantine Holman, M.D., *P. Manson, M.D., *F. W. Mott, M.D., H. M. Murray, M.D., S. Phillips, M.D., G. N. Pitt, M.D., *S. J. Sharkey, M.D., *E. M. Skerritt, M.D., Dawson Williams, M.D., C. A. Ballance, M.B., W. Watson Cheyne, M.B., W. Bruce Clarke, M.B., *A. Pearce Gould, M.S., *C. R. B. Keetley, W. A. Lane, M.S., *Bilton Pollard, A. W. Mayo Robson, and J. Bland Sutton. *Honorary Secretaries*: W. Hale White, M.D., and *G. H. Makins.

At the recent annual meeting of the Glasgow Medico-Chirurgical Society, Dr. Wm. L. Reed was elected President, and a special vote of thanks was passed to Dr. Walker Downie for his services as General Secretary during the last six years. Dr. C. O. Hawthorne was elected in his stead. The following office-bearers were also elected for the session 1895-96: *Section of Medicine*.—*Vice-President*: Dr. Finlayson. *Councillors*: Dr. James W. Allan and Dr. R. B. Ness. *Secretary*: Dr. Hinshelwood. *Section of Surgery*.—*Vice-President*: Mr. A. E. Maylard. *Councillors*: Dr. James A. Adams and Dr. Walker Downie. *Secretary*: Dr. John Barlow. *Section of Pathology*.—*Vice-President*: Dr. T. K. Monro. *Councillors*: Dr. L. R. Sutherland and Dr. Lindsay Steven. *Secretary*: Dr. R. M. Buchanan. *Section of Obstetrics*.—*Vice-President*: Dr. Samuel Sloan. *Councillors*: Dr. George Halket and Dr. J. Nigel Stark. *Secretary*: Dr. Lawrence Oliphant. *Treasurer*: Mr. Henry E. Clark.

THE annual general meeting of the Society for the Relief of the Widows and Orphans of Medical Men was held on May 16th under the chairmanship of the President, Sir James Paget. The report stated that 13 new members had been elected during the year, and that the total number on the books was 306. The number of widows on the books was 53, 3 having died and 2 having been admitted. The orphans numbered 9, as in 1893. The grants, including £303 for Christmas presents, amounted to £2,805, and the expenses £241, a total of £3,046. The total receipts had been £3,262, and a sum of £785 had been invested. To fill the vacancies caused by deaths and retirements Sir J. Russell Reynolds and Mr. Willett had been elected vice-presidents, and Drs.

Buzzard, Pollock, Kempe and Lewers, and Messrs. Manley Sims, Underwood, and Pearce Gould directors. A vote of thanks to the Editors of the medical journals for their assistance in making known the work of the Society was proposed by Mr. Christopher Heath, President of the Royal College of Surgeons, and carried unanimously. A vote of thanks to Sir James Paget for his conduct in the chair was adopted unanimously on the motion of Dr. Glover.

MEDICAL VACANCIES.

The following vacancies are announced:

- ADDENBROOKE'S HOSPITAL, Cambridge.**—Resident House-Physician. Salary, £85 per annum, with board, lodging, and washing in the hospital. Applications to the Secretary by May 30th.
- BARNSTAPLE UNION.**—District Medical Officer. Salary, £70 per annum and midwifery fees. Applications to William Henry Toiler, by May 30th.
- BIRKENHEAD UNION.**—Medical Officer of Workhouse and Schools. Salary, £30 per annum for the Workhouse and £10 for the Schools, with extra medical fees, and will also be appointed Public Vaccinator. Also Assistant Medical Officer. Salary, £60 per annum for the Workhouse and £20 for the Schools, with rations, attendance, washing, and residence in the workhouse. Candidates must be registered. Applications and testimonials endorsed "Medical Officer," or "Assistant Medical Officer" (as the case may be), to John Carter, Clerk to the Guardians, Clerk's Offices, 45, Hamilton Square, Birkenhead, by May 31st.
- BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN.**—House-Surgeon, unmarried, and under 30 years of age; doubly qualified. Salary, £30 per annum, with furnished quarters, board, coals, gas, and attendance. Applications to the Honorary Secretary by May 31st.
- CARDIFF INFIRMARY.**—Senior Resident Medical Officer; doubly qualified. Salary, £100 per annum, with board, washing, and furnished apartments. Applications to George T. Coleman, Secretary, by May 27th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—House-Physician. Board, residence, and allowance for washing provided. Appointment for six months. Applications to the Secretary at the office, 24, Finsbury Circus, E.C., by June 13th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Two Dental Surgeons. Candidates must be Licentiates of Dental Surgery of one of the licensing bodies recognised by the General Medical Council. Applications and testimonials to J. Francis Pink, Secretary, by June 10th.
- DURHAM COUNTY ASYLUM.**—Pathologist and Junior Resident Medical Officer. Salary, £100 per annum. Applications to the Superintendent, Durham County Asylum, Winterton, Ferryhill, by June 8th.
- GENERAL HOSPITAL, Birmingham.**—Assistant House-Surgeon, must possess a surgical qualification and be registered. Appointment for six months. No salary, but residence, board, and washing provided. Applications with certificate of registration and copies of testimonials to H. J. Collins, House Governor, by June 1st.
- GLAMORGAN COUNTY ASYLUM, Bridgend.**—Junior Assistant Medical Officer, unmarried, age not over 30. Salary, £100 per annum, with board (no wine or beer), lodging, washing, and attendance. Applications to the Medical Superintendent by May 30th.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Pathologist and Registrar. Appointment for one year. Honorarium at the rate of fifty guineas per annum. Applications to the Secretary by May 27th.
- HOLBORN DISTRICT.**—Medical Officer of Health. Salary, £350 per annum. Applications on printed forms to be obtained from Matthew H. Hale, Clerk to the Board, Holborn Town Hall, accompanied by not more than three testimonials, to be returned to him before May 30th.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.**—Senior Clinical Assistants. Applications to the Secretary by May 30th.
- HOSPITAL FOR PARALYSED AND EPILEPTIC (Albany Memorial), Queen Square, Bloomsbury.**—Senior and Junior House Physician. Salary for the former £100, and for the latter £50 per annum. Board and apartments in the hospital provided in each case. Applications to B. Burford Rawlings, Secretary and General Director, by June 4th.
- HOSPITAL FOR SICK CHILDREN, Newcastle-on-Tyne.**—Resident Medical Officer, doubly qualified. Salary, £60, with board, lodging, and laundry. Applications to the Secretary by June 6th.
- LIVERPOOL STANLEY HOSPITAL.**—Junior House-Surgeon. Must possess a registered medical and surgical qualified qualification. One who has filled a similar office preferred. Salary, £70 per annum, with board, etc. Applications and testimonials by May 30th. Also Honorary Assistant Surgeon. Applications to J. E. Bennett, Honorary Secretary, by June 5th.
- LONDON COUNTY COUNCIL.**—Pathologist to the London County Asylums. Salary, £700 per annum, and travelling expenses. Applications (on forms provided), endorsed "Applications for Pathologist," to R. W. Partridge, Clerk of the Asylums Committee, 21, Whitehall Place, S.W., by June 17th.
- NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.**—Two Qualified Medical Women as House Surgeons. Applications to the Secretary by May 29th.
- NORTH EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shore-ditch, N.E.**—House-Physician. Appointment for six months, and after

the expiration of this term the House-Physician will be required, if eligible, to serve as House-Surgeon for a further period of six months. Must possess a medical and surgical qualification. Salary as House-Physician at the rate of £90 per annum, and as House-Surgeon at the rate of £80 per annum. Applications and testimonials to T. Glenton-Kerr, Secretary, City Office, 27, Clement's Lane, Lombard Street, E.C., by June 11th.

- NORTHERN INFIRMARY, Inverness.**—House-Surgeon and Dispenser. Salary, £70 per annum, with board, etc. Applications to Mr. Duncan Shaw, Honorary Secretary, by June 5th.
- OXFORD COUNTY ASYLUM, Littlemore.**—Assistant Medical Officer. Salary, £100, increasing to £150 in two years, with board and lodging. Apply to Medical Superintendent.
- ROTHERHAM HOSPITAL AND DISPENSARY.**—Resident House-Surgeon; doubly qualified. Salary, £100 per annum, with rooms, washing, and commons. Appointment for three years. Applications to the Secretary by the end of May.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Hunterian Professors, the Erasmus Wilson Lecturer, and the Arris and Gale Lecturer for the ensuing year. Applications, with particulars of subjects upon which it is proposed to lecture, to E. Trimmer, Secretary, by June 6th. Also Two Examiners in Dental Surgery; applications by same date.
- ROYAL EAR HOSPITAL, Frith Street, Soho, W.**—House-Surgeon. Appointment for six months. Honorarium, £12 12s. Application to D. Murray, Honorary Secretary, by June 8th.
- ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—Two Resident Medical Officers. Doubly qualified. Appointment for six months, but the holder will be eligible for re-election. No salary, but board, residence, and washing. Applications and testimonials to Conrad W. Thies, Secretary, by June 1st.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, E.C.**—Clinical Assistant and Anesthetist required for six months; doubly qualified. Salary at the rate of £30 per annum. Applications and testimonials to R. Gerrard Kestin, Secretary, by May 29th.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.**—Clinical Assistants. Appointments for six months, must be duly qualified; and preference will be given to those who have had previous experience of ophthalmic practice. Applications and testimonials to T. Beattie-Campbell, Secretary, by June 1st.
- ST. MARY'S HOSPITAL MEDICAL SCHOOL.**—Lecturer on Mental Diseases. Applications to G. P. Field, Dean, by May 27th.
- SOCIETY OF APOTHECARIES.**—Examiners in Medicine (including Forensic Medicine, Pathology, and Midwifery). Applications to J. R. Upton, Clerk to the Society, Apothecaries' Hall, Blackfriars, by May 27th.
- SOMERSET AND BATH LUNATIC ASYLUM, Wells, Somerset.**—Second Assistant Medical Officer, unmarried, and under 30 years of age. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Wade, Medical Superintendent.
- TRINITY COLLEGE, Dublin.**—Lecturer in Pathology. Applications to the Registrar of the University by June 15th.
- UNIVERSITY COLLEGE, London.**—Professorship of Materia Medica and Therapeutics. Applications by May 29th.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—House-Physician and House-Surgeon. Appointments for six months. Board and lodgings provided. Applications to R. J. Gilbert, Secretary-Superintendent, by June 19th.

MEDICAL APPOINTMENTS.

- AGNEW, T. H., L.R.C.S., L.R.C.P. Edin.,** appointed House-Physician to the Liverpool Royal Infirmary.
- ARMSTRONG, Hubert, M.B., Ch.B. Vict.,** appointed House-Surgeon to the Liverpool Royal Infirmary.
- BICKERTON, R. E., M.B., Ch.B. Vict.,** appointed House-Physician and Ophthalmic Assistant to the Liverpool Royal Infirmary.
- BRADFORD, R. D., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Adbro' District of the Skirlaugh Union.
- BRIDWELL, Mr. T.,** appointed Medical Officer for the Chigwell District of the Epping Union.
- BUNDLE, Mr. T.,** appointed Medical Officer for the Southwick District of the Fareham Union.
- CAMPBELL-SMITH, A., M.B., C.M. Edin.,** appointed Dispensary Surgeon to the Bradford Infirmary.
- CARWARDINE, Thomas, M.B., M.S. Lond., F.R.C.S. Eng.,** appointed House-Surgeon and Senior Resident Officer to the Bristol Royal Infirmary.
- COLLINS, Mr. A. H.,** appointed Medical Officer for the Riseley District of the Bedford Union.
- ELKINS, F. A., M.B., C.M. Edin.,** appointed Medical Superintendent to the Sunderland Borough Asylum.
- FINNIE, J. E., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the Lock Hospital, Liverpool.
- FLETCHER, T. J., M.B., C.M. Edin., M.R.C.S.,** appointed Medical Officer and Public Vaccinator for the Castle Donington District of the Shardlow Union.
- GODFREY, Frank W. A., M.B., C.M. Edin.,** appointed Honorary Surgeon to the Scarborough Hospital and Dispensary, *vice* J. A. Calantariants, M.D., resigned.
- GREEN, Mr. T.,** appointed Medical Officer for the Second District of the Cambridge Union.
- HARTLEY, A. C., M.D. Edin., F.R.C.S. Edin.,** appointed Medical Officer for the Bedford and Kempston District of the Bedford Union.

HOWIE, Alex., M.B., C.M.Glasg., appointed Medical Officer for the West-bury District of the Atcham Union.

HUNTER, William, M.D., M.R.C.P., appointed Pathologist and Curator of Museum to the Charing Cross Hospital.

JOHNSTONE, J. Lloyd, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Upholland and Dalton Districts of the Wigan Union.

MALCOLMSON, John A., M.D.Q.U.I., L.M., reappointed Medical Officer of Health to the Eston Urban District Council.

ODELL, Robert, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Third District of the Hertford Union.

PALMER, Ambrose M., L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Whittington Urban District Council.

ROSS, S. J., M.B., Ch.B.Vict., appointed House-Surgeon to the Liverpool Royal Infirmary.

SCHOFIELD, G. T., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for the 12th (Mossley) District of the Ashton-under-Lyne Union, *vice* J. L. Andrew, M.D., resigned.

SMALLWOOD, Ed., L.S.A., appointed House-Physician to the Liverpool Royal Infirmary.

SWETE, Edwd. H. W., M.D.St.And., M.R.C.S., reappointed Medical Officer of Health to the Droitwich Rural District Council.

TAYLOR, Leo., F.I.C., F.C.S., appointed Public Analyst for Hackney, *vice* Dr. Tripe, deceased.

TOMORY, J. Kay, M.B., C.M.Edin., appointed Public Vaccinator for the Parish of Halkirk.

WALKER, Dr., reappointed Medical Officer of Health to the Wrotham Urban District Council.

WHITEHEAD, A. Meredith, M.B., C.M.Aberd., M.R.C.S.Eng., appointed Honorary Surgeon to the Wellington Hospital, New Zealand.

WILKINSON, J. Howard, M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Surgeon to the Dudley Dispensary.

WILSON, H. R., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Liverpool Royal Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Conjunctival Affections. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. George Stoker: Chronic Glandular Disease of the Naso-Pharynx.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Developmental Insanity; Circular 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.—Drs. St. Clair Thomson and R. T. Hewlett: Micro-organisms in the Healthy Nose.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Pemphigus and its Allies. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Optic Neuritis. NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3 P.M.—Lecture by Dr. Beevor.

THURSDAY.

LONDON POST-GRADUATE COURSE, Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Bastian: Cases in the Wards. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. Bernard Pitts: Abdominal Surgery in Children. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Mr. Jonathan Hutchinson: Cases in the Wards.

FRIDAY.

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.

SATURDAY.

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

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTH.

NANCE.—On March 31st, at Royal Naval Hospital, Hong Kong, the wife of Surgeon Arthur Stanley Nance, R.N., of a daughter.

DEATHS.

BOOTH.—At 231, Union Street, Aberdeen, on May 20th, Catherine Watson Booth, only daughter of James Booth, M.D., M.R.C.S.

CRAIGIE.—At Musselburgh, on May 18th, James Stedman Craigie, M.D. Edin., B.Sc.Pub.Health, Edin., aged 40.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

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

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

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

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

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

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

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

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

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

QUERIES.

A. A. asks how hot air treatment can be used locally to any part in a rheumatoid arthritic subject.

DR. WHEELER O'BRYEN (Sydenham, S.E.) will be glad to hear of any institution for inebriates where a lady whose parent (mother) is unable to afford more than 1 guinea a week could be received.

L.R.C.P. writes: Will some member kindly give me a hint as to how to rid a patient of warts round the corona glandis and on the glans penis? He has not had gonorrhœa, but the warts appeared some short while after connection.

DR. GRANT (Chatham) desires to learn of an institution where a fatuous girl, aged 16, could be received, where she could get attention and education free of charge or by her parents, who are poor, paying a very small sum weekly. On certain days the child could make herself useful in household duties.

SMALL-POX HOSPITALS.

DR. C. N. ELLIOTT (Oundle, Northamptonshire) writes to ask for information as to the best form of small-pox isolation hospital for rural district, 14,000 inhabitants; as to cost, material, etc.

NOCTURNAL INCONTINENCE OF URINE.

H. W. H. inquires as to the best way to arrange the bed of a patient suffering from nocturnal incontinence of urine so that a rubber urinal will act satisfactorily, as he finds great difficulty in preventing the urine from flowing into the bed.

A SPA FOR SCIATICA.

A. B. has had a severe attack of sciatica during the past year; some slight effects in the way of stiffness still remain. He intends to spend a month in the summer at a mineral bath, and he is anxious to learn what bath would be most suitable (1) in Great Britain and (2) in Germany.

THE SMELL OF IODOFORM.

C. M. M. writes: Patients of mine have a large dairy, and are in the habit of washing down the walls and the floors of the various milk houses with chloride of lime every now and then. Last August this was contaminated with iodoform in some mysterious fashion—on the train, the chemist says—and since then milk, cream, and butter simply "reek" of iodoform, and the young couple are in despair, as ruin is staring them in the face.

. To get rid of the taint communicated by iodoform will probably be a troublesome matter. The most hopeful plan is copious washing and scraping of the walls. Dr. B. T. Paul, editor of the *Pharmaceutical Journal*, informs us that some years ago he had experience of a similar case where chloride of lime had been used to wash the walls and woodwork of a restaurant, with the result that all the food acquired a taste of chloride of lime, which drove the customers away and seriously damaged the business. Washing with solution of sulphurous acid was tried ineffectually, and eventually relief was obtained by the use of water with caustic lime suspended in it, and alternate scraping of the walls, but it was several weeks before the taint was fairly got rid of.

HOSPITAL STAFFS.

A CORRESPONDENT writes: Our present hospital building has been newly erected on a very much larger scale than the old one, and every effort has been made to make it as perfect as possible. In the old hospital the medical staff, who are indiscriminately called "honorary medical officers" or "honorary surgeons," were all put down as "Dr." on the board and in the annual reports, whether they had the