

## INFLUENZA IN SUBJECTS WHO HAD PREVIOUSLY SUSTAINED A FRACTURE OF THE SKULL.

By P. P. JENNINGS, M.B.,  
Ton-y-pandy, South Wales.

Two fatal cases of influenza occurring in subjects who at a previous period sustained a fracture of the base of the skull have recently come under my notice. The patients were coal miners: one, the father, aged about 38, sustained a fracture of the base of the skull about four years ago, and has not been the same since the injury, his powers of memory and speech being greatly diminished and his general behaviour towards his family altered; the other, the son, aged 18, sustained a fracture of the base of the skull about fifteen months ago and has not suffered any inconvenience from the injury since.

Both patients were as well as usual before the onset of the influenza. The son's illness preceded that of the father's by three days, the duration of the son's being three and a-half days, that of the father four and a-half.

The invasion in the son's case took place while he was engaged at his work at about 4 P.M. On returning home at 5 P.M. he complained of violent pain in one side of his head, which corresponded to the situation of the pre-existing fracture; his temperature was elevated, and all the characteristic symptoms of influenza were present. Vomiting and delirium soon set in, and continued during the night. When I saw him on the following morning he was profoundly comatose, with wide dilatation of the pupil on the side opposite to that on which he received the injury. There was rigidity of both lower extremities and the upper extremity on the same side as the dilated pupil, paralysis of the bladder and rectum, and stertorous breathing. He remained in this condition for a period of twenty-four hours, after which he recovered partial consciousness and could be roused to reply to questions. However, as time went on he became more restless, and delirium increased in intensity, the before-mentioned rigidity became augmented, and the pupil which was previously dilated now became contracted. The patient was now able to pass urine, which previously had to be drawn off. He remained in this condition until death, which was determined by a convulsion.

In the father's case the coma came on sooner, and the period of consciousness was not so well marked, it having been difficult to obtain a reply to questions which were asked him. Death took place by coma, and not by convulsions as in the case of the son. The duration of the case was also longer by a day. In every other respect they were similar.

A *post-mortem* examination was made in the case of the father. On opening the calvarium and reflecting back the dura mater, the latter was found to be adherent to the cortex of the brain by old fibrous adhesions, which had to be cut through; these were situated on and close to the posterior end of the falx cerebri, and on the upper and under surfaces of the tentorium cerebelli. There was an excessive quantity of fluid in the subdural space, which was coloured with blood. The vessels in the pia mater were enlarged. The cerebral cortex presented a fairly healthy appearance, with the exception of the temporo-sphenoidal lobe of the left side and the inferior frontal convolution of the same side, both of which presented signs of advanced softening. The fluid in the ventricles was deeply coloured with blood, and the left lateral ventricle contained a large clot of blood of recent formation. On stripping off the dura mater on the left side of the posterior fossa the line of the old fracture was easily discernible by the presence of a raised ridge which was most prominent at the bottom of the groove for the lateral sinus.

REMARKS.—The peculiarly sudden invasion of acute febrile symptoms in these cases points strongly to influenza. Presuming it to be such the chief interest attached to these cases consists in the fact that the influenza was the cause of the setting up of active mischief in the previously injured skulls of the deceased.

PROFESSOR TRENDELENBURG, of Bonn, has been offered the Chair of Surgery in the University of Leipzig, in the place of the late Professor Thiersch.

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

### ACUTE BRONCHOCELE FOLLOWING INFLUENZA.

THIS case differs somewhat from the two cases already reported,<sup>1</sup> and seems worth recording in connection with them.

In April, 1894, I was called to see a middle-aged lady suffering from influenza. She had a small uniform swelling of both lobes of the thyroid gland and of the isthmus. Of this she did not then complain, because she had had it from a girl, but hardly a month had passed by before she drew my attention to a pain in the left side of her neck. At the same time the temperature, which had come down, went up again, and the next day there was a very obvious swelling of the left lobe of the thyroid, with redness of the skin, which was not freely movable over the tumour.

Glycerine and belladonna outwardly neither giving relief to the pain nor reducing the size of the tumour, hot linseed poultices were applied. The swelling, however, steadily increased, and occupied the whole of the left side of the neck, from the inframaxillary bone above to the clavicle below, completely obliterating the natural curves of that region. By this time the skin had become very red and tense, and the tumour had pointed and was fluctuant near its lower margin, the tissues round about being hard.

Distressing dyspnoea amounting to orthopnoea developed, and the patient's condition became so serious that I passed a grooved needle into the tumour at its most prominent and softest part. This gave me no clue as to what I had to deal with as no fluid escaped, so I at once made a small incision through the skin and passed in a blunt probe, working my way deep down into the tissues with it. There exuded a thick viscid yellowish fluid, which day by day became less yellow and more limpid and thin.

The urgent symptoms at once disappeared on the incision being made, the temperature came down, and in a few days she seemed almost well. The discharge, however, continued, and now (thirteen months after) there still comes away the same limpid thin fluid with occasionally a little blood in it when the patient has more than usually exerted herself. The patient looks and feels well and goes about her work, only complaining when the sinus does not discharge with its usual vigour.

P. O. WATKIN BROWNE, M.B., C.M. Glasg.  
Alderley Edge, Cheshire.

### RETENTION OF FETUS IN UTERO: LABOUR AFTER TWELVE MONTHS' PREGNANCY.

MRS. W., aged 31 years, consulted me on February 7th, 1895, concerning her pregnancy which had become prolonged beyond the natural term. This was her twelfth pregnancy. The previous eleven conceptions had resulted in six abortions, each occurring at about the end of the third month, and of the remaining five, three children had been born dead at full term or died at the time of delivery, one lived six months only, and one child is still alive, aged 4 years. There were no signs or history of syphilis in the parents or living child. The last menstruation occurred in March, 1894, and there was a very slight show, quite abnormal in quantity and kind, at the next month, when she had doubtless become pregnant. This was her own decided impression. Quickening occurred in an unmistakable way in the middle of August, and development proceeded without interruption until the last week in October, when she became very low-spirited, and at that time had, as the husband expressed it, "a slight difference with a friend which ended in a good turn of screaming followed by a faint, and from that time the movements of the child became weak and died out altogether in a few days." During the next two months "sudden hardening of the stomach" happened two or three times a day, and afterwards up to the time of delivery slight pains, resembling labour pains, had come on at intervals, but had always passed away without further result. In November she noticed that the size of her abdomen was diminishing.

<sup>1</sup> BRITISH MEDICAL JOURNAL, May 4th and 18th.

In December, at about the time when she had calculated to be confined, the breasts became full and hard and a little milk ran from the nipples. After this time there was retrogression of the mammae.

On February 7th her size did not appear diagnostic of advanced pregnancy, I measured her body at the level of the navel and found it to be 34 inches in circumference.

Vaginal examination proved the os uteri to be undilated, and the uterus to be large and heavy. No *ballotement* could be obtained and with a different history the case might have been pronounced one of fibroid tumour. There was no discharge whatever nor had there been any since the slight show in April. Between February 7th and March 27th, when labour occurred, I saw her several times. She walked to my surgery a few days before her confinement and had no more serious symptoms than a little anæmia and *malaise*. The labour was rapid, the fœtus being expelled with two or three sharp and quickly recurring pains. Hardly any fluid and practically no blood was discharged. In examining for the placenta, the finger went into a fissure in a hardened mass, which had a rough and somewhat gritty touch. The placenta came away readily and was found to be hard and tough, not easily torn like an ordinary placenta, and both it and the membranes were pale, being almost devoid of blood. There was sign of its having recently been attached to the uterus by a surface of considerable size. The fœtus, a female, weighing 3 lbs., presented a shrunken and withered or mummified appearance. The epidermis was peeling. The head was covered with hair and the nails were just developed. The body was considerably distorted by pressure of the uterus upon it; the sternum, pointing laterally, formed a prominence under the left arm, and the lower part of the spine was in the condition of lateral curvature.

The woman made a fair recovery. Her temperature was never raised, but she was for some time somewhat anæmic. The lochia were represented by a very little discoloured watery discharge. There was no further secretion of milk. A decided menstruation occurred on April 27th, that being the 31st day after labour.

It would appear in this case that the fœtus died at the end of the seventh month, and was afterwards retained *in utero* for five months. The placenta remaining attached may have allowed of a limited circulation through the fœtal tissues, where probably some deposition of calcareous material took place.

In the few cases recorded in which the remains of a fœtus have been discovered in the uterus many years after the pregnancy, portions of the osseous system alone have remained, the soft parts having been absorbed or discharged. It evidently requires a considerable time, however, for the destruction of even the softer tissues of a fœtus when putrefaction does not occur with its concomitant septicæmic symptoms in the woman, both of which were absent in this case.

A. ADAM DIGHTON, L.R.C.P. & S. & L.M. Edin.

Cheltenham.

#### GLYCOSURIA AND THREADWORMS IN A CHILD.

I was called on March 28th to see a boy, aged 5, whose mother informed me had been losing flesh rapidly for a month. He had a little night cough and night terrors. He had lost his appetite, but was markedly thirsty, and would drink much water and suck as many oranges as he could get. At night time, when he awoke, this was specially noticeable. His mother said that the water he passed was less in quantity than usual. She thought he suffered from worms, as he grated his teeth at nights, and frequently picked his nose with his fingers during the daytime. She had given him several "worm cakes," but no worms had come away in his motions.

I found the patient emaciated; his face was thin, and the lines upon it were strongly and unnaturally marked. There was wasting of the intercostal muscles, his ribs being rendered unduly prominent. Physical examination of the chest revealed only signs of a mild attack of bronchitis. His temperature, as far as I can remember, was normal or nearly so—certainly not much above or below the normal line. His water, on examination, was found to be acid in reaction, of specific gravity 1031. It gave no trace of albumen, but a decided reduction of the copper salt was obtained on boiling a

small quantity of the urine, after filtration, with some Fehling's solution. I do not think the reduction of the cupric salt was due to uric acid, as my testing was done as carefully as possible, and more than once to make certain. The next day I put the child on the diabetic's diet, with the exception of allowing him milk to drink, and prescribed a 3-grain dose of santonin the last thing at night, to be followed by an aperient the first thing next morning.

On April 3rd I again examined his water, and found it to be acid; specific gravity 1029; sugar was again present. I did not estimate the sugar present quantitatively but with a rude guess from the colour of the suboxide after reduction, there seemed to be probably about the same amount present as on the previous examination. Three santonin powders given at various intervals brought away a quantity of dead worms, after which the boy's nervous system seemed to settle down, his appetite returned, and he rapidly regained his former state of health. A later examination of the urine gave the following result—acid, specific gravity 1023; no sugar was present.

The points of interest in this case seem to me to be—Was the glycosuria due to, or was it merely coincident with, the presence of the thread worms in the intestine? Would the removal of the worms without the dieting have banished the glycosuria—in other words, was the glycosuria due to reflex nervous irritation? And, lastly, would the dieting without the removal of the worms have been sufficient to bring about the same result, that is, was it merely a case of physiological glycosuria? It seems possible that if diabetes can be produced by shock, which it undoubtedly can, a temporary glycosuria might be brought about by a temporary nervous irritation, whether central or reflex in origin, and consequently threadworms may be, under some circumstances, a definite cause of glycosuria in a child.

Youlgreave.

T. WILSON PARRY, M.A., M.B. Cantab.

## REPORTS

ON

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

#### THE MIDDLESEX HOSPITAL.

A CASE OF URTICARIAL ASTHMA, THE RESULT OF MUSSEL  
POISONING.

(By GILBERT MARTYN, M.B., House-Physician to the  
Hospital.)

THE following case indicates clearly the relationship of urticarial eruption of the skin and mucous membrane which was so strongly advocated by Sir Andrew Clark as the main cause of asthma.

A woman, aged 43, came to the out-patient department here about 8.30 P.M. with the following history. She had eaten about a dozen mussels for her supper, and an hour afterwards began to feel a choking sensation and great difficulty of breathing. At the same time a "nettle rash" accompanied by great itching appeared on the body. Her friends stated that her breathing became so difficult that she went blue in the face and threatened to become asphyxiated. She was given a tumblerful of warm water, after sipping which she expectorated a little tenacious mucus and her breathing became slightly better.

She was then brought to the hospital. On arrival she was still cyanosed, her extremities cold, her breathing laboured, and an acute urticarial rash was present nearly all over her body, but most marked on the trunk. On listening with the stethoscope to the chest, the breathing was typically asthmatic with long wheezing expiration. The stomach and lower bowel having been effectively emptied and brandy and hot bottles having been used, the patient was much relieved, though the breathing still continued for some time of the above type. It is interesting to note that the woman had never been the subject of asthma before, nor markedly of bronchitis. She was in the habit of eating mussels, but had never before suffered ill-effects from so doing. Examination

tion which remains unintelligible even after Mr. Horsley's explanation.

That any supporter of the Midwives Bill contemplates for a moment the registration of a class of women who shall be "fully qualified obstetrical practitioners" is an invention of the enemy which has been exposed so often that it is surely needless to deny it again.—I am, etc.,

George Street, W., June 1st.

W. S. PLAYFAIR.

SIR,—In the BRITISH MEDICAL JOURNAL of May 18th, 1895, you publish a letter under the above heading, signed by Dr. Rentoul. May I, in the first place, point out the great injustice which is being done to the Bill now before Parliament by confusing together the two separate questions (as pointed out by the President of the General Medical Council) of the certificates granted midwives by the Obstetrical Society and other bodies, and that of the education, etc., of midwives included under the term "registration." The two things have only this in common—that some of the certificates, if not all of them, will disappear with the passing of the Act.

I will first comment upon some misquotations with which Dr. Rentoul, according to his custom, fortifies his case.

Dr. Rentoul argues "that it is not really meant to enforce any penalties, because no prosecution shall be instituted by a private person;" and he goes on to prove this by "the Medical Act, the Dentist Act, and the Pharmacy Act (S. 17) provide that 'any person' can institute proceedings, but the criminal midwife is to go free." What these Acts really state about the prosecution of a person registered under one of them is:—Medical Acts, 1858 to 1886: absolutely nothing. Dentist Act, 1878: "A prosecution for any of the offences above in this Act mentioned shall not be instituted by a private person, except with the consent of the General Medical Council or of a Branch Council, but may be instituted by the General Medical Council, by a Branch Council, or by a medical authority, if such Council or authority think fit." This applies to a person falsely using a dental qualification which he does not possess. Otherwise there is nothing said about "any person instituting proceedings." Doubtless the Pharmacy Act would show a similar misstatement of its provisions.

Another remark he makes is: "I cannot discover in this Bill any clause which distinctly empowers the Midwives' Board to remove the name of a midwife from their register;" and he quotes Clause 6 (f) in respect to the framing of its rules. Clause 6 (g) gives the required authority; it must therefore be presumed that Dr. Rentoul has overlooked this.

Dr. Rentoul enumerates a long list of minor operations which he would wish to see a midwife forbidden to perform by provisions in the Bill. Since any person can now perform any operation whatsoever upon any other person who is silly enough to allow him, why does Dr. Rentoul restrict his objection to the few he mentions? Surely he would not allow the midwife to amputate an extremity, or perform abdominal section, or any of the other operations included under the head of surgery? Yet if the ones he mentions were to be put into an Act he would, reasonably enough, argue that she was only forbidden these special ones and that she might do any other she pleased.

He objected in a previous Bill to the mere mention of the word "operation;" now he not only wishes it put in, but to put it in in such a manner as to appear to give a right to perform more serious operations than the ones he mentions.

For practical purposes it will be sufficient for most persons that a midwife whose name is on the register of midwives will practise under rules approved by the General Medical Council, and that her name can be removed from the register of midwives for infraction of them.

As to the granting of certificates of stillbirth and of death by midwives, it is evidently highly improper that unqualified persons should give certificates of this nature; but various Acts of Parliament tend to block the way towards absolute prohibition. It is hoped that the difficulties may be overcome and the granting of such certificates by midwives prohibited under the Bill.

As to midwives in Scotland and Ireland who are not at present to be included in the register of midwives, it is evident that an Act of Parliament cannot impose a maximum of knowledge. A minimum of knowledge is imposed under the

present Bill, and there will, undoubtedly, be no difficulty as to the admission of future midwives who shall have passed an examination above the required standard to the midwives register. Clause 6 (b) and (c) allow the Board not only to appoint the examiners and assistant examiners but to say when and where the examinations shall be held. It is not forbidden to hold examinations in either Scotland or Ireland, nor is it intended to interfere in any way with Irish or Scottish midwives.—I am, etc.,

F. ROWLAND HUMPHREYS.  
Fellows Road, South Hampstead, N.W., May 23rd.

SIR,—May I be permitted to point out that the resolution passed by the Shropshire and Mid-Wales Branch was as follows:

"That in the opinion of the Branch the present system of allowing any woman, even without the slightest training or fitness, to practise as a midwife, and under no control, is unsatisfactory."

This resolution was passed on June 26th, 1894, *nem. con.* By it the Branch wished to express its strong dissatisfaction with the present system (or rather want of system); but it refrained from passing any opinion on the different remedies which had at that time been proposed.

Dr. C. G. Havell is therefore not quite accurate in his statement that a resolution was passed in favour of registration of midwives. This Branch is still free to discuss, and to give an opinion upon, any scheme for ameliorating the present state of things which may be placed before it.—I am, etc.,

H. WILLOUGHBY GARDNER,  
Hon. Secretary Shropshire and Mid-Wales Branch.  
Shrewsbury, June 5th.

## NAVAL AND MILITARY MEDICAL SERVICES.

### SURGEON-CAPTAIN WHITCHURCH.

THE correspondent of the *Times* with the Chitral expedition, in a letter written immediately after a visit to the fort, states that the manner in which Surgeon-Captain Whitchurch carried Captain Baird into the fort was, in the opinion of all the officers of the garrison, one of the most gallant feats ever performed. He gives the following more precise details which he had from the lips of officers who actually witnessed the occurrence. Captain Baird had been sent with a small party to ascend a hill about a mile and a-half from the fort, and attack a body of the enemy stationed on it. In doing this he received the wound from which he died; the attack failed and his men had to retire. The attack which was being made on a village by the main body lower down having also failed, the whole body had to retire, and when they arrived within the walls of the fort they found Captain Baird and Surgeon-Captain Whitchurch missing. But presently the latter was seen staggering along towards the gate bearing Baird on his back, and his story was this: That finding Baird wounded with only two or three men by him, the rest of the party being engaged in the fight, he collected together half a dozen others, and then, supporting Baird, had made his way towards the fort. But now the troops were retreating and the enemy were on every side, firing from behind walls and houses, and madly excited at their success. Fortunately, however, darkness was setting in, and under cover of this Whitchurch made his way by a circuitous route, not under three miles in length, back to the fort. Once he had to set Baird down and lead his little guard to clear a way at the point of the bayonet. How he got through at all is a marvel; and just before reaching the fort poor Baird was hit again in the face. But he escaped himself unscathed and brought his comrade in, only, it is true, to die the following morning; but to die among his brother officers, to hear their praises of his gallantry, and to have the opportunity of sending through them one last message to his far-off home in England. We regret to note that Surgeon-Captain Whitchurch is proceeding to India, *via* Gilgit, on sick leave, having been suffering from repeated attacks of fever.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF LONDON.

M.B. PASS EXAMINATION, May, 1895.—PASS LIST.

First Division.—J. O. Harvey, St. Bartholomew's Hospital; J. R. Hickinbotham, Mason College, and General Hospital, Birmingham; W. H. Pollard, St. Bartholomew's Hospital; H. M. Rigby, London Hospital; A. Tait, Yorkshire College, and General Infirmary, Leeds; W. Turner, King's College; and J. E. Waite, University College.

Second Division.—G. J. Branson, B.A., Mason College; F. M. Burnett, St. Bartholomew's Hospital; A. W. R. Cochrane, St. Bartholomew's Hospital; W. H. W. Elliott, Guy's Hospital; P. C. Fenwick, St. Thomas's Hospital; G. W. Gostling, University College; W. E. L. Horner, University College; S. P. James, St. Mary's Hospital; R. L. Jones, University College; Harriet Edith Florence Knight, London School of Medicine, and Royal Free Hospital; J. Mace, Yorkshire College, and General Infirmary, Leeds; H. F. Mantell, St. Mary's Hospital; A. A. Martin, St. Mary's Hospital; L. J. Miskin, St. Thomas's Hospital; R. H. Norman, Westminster Hospital; C. Oldfield, Yorkshire College; B. A. Richmond, B.Sc., Guy's

Hospital; C. D. D. Roberts, Mason College, and General Hospital, Birmingham; G. N. O. Slater, St. Bartholomew's Hospital; E. Sly, King's College; T. A. Starkey, University College; J. R. Steinhäuser, Guy's Hospital; and Helen Swatman, London School of Medicine and Royal Free Hospital.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,432 births and 3,529 deaths were registered during the week ending Saturday, May 25th. The annual rate of mortality in these towns, which had been 17.7 and 17.6 per 1,000 in the two preceding weeks, further declined to 17.4 last week. The rates in the several towns ranged from 9.5 in Croydon, 10.1 in Portsmouth, and 11.8 in Leicester to 25.1 in Burnley, 26.0 in Manchester, and 27.3 in Liverpool. In the thirty-two provincial towns the mean death-rate was 18.2 per 1,000, and exceeded by 1.9 the rate recorded in London, which was only 16.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.7 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, and was highest in Liverpool, West Ham, and Bolton. Measles caused a death-rate of 1.3 in Cardiff, 1.5 in Newcastle-upon-Tyne, 2.3 in West Ham, and 4.8 in Bolton; and whooping-cough of 1.3 in Bolton, 1.5 in Salford, and 1.8 in Plymouth. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 65 deaths from diphtheria in the thirty-three towns included 37 in London, 5 in West Ham, 4 in Wolverhampton, 3 in Birmingham, and 3 in Liverpool. No fatal case of small-pox was registered either in London or in any of the thirty-two large provincial towns. There were 29 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, May 25th, against 34, 33, and 27 at the end of the three preceding weeks; 7 new cases were admitted during the week, against 8, 6, and 4 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 1,413, 1,438, and 1,446 at the end of the three preceding weeks, had further risen to 1,503 on Saturday last, May 25th; 214 new cases were admitted during the week, against 107, 179, and 185 in the three preceding weeks.

In thirty-three of the largest English towns, including London, 6,369 births and 3,492 deaths were registered during the week ending Saturday, June 1st. The annual rate of mortality in these towns, which had declined from 17.7 to 17.4 per 1,000 in the three preceding weeks, further fell to 17.2 last week. The rates in the several towns ranged from 9.9 in Derby, 11.4 in Cardiff, and 12.3 in Hull to 23.8 in Manchester, 27.6 in Liverpool, and 28.0 in Wolverhampton. In the thirty-two provincial towns the mean death rate was 18.4 per 1,000, and exceeded by 2.9 the rate recorded in London, which was only 15.5 per 1,000. The zymotic death rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.9 per 1,000, while it averaged 1.6 in the thirty-two provincial towns, and was highest in Bolton, Plymouth, and Wolverhampton. Measles caused a death rate of 1.3 in Newcastle-upon-Tyne, 1.7 in Bolton, and 2.3 in Plymouth; scarlet fever of 1.0 in Burnley; whooping-cough of 1.2 in Wolverhampton and in Blackburn, and 1.6 in Gateshead; and "fever" of 1.0 in Derby. The 69 deaths from diphtheria in the thirty-three towns included 41 in London, 5 in Wolverhampton, 4 in West Ham, and 3 in Leeds. No fatal case of small-pox was registered either in London or in any of the thirty-two provincial towns. There were 20 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, June 1st, against 33, 27, and 29 at the end of the three preceding weeks; 1 new case was admitted during the week, against 6, 4, and 7 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 1,438, 1,446, and 1,503 at the end of the three preceding weeks, had further risen to 1,524 on Saturday last, June 1st; 187 new cases were admitted during the week, against 179, 185, and 214 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, May 25th, 898 births and 584 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.7 and 21.9 per 1,000 in the two preceding weeks, declined again to 20.2 last week, but exceeded by 2.8 per 1,000 the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 14.5 in Paisley to 23.3 in Aberdeen. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Dundee and Perth. The 309 deaths registered in Glasgow included 12 from whooping-cough, 3 from diphtheria, 3 from measles, and 2 from scarlet fever; and 4 fatal cases of measles occurred in Aberdeen.

During the week ending Saturday, June 1st, 936 births and 617 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.1 and 20.2 per 1,000 in the two preceding weeks, rose again to 21.4 last week, and exceeded by 4.2 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.9 in Leith to 26.0 in Dundee. The zymotic death-rate in these towns averaged 2.1 per 1,000, the highest rates being recorded in Dundee and Perth. The 294 deaths registered in Glasgow included 16 from whooping-cough, 5 from diphtheria, and 3 from "fever." Five fatal cases of measles and 2 of diphtheria were recorded in Edinburgh.

### ALTERATION OF MEDICAL DISTRICT.

A POOR-LAW MEDICAL OFFICER writes to say that in consequence of the county council having altered the boundary of the union, which has caused an addition to his area, and this at a distance of some miles

from him, only a small additional salary of four guineas a year has been awarded for his increased duties. He considers this should be £20, which the guardians refuse; they also refuse to make a separate medical district of the area in question, and to give this appointment to another practitioner. He asks: 1. Can he refuse to undertake the care of the additional district and retain his former appointment? 2. Can he refuse the nominal payment offered and ask the Local Government Board to fix a suitable salary? 3. Would the Local Government Board allow him to decline the work unless a suitable salary be paid?

\* \* This case well illustrates the fact that the term "life appointment" as applied to a Poor-law district is altogether a misnomer, as by Article 5, Consolidated Order, May 25th, 1857, the guardians have power under certain circumstances to determine an appointment, and this without any compensation whatever. The article is as follows:

"When a change in the extent of the district of a medical officer shall be deemed necessary for the more convenient supply of medical relief or otherwise for the general benefit of the union, and he shall decline to acquiesce therein, the guardians may, with the consent of the Poor-law Board, but not otherwise, and after six months' notice in writing given to such medical officer, determine his office."

It is evident from the above that our correspondent must be prepared to undertake the work of the newly-formed district, and, if he declines to do this on the terms proposed, the guardians will have power to offer the same to anyone else, or to advertise the appointment as vacant. We think it very questionable whether the Local Government Board would insist on a higher salary being fixed than that already offered by the guardians.

## OBITUARY.

JOHN NOTTINGHAM, F.R.C.S., M.R.C.P.,  
Liverpool.

DR. JOHN NOTTINGHAM came from Yorkshire and was apprenticed to the father of Mr. C. G. Wheelhouse. He studied medicine at Guy's Hospital, and in Paris, where he followed the clinics of Dupuytren and Velpeau. About the year 1837 he was appointed House-Surgeon to the Liverpool Infirmary, as it was then called—now the Royal Infirmary. While there he was noted for the eagerness with which he pursued his clinical and pathological studies, and a contemporary friend who survives him recalls occasions on which they made *post-mortem* examinations together in the early morning, a time of day in which Dr. Nottingham was actively at work during a good portion of his long life.

He was a comparative recluse, but visited a good deal in a somewhat select circle of friends, among whom was the late Sir Joshua Walsley, a former Mayor of Liverpool, with whom Nottingham travelled in Spain and frequently went on shooting expeditions in England.

He had an immense library, comprising medical, surgical, and other literature, dictionaries and encyclopædias, in most of the European languages, arranged on the walls of four spacious rooms, where also he had in many cabinets an extensive museum of surgical instruments of domestic and foreign make. He was a great student, an omnivorous reader, and when not reading hard himself he employed a polyglot reader who lived in his house and arranged and managed his books. He was an accomplished linguist, and had a most retentive memory. A mind thus well stocked from many literary and scientific sources, great conversational power, and quiet affable manner rendered him a most charming companion.

He began general practice (without midwifery) in the centre of Liverpool about the year 1840, and quickly succeeded in getting plenty of work of all kinds, especially surgical. In a very few years, at the death of Mr. Wainwright, who had a large fashionable practice in the then charming and wealthy suburb of Everton, Dr. Nottingham settled in the neighbourhood. Here he lived for many years, in fact till he retired from practice altogether a year or two before 1880. Long before this time the street in which he lived had become a veritable slum.

In conjunction with the late Mr. J. Penn Harris and other friends, Dr. Nottingham founded the St. Anne's Dispensary, an institution which quickly attracted notice and popularity. Here Dr. Nottingham devoted himself to the study of eye and ear diseases, upon which he published several works, and soon made a reputation. Later the St. Anne's Dispensary became merged in the Liverpool Dispensaries, and is now known as the East Dispensary. About 1850 Dr. Nottingham was appointed surgeon to the Southern Hospital, where

his general surgical work was characterised by caution, ingenuity, and much operative address. During his period of office, in 1872, this hospital was rebuilt on a larger scale, on a new site, and reopened as the Royal Southern Hospital.

Soon after his retirement from hospital practice he became affected with double cataract, and passed a couple of years in a state of practical blindness. This affliction he bore with exemplary patience, and left Liverpool for his country retreat at Whitchurch, Salop, where he remained secluded from all but a few intimate friends until relieved by the extraction of his cataracts in 1880 and 1881. His sight became and continued useful for years, and he lived at Whitchurch for the rest of his life. Just before Christmas, 1887, an acute inflammation of one eye took place after slight exposure on a cold night, and a few days later he submitted to extirpation of the globe, which was followed by rapid healing and recovery. For the last twenty years he was invalided, first by blindness, then by bronchitis, and only quite latterly by senile decay. He was apparently merely worn out, and died quietly on May 7th, 1895, at the age of 84½.

He married Miss Sarah Worthington, of Whitchurch, Salop, who survives him, and to whose unremitting care and devoted attention he owed the comfort of his declining years.

HUGH FRANCIS CLARKE CLEGHORN, M.D., LL.D.,  
F.R.S.E., F.L.S., Etc.

WE regret to announce the death of Dr. Cleghorn at Stravithie, his Fifeshire estate, on May 16th, at the age of 75. Born at Madras on August 9th, 1820, brought up at Stravithie, where he acquired his affection for botany, educated at the High School of Edinburgh and University of St. Andrews, he was in 1837 apprenticed for five years to Professor Syme, and in the last of these years he was one of the house-surgeons in the old Edinburgh Royal Infirmary. In 1841 he graduated (M.D.) in medicine at Edinburgh University, went to Madras, first to the General Hospital, and later moving here and there in India, where he continued and developed his love for botany. In 1848 he was home on sick leave, in 1851 he was at work in the great exhibition of that year. On his return to India he was appointed Professor of Botany at Madras, and later organised the great Forest Department of India. In 1861, while in this country, he married. Later he was Joint Commissioner for the Conservancy of Forests in India, in 1867 Inspector-General of Forests. In 1869 he retired from the Indian Service, his work in which was fitly recognised in a Government minute.

At home he acted temporarily as Professor of Botany at Glasgow, he was a member of the Edinburgh Botanical Society, the Royal Scottish Arboricultural Society, and in many other ways evinced his interest in botany and forestry. He was Examiner in Botany for the first professional medical examinations in the University of Edinburgh during the Professorship of Dr. Dickson. The foundation of the Forestry Lectureship in the same University was mainly due to his exertions. The University of St. Andrews gave him the degree of LL.D. in 1885.

In private life Dr. Cleghorn was one of the most charming of men; nothing could be more delightful than an evening with him, talking over his wide experiences in many lands, and his keen love of plants and trees. It was a still rarer treat to be beside two such kindred spirits as the late Alexander Dickson and now the late Hugh Cleghorn.

ROBERT K. JOHNSTON, M.D.,  
Dublin.

W]very much regret to report the death of this young ophthalmic surgeon, which took place at Dublin on May 29th. He had a distinguished university career, obtaining the Gold Medal and the Senior Moderatorship in Experimental Physics. He was educated at Trinity College at the Richmond Hospital, and was soon after graduation appointed Assistant Surgeon to the National Eye and Ear Infirmary, and Ophthalmic Surgeon to Steevens's Hospital. Later on he developed tuberculosis, which in the end extended to the kidneys.

He took several sea voyages, and came back to work much improved. Only a few weeks ago he was appointed Secretary to the Dublin Branch of the British Medical Association,

but he was almost immediately afterwards struck down by fatal illness. Dr. Johnston was a surgeon of the highest promise, and his premature death is greatly regretted by the profession in Dublin.

## MEDICAL NEWS.

INFLUENZA has not entirely left Edinburgh even yet. The return of intensely cold weather or the changes of temperature may have been helpful in leading to this. Anyhow several cases of genuine influenza have occurred during the last ten days.

THEIR GRACES the Lord High Commissioner to the General Assembly of the Church of Scotland and the Marchioness of Breadalbane visited the Victoria Hospital for Consumption, Edinburgh, on Monday last; the Gilmerton Convalescent Homes and the Royal Infirmary on Tuesday; the Church of Scotland Deaconess Hospital, the Longmore Hospital, and the Royal Edinburgh Hospital for Sick Children on Wednesday.

BIRMINGHAM MEDICAL BENEVOLENT SOCIETY.—The seventy-first annual meeting of this Society was held on May 31st at the Grand Hotel, Birmingham, under the presidency of Mr. Priestley Smith. The annual report presented stated that the directors were able to speak with satisfaction of the work done by the Society during the past year. The annual value of the grants ranged from £20 to £40, and the sum expended in this way had been £520. In addition to this, the directors had given a donation of £10 to the daughter of a deceased annuitant, and one of £20 to the widow of a deceased member. The total number of benefit members of the Society at the end of the year was 336. The invested funds now amount to £11,996 14s. 6d.

THE ORAL METHOD OF TEACHING THE DEAF.—At the annual meeting of the Society for Training Teachers of the Deaf and Diffusion of the "German" System, held at Fulham Palace, Mr. B. St. John Ackers, who presided, said that until the Government of itself, or by insisting on action by local school authorities, raised the salaries of teachers of the deaf to a sum commensurate with the extra training and ability required, we should never equal other countries in our teaching of defective children. The Rev. W. C. Muriel moved the adoption of the report, which said that a "poor school" was now the most pressing need urging itself upon the Society. The income for the year consisted of £1,217 in payments for scholars, and £217 in voluntary contributions; and there was a small balance in hand. The report was adopted. The Rev. John Sinclair having spoken, Mrs. Symes Thompson stated that they had always more applications for governesses trained to teach the dumb than the Society could supply. Miss Hewitt and Miss Bateman then gave a demonstration of the lip system used, a number of children who would formerly have been called "deaf and dumb" conversing in a plainly audible manner.

THE nineteenth annual meeting of the British Medical Temperance Association was held on May 28th, Sir B. W. Richardson presiding. Dr. Ridge (Enfield) the Hon. Secretary, read the annual report, which stated that 29 new members had been admitted during the year, and three student associates. There were now 411 members, 55 student associates, and 3 associates, all being total abstainers. Dr. Barlow had examined the essays sent in by medical students in their third year, on the arguments derivable from physiology for total abstinence from intoxicating liquors, and had awarded the first prize of £5 to Miss M. Stewart of the London School of Medicine for Women; no essay had been deemed worthy of the second and third prizes. More than 15,000 copies of the organ of the Association, the *Medical Pioneer*, had been sent gratuitously to medical men, hospitals, etc. A rule was passed to admit student associates without payment of subscriptions. After the meeting several members and friends dined together at the Holborn Restaurant.

THE PASTEUR INSTITUTE.—The Annales de l'Institut Pasteur report six deaths from hydrophobia as having occurred since the month of August, 1894, among the patients who have been under treatment at the Institute. The first was



that of Louise Saussol, aged 33, who was bitten at Cessenon, in the department of the Hérault, on July 5th, and died on August 15th, after having been at the Institute from July 10th to July 27th. The second case was that of Achille Megnadier, aged 39, who was bitten at Sidi-bel-Abbès, Algeria, on August 11th, and who died on October 12th, after having been treated at the Pasteur Institute from August 19th to September 2nd. The third case was that of Joseph Prevost, aged 58, who was bitten at Issy, a suburb of Paris, on July 30th, and died on November 22nd, after having been treated at the Pasteur Institute from August 4th to August 18th. The fourth case was that of Séveria Barry, aged 62, who was bitten at Vattotot, in the Seine Inférieure on December 7th, and died on January 3rd, after having been treated at the Pasteur Institute from December 22nd to December 27th. The fifth case was that of Julien Rio, aged 7, who was bitten at Missilac in the Loire Inférieure on December 20th, and died on January 22nd, 1895, after having been treated at the Pasteur Institute from December 23rd to January 12th. The sixth case was that of Elizabeth Garrigues, aged 29, who was bitten at Castlesarrasin, in the Tarn-et-Garonne, on January 15th, and died on February 14th, after having been treated at the Pasteur Institute from January 18th to February 2nd. In five of the six cases the animal which inflicted the bites was certified by veterinary certificates to be mad, while in the sixth the dog was a stray one and could not be found.

### MEDICAL VACANCIES.

The following vacancies are announced:

- 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.
- EVELINA HOSPITAL FOR SICK CHILDREN**, Southwark Bridge Road, S.E.—Senior and Junior Resident Medical Officers. Salaries, £70 and £50 per annum respectively. Applications to the Committee of Management by June 15th.
- FLINTSHIRE DISPENSARY**.—Resident House-Surgeon. Salary, £120 a year, with furnished house, rent, and taxes free, also coal, light, water, and cleaning, or in lieu thereof the sum of £20 per annum. A knowledge of Welsh is desirable. Application to Thos. Thomas, Secretary, Board Room, Bagillt Street, Holywell, North Wales, by July 17th.
- GLAMORGAN AND MONMOUTHSHIRE INFIRMARY**, Cardiff.—Assistant Resident Medical Officer; doubly qualified. Appointment for six months. No salary, but board, washing, and apartments provided. Applications to Geo. T. Coleman, Secretary, by June 9th.
- HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, Bloomsbury, W.C.—House-Surgeon to the Out-patients. Appointment for six months, but eligible for re-election for a further six months. Salary, 25 guineas. Applications to the Secretary by June 18th.
- KENSINGTON DISPENSARY**.—Resident Medical Officer; unmarried, under 35 years of age, and doubly qualified. Salary, £125 per annum, with furnished apartments, coals, gas, and attendance. Applications to the Honorary Secretary, Mr. Frederick Leach, 7, Stanford Road, Kensington Square, by June 12th.
- KENT COUNTY LUNATIC ASYLUM**, Barming Heath, near Maidstone.—Fourth Assistant Medical Officer and Pathologist; unmarried. Salary, £175 per annum, rising £5 a year, with furnished quarters, attendance, coal, gas, garden produce, and washing. Appointment for two years. Applications to F. Pritchard Davis, Superintendent, by June 18th.
- KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD DISPENSARY**.—Vacancy on the Honorary Medical Board. Applications to the Secretary, 13, Kilburn Park Road, N.W., by June 19th.
- LEICESTER INFIRMARY**.—House Physician. Salary, £80 per annum, with board, apartments, and washing. Appointment for one year but eligible for re-election. Assistant House-Surgeon; board, residence, and washing provided. Appointment for six months but eligible for re-election. Applications to the Secretary at his offices, 24, Friar Lane, Leicester, by June 10th.
- 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.
- LONDON HOSPITAL**, Whitechapel, E.—Medical Electrician. Applications to the House Governor by June 29th.
- LONDON HOSPITAL MEDICAL COLLEGE**, Mile End.—Senior Demonstrator of Anatomy. Salary payable by a percentage of fees. Applications to Munro Scott, Warden, by July 8th.
- MANCHESTER ROYAL INFIRMARY**.—Resident Medical Officer; not under 25 years of age, unmarried, and doubly qualified. Appoint-

ment for one year, but eligible for re-election. Salary, £150 per annum, with board and residence. Applications to the Chairman of the Board by June 22nd.

**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 £80 per annum, and as House-Surgeon at the rate of £90 per annum. Applications and testimonials to T. Glendon-Kerr, Secretary, City Office, 27, Clement's Lane, Lombard Street, E.C., by June 11th.

**NORTH-EASTERN HOSPITAL FOR CHILDREN**.—Junior House-Physician; doubly qualified. Appointment for six months. No salary, but board and lodging (including washing) provided. Applications to the Secretary at 27, Clement's Lane, E.C., by June 21st.

**PARISH OF LAMBETH**.—Medical Officer for the Workhouses and Infirmary; doubly qualified; must devote his whole time to the duties of the office. Salary, £300 per annum, with furnished house, and allowance of coals, gas, and water. Applications to W. B. Wilnot Clerk, Guardians' Board Room and Offices, Brook Street, Kennington, S.E., by June 17th.

**RADCLIFFE INFIRMARY**, Oxford.—House-Physician. Appointment for six months. Salary at the rate of £60 per annum, with board and lodging. Applications, on printed forms provided, to be sent to the Secretary before June 19th.

**ROYAL BERKS HOSPITAL**, Reading.—Assistant Medical Officer. Board and lodging provided; no salary. Appointment for six months. Applications to the Secretary before June 15th.

**ST. GEORGE'S UNION**.—Medical Officer for the No. 2 Relief District; doubly qualified, and must reside within the district. Salary, £100 per annum, with usual extra fees. Applications to Thomas Worlock, Clerk, Clerk's Office, Vestry Hall, Mount Street, W., by June 11th.

**ST. PANCRAAS AND NORTHERN DISPENSARY**, 126, Euston Road, N.W. Resident Medical Officer; doubly qualified. Salary, £105 per annum, with residence and attendance. Applications to the Honorary Secretary, H. P. Bodkin, 23, Gordon Street, Gordon Square, W.C., by June 18th.

**TRINITY COLLEGE**, Dublin.—Lecturer in Pathology. Applications to the Registrar of the University by June 15th.

**VESTRY OF LAMBETH**.—Medical Officer of Health; not less than 25 or more than 45 years of age. Salary, £700 per annum, such salary to include the cost of a carriage to be provided by the officer. Applications, endorsed "Application for Appointment of Medical Officer," to Henry J. Smith, Clerk to the Vestry, Vestry Hall, Lambeth, by June 11th.

**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.

- BLAKE**, W. H., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the West Wickham District of the Beckenham Union.
- COOKE**, F. H., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Sixth District of the Loxden and Winstree Union.
- COWAN**, J. J., M.B., C.M.Edin., reappointed Medical Officer for the Knightwick District of the Martley Union.
- DOVE**, Roland A., M.B., C.M.Edin., reappointed Medical Officer for the Brigg West District of the Brigg Union.
- EDWARDS**, W. Lloyd, L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer to the employés of the Barry Graving Dock and Engineering Works.
- GLADSTONE**, Howard B., M.B., C.M.Edin., appointed House-Physician to the Royal Hospital for Diseases of the Chest, City Road, E.C.
- HARRIS**, John Wm., M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer for the Frittenden District of the Cranbrook Union.
- HOUGHTON**, Leonard, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Looe District of the Liskeard Union.
- HYSLOP**, T. Bulkeley, M.D.Edin., appointed Lecturer on Mental Diseases in St. Mary's Hospital Medical School.
- MARTIN**, Arthur W., L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health to the Gorton District Council.
- MILLER**, J., M.B., C.M., D.P.H., appointed Medical Officer of Health for the Burgh of Largs, vice John Moyes, M.D.
- RIDING**, Edwin, M.R.C.S.Eng. and L.S.A., appointed Medical Officer of Health to the Repton Rural District Council.
- ROBINSON**, William, M.D., M.S.Durh., F.R.C.S.Eng., appointed Honorary Surgeon to the Sunderland and North Durham Eye Infirmary, vice P. Blumer, F.R.C.S.Eng., resigned.
- SCRATCHLEY**, H. W., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Fifth Districts of the Poole Union.
- SMITH**, Robert B., L.R.C.P.Lond., L.R.C.S.Eng., appointed Medical Officer for the Wigston Parva District of the Hinckley Union.
- THOMAS**, Dr., appointed Medical Officer for the Polperro District of the Liskeard Union.
- THOMPSON**, J. H., L.R.C.P.I., L.R.C.S.Eng., appointed Medical Officer for the Mytholmroyd District of the Todmorden Union.
- WEEKS**, McCourtenay C., appointed Medical Officer for the Pinchbeck District of the Spalding Union.
- WELLS**, A. Primrose, B.A.Cantab., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Beckenham District of the Beckenham Union.

## DIARY FOR NEXT WEEK.

## MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Corneal Affections. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Woakes: Ear Diseases in Infancy and Childhood.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Mr. George Cunningham: The Immediate Treatment of Irregular Teeth. Casual communications by Mr. Sidney Spokes and Mr. L. Matheson.

## TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: General Paralysis of the Insane.

THE CLINICAL MUSEUM, 21, Great Portland Street.—Open at 2 P.M., Lecture at 4.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. F. H. Champneys and Mr. A. A. Bowlby: Further Observations on the Development of Mammary Functions by the Skin of Lying-in Women. Mr. W. J. Walsham: A Case of Intra-peritoneal Rupture of the Bladder; Suture; Recovery; with remarks on the Inflation Test; with a Table of Cases of Rupture of the Bladder treated by Suture since 1888, by Mr. W. Ernest Miles.

## WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Prurigo and Pruritus. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Ocular Paralysis.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, 5 P.M.—Mr. T. Holmes: On the Experience of the Hospital in Abdominal Surgery (gynecological operations apart) during the years 1884-1894 inclusive. Hunterian Lecture III.

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. Gowers: Clinical Lecture. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—The Medical Registrar: Pathological Demonstration. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Mr. W. Watson Cheyne: Cases in the Wards.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Card Specimens at 8 P.M. by Mr. H. Secker Walker, Mr. Devereux Marshall, Mr. Morton, and Messrs. Mott and Treacher Collins. Papers:—Mr. J. B. Lawford: Ophthalmia Nodosa. Mr. Simeon Snell: Nine Cases of Chancre of the Eyelids and Conjunctiva.

## FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture: Typhoid Fever and Diphtheria. Practical work: Staining Sections and Cultivations.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 9 P.M.—The Bowman Lecture, by Dr. W. R. Gowers: Subjective Visual Sensations.

## SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital 11 A.M.—Dr. Craig: General Paralysis of the Insane.

## BIRTHS, MARRIAGES, AND DEATHS.

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

## BIRTHS.

DAYUS.—On May 31st, at Hutton-le-Hole, co. Durham, the wife of Frederick H. Dayus, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

FRASER.—At Bellfield, Bridge of Allan, on May 29th, the wife of John Hosack Fraser, M.B., M.R.C.P. Ed., of a daughter.

FARE.—On May 21st, the wife of J. W. Fare, M.D., C.M. Edin., and L.D.S. Eng., of 18, Portland Place, W., of a son.

STILES.—At 5, Castle Terrace, Edinburgh, on June 2nd, the wife of Harold Jalland Stiles, M.B., F.R.C.S. Ed., of a daughter.

## MARRIAGES.

HAWKE-PARK.—June 1st, at St. Peter's, Belsize Square, by the Rev. J. J. Glendinning Nash, Incumbent of Christ Church, Woburn Square, Edward Drummond Hay Hawke, L.R.C.P. Lond., M.R.C.S., of Shortlands, son of the late Edward Henry Hawke, of Tolgulla, Scorrer, Cornwall, to Dora Annie, fourth daughter of Charles Park, of Holme-field, Haverstock Hill, and Wingham Lodge, Minster, Kent.

REYNOLDS-COBBOLE.—June 1st, at the Church of the Holy Trinity, Worthing, Francis Mortimer Reynolds, M.B., C.M., of Ottery St. Mary, Devon, to Mary, daughter of the late Spencer Cobbold, M.D., F.R.S.

VISSER-HALSALL.—At the Cathedral at Cape Town, Cape Colony, on April 17th, 1895, Thomas Christoffel Visser, M.B., B.S., Medical Officer of Health, Johannesburg, Transvaal, South Africa, to Christine Halsall, daughter of Mr. J. C. Halsall, of Birkenhead, England.

## DEATH.

WALES.—At Oundle, Northampton, on May 26th, Herbert J. L. Wales, M.R.C.S., L.R.C.P. Lond., L.S.A., eldest son of Brigade-Surgeon J. Wales, of Priestfield, Mowbray Road, Upper Norwood, aged 27.

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.

H. W. asks: Can any of your readers inform me of any station at home or abroad where calf vaccine lymph is supplied wholesale?

MEMBER would be glad to receive any suggestion as to the treatment of a case of masturbation of three years' standing in an intelligent, healthy girl, 10 years old.

M.D. would be glad to know of any institution either in the colonies or on the Continent where a girl, aged 22, may be trained as a nurse with little or no expense.

R. E. H. writes: Will some member kindly let me know of the best way to destroy the contagion in towels, sheets, etc., of the discharge in granular ophthalmia? I fear simple boiling and washing with soap is not sufficient. Is there any solution such as that of hyd. perchlor. which would be effectual; if so, what are the proportions, how used, and is it safe? A sterilising chamber is not available.

AJAX asks (1) if there is any small book published on the properties of the waters at the various spas? (2) If there is any book published relating to the duties of workhouse medical officers?

\* \* (1) *The Baths and Wells of Europe*, by Dr. John Macpherson; London: Edward Stanford. *The Curative Effects of Baths and Waters*, by Dr. Julius Braun; London: Smith, Elder and Co. (2) *The Workhouse and its Medical Officer*, by Dr. A. Sheen; London: Simpkin, Marshall, Hamilton, Kent and Co.

## LEUCODERMA.

M.R.C.S. asks for suggestions as to the treatment of leucoderma, chiefly affecting the hands and face, and not yielding to his treatment.

## PRACTICE IN AMERICA.

H. S. J. desires to know what the examination is like that British diplomats have to pass in New York to enable them to practise in that State, or how he can obtain such information.

## ANSWERS.

REGISTRAR.—Valueless.

M.B., C.M. GLASG. should select one for himself, or he might communicate with Dr. Fletcher Little, 32, Harley Street, the Secretary of the London Post-Graduate Course.

CITY LEADER.—The information desired can best be obtained on application to Dr. Vivian Poore, 30, Wimpole Street, W., inspector under the Act, or to Mr. Stephen Paget, 57, Wimpole Street, W.

DR. HORDER.—The matter has already been taken in hand by the Metropolitan Reception Committee, and whatever results are attained will be duly announced. It is doubtful, however, whether any reduction of fares will be granted.

ALERT.—By "gross profits," as applied to a medical practice, would probably be implied "gross receipts," which is the more usual term—that is, the total receipts from every source of professional income during the year. This is to be contrasted with "nett profits" or "nett receipts," where the working expenses have been deducted from the "gross receipts."

## FIXED OR STIFF TOE-JOINTS.

A MEMBER writes: The stiff condition of the toe-joints described by "Pes" could easily be cured by careful scientific massage and passive exercises, but no good will result from the "rubbing" by persons ignorant of anatomy, which is the usual kind of massage practised in this country, and is the true cause of the bad reputation that this valuable remedy has suffered in England.