

sinus, being only stretched, mechanically contracts again in a very short time.

I carried out this principle in this case of gastrostomy. On the fourth day after the attachment of the stomach to the parietes the viscus was opened only enough to admit a No. 10 catheter, and then this small opening was dilated with tents till a short piece of rubber tube, the thickness of the forefinger, could be introduced and tied *in situ*. The stomach walls—from mere physical reasons—contracted now firmly round the tube, and from the time of its introduction there has not been a vestige of leakage. The tube, which only just projects into the stomach and about 1 inch externally is kept corked, the cork being removed at meal times; and then with a funnel and a tube that will pass into the lumen of the permanent tube the patient easily feeds himself.

Around the tube, on the skin, boracic acid ointment, with a large proportion of chalk in it, was smeared to counteract any acidity should there be regurgitation at any time; but this has never occurred.

Had the opening into the stomach been made with a knife and then the large tube at once inserted the subsequent contraction, though it would have held the tube well gripped, would not, in my opinion, have prevented leakage, for in this case there would have been only the cicatricial contraction to have relied upon, but where the opening is made by dilatation the gastric musculature remains uninjured, and I believe around the tube acts the part of a sphincter, and thus there is an active as well as passive hold.

### THE USE OF DEFIBRINATED SHEEP'S BLOOD FOR TRANSFUSION.

By W. A. F. BATEMAN, M.R.C.S.,  
Senior Surgeon, Richmond Royal Hospital.

THE following case may be worthy of publication, as suggesting a substitute for human blood, in cases demanding transfusion:

E. J., aged 72, was admitted to the Royal Hospital, Richmond, suffering from scirrhus of the head of the pancreas, involving the common duct. She was very emaciated, the skin and conjunctiva deeply stained with bile, and the whole surface of the body covered with patches of purpura.

At the time of operation (October 8th) she was almost in a moribund condition, and though the nature of the case did not admit of any measure of success beyond prolonging life for a few days, I thought it a good opportunity to try a method of transfusion I had long desired to employ. I arranged with a local butcher for a supply of defibrinated sheep's blood. This I procured immediately the animal was slaughtered, so that it was still quite warm when I used it. With the blood I mixed an equal quantity of water in which was dissolved table salt in the proportion of a drachm to the pint. This mixture I carefully strained through fine muslin to catch any chance atom of fibrin.

The temperature of the fluid when injected was as nearly as possible 98°. The instrument used was a common Higginson's enema apparatus, to which was attached an aspirator needle. The quantity of fluid injected was not quite 8 ounces. I should have used more, but I was afraid that a bubble of air had got into my rather imperfect apparatus, an accident I hope to avoid in the future.

The immediate result of the operation was an increase of pulse power. This, however, was followed by faintness, whether from the bubble of air, or from the effect of the slight cutting operation I am unable to say. A little whisky and water, however, soon revived her, and in a few hours she was very much in the same state as before the operation. On the following two or three days she was better and rather stronger, and could sit up in bed without help. This she had not accomplished for a considerably time previously. She died, however, eight days after, but judging from her condition when the operation was done, I think there is fair ground for supposing that life was somewhat prolonged. My motive, however, for publishing this case is to suggest the use of "sheep's blood" for cases where transfusion is deemed necessary.

This method is worthy of further trial. First, to determine whether it is as life-saving as the use of human blood;

secondly, because there are obvious advantages in its use, inasmuch as many cases have been reported of serious consequences following the abstraction of blood for transfusion; and, lastly, because it is easily obtained, and as sheep are constantly being slaughtered it is not even doing an injustice to that excellent domestic animal.

Allow me to say, in conclusion, that I have not searched the literature on transfusion as thoroughly as I could wish. If, therefore, this method has been already tried, I shall be glad if some of my professional friends will bring it forward.

## MEMORANDA:

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

#### INGUINAL HERNIA INVOLVING THE OVARY.

A HINDU child, Kalloo, 3 to 4 years old, was admitted to the hospital early in August, 1895, with an ovoid swelling in the right groin extending well into the labium. It was due to a hernia of the intestine, together with a hernia of the ovary. The intestine was reducible, but the ovary could not be returned into the abdominal cavity by taxis. An incision was made, and the sac was dissected out. Through the thin walls the ovary could be seen, of a purplish hue. Some torsion of the pedicle may have been present, as in a case of Mr. Lockwood's, reported in the BRITISH MEDICAL JOURNAL of September 21st, 1895. The resulting congestion prevented its reduction until the ring had been enlarged by the knife. The sac was then given three twists on its long axis, and passed up behind the transversalis and internal oblique, from which the parietal peritoneum had been separated, and there fastened. The child has made an excellent recovery, and is now (three months after the operation) running about without a truss or any form of mechanical support. The result is perfect, there being no bulging or extrusion whatever, although she could not be kept recumbent after the second day.

L. P. MUMBY, M.B.Lond., D.P.H.Camb.,  
Surgeon-Captain A.M.S.  
Medical Officer in Charge of Cantonment General Hospital.

#### A CASE OF POISONING BY CYANIDE OF POTASSIUM: RECOVERY.

ON November 4th I received an urgent message to see Miss A. A few minutes afterwards I found the patient, a girl, aged 20, at the foot of the staircase, breathing stertorously, unconscious, convulsed, with widely-dilated pupils, no pulse at the wrist, and cold.

Her mother informed me that Miss A. had gone upstairs to change her dress, intending at the same time to do some photographic work. She shortly afterwards heard her rush out of her room calling "Mother!" immediately afterwards falling downstairs, convulsed and very sick. There was a strong odour of bitter almonds in her breath and vomit, and I came to the conclusion she had in some way poisoned herself with cyanide of potassium or prussic acid. She was perfectly well half an hour before the occurrence.

I removed her to bed, and at once injected  $\frac{1}{15}$  gr. of digitalin and  $\frac{1}{15}$  gr. of strychnine, followed by two syringefuls of brandy, and also commenced artificial respiration and general friction. Shortly afterwards there was some feeble pulsation at the wrist, and with the aid of a battery (which had by that time been obtained), fresh injections of brandy, hot bottles, and mustard over the heart, the patient gradually rallied, not, however, before she had several alarming relapses. She was several times sick and slightly convulsed. The pupils were widely dilated the whole time. She did not recover consciousness until fully three hours after the accident, but then rapidly rallied, and in the evening only felt faint and sick.

On searching her bedroom a large piece of cyanide of potassium, and a penknife with which she had been scraping it to a powder, was found. How she managed to convey a portion of this powder to her mouth she is quite unable to say, as she remembers nothing of the whole occurrence, although there must have been a momentary period of consciousness

after taking the poison, as she was able to rush out and cry for help.

Shepherd's Bush Road, W. LEONARD C. DOBSON, M.D.Lond.

#### MELÆNA NEONATORUM.

INSTANCES of melæna neonatorum are unusual enough to merit a mention in the BRITISH MEDICAL JOURNAL, were it for no other purpose than to assist subsequent classification. In contrast to Dr. Pringle Morgan's case may be noted the following:

On October 30th, 1894, Mrs. R. was delivered of her first child, a boy. Labour lasted for 21 hours and presented no difficulties; the amount of blood lost was normal in quantity, and the mother made a good recovery, getting up on the tenth day.

The child was apparently healthy when born, of average size (weight not taken); it cried immediately, and did not require artificial respiration. What appeared to be a small nævus was, however, observed close to the inner canthus of the right upper eyelid. Two days after birth hæmorrhage occurred from the bowel. This lasted for 36 hours, and the amount lost appeared to be about 3 iss. In colour it was very dark, contained no clots, and was most offensive. The child seemed to be in no pain; his temperature was normal; he slept well, and took sustenance every two hours. On the same day one spot of blood appeared at the cut end of the umbilical stump. The hæmorrhage yielded to three ice-water injections, and to small doses of hamamelis and krameria every two hours. Feeding was by white wine whey.

Early on the fifth day the hæmorrhage recurred to a slight extent, and again on the eighth day, when it lasted for 19 hours, and amounted to about 3vj.

Since then no hæmorrhage has taken place from any surface of the body; and though subsequently some difficulty was experienced in establishing digestion on a sound basis, this did not last for more than a fortnight, and from then till now the health of the infant has been most satisfactory. The nævus has disappeared.

In boyhood the father suffered occasionally from epistaxis, but has not done so for many years.

Hornsey.

WILLIAM GEMMELL.

#### A NOTE ON THE EXTERNAL USE OF CREASOTE IN THE TREATMENT OF MALARIAL REMITTENT FEVERS.<sup>1</sup>

THE action of external applications of creasote and guaiacol in producing perspiration and lowering the body heat suggested to me that they might be of use in the treatment of malarial intermittent fevers. I have used 15 minim doses of creasote rubbed into the axilla and covered with cotton wool in eight cases of severe intermittent fever with temperatures varying from 103.2° to 104.4° F., the temperature being either stationary or rising at the time the drug was applied. In every case perspiration, usually free, was produced in from half an hour to two hours, more commonly in about three-quarters of an hour, and was accompanied by a marked fall of temperature, averaging 1.6° F. within three-quarters of an hour, 2.3° after an hour and three-quarters, and 3° within four hours of the use of the drug. Not only was the temperature reduced, but at the same time all the distressing symptoms, including the severe headache always present with high fever in these cases, were markedly relieved, and the patients stated they became quite comfortable when the perspiration came on. In some of these cases during other paroxysms of the fever, which were not treated with creasote, but in which the ordinary diaphoretics, such as ammonium acetate, etc., were given, the temperature remained high for eight or more hours. In only one case was there an after-rise during the paroxysm of more than 1° F. In five out of seven cases in which the blood was examined during the fever, Laveran's organism was found in the red blood corpuscles. In one case of continued fever in which I tried this treatment a slight fall of the temperature accompanied by some relief of the

symptoms was produced, but the good effect lasted only a few hours.

This method of treatment I think deserves a careful trial in tropical remittent and continued fevers, whilst I feel sure it will prove of great service in shortening and lessening the severity of the paroxysms of severe intermittent fevers, as its antipyretic and sudorific powers are much greater than those of the diaphoretics in common use, while it has not the drawbacks of the antipyrin class of drugs, namely, in the depressing action on the heart and the tendency to reduce the number of the red corpuscles of the blood, and thus to increase the state of anæmia caused by malarial fever.

LEONARD ROGERS, M.B., B.S., F.R.C.S.,  
Surgeon-Lieutenant I.M.S.

#### A CASE OF TUBERCULOUS TUMOUR OF THE PONS.

F. A., aged 1 year, 2 months, had been under my care for rickets and bronchitis for about two months; he was a fairly well-nourished child, anæmic, and of tuberculous aspect.

When seen on June 17th, 1895, he was semi-conscious, breathing stertorously, and occasionally convulsed; the spasms commenced in the left arm and leg, and extended to those of the right side. On June 18th and 19th he was in much the same condition, but the convulsions were more frequent, and on June 20th the child was weaker; the movements were confined to the left arm and leg. On June 21st the child was lying on his back with his head turned on to the right shoulder and his eyes turned to the right; the left pupil was larger than the right. The left arm and leg worked continually in spasmodic movements, whilst the right extremities lay quiet. He was quite unconscious and breathing stertorously. He resisted any attempt to quiet the left arm and leg and to straighten his head. He died the same evening.

At the *post-mortem* examination performed twenty-four hours after death, on removing the skull-cap and exposing the membranes, they were found very congested and in places adherent to the skull. The cerebrum on exposure was congested on the left side; and on both sides, especially in the region of the fissure of Sylvius, was a collection of miliary tubercles.

On making sections of the tissue of the cerebrum there were found two or three small tuberculous foci about the size of a millet seed, just above the left lateral ventricle; the ventricles themselves were quite free from tubercle. On the right-hand side of the pons and deeply embedded in its substance was a large caseous mass, the size of a hazel nut, consisting of tuberculous material; it was so placed in the pons as to catch the right crus cerebri. The tumour was easily shelled out from the surrounding fibres.

J. HEPWORTH, L.R.C.P.Lond., M.R.C.S.Eng.,  
Medical Officer to the Children's Hospital,  
Gartside Street, Manchester.

Eccles.

## REPORTS

ON

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

#### NEWCASTLE-UPON-TYNE ROYAL INFIRMARY.

CASE OF AMMONIA POISONING: RECOVERY.

(Under the care of DR. OLIVER.)

POISONING by ammonia can scarcely be said to be of frequent occurrence, yet it was the cause of 64 deaths by accident and of 34 by suicide in the ten years 1883-92 in England and Wales. Amongst the poisons it stands seventh on the list as a cause of accident, and ninth as a means of suicide. Poisoning by ammonia vapour is rare, but, just as one would expect, the cases reported show that the strong vapour is extremely fatal to human life. Accidents are much more likely to arise from swallowing a strong solution of ammonia, which acts as a caustic, or by swallowing some liniment containing the strong liquor. The patient whose case is now reported had drunk some of the liquid ammonia used for domestic purposes.

A boy, aged 7 years, was admitted on September 16th, 1895,

<sup>1</sup> Towards the expenses of this research a grant was made by the British Medical Association on the recommendation of the Scientific Grants Committee of the Association. A fuller report will be published in India.

nearly £50,000 in the erection of the necessary buildings. Dr. Kidd throughout his life never ceased to take the keenest interest in the success of the scheme, which now enjoys the fullest public confidence. He was the first direct representative sent to the General Medical Council by the Irish practitioners, and he held the office for nine years.

Dr. Kidd was a man of strong convictions, and he was not easily turned from putting them into action. Upon educational reform he laboured assiduously in the College of Surgeons, Ireland, and in the General Medical Council. He easily mastered details, and when he urged his views upon any question, he did so with such earnestness that he usually succeeded in having them accepted. He was essentially masterful, and, although he was not always right, there were few who, in his days of health, cared to combat his propositions, vigorously and pointedly put as they always were.

For two years he had not been in robust health. Increasing deafness and a weak heart induced him to tender his resignation as direct representative of the profession in Ireland on the General Medical Council. His resignation was not accepted, although his professional advisers had strongly recommended this course, but for the past year he had taken little part in the deliberations of the Council. Three months ago it was found that he was losing flesh very rapidly, and that he was the victim of a serious malady. He went to London a few weeks ago, but speedily returned. The wasting increased, and a further dangerous condition was discovered. For this there was no remedy, and he gradually sank, and died on St. Stephen's Day, attended to the last by his two old friends, Sir John Banks and Dr. Samuel Gordon; and by Mr. William Stoker, Dr. E. H. Bennett, and Mr. Wheeler.

His funeral was an imposing spectacle. Men of all classes gathered to do honour to his memory, and to pay tribute to the honour and uprightness which were among the most striking of George Kidd's characteristics.

#### JAMES ROUSE, F.R.C.S.,

Consulting Surgeon to St. George's Hospital.

WE regret to announce the death of Mr. James Rouse, who died on Tuesday, December 24th, 1895, at the age of 66. He was educated at St. George's Hospital Medical School, and obtained the Membership of the College of Surgeons in 1851, and the Fellowship by examination in 1863. He was formerly Senior Surgeon of St. George's Hospital, Consulting Surgeon of the Westminster Ophthalmic Hospital, the Hospital of St. Elizabeth and St. John, St. Anne's Royal Asylum, and the School for the Indigent Blind, and Ophthalmic Surgeon of the Eastern Counties Idiot Asylum.

Mr. Rouse had a somewhat unusual career. After completing his term of house-surgeoncy he became resident medical attendant to a distinguished nobleman and remained with him until his death. He received a handsome legacy in recognition of his services. Subsequently he was elected Assistant-Surgeon at St. George's Hospital without passing through the routine of medical offices which are usually necessary to qualify for the senior appointment. He was a man of great good temper and *bonhomie*, and made himself popular with his colleagues and pupils. His and some other appointments at St. George's were made under circumstances which are thought by many to have done much to deteriorate the distinction won for the hospital by the earlier generations of its surgeons.

WE regret to announce the death of Dr. EDWARD CANE JEPSON, of Scarborough, at the age of 82. He took the diploma of M.R.C.S. Eng. in 1835, and became a Fellow of the College in 1855. He was the son of Mr. George Jepson, surgeon, of Gainsborough, Lincolnshire. Nearly sixty years ago he went to Durham and entered into partnership with the late Mr. Green, after whose demise Mr. Jepson carried on the practice himself, only retiring seven years since, when he removed to Scarborough to spend the remainder of his days in hard-earned rest. In 1858 he held the appointment of medical officer to the Sherburn Hospital after its reorganisation. For a short period he was surgeon to the County Hospital, and for several years rendered his medical services gratuitously to the Penitentiary. The deceased was first medical officer of health to the Durham Rural Sanitary

Authority when the Public Health Act came into operation. He was house-surgeon at St. Bartholomew's Hospital, under Mr. Earle, and was associated in student days with Dr. Guillemand and Dr. F. Davies. Dr. Jepson's eldest son, who is now mayor of Durham for the second year in succession, succeeded to the practice of his father.

WE regret to announce the death of M. TERRILLON, the distinguished surgeon of Paris, which took place a few days ago after a disabling illness of three years at the age of 51. He took his doctor's degree in the Paris Faculty in 1873, becoming surgeon to the hospitals in 1876, and *professeur agrégé* in 1878. In 1893 his name was submitted by the Medical Faculty to the Minister of Public Instruction for the vacant Chair of Operative Surgery, but already the state of his health made it necessary for him to retire from active life. He was a first-rate operator and a most popular teacher; his success in practice justified the hope that he would rise to the highest pinnacle of professional fame. He contributed very largely to medical literature, the list of his writing occupying more than a column of the *Progrès Médical*. Among the principal are his *Leçons de Clinique Chirurgicale*, delivered at the Hôpital de la Pitié (1881); another series delivered at the Charité (1885); and a third given at the Salpêtrière (1890); his *Traité des Maladies du Testicule et de ses Annexes* (in collaboration with M. Monod), published in 1880; and numerous papers on abdominal surgery and diseases of the female genitals in the *Bulletin de la Société de Chirurgie*.

THE death is reported of Dr. W. MARTINE, of Haddington. He was born in the burgh of Haddington in 1827, and received his early education in the Burgh School. From there he went to the University of Edinburgh, where he spent five years, and graduated M.D. in 1848. His first practice was in Fife; in May, 1849, he began practice at Haddington. He had held the office of house-surgeon in the old Edinburgh Maternity Hospital, and in that capacity was intimately associated with Sir James Simpson and Dr. Graham Weir.

THE death is recorded of Mr. W. P. BROOKES, of Much Wenlock, Salop. Mr. Brookes was born in 1809, and received his early education at various schools in Shropshire; subsequently he was apprenticed to Dr. Barnett, of Stourport. About 1827 he began the study of medicine in Guy's and St. Thomas's Hospitals, but soon afterwards he proceeded to Paris to complete his medical studies, and to graduate there and at Padua. Mr. Brookes qualified as M.R.C.S., L.S.A., in 1831, and obtained the diploma of F.R.C.S. in 1870. He was the senior magistrate for the borough of Wenlock in 1870. Some time ago he was presented by numerous friends and admirers with an illuminated address, and a silver *épergne* and silver salver, etc.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Professor von Brunn, Director of the Anatomical Institute of the University of Rostock, aged 46; Dr. Alex. Wilmar, Chief Demonstrator of Anatomy in the University of Brussels; Dr. Juan Soler y Buscalla, Physician to the Hospital de Santa Cruz, and Professor in the Medical Faculty of Barcelona, author of numerous contributions to the medical literature of Spain; Dr. Bartholomäus Zborel, Physician to the Kaiser Franz-Josef-Spital, Vienna, aged 48; Dr. G. H. Van der May, Professor of Midwifery and Diseases of Women in the University of Amsterdam; Dr. E. Sickenberger, Professor of Pharmacology in the Medical School of Cairo; Dr. Faustino Roel, of Alicante, one of the most prominent practitioners in Spain, and author of a work on pellagra for which he was awarded a prize by the Spanish Academy of Medicine; Dr. Julius Skamper, of Berlin, a well-known medical journalist, aged 41; Dr. J. Edwin Michael, some time Professor of Anatomy and Clinical Surgery, and afterwards of Obstetrics, in the University of Maryland, of which he was Dean, aged 47; Dr. Basil Norris, who was Staff-Surgeon to General Grant during a great part of the Civil War, and physician to him while he was President, aged 67; and Dr. Ephraim Bull, of Concord, discoverer of the Concord grape vine and of some others not so well known, aged 89.

well to emphasise the fact that professional repudiation of the homœopathic is not dictated by any harsh, arbitrary, ethical rule, but by moral personal conviction and a rigid sense of duty, deepened by an honest regard for the true interest of the public and the honour of the faculty. It may also be worth noting that an apt and consistent response to the irrational 'consultation' outcry so invidiously raised at times in behalf of the professors and abettors of the principles enunciated in the homœopathic dogma of 'similia similibus curantur,' may be found in the legitimate retort of 'Thrasyllus a Thrasyllo consilium petat,' which, freely translated, may be rendered thus: 'Like should consult with like.'

*Note.*—Since the preceding comments were submitted to divers eminent representative practitioners for revision, the author has received from one of the most distinguished and esteemed physicians of the day (the late Sir George E. Paget) various noteworthy and suggestive reflections relative to orthodox and homœopathic professional attendance in cases of acute perilous disease to the following effect: 'If, he remarks, an orthodox medical practitioner be already in attendance, and the friends of the patient propose to call in a homœopath, a consultation would be utterly objectionable, for the reasons you have expressed; on the other hand, if the person in actual attendance be a homœopath, and the case one of "acute perilous disease," in which any delay would be critically dangerous, the gravely important question might then arise as to whether an orthodox practitioner would be morally justified in refusing to see the patient (although the homœopath remained nominally in attendance), provided that it was distinctly understood and honourably assented to by all connected therewith that the immediate future treatment should be in strict accord with the principles of legitimate orthodox medicine, and honestly carried out by responsible, trustworthy nurses, selected, if need be, by the consultant. Such is the critical question I would venture to submit for the thoughtful consideration of the orthodox faculty in behalf of suffering humanity. Can the reply, think you, be other than that of the "true Samaritan?" To which we rejoin: Let "conscience" dictate the answer.'

May we add that the same just principle should alike actuate and constitute the rule of the surgical practitioner.

#### APPLICATION FOR APPOINTMENT NOT DECLARED VACANT.

G. S. P. writes: A. and B. (partners) with C., are surgeons to a large factory, A. and B. attending to factory hands living in the country, C. attending those in the town. D. is a practitioner who previously held the appointment which is now held by C. A. dies, and B. and C. are requested to continue as before, no announcement of a vacancy having been made. D. writes to the chairman of the workpeople's committee to ask him to begood enough to bring his name before the meeting of foremen. He wishes it to be clearly understood that in making the application, he does not wish to oppose the possible reappointment of B. in his district, but he simply asks to be reinstated, as he feels he was somewhat hastily and inconsiderately dismissed at the time of the late strikes. He offers to discuss many ways in which medical attendance on the hands might be improved; he also offers as an inducement the nearness to the factory of his residence. Considering that C. has held the appointment for four years, and during that period has been on friendly terms with D., has D. acted fairly? C. has received from the committee D.'s letter of application, and also the committee's reply, which is "extremely flattering" to D.

\*.\* If, as we assume, the above statement fairly represents the facts in relation to the factory medical appointments, there can be little or no doubt that D. in covertly seeking to supersede C., not only morally but medico-ethically erred, inasmuch as it is clearly laid down in the Code, chap. ii, section 1, rule 3, that "to tender for a club, or other paid appointment, or to directly or indirectly apply or canvass for such ere a vacancy has been declared, are incompatible with the honour and dignity of the profession."

#### EMERGENCY CALLS.

T. W. writes: A message is left at the house of the senior partner in an old-established practice in the hands of three surgeons to visit an old patient. The senior partner being out on his round the message is taken immediately by the junior member of the firm, who, on his arrival at the patient's house, finds that another practitioner, Mr. T., who happened to be in the street, had been called in. The senior partner sees the message on his return from his round, and hastens to see the patient, but on his way meets her son, who informs him of Mr. T.'s visit, and says that he (Mr. T.) had expressed his intention of visiting the patient next day. The senior partner did not see the patient in consequence of this, saying he had no doubt Mr. T. had seen her for him, and would communicate with him about it, after which he (the senior partner) would visit the patient. To the surprise of the firm no communication whatever reached them, either from Mr. T. or the patient, and Mr. T. continued in attendance on the patient. Was Mr. T.'s conduct in continuing in attendance throughout the illness without communicating with any member of the firm in accordance with the code of ethics?

\*.\* With reference to the above case, the rule appended hereto is that by which Mr. T. should have been governed: "When a practitioner is called 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."

#### FEE FOR CONSULTATION WITH PARTNER.

M.D. asks: What is the correct fee to charge when partners meet in consultation upon their patients? Should each charge an ordinary visit fee or should a guinea be charged by the one consulted? Upon what basis is the fee settled? First, when the patient wishes the consultation? Secondly, when the medical attendant suggests it?

\*.\* For a solution of our correspondent's queries we would refer him to the following rule laid down in the Ethical Code, 4th edition, chap. ii, sect. iv, rule 14: "No member of a firm of practitioners (unless, from professional status and experience his ordinary personal practice has become purely consultant, and his advice as such be specially requested by the patient), whose opinion is sought in a case under the care of a partner in the firm, is entitled, according to professional usage, to claim the customary fee of a consultant; such advisory visits, indeed (if within the prescribed distance of an ordinary visit) are generally regarded as complimentary ones."

#### THE ILLUSTRATED GUIDE TO WORTHING.

DR. FRANK HINDS (Worthing) writes: In reference to the paragraph published in the BRITISH MEDICAL JOURNAL of December 21st, 1895, headed "A Card," and to your comments thereon, it is, I think, desirable to put you in possession of the following facts. Some eight or nine months ago, an individual called upon the medical practitioners of this town, stating that he belonged to an advertising firm who were bringing out an Illustrated Guide to Worthing, and asking to be furnished with a photograph which should appear in the Guide; he also asked for a subscription for one or more copies of the Guide. By my partners, Mr. Frank Parish and Dr. Gostling, and myself, both his requests were refused. Mr. Parish said he did not object to his portrait appearing as that of "Councillor" Parish among those of other members of the Town Council, but he would not consent to its being published as that of a medical practitioner of the town. In due course the Guide was issued, and contained portraits of Dr. Gostling and myself amongst those of other practitioners in the town. Since these portraits were published without the knowledge or wish of the originals in the case of the firm to which I belong, it is likely that some of the other medical men of the town have been treated in the same manner by the authors of the Illustrated Guide.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

#### FIRST EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.

*Part I: Chemistry and Physics.*—Bate, King's; Bentley, Joh.; Brown, Emm.; Buttar, B.A., Pemb.; Carey, Emm.; Cave-Moyles, Govv. and Cai.; Child, Pemb.; A. J. Clark, Emm.; Claxton, King's; G. Dixon, B.A., Trin.; Elliston, H. Aye.; Fehrsen, Govv. and Cai.; W. S. Fox, Trin.; Gabb, Down.; Geoghegan, Govv. and Cai.; Gould, Trin.; Hardie, Queens'; Heap, Sid. Suss.; J. P. Hedley, King's; Heffer, Sid. Suss.; Hindle, Corp. Chr.; Holroyde, Trin.; A. C. Hudson, Trin.; Ingram, Trin.; A. C. Ingram, Joh.; Kempthorne, Joh.; Knight, Emm.; Laycock, Joh.; W. E. Lee, Trin.; Loveday, Govv. and Cai.; McDonnell, Joh.; Naish, B.A., Emm.; Nothwanger, Joh.; Phillipotts, Christ's; Richmond, B.A., Cla.; J. H. Roberts, B.A., Joh.; Sedgwick, Sid. Suss.; Sephton, Govv. and Cai.; Shipman, Trin.; Shipway, Christ's; Simey, B.A., King's; Smedley, Pemb.; Spearman, Govv. and Cai.; Stiff, Govv. and Cai.; Stockwell, King's; E. J. D. Taylor, Govv. and Cai.; Taylor, Non Coll.; Whale, Jes.; Wilcock, Govv. and Cai.; G. R. Wilson, Trin.; Wisdom, Emm.; Woods, Sid. Suss.; Worthington, Trin.

*Part II: Elementary Biology.*—Ball, Emm.; H. S. D. Browne, Trin.; Burrows, Emm.; Carey, Emm.; Carroll, Trin.; Claxton, King's; J. G. Cooke, B.A., Sid. Suss.; J. G. Cooper, Trin.; Deneke, Govv. and Cai.; W. H. Dickinson, Trin.; G. Dixon, B.A., Trin.; Enthoven, B.A., Govv. and Cai.; Gabb, Down.; Hawkins, Govv. and Cai.; Horsley, Govv. and Cai.; G. C. Lawson, Trin.; Laycock, Joh.; Lushington, Jes.; McDonnell, Joh.; Manser, Pet.; G. Marcy, Trin.; H. W. Masterman, Christ's; C. H. Miller, Trin.; Newton, Pemb.; Parez, Emm.; Perkins, H. Aye.; Rees, Down.; J. H. Roberts, B.A., Joh.; N. O. Roberts, Christ's; E. A. Ross, Trin.; Sanders, B.A., Christ's; F. Sanger, Joh.; C. A. St. J. Scott, Trin.; Sedgwick, Sid. Suss.; Skrimshire, Jes.; Spearman, Govv. and Cai.; Stiebel, Trin. H.; Stiff, Govv. and Cai.; W. H. Stokes, Pemb.; Stuttaford, H. Selw.; E. J. D. Taylor, Govv. and Cai.; Wales, Down.; W. D. Ward, Joh.; Wilgress, H. Selw.; Wilkinson, B.A., Pemb.; Woods, Sid. Suss.

*SECOND EXAMINATION.—Part I: Pharmaceutical Chemistry.*—Ainsworth, B.A., Pemb.; Almond, Emm.; Ascherson, Non Coll.; Atkinson, Govv. and Cai.; Attlee, Joh.; Bainbridge, Trin.; Barnicot, Pemb.; R. L. Bell, B.A., Pet.; Bemrose, Joh.; Bigg, Govv. and Cai.; Boulton, Trin.; Bousfield, Pemb.; Braddon, Trin. H.; Burnand, Jes.; Carey, Govv. and Cai.; Crimp, Govv. and Cai.; Ede, King's; George, Govv. and Cai.; Gibson, Jes.; Hadfield, Trin.; D. G. Hall, Emm.; Holmes, Govv. and Cai.; C. R. Howard, Pemb.; H. L. P. Hulbert, B.A., Trin.; W. M. James, B.A., Christ's; Knobel, Trin.; J. M. E. Langton, Trin.; Larnier, M.A., Pemb.; Leech, Christ's; Levy, Joh.; Malim, Christ's; Mellor, King's; Mercer, Cla.; Morgan, Joh.; Mummery, Govv. and Cai.; Orme, Govv. and Cai.; Percival, Joh.; Pitkin, H. Aye.; Roper, B.A., Non Coll.; C. G. Saunders, Trin.; Scott, Christ's; T. D. Smith,

Jes.; Spanton, Trin.; Stirling-Hamilton, Jes.; E. Talbot, B.A., Trin.; E. C. Taylor, Joh.; Telford, Gov. and Cai.; Ticehurst, B.A., Cla.; Truman, Trin. H.; Upward, Christ's; R. H. Urwick, Trin.; Weatherhead, Joh.; Whitmore, Gov. and Cai.; R. F. Williams, Gov. and Cai.; W. H. O. Woods, H. Selw.; Wright, Christ's.

*Part II: Human Anatomy and Physiology.*—T. W. Bates, M.A., Queens'; Bolland, B.A., Emm.; Brincker, B.A., Joh.; H. N. Clarke, B.A., Gov. and Cai.; Cox, B.A., Gov. and Cai.; Curme, B.A., Gov. and Cai.; Darby, B.A., Trin.; Ellis, B.A., Gov. and Cai.; Glasier, B.A., Emm.; Glynn, B.A., Cla.; J. C. W. Graham, B.A., Trin.; Harman, Joh.; Harner, B.A., King's; Hay, B.A., Gov. and Cai.; E. W. Hedley, B.A., King's; Horne, B.A., Trin.; E. R. Hunt, B.A., Trin.; Keeling, B.A., Gov. and Cai.; Killick, Down.; J. Lea, B.A., Gov. and Cai.; E. K. Le Fleming, B.A., Cla.; Maxwell, Trin.; Mayo, Cla.; Nicholls, Joh.; Parker, Emm.; Percival, Joh.; Priddle, Gov. and Cai.; Reid, B.A., Joh.; Rose, B.A., Joh.; Rowland, B.A., H. Selw.; St. Leger, B.A., Gov. and Cai.; Scaping, B.A., Cla.; Sewell, B.A., Pemb.; Slade, B.A., Trin.; J. G. Taylor, King's; A. N. Walker, B.A., Queens'; Wilkin, B.A., Pemb.; A. G. Wilson, B.A., Gov. and Cai.; E. A. Wilson, B.A., Gov. and Cai.

**THIRD EXAMINATION: Part I.**—J. L. Allen, B.A., King's; Appleyard, B.A., Emm.; Auden, B.A., Christ's; E. M. Barker, B.A., Emm.; Barton, B.A., Joh.; Black, B.A., Trin. H.; Blatchford, B.A., Sid. Suss.; C. D. Edwards, B.A., Joh.; L. Falkener, M.A., King's; W. L. Garner, B.A., Emm.; L. K. Harrison, B.A., Gov. and Cai.; Haward, B.A., Sid. Suss.; H. Holmes, B.A., Joh.; Howitt, B.A., Gov. and Cai.; Hutchinson, M.A., Trin. H.; T. L. Jackson, B.A., Joh.; Mackenzie, B.A., Gov. and Cai.; Maturin, B.A., Gov. and Cai.; Maxwell, B.A., Corp. Chr.; H. B. Milsome, B.A., Trin.; Moritz, B.A., Gov. and Cai.; Pendlebury, B.A., Pemb.; Penny, M.A., Pet.; Rawling, B.A., Gov. and Cai.; W. G. Richards, B.A., Christ's; Robinson, B.A., Gov. and Cai.; Roper, B.A., Christ's; Salt, B.A., Emm.; Selby, B.A., Down.; C. D. Somers, B.A., Pemb.; Stawell, B.A., Trin. H.; Stead, B.A., Gov. and Cai.; H. F. Tod, B.A., Trin.; Tyson, B.A., Gov. and Cai.; Waithman, M.A., Magd.; A. B. Ward, B.A., H. Selw.; Wedd, B.A., Down.; Wills, B.A., Gov. and Cai.

*Part II.*—Bennett, B.A., Joh.; Biss, B.A., King's; Burnett, B.A., Joh.; Combe, M.A., Gov. and Cai.; C. D. Edwards, B.A., Joh.; E. L. Evans, B.A., Trin.; Giles, B.A., Pet.; R. J. E. Hanson, B.A., Trin.; Hobday, B.A., Christ's; Judd, B.A., Non Coll.; Pentreath, B.A., Queens'; J. A. K. Renshaw, B.A., Trin.; J. Smith, B.A., Jes.; Sworder, B.A., King's; C. A. H. Thomson, B.A., Christ's; Villy, B.A., Joh.; F. J. Watson, B.A., Trin.; A. Walker, M.A., Pemb.; O. K. Williamson, M.A., Trin.; Woolley, B.A., Christ's.

#### UNIVERSITY OF LONDON.

**B.S. EXAMINATION FOR HONOURS IN SURGERY.** *First Class.*—\*W. Turner, King's College; †A. E. Russell, St. Thomas's Hospital; †H. B. Shaw, University College; Charlotte Elizabeth Hull, Royal Free Hospital; G. B. Hunt, University College; J. S. Sloane, B.Sc., St. Bartholomew's Hospital; W. T. G. Pugh, Middlesex Hospital; H. L. Barnard, London Hospital.

*Second Class.*—T. M. Thomas, Guy's Hospital; Frances May D. Berry, M.D., London School of Medicine and Royal Free Hospital; D. A. Channing-Pearce, Guy's Hospital.

\*Scholarship and Gold Medal. †Gold Medal. ‡Obtained the number of marks qualifying for a Gold Medal.

#### UNIVERSITY OF DUBLIN.

At the winter commencements, held on Friday, December 20th, 1895, the following degrees and licences in Medicine were conferred by the University Caput in the presence of the Senate, assembled in the Theatre of Trinity College:

*Licentiatum in Medicinâ in Chirurgiâ et in Arte Obstetriciâ.*—A. J. Somers. *Baccalauræi in Medicinâ in Chirurgiâ et in Arte Obstetriciâ.*—J. Beatty, B.Ch. (stip. cond.), P. P. Carton, W. J. Dawson, P. N. Gerrard, L. R. Harley, E. Hemphill, F. S. T. Hutchison, H. E. Littleale, L. F. McDowell, R. C. Peacocke, H. R. Robertson, W. N. Walker, J. Winder, F. A. Winder.

*Doctores in Medicinâ.*—W. Ayres, G. E. Crowe, L. W. Crowe, T. Edwards, A. B. Friel, W. W. Grosvenor, H. R. Harley, A. H. Holmes, R. W. W. Henry, C. A. Johns, G. W. Kendall, E. H. Montgomery, A. A. Mussen, H. R. Robertson, A. H. S. Todd, E. H. Townsend.

IN ABSENTIA.

*Doctor in Medicinâ.*—G. A. Wade.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 5,225 births and 3,764 deaths were registered during the week ending Saturday, December 21st, 1895. The annual rate of mortality in these towns, which had been 17.9 and 17.8 per 1,000 in the two preceding weeks, rose again to 18.6. The rates in the several towns ranged from 11.8 in Brighton, 12.8 in Portsmouth, and 13.0 in Derby to 23.1 in Wolverhampton, 24.3 in Salford, and 27.5 in Liverpool. In the thirty-two provincial towns the mean death-rate was 18.9 per 1,000, and exceeded by 0.8 the rate recorded in London, which was 18.1 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.9 per 1,000; in London the rate was equal to 3.3, while it averaged 2.7 per 1,000 in the thirty-two provincial towns, and was highest in Birmingham, Liverpool, Norwich, and Salford. Measles caused a death-rate of 1.6 in Leicester, 2.4 in Birmingham, 2.9 in Norwich and in Blackburn, and 5.5 in Salford; scarlet fever of 1.3 in Salford; whooping-cough of 1.4 in Liverpool, 1.5 in Birmingham, and 1.6 in Leeds; and

"fever" of 1.0 in Salford, 1.5 in Norwich and in Sunderland, and 2.4 in Birkenhead. The 97 deaths from diphtheria in the thirty-three towns included 62 in London, 6 in Birmingham, 4 in Manchester, and 4 in Newcastle-upon-Tyne. No fatal case of small-pox was registered, either in London or in any of the thirty-two large provincial towns. There were 82 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, December 21st, against 79, 87, and 89 at the end of the three preceding weeks; 5 new cases were admitted during the week, against 9, 18, and 18 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday, December 21st, was 2,725, against 2,799, 2,805, and 2,800 at the end of the three preceding weeks; 210 new cases were admitted during the week, against 325, 312, and 329 in the three preceding weeks.

In thirty-three of the largest English towns, including London, 3,977 births and 3,881 deaths were registered during the week ending Saturday, December 28th, 1895. The annual rate of mortality in these towns, which had been 17.8 and 18.6 per 1,000 in the two preceding weeks, further rose to 19.1 last week. The rates in the several towns ranged from 10.5 in Huddersfield, 12.1 in Cardiff, and 12.2 in Brighton, to 25.5 in Wolverhampton, 26.1 in Liverpool, and 27.3 in Salford. In the thirty-two provincial towns the mean death-rate was 20.0 per 1,000, and exceeded by 2.2 the rate recorded in London, which was 17.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.7 per 1,000; in London the rate was equal to 3.0 per 1,000 while it averaged 2.4 in the thirty-two provincial towns, and was highest in Blackburn, Liverpool, Burnley, and Salford. Measles caused a death-rate of 2.2 in Leicester and in Oldham, 2.5 in Liverpool, 2.6 in Burnley, 2.9 in Blackburn, and 5.5 in Salford; scarlet fever of 1.0 in Burnley and 1.3 in Bolton; whooping-cough of 1.1 in Manchester and in Liverpool, and 1.6 in Bradford; and "fever" of 1.0 in Derby. The 107 deaths from diphtheria in the thirty-three towns included 71 in London, 8 in Manchester, 7 in Birmingham, and 3 each in Liverpool, Burnley, and Newcastle-upon-Tyne. One fatal case of small-pox was registered in London and one in Birmingham, but not one in any other of the thirty-three large towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital, which had been 87, 89, and 82 at the end of the three preceding weeks, was 77 on Saturday last, December 28th; 12 new cases were admitted during the week, against 18 and 5 in the two preceding weeks. There were 2,798 scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last, against 2,805, 2,800, and 2,725 at the end of the three preceding weeks; 184 new cases were admitted during the week, against 312, 329, and 210 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, December 21st, 1895, 814 births and 533 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.5 and 18.9 per 1,000 in the two preceding weeks, rose again to 19.2, and was 0.6 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.7 in Perth to 33.5 in Greenock. The zymotic death-rate in these towns averaged 2.9 per 1,000, the highest rates being recorded in Glasgow, Leith, and Greenock. The 263 deaths registered in Glasgow included 15 from whooping-cough, 7 from measles, 6 from "fever," and 5 from scarlet fever. Five fatal cases of diphtheria were recorded in Edinburgh, and 10 of measles in Greenock.

During the week ending Saturday last, December 28th, 1895, 755 births and 578 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.9 and 19.2 per 1,000 in the two preceding weeks, further rose to 20.0 last week, and exceeded by 0.9 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rate ranged from 13.7 in Perth to 32.7 in Greenock. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Greenock and Aberdeen. The 281 deaths registered in Glasgow included 20 from whooping-cough, 3 from measles, 3 from "fever," and 2 from diphtheria. Two fatal cases of diphtheria were recorded in Edinburgh, and 7 of whooping-cough in Aberdeen.

### IS TANNING AN OFFENSIVE TRADE?

THE 112th section of the Public Health Act of 1875 gives a list of six trades which may not be newly established in any urban district without the written consent of the local authority, and at the end of the list come the words "any other noxious or offensive trade, business, or manufacture." The fellmonger's trade is one of the six, but the tanner's is not mentioned by name, nor does it seem that the higher courts have ever been called upon to decide whether tanning ought to be included among the unnamed "others" or not. A good deal more than the right to establish the business anywhere hinges upon this point. The authority can only make by-laws for the control of offensive trades established with their consent. If, therefore, a tanyard can be started without the sanction of the urban district council it can be subsequently carried on without regard to any by-laws that the council may adopt. As a matter of fact, this business is included by the Local Government Board among the "offensive trades" dealt with by their model by-laws; and very many local authorities have adopted these by-laws for the regulation of tanyards, and put them into operation. At last the question seems likely to find an authoritative decision. At Halifax, on December 21st, 1895, the Shelf (Yorkshire) Urban District Council summoned a member of their own body for an alleged offence of this kind, he having begun to carry on portions of the tanning process on new premises without obtaining their consent, or rather after receiving their refusal. It was contended by the defendant that tanning was not necessarily an offensive trade within the meaning of Section 112, and further that in this case it was not newly established. After a long hearing the magistrates decided against him upon both points. The case will probably be carried further on appeal, and in view of the public importance of obtaining a final ruling upon one of the points at issue it is desirable that it should find its way to the higher courts where binding precedents are made.



## BACTERIOLOGICAL DIAGNOSIS IN CROUP AND DIPHTHERIA.

DR. CHARLES PORTER, Medical Officer of Health for Stockport, recognising the importance and difficulty of accurate diagnosis in suspicious cases of throat illness and the desirability of determining bacteriologically the real nature of all supposed cases of diphtheria and membranous croup, has now completed arrangements for the bacteriological examination of morbid products in such cases. Professor Sheridan Delépine, of the Owens College, has kindly consented to undertake this work as a matter of public interest, provided the Bacteriological Laboratory of the College be put to no expense thereby. Cases containing the necessary sterilised tube and swab may be obtained at the office of the Public Health Department, Stockport, between 8.30 A.M. and 5.30 P.M., and at other times at the police station. The required particulars are to be filled in upon the label surrounding the case, and the latter to be enclosed in the envelope provided and posted at once to Professor Delépine. The result of his examination will be transmitted to the Public Health Department Office, whence a communication will be sent to the patient's medical attendant. Examinations under this arrangement must be effected through the Public Health Department, and neither tubes nor reports can be obtained directly from Professor Delépine. To cover expenses, an inclusive fee of 3s., payable to the Public Health Department, will be charged for each tube, but this expense will be borne by the Sanitary Committee where patients are unable to defray it.

## DUTIES OF POOR-LAW MEDICAL OFFICERS.

MR. CHARLES STEPHENS of Banbury writes to know what the duties of the medical officer to a Board of Guardians are. He asks whether he is obliged to attend any patient in his district, or should he refuse to do so unless a medical order is brought to him? He further asks who has the power to give these orders, and wishes to know whether the medical officer is bound to supply bottles to pauper patients to forward medicines, when by so doing they save the patient and his friends special journeys to obtain it.

\*.\* We assume that Mr. Stephens is a district medical officer, and if so he is only bound to attend those paupers resident in his district who apply for attendance, and who present a medical ticket or a medical order. The first of these is issued by the guardians to all permanent paupers. Medical orders can only be granted by a relieving officer of the union, or in any case of urgency by an overseer of the parish. Bottles for medicine should be supplied by the medical officer, who has a right to expect them to be returned to him. Medical officers are not bound to convey medicine or even to forward it, but this latter is very often done, as the patient's friends are thereby sometimes saved long journeys by such assistance.

## SHOPS AND INFECTIOUS DISEASES.

J. W. G. is medical officer of health and also in private practice. He has under his care a shopkeeper's child suffering from scarlet fever and occupying a room over the shop. The father wishes that no one should be told of the nature of the case lest it might injure the business. "J. W. G." asks whether he ought to comply with this request or to warn people not to enter the shop.

\*.\* It is scarcely part of "J. W. G.'s" duty in either capacity to warn individuals or the public in the manner suggested. His responsibility lies in another direction, that is, in securing efficient isolation, and the greater risk and greater difficulty of "isolation" in a shopkeeper's family call for additional strictness. If there be an isolation hospital available the course to be advised is obvious. Failing that, or removal of the patient to a house less frequented by the public, it may still be possible to bring about a reasonable degree of isolation by keeping the child and an attendant in the one room apart from the rest of the household and the public. But if, from whatever cause, the isolation falls short of reasonable efficiency, the facts should be reported to the sanitary authority, and the prospect of this will probably induce the parents to do all that is in their power.

## INDIA AND THE COLONIES.

## INDIA.

THE BOMBAY HOSPITALS.—An interesting review of the working during the past official year of the civil medical institutions, hospitals, and dispensaries in the City and Presidency of Bombay has just been issued in the form of a Local Government resolution. Some idea of the immense boon which the local hospitals must be to the people at large may be gathered from the fact that in the eleven medical institutions in the city of Bombay over 18,000 indoor patients were treated during the twelve months and more than 92,000 out-patients. Local injuries, malarious fevers, eye diseases, and skin diseases were responsible for the majority of the cases. At the European General Hospital 2,309 in-patients and 3,882 out-patients were treated during the year, the average daily strength being 88. At the Jamsetjee Jeejeebhoy, 6,847 in-patients and 26,554 out-patients were treated, the average daily strength of in-patients being 148. The Gokuldas Tejpal Hospital treated 2,811 in- and 15,980 out-patients, and maintained a daily average of 99 in-patients; while the institutions for women and children treated 2,277 in- and 25,143 out-patients, the daily strength of in-patients being 126. The most important feature of the year was the decrease in the number of in-patients at the Jamsetjee Jeejeebhoy Hospital, due to a panic caused by an outbreak of cholera. In the Presidency proper outside the city and island, there were 296 civil medical institutions as compared with 284 in the previous year. The total number of patients treated was 2,327,598—a very considerable increase over the

figures for the preceding year. By the majority of medical officers connected with all the hospitals and medical institutions in the Presidency excellent work was done during the year, and receives cordial acknowledgment at the hands of the Government.

THE MISSION HOSPITAL, CASHMERE.—At present nearly one-half of the European inhabitants of Srinagar are suffering from influenza, of which there has been a sharp outbreak. The Drs. Neve are as usual ministering to the medical requirements of all, though to do so is quite outside their mission work, which is of itself sufficiently exacting. It is to be hoped that any of our readers who may have been succoured by these gentlemen in times of sickness will remember the Church Missionary Hospital at Srinagar among their Christmas charities. It would be difficult to conceive any public institution in Northern India, or beyond, more eminently entitled to public sympathy and support.

ENTERIC FEVER AMONG BRITISH TROOPS.—A correspondent writing to the *United Service Gazette* says that the harrowing accounts of the havoc enteric fever is making among the British troops in India will be forcibly brought home to military readers when the following statistics collated from the Blue Books for the years 1890-93 are quoted:

Enteric Fever in the three Presidencies of Bengal, Madras, and Bombay.

	1890	1891	1892	1893
Admissions ...	1,253	1,343	1,506	1,402
Deaths ...	332	380	374	370

Making a grand total in four years of no fewer than 14,356 deaths, equal to, say, nearly two battalions, out of 5,504 admissions. Let it be marked that these figures relate to only one disease. These are simply appalling and tell their own tale. There is little doubt that by far the greatest part of this mortality is preventable. The use of the Pasteur filters alone in the French army has, according to the reports by M. Freycinet and General Zurlinden, the successive ministers of war, reduced the mortality from enteric fever from 7,771 to 3,060. In India the filters now in use have, according to the most trustworthy evidence, not only no value in preventing typhoid and cholera, but are harbours for developing the growth of the typhoid and cholera bacilli, and even tend to increase them. Other precautions, however, are necessary, including the quarantining and strict supervision of the cookhouses and food, and the hygienic treatment of the milk supply. Of course, not even even these precautions will altogether suffice to stamp out enteric fever and cholera, but the resources of science and modern knowledge should first be exhausted before other unknown or dubious elements of causation are taken into account. The matter is thus far a simple one, and we trust that the result of the speedy introduction of these filters in Indian cantonments and garrisons, and the immediate revision of the cholera regulations, which is now being undertaken by an able committee with the assistance of Professor Hankin, will lead to a very rapid and considerable diminution of this preventable mortality. At present a very heavy responsibility lies, and will continue to lie, at the door of the authorities so long as these obvious precautions are omitted.

## MEDICAL NEWS.

A GIFT of £2,000 has been received by the Governors of the Hospital for Women, Soho Square, from a donor, as a perpetual endowment of two beds "in loving memory of his young wife."

DR. CHURTON, of Chester, coroner for West Cheshire, has completed his fifty-fourth year as coroner for the district. Dr. Churton, who has held several inquests during the past week, and is in excellent health and spirits, is now the oldest coroner in the country.

A LARGE and interesting gathering took place on December 19th at the West Riding Asylum, Wakefield; the object of the gathering being to celebrate the silver wedding of Dr. Bevan Lewis, the medical superintendent. The members and staff of the institution presented Dr. and Mrs. Lewis with a silver salver, silver candelabra, and an album containing the list of subscribers.

THE Queen has approved the appointment of Sir Augustus William Lawson Hemming, K.C.M.G., to be Governor and Commander-in-Chief of the Colony of British Guiana, in the room of Sir Charles Cameron Lees, K.C.M.G., retired. Sir Augustus Hemming is the son of a well-known medical man, and was educated at Epsom College. He has done good service on the West Coast of Africa in the delimitation of French and English possessions there.

CORONERS' CENSURES.—We have received from Dr. George R. Butler, of Carlton Vale, N.W., a long letter relating the circumstances of the case of Mrs. Evans, the wife of a medical man, whose death was recently the subject of a coroner's inquiry before Dr. Gordon Hogg. The jury returned a verdict of "Death from failure of the heart's action," and asked the coroner to censure Dr. Butler. The coroner accordingly admonished Dr. Butler for prescribing a large dose of sulphonal without first making a proper examination, and rebuked him for carelessness. From Dr. Butler's letter it appears that he did make a proper examination, and that the

dose of sulphonal prescribed was 25 grains. This, as is well known, is a moderate dose of this drug, which is usually regarded as a very safe hypnotic. It is evident, therefore, that the coroner's censure, being made without sufficient knowledge of the therapeutic dose of sulphonal, must fall to the ground.

**JUSTICES OF THE PEACE.**—Among the gentlemen appointed justices of the peace for the Dengie Hundred of Essex, we find the name of Dr. Gorton Coombe, of West View, Southminster. Dr. Coombe is the chairman of the Southminster Parish Council.

At the last meeting of the Chelsea Board of Guardians a communication was read from the Local Government Board, assenting to the guardians' proposal to appoint a second assistant medical officer at a salary of £70 a year and the usual emoluments. Mr. Brass moved that advertisements be issued for the official, and it be stated that it is open for males and females to reply. The motion was carried by 6 votes to 3.

**CAPTAIN GALLWAY**, who is concerned in the recent shooting case at the Grand Hotel, is still lying at Charing Cross Hospital, and is making fair progress towards recovery. Fortunately for him, the bullet appears to have been deflected from its course by the rib, so as not directly to traverse the viscera. It did, however, injure the lung before making its exit behind. Although this injury has not yet been recovered from, we understand that the condition of the patient is considered satisfactory.

**LARYNGOLOGICAL SOCIETY OF LONDON.**—The following is the list of officers and council for 1896 proposed by the retiring council:—*President*: Dr. Felix Semon. *Vice-Presidents*: Mr. Cresswell Baber, Mr. Charters Symonds, Dr. A. Hodgkinson. *Treasurer*: Mr. W. J. Walsham. *Librarian*: Dr. Clifford Beale. *Secretaries*: Mr. W. R. H. Stewart and D. St. Clair Thomson. *Council*: Drs. J. B. Ball, F. W. Bennett, J. W. Bond, Scanes Spicer, and Watson Williams.

**ROYAL INSTITUTION LECTURES.**—The always popular course of Christmas lectures to the young at the Royal Institution is this winter being delivered by Professor M'Kendrick, Professor of Physiology in the University of Glasgow, the subject chosen being Sound, Hearing, and Speech. The first lecture was given on Saturday, December 28th, and was chiefly occupied with a general description of the nature of sound and its modes of origin and conduction, the principal points being illustrated by striking experiments which frequently elicited the applause, not only of the juveniles, but of the large number of those of more mature years who had assembled to welcome Professor M'Kendrick.

At the annual meeting of the British Gynæcological Society to be held on Thursday, January 9th, the following resolutions of Council (dated February 28th and April 4th, 1895, respectively) will be submitted to the Fellows, with a view to their being added to the by-laws of the Society: "(1) That it is undesirable that any member of the medical profession practising homœopathy should be proposed as a Fellow of the Society." "(2) That it is contrary to the ethics of the British Gynæcological Society that any of its Fellows should advertise their publications or otherwise bring themselves before the notice of the public by advertising in any way through the medium of the lay papers. That circulars of the nature of an advertisement sent even to members of the medical profession generally would be regarded with disapprobation by the Council."

**CHRISTMAS IN THE HOSPITALS.**—Christmas Day was celebrated in all the London hospitals with as much festivity as the condition of the patients permitted, and everything possible was done by nurses, doctors, and friends to enable the inmates to spend a merry and a happy time. The wards of the various institutions were decorated with mottoes, devices, holly, and mistletoe, and at the majority of them an extension of the visiting hours was made. Special dinners of roast beef (in some cases turkey or fowl), with plum pudding and fruit were served, and each patient received a present of some sort, the adults articles of clothing, and the children toys and sweets. In several of the hospitals in the poorer parts of the metropolis the children were allowed a visitor to tea. At the London Hospital the nurses and the medical

staff sang carols in each of the wards in the early morning, and Christmas trees were supplied for the children. At the Children's Hospital, Great Ormond Street, a band of lady workers assisted in amusing the little sufferers during the afternoon, and in the evening sang carols and hymns. In Guy's, St. Bartholomew's, St. George's, Westminster, and Charing Cross Hospitals, the decorations of holly and evergreens were on an extensive scale, and in every instance the patients had special Christmas fare, and some kind of entertainment provided. At the Seamen's Hospital, Greenwich, the patients decorated the wards themselves, and hung up the usual quaint devices which are exhibited here every year. At the various fever hospitals a quiet day was spent.

## MEDICAL VACANCIES.

The following vacancies are announced:

**BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; doubly qualified. Salary, £150 per annum, with allowance of £30 per annum for cab hire, and furnished rooms, fire, lights, and attendance. Applications to Alex. Forrest, Secretary, by January 20th.

**CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL**, Gray's Inn Road, W.C.—Assistant Registrars. Applications to Richard Kershaw, Secretary, by January 11th.

**CITY ORTHOPÆDIC HOSPITAL**, Hatton Garden.—Assistant Surgeon; must be F. or M.R.C.S.Eng. Applications to the Committee by January 17th.

**COUNTY ASYLUM**, Upton, near Chester.—Junior Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £120 per annum, with board (no liquors), lodging, and washing. Applications to Dr. Lawrence, County Asylum, Chester, by January 15th.

**COUNTY ASYLUM**, Rainhill, near Liverpool.—Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary commences at £100 a year, with prospect of annual rise of £25 up to £200, with further increase according to promotion, together with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

**COUNTY BOROUGH OF CARDIFF.**—Resident Medical Officer for the Borough Hospital for Infectious Diseases; unmarried. Appointment for one year. Salary, £50 per annum, with board (without stimulants), and residence in the hospital. Applications to Dr. Walford, Medical Officer of Health, Town Hall, Cardiff, by January 18th.

**COUNTY BOROUGH OF WIGAN.**—Medical Officer of Health and Medical Superintendent of the Sanatorium. Salary, £225 per annum, payable monthly; must reside within the borough. Applications, endorsed "Medical Officer," to J. J. Charnock, Town Clerk, Municipal Buildings, Wigan, by January 6th.

**DENTAL HOSPITAL FOR LONDON**, Leicester Square, W.C.—Assistant Dental Surgeon; must be L.D.S. Applications to J. Francis Pink, Secretary, by January 6th.

**DENTAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY**, Leicester Square, W.C.—Demonstrator. Honorarium, £50 per annum. Applications to J. Francis Pink, Secretary, by January 6th.

**EDMONTON UNION.**—Non-resident Medical Officer for the Chase Farm Schools, Enfield. Salary, £80 per annum. Applications on forms provided to be sent to Francis Shelton, Solicitor and Clerk, The Grange, White Hart Lane, Tottenham, by January 14th.

**FISHERTON HOUSE ASYLUM**, Salisbury.—Assistant Medical Officer; unmarried, and about 28 years of age; doubly qualified. Salary, £100 per annum, with board and washing. Applications to Dr. Finch, The Asylum, Salisbury.

**GENERAL INFIRMARY AND DISPENSARY**, Doncaster.—Indoor Dispenser and Assistant to House-Surgeon. No salary, but board, lodging, and washing provided. Applications to Joseph Clark, Honorary Secretary, by January 15th.

**HOSPITAL FOR WOMEN**, Soho Square, W.—Registrar; must be graduate in medicine of some recognised university. Appointment for twelve months. Honorarium, 25 guineas. Applications to David Cannon, Secretary, by January 14th.

**NORTH LONDON CONSUMPTION HOSPITAL**, Hampstead, N.W.—Resident Medical Officer; doubly qualified. Appointment for one year but eligible for re-election. Honorarium, £40 per annum, with board, lodging, etc., in the hospital. Applications to the Secretary at the offices, 41, Fitzroy Square, W., by January 6th.

**PARISH OF RONSA Y AND EGELSHAY**, Orkney.—Resident Medical Officer. Salary, £51 per annum. Applications to Inspector of Poor, Ronsay, Orkney, by January 15th.

**POPLAR HOSPITAL FOR ACCIDENTS**, Blackwall.—Resident Assistant House-Surgeon; doubly qualified. Salary, £80 per annum, with board and lodging. Applications to the Secretary by January 8th.

**ROYAL ALBERT HOSPITAL**, Devonport.—Assistant House-Surgeon for six months. No salary. Board, residence, and washing provided. Applications to the Secretary, Medical Committee, by January 11th.

**SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN**, Marylebone Road, N.W.—Surgeon to the Out-Patient Department. Applications to the Secretary, George Scudamore, by January 7th.

**SCOTTISH PRISON SERVICE.**—Resident Medical Officer. Salary, £250 with a house. Applications to the Secretary of the Prison Commission for Scotland, 6, Rutland Square, Edinburgh, by January 31st.

**UNIVERSITY OF LONDON.**—Registrarship. Salary commences at £800 and rising by annual increments to £1,000 per annum. Applications

to Arthur Milman, M.A., LL.D., Registrar, University of London, Burlington Gardens, W., by January 25th.

**VICTORIA HOSPITAL FOR SICK CHILDREN**, Queen's Road, Chelsea, S.W.—House-Surgeon to the In-patients; appointment for twelve months; must be F. or M.R.C.S.Eng. Honorarium, £50 per annum, with board and lodging in the hospital. Also House-Physician to the In-patients; appointment for eight months. Honorarium at the rate of £50 per annum, with board and lodging in the hospital. Applications to the Secretary by January 13th.

**WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM**, Welbeck Street, W.—Physician. Must be Fellow or Member of the Royal College of Physicians of London, and graduate of a British University. Applications to H. Heckstall-Smith, Secretary, at the Hospital, by January 13th.

### MEDICAL APPOINTMENTS.

**BELDING**, D. T., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of Health to the East Dereham Urban District Council.

**BRIMACOMBE**, Richard W., M.R.C.S., L.R.C.P., appointed Medical Officer for the Warrley Outrelief District of the Kingswood Union.

**CHESTWOOD-AIKEN**, K. C., M.B.Aberd., appointed House-Surgeon to the Central London Ophthalmic Hospital.

**CLARK**, Dr. J., appointed Medical Officer for the Fourth District of the Barnsley Union, *vice* E. B. Collings.

**COOK**, Dr. Jno. W., appointed Medical Officer of Health to the Urban District Council of Walton-on-the-Naze.

**CROSS**, E. J., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Second District of the St. Neots Union, *vice* J. M. Chadwick, L.R.C.P. Lond., M.R.C.S.Eng., resigned.

**DUNDAS**, M. G., M.R.C.S.Eng., appointed Medical Officer for the East Dereham District of the Mitford and Launditch Union.

**ELLIOTT**, Thomas, B.A.Dub., M.D., L.R.C.S.I., appointed Medical Officer for the No. 1 District of the Tonbridge Union, *vice* E. J. Penny, M.D. Brux., M.R.C.S.Eng., resigned.

**FRASER**, D. P., M.D., appointed Medical Officer of Health for the Borough of Conway, *vice* H. Rees, M.R.C.S.Eng.

**FRASER**, Peter, M.D.Glasg., L.R.C.S.Edin., appointed Medical Officer of Health for the Borough of Conway.

**FRYER**, George Ernest, M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer to the Manchester Royal Infirmary, *vice* T. Porter, M.B.Vict., Ch.B., resigned.

**GARSTANG**, Thos. W. H., B.A.Oxon., M.R.C.S.Eng., appointed Medical Officer of Health to the Bucklow Rural District Council.

**GREENE**, Mr. Thomas Adrian, appointed Assistant Medical Officer to the Clare Lunatic Asylum.

**HALE**, G. E., M.B.Camb., B.C., M.R.C.S., appointed Medical Officer for the Eton District of the Eton Union, *vice* W. A. Ellison, B.A.Oxon., M.B., M.R.C.S., resigned.

**HAMILTON**, James, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the Dartford Urban District.

**HAWORTH**, J. T., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of Health for the Filey Urban District *vice* H. Orr, L.R.C.P., L.R.C.S. Edin.

**HEAVEN**, J. C., L.R.C.P.Lond., M.R.C.S.Eng., appointed temporarily Medical Officer of Health to the Keynsham District Council.

**HUNTON**, F., M.D.Durh., M.B., B.S., appointed Medical Officer for the Stockton District and the Workhouse of the Stockton Union.

**JONES**, Dr. T. H., appointed Medical Officer of Health to the Newport (Mon.) Port Sanitary Authority, *vice* B. Davies, M.D. Edin.

**LOWE**, J. P., M.B., Ch.B., appointed Assistant Medical Officer of the Monsall Fever Hospital, Manchester, *vice* Hugh Ainsworth, M.B., Ch.B., resigned.

**McKERRON**, R. G., M.A.Aberd., M.B., C.M., appointed Junior Physician to the Children's Hospital, Aberdeen, *vice* Alex. Macgregor, M.D. Aberd.

**MANTON**, J. A., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer to the Sheffield Post Office.

**MERGLER**, Dr. Marie J., appointed Gynaecologist and Head Physician and Surgeon to the Mary Thompson Hospital for Women and Children, Chicago.

**MILLER**, Dr. Walter F., appointed Medical Officer for the Alwinton District of the Rothbury Union, *vice* J. H. Hart, L.R.C.P., L.R.C.S.Eng.

**OLIVER**, Dr. W., appointed District Medical Officer of the Saddleshworth Union.

**BACKHAM**, A. R., L.R.C.P. Edin., M.R.C.S.Eng., appointed Medical Officer of the Workhouse of the Milford and Launditch Union, *vice* H. B. Vincent, M.R.C.S.Eng.

**RICHARDSON**, T. W., M.R.C.S., L.S.A., appointed Medical Officer of Health to the Erpingham Rural District.

**ROBERTS**, Arthur H., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of Health for the Malling Rural District.

**SMITH**, A. T., M.B., C.M., appointed Medical Officer for the Orpington (No. 3) District of the Bromley Union.

**SMITH**, Reginald, M.R.C.S., L.R.C.P., appointed House-Surgeon to the West Norfolk and Lynn Hospital, King's Lynn, *vice* C. E. M. Lewis, M.A., M.B.Cantab., resigned.

**SOMERVILLE**, T. A., L.R.C.P. Edin., L.M., M.R.C.S., appointed Medical Officer of Health to the Wilmslow Urban District Council.

**SPICER**, Dr. Scanes, appointed an Honorary Physician to the Royal Society of Musicians of Great Britain.

**STEWART**, George E., M.B., C.M. Edin., appointed Assistant House-Surgeon to the Scarborough Hospital and Dispensary.

**STURGES-JONES**, W. E., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Peruvian Corporation.

**THOMSON**, H. Campbell, M.D.Lond., M.R.C.P., appointed Medical Registrar to the Middlesex Hospital.

**TONKING**, John H., M.B., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Camborne District of the Redruth Union.

**WICKHAM**, Dr., appointed Medical Officer for the Fourth District of the East Ashford Union.

**WILKINS**, Dr. J. C. V., appointed Medical Officer for the Third District of the Liskeard Union, *vice* W. Row, M.R.C.S.Eng.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

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

**PATHOLOGICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 8.30 P.M.—Mr. A. E. Barker: Cystic Accessory Thyroid. Mr. F. C. Robinson: Rupture of Coronary Artery into Stomach. Mr. C. F. Beadles: Gummata of Brain. Mr. Jackson Clarke: The Results of Treatment of Hernia by Truss.

#### WEDNESDAY.

**HUNTERIAN SOCIETY**, 8.30 P.M.—Dr. J. H. Sequeira: Chronic Pharyngeal Affections and their Relation to Diphtheria. Dr. Fortescue Fox: Localised Rheumatoid Arthritis. Mr. Percy Warner: Some notes of a case of Typhlitis.

**LARYNGOLOGICAL SOCIETY OF LONDON**, 20, Hanover Square, 4.30 P.M.—Annual General Meeting:—Business: Ballot for Officers and Council, etc. Cases, Specimens, etc., by the President, Dr. Barclay Baron, Dr. J. W. Bond, Dr. Bronner, Dr. Couper Cripps, Dr. William Hill, Dr. David Newman, Mr. C. A. Parker, Dr. Scanes Spicer, Dr. St. Clair Thomson, and Dr. Herbert Tilley. The annual dinner of the Society will be held at the Café Royal, Regent Street, at 8 P.M.

**SOUTH-WEST LONDON MEDICAL SOCIETY**, Windmill House, Clapham Common, 8.30 P.M.—Mr. W. G. Dickinson: On Professional Unionism.

#### THURSDAY.

**HARVEIAN SOCIETY OF LONDON**, 8.30 P.M.—Mr. Edmund Owen: Children's Spines, Healthy, Unhealthy, and Otherwise.

**BRITISH GYNÆCOLOGICAL SOCIETY**, 20, Hanover Square, W., 8.30 P.M.—Annual Meeting. Mr. Fredk. Edge: Notes on a case of a Para-uterine Fibroid Tumour treated by Removal of the Appendages and Dissection out of the Growth. Mr. Bowreman Jessett: The Difficulty of Diagnosing Early Carcinoma of the Body of the Uterus, with specimen.

**NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY**, Great Northern Central Hospital, Holloway, N., 8.30 P.M.—Dr. Arthur Wilson: Case of Perforating Ulcer of the Stomach. Dr. C. E. Beevor: Case of Arsenical Neuritis; and other cases.

#### FRIDAY.

**CLINICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 8.30 P.M.—Dr. David Newman: Intermittent Hydronephrosis and Transient Albuminuria in Cases of Movable Kidney. Dr. Lee Dickinson: Cases of Spontaneous Thrombosis of the Cerebral Veins and Sinuses in Chlorosis. Dr. S. Ringer and Dr. A. G. Phear: A Case of Addison's Disease treated with Suprarenal Extract, with an abstract of previously-recorded cases. Dr. Hale White: Two cases of Pneumothorax in the course of Typhoid Fever, and both due to straining at stool.

### 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.

**GARSON**.—At 9, Gordon Street, Huntly, Aberdeenshire, on December 22nd, 1895, the wife of P. Clason Garson, M.B., C.M., of a daughter.

**KENT**.—On December 23rd, 1895, at 3, Minard Terrace, Partickhill, Glasgow, the wife of R. T. Kent, M.A.Oxon., F.R.C.S., of a son.

#### MARRIAGES.

**HILL—DONALD**.—At Broomfield Parish Church, on December 24th, 1895, by the Rev. Richard Taylor, George Hill, L.R.C.P. & S. Ed., to Georgina Mary Donald, youngest daughter of William Donald, Legate House, Blaithwaite, Cumberland.

**WILKINSON—FOSTER**.—On December 28th, 1895, at Christ Church, Harrogate, by the Rev. R. W. Fawkes, George Wilkinson, B.A., F.R.C.S., of Harcourt Road, Crooksmoor, Sheffield, to Alice Foster, niece of Heaton Foster, of Hornsea, East Yorkshire.

#### DEATHS.

**GROVE**.—On Christmas Eve, at St. Ives, Huntingdonshire, William Richard Grove, M.D., aged 57 years.

**HARRIS**.—On December 21st, 1895, at Redruth, Cornwall, Henry Harris, M.D., F.R.C.S.Eng., in his 86th year.

**HUNT**.—On December 27th, 1895, suddenly, at Christchurch, Hants, Bertram Hunt, M.B.Oxon., M.R.C.S., aged 39.

**JACKSON**.—On December 29th, 1895, at 53, Wilkinson Street, Sheffield, Arthur Jackson, M.R.C.S.Eng., in his 52nd year.



## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. F. S., 2.  
CENTRAL LONDON OPHTHALMIC. *Operations*.—Daily, 2.  
CHAMBERLAIN CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M., 1.0; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*.—W. Th. F., 9.  
CHRISTIE HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. F., 2.  
CITY ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.  
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—F., 2.  
GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F. 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*.—W., 2.  
GUY'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F. 1.30; Eye, M. Tu. Th. F. 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.  
HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.  
KING'S COLLEGE. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S. 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*.—M. F. S., 2.  
LONDON. *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.  
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.  
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 9.  
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Th., 2.  
NATIONAL ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.  
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.  
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.  
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.  
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.  
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.  
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.  
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.  
ST. GEORGE'S. *Attendances*.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopedic, W., 2; Dental, Tu. S., 9. *Operations*.—Th., 1; (Ophthalmic), F., 1.15.  
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S., 3; females, W., 9.45. *Operations*.—M., 2; Tu., 2.30.  
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operations*.—Tu., 1.30; (Orthopedic), W., 11; (Ophthalmic), F., 9.  
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.  
ST. THOMAS'S. *Attendances*.—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operations*.—W. S., 1.30; (Ophthalmic), M., 2.30, F., 2; (Gynecological), Th., 2.  
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.  
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.  
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.  
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations*.—Tu. F., 2.30.  
WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operations*.—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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.

ANSER asks: What is the modern name for a complaint which many old people die of, and which is characterised by an asthenic febrile condition, acute gastritis, anorexia, tongue at first coated then red and raw, the eyes bright and senses keen; no external evidence of malignant disease?

#### DRY ROT AND DIPHTHERIA.

A GUARDIAN writes that, in a recent epidemic of diphtheria in a school, most of the ordinary causes of spread of the disease can be excluded, but it has been found that the wood floor of the schoolroom is affected by dry rot. He wishes to know whether any evidence of a connection between dry rot and diphtheria exists.

#### DISTRICT NURSES.

ANSER writes: We have a district nurse here, managed by a lay committee consisting of parsons, etc. We medicals subscribed the first year, then, not being consulted, we hardly like doing so again without further advice.

\*\* If the medical practitioners of the district are not consulted as to the nursing arrangements, and are of opinion that the latter are not carried out in the most desirable manner, we cannot see that they are in any way called upon to support the institution.

#### TREATMENT OF HYPERHYDROSIS.

M.R.C.S. would be pleased if any member could advise him as to treatment in the following case: M. C., a well-to-do young farmer, aged 25 years, strong, healthy, temperate, with good family history, complains of excessive perspiration between the thighs, with a most offensive odour, so much so that he dreads going into company. Tonics, astringents, cold water baths, etc., have been tried, but with very little success.

#### LIFE ASSURANCE.

A MEMBER asks if the Scottish Metropolitan Life Assurance Company can be recommended financially. An agent states this company works on the mutual principle, and is not really a company but a society. Is this so?

\*\* The Scottish Metropolitan Life Assurance Company is a joint stock company, registered in 1876. It has a subscribed capital of £80,000 and a premium income of about £50,000. The working expenses are over 20 per cent. on the premium income, and although the business is valued at the high rate of interest of 4 per cent., it appears to show practically no profit. The rates of premium are very low, but the business is too small to justify us in recommending the company.

#### TRIPLE STAINING.

HISTO would be glad if any practical technologist will describe method of making solutions and of preparing successful blood covers as in leukaemia, pernicious anaemia, to show all varieties of cells with (1) Ehrlich Biondi-Heidenhain triple (from dry powder); (2) Ehrlich triple dye; Gruber's dyes. He finds so much variation in them, and the formula on the bottle is of no value, for the three colours are not seen after staining and mounting, and neither do the textbooks give any help; and (3) for staining pathological sections by triple stain.

### ANSWERS.

R. A. C. (Newcastle).—There was no legislation last session dealing with the control of inebriates.

LONDON AND MANCHESTER INDUSTRIAL INSURANCE COMPANY.  
N. E.—We cannot recommend our correspondent to become connected with this Association; the extensive "touting" carried on by its agents to obtain members for the medical aid department has been universally condemned by the profession, and any practitioner who accepts office in it is therefore likely to come under the same ban.

#### PERVERSION OF TASTE.

R. T. W. writes: The case mentioned on page 1643 in the BRITISH MEDICAL JOURNAL of December 28th, 1895, is stated to be gouty and dyspeptic. If the usual remedies have been tried without success, would Dr. Brabazon care to try Carlsbad salt, the powdered form, imported by Ingram and Royle, Farringdon Street? Dissolve half a teaspoonful in half a pint of boiling water, and when it is cool enough to drink let the patient sip it slowly, fasting, the draught to be finished at least half an hour before breakfast daily. Continue for three or four weeks. Let gentle massage be used for an hour every other day for the same period.

### NOTES, LETTERS, Etc.

ERRATUM.—In the paper on The Atropine Group, in the BRITISH MEDICAL JOURNAL of December 21st, 1895, by Dr. Gordon Sharp, on p. 1548, col. 1, line 11, for Kaehlmann read Rachmann; and on p. 1549, col. 1, line 33, for hematropine read homatropine.

#### THE USE OF SETONS IN TRAUMATIC SWELLINGS.

DR. J. B. NIAS (London, W.) writes: The following case may serve as an appendix to Surgeon-Major Peacock's observations on this subject in the BRITISH MEDICAL JOURNAL of December 14th, 1895. A setter belonging to a friend of mine, having been sent to a keeper to be broken, came back with a hæmatoma of the lobe of the ear, probably caused by a blow with a stone or stick. On making an incision into this from the