

epidemics of puerperal fever were not uncommon in lying-in hospitals, in that to which he was attached the total mortality from all causes did not exceed 3 per cent., and no such procedures as advocated by Dr. Murphy were ever carried out. Nature had its own plan of cure, and the removal of the mucous membrane where a barrier had already been set up by the exudation of leucocytes often rendered abortive the attempts of operators to limit the absorption of the poison and to effect a cure. He thought the number of cases where localised collections of pus occurred was but small, and he had met with very few cases requiring surgical treatment.

MEMORANDA:

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

A CASE OF INTUSSUSCEPTION: DISCHARGE OF PORTION OF BOWEL; RECOVERY.

I WAS requested to visit a gentleman, aged 79, on a visit here, and found him suffering from great pain over the abdomen, with distension. I was informed he was often attacked in the same way, and suffered much from obstinate constipation. He felt that with a simple purge he would be well in the morning; on my visiting him next morning I learnt that there had been no relief of the bowels, no sickness, no flatus. The abdomen was now greatly distended and tympanitic, and on careful examination a distinct swelling could be felt in the left umbilical region. The temperature was 99°, the pulse 90, the tongue quite moist and clean. The exact nature of the case was somewhat obscure. On rectal examination fecal matter could be distinctly felt high up, and I decided to give a simple water and soap enema, which brought away almost during the operation a very hardened lump of dry fecal matter, but no flatus; nor did the swelling decrease. Under the circumstances my idea was to relieve pain by opiates and await further development of symptoms. The temperature, however, remained tolerably even, never rising above 100°, and only once reaching this. The pulse was never over 105°. The tongue remained quite moist and clean. Food was taken at stated intervals in small quantities. At the end of the fifth day I was convinced I had to deal with a somewhat unusual case of intussusception, but decided to proceed as before until further complications demanded other treatment. The abdomen had distended to an enormous extent, but there was little or no pain on pressure, except over the swelling on the left side. So the case proceeded day by day. A consultation was held with the family physician, but the treatment was unaltered. On the eve of the thirteenth day, while I was sitting by my patient's bedside watching him asleep, he suddenly awoke, complaining of great pain and desire to use the stool. He was assisted out of bed, and great was my delight to hear a copious evacuation of the bowels accompanied by flatus. His remark was, "He was never going to stop," certainly it sounded very much like it, for before he could again get back to bed the receptacle was all but full. During the night there was a second action almost as copious. I carefully examined the excreta, and amongst a large mass of mucus and blood was enabled to extract a sloughed mass of intestine, and measuring it as accurately as possible, made it out to be between 2 and 2½ inches. From that day he made a speedy and complete recovery, and left for the North of England at the end of six weeks.

Sidmouth.

BINGLEY PULLIN, M.R.C.S.

MEDIASTINAL FRICTION.

I HAVE a patient who has been under my care some eight years or so, and who is subject to attacks of dry pericarditis (mediastinitis). She generally has pain over the cardiac area, and when these attacks occur she experiences very severe angina pectoris. The percussion of the heart is always very painful, and on auscultation, if the patient takes a deep breath, there is usually heard friction over the midsternum, which is intensified during the above-mentioned attacks; friction is then heard towards the base of the heart and large vessels. There is apparently matting together of the structures in the anterior mediastinum, no doubt of a

tuberculous nature, as the patient has a bad family history, and at one time, according to Sir W. Gull, had slight affection of the right apex. This friction over the midsternum vanishes sometimes completely, but it was heard by Mr. Scott, of Bournemouth, before my knowing the patient, some ten years ago.

One day lately I found that if during auscultation I directed the patient to raise the left arm above the head, this friction is brought out very plainly, the same thing occurs on raising the right arm. I have not seen a description of this way of eliciting mediastinal friction anywhere, and hence venture to publish it if it is novel. It may be confirmed by others.

Puerto Oratava.

GEORGE V. PEREZ, M.B.Lond., etc.

CASE OF MORPHINE POISONING TREATED BY SOLUTION OF PERMANGANATE OF POTASH, WITH RECOVERY.¹

ABOUT eight o'clock on the evening of August 3rd, 1895, I was hurriedly called to see a patient who was reported to have been suddenly taken ill. On my arrival I found him in a semi-comatose condition, though still capable of being slightly roused. The skin was cold and clammy; the pupils contracted so as to be almost invisible. The pulse was rapid, soft, and compressible. The respirations were shallow, but not materially altered in number, and there was suppression of urine.

A bottle lay on the table, marked "Poison," but had no distinctive label; it contained a small quantity of nearly colourless liquid, which I afterwards ascertained to be a very strong solution of morphine. (He admitted to me after his recovery that he had taken the drug about an hour and a-half before I saw him, and the quantity taken would represent over 16 grs. of the sulphate.) When I saw him, however, there was no mistaking his symptoms. From the extreme condition in which I found him, and from his evidently having taken an excessive overdose of the drug, I felt that it would be useless to trust to belladonna; and, having ascertained that his stomach was practically empty, I determined to adopt the treatment recommended by Dr. William Moor, reported in the BRITISH MEDICAL JOURNAL of June 22nd, 1895, and accordingly, with considerable difficulty, got him to swallow 5 grains of permanganate of potash, dissolved in half a pint of water. I then had the man placed on his feet and supported between two attendants, who moved him gently about.

In about half an hour after swallowing the solution he vomited, and in a few minutes after I repeated the dose. He appeared a little more sensible after vomiting, but I had considerable difficulty in keeping him awake, and his pulse grew so faint that for some time I feared that all efforts would be useless. Hypodermic injections of strychnine, however, had a marvellous effect in strengthening the heart's action.

Three doses of permanganate solution (5 gr. in each) were administered in all; vomiting occurred in about half an hour after each dose, and this was followed by marked improvement. I remained with him until six o'clock next morning, when all immediate danger appeared to be over, and he subsequently made a rapid recovery.

This case illustrates the marvellous affinity which permanganate of potash has for morphine, even when it has been absorbed into the system as in this case. Morphine is well known to be largely excreted by the mucous membranes of the stomach, and the administration of the permanganate unquestionably accelerates its elimination by that organ, the alkaloid being rapidly taken up and oxidised by the permanganate.

Another important fact is elicited from this case, that is, that though the morphine be absorbed into the system, it is not absolutely necessary to administer the antidote hypodermically. One grain of permanganate oxidises one grain of morphine, and when a large dose of the poison has been taken as in the above case, it would be obviously unsafe to administer the requisite amount of the antidote hypodermically. In addition, permanganate of potash produces very unpleasant symptoms when administered subcutaneously, as well as causing a good deal of local irritation.

¹ Communicated to the Cork Medical and Surgical Association, November 27th, 1895.

I believe that in permanganate of potash we have a safe and reliable antidote for opium and its chief alkaloid, morphine.

G. STANLEY WALKER, M.B.,
Surgeon-Captain, A.M.S.

ACUTE PUERPERAL SEPTICÆMIA; HYPERPYREXIA. I was hastily summoned at 2.15 P.M. on Tuesday, August 13th, 1895, to see a lady, living in my immediate vicinity, who had been confined of her first baby on the evening of August 8th. I found her in a condition of profound coma, pupils insensible to light, and no reflex response when a finger was pressed on the conjunctivæ; face flushed, respiration stertorous, shallow, abdominal, 60 to minute; radial pulse imperceptible, counted 150 by temporal. Temperature 109° in axilla, verified by two separate observations; surface bathed in profuse perspiration. The case was obviously hopeless, and the only treatment that seemed to offer any possible benefit was a hypodermic injection of pilocarpin nitrate, which I at once administered, and the assiduous application of ice to the head. Unhappily no appreciable benefit resulted; the respiration gradually became more laboured and slow, the pulse less perceptible, and the face more deeply congested, till she sank and died at 4.50 P.M., having, about half an hour before, vomited a large quantity of greenish-yellow fluid, as one often notices in puerperal sepsis.

I obtained the following brief history of the case from the certificated nurse in attendance. The patient's age was 22; she had been married ten months, had always been healthy, and had been very well during pregnancy. There were no uræmic symptoms whatever, and the appetite was good. She had a rapid and easy labour, the baby being born before the doctor's arrival, but not the placenta, which was understood to have come away all right. There was no perineal lesion. Next day the lochia were offensive, and continued so throughout, though the patient was douched daily; a very offensive clot was passed on the Saturday.

On Sunday the patient became flushed about the face, and her hands were very hot.

On Monday morning the temperature was 101°, and she had a rigor after being douched. On the same evening, she again became feverish, and at 11 P.M. the temperature was 105°, when the doctor was sent for, and when he saw her about 12.30 the temperature was 103°.

On Tuesday morning she said she felt "splendid," but about 1 P.M. she had a severe and prolonged rigor, and half an hour later "fixed her eyes and began to snore." Their own medical attendant was not at home when sent for, hence I was called to the case. My partner, Dr. Duncan, also saw her, and verified the temperature. I should mention that the secretion of milk was not in abeyance, and the baby was suckled up to the morning of her death.

In thinking out the cause of the sepsis, both Dr. Duncan and myself are of opinion that some portion of the secundines must have, unfortunately, been retained, and the fact escaped notice—hence the early fetor of the lochia; and we believe the case to have been one in which early curetting and swabbing out the uterus with equal parts carbolic acid and iodine tincture might have averted a fatal result.

Stamford Hill, N.

C. STENNETT REDMOND.

REPORTS

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

OLD CHARLTON COTTAGE HOSPITAL.

A CASE OF RHEUMATIC FEVER WITH HYPERPYREXIA.

(By SYDNEY KENT, B.A., M.B., B.C.(Cantab.), M.R.C.S.,
L.R.C.P.)

E. H., a domestic servant, aged 26, was feeling "bilious" on Friday, October 25th, 1895, but continued doing her work until October 29th, when she was taken with pains in the back, knees, and ankles. The weather, previously warm, had that week turned bitterly cold, and the patient had "neg-

lected the advice of her friends that she should wear warmer underclothing."

She was admitted to the Cottage Hospital on October 31st, when I first saw her. She was stout, flabby, and inclined to be plethoric, though the catamenia had been absent nine years. She had had no previous illness of any kind.

On admission the temperature was 104.5°, the skin sweating profusely, and giving off the peculiar sour smell of rheumatic cases. The tongue was coated with a creamy fur. The pulse 120, full and bounding. Both knees and ankles were swollen, tender, and painful, though there was not marked redness. There was conjunctivitis with incipient iritis of the right eye. The urine, specific gravity 1015, was plentiful and of high colour, without deposit of any sort, and was loaded with albumen. The only other possible diagnosis was that of septic poisoning, but every likely source of pyæmic infection was carefully tested with negative results, and there had been no rigor. The patient was placed between blankets, and the joints protected with cotton wool. A milk diet was ordered, a draught of salts and senna administered, and a mixture of salicylates prescribed, together with atropine drops to the eye.

Next morning, November 1st, she was feeling better. The temperature was 102.8°, the pulse 100. The bowels had acted freely. The eye was less inflamed. In the evening I was sent for at 5.30, when I found her delirious, with temperature 106.5°, pulse 160, and the skin harsh and dry. She was taken from between the blankets, and sponged all over with cold water and covered with a single sheet, which was further agitated from either side of the bed to hasten evaporation. Twenty minutes later the temperature was 107°, and the sponging and fanning process was repeated. After a quarter of an hour the temperature, taken by two thermometers in the axilla, was 107.5°. In view of the condition of the kidneys, after consultation with a member of the medical staff, I injected hypodermically pilocarpin gr. $\frac{1}{4}$, and separately ether m xv . I hoped thereby to produce rapid diaphoresis, and by evaporation to reduce the temperature as rapidly as possible. In a few minutes there was a rapid flow of saliva, but the skin remained perfectly dry, and the thermometer now registered 108.5° F. She died at 7.15 P.M., all efforts to reduce the pyrexia having signally failed. Towards the end there was Cheyne-Stokes breathing, but no strabismus, twitching, nor other indication of cerebral irritation.

Remarks.—There was no necropsy, so that the condition of the kidneys was not observed, but I consider that there was certainly pre-existing nephritis of some standing, as evidenced by the plentifulness of the urine, which, in spite of the pyrexia, was sufficient to keep the urates in solution, while the albumen was present in greater amount than could be accounted for by active congestion from the fever. In searching the textbooks I find several parallel cases, but in none is the condition of the urine noted. It would be interesting to ascertain whether these cases were associated with chronic nephritis. Might not the impaired condition of the kidneys, then, be a factor in the causation of the hyperpyrexia, owing to the inability to eliminate with sufficient rapidity the "rheumatic poison," whatever it may be?

STATION HOSPITAL, MEERUT, INDIA.

CASE OF LARGE HEPATIC ABSCESS: NEW USE FOR THE
ASPIRATOR: RECOVERY.

(Under the care of Surgeon-Major RENNIE, A.M.S.)

SERGEANT-MAJOR D., R.A., aged 35 (total service sixteen years, service in India six years), was admitted to hospital on January 28th, 1895, suffering from acute hepatitis. The liver dulness was increased downwards to about an inch below the margin of the ribs. The tongue was white, but red at the tip and edges. The bowels were constipated. Pain in the right side was severe. There was a regular evening rise of temperature. The formation of liver abscess was suspected from general symptoms. His previous health had been excellent; there was only one entry in his medical history sheet during the whole of his service, and that for a trifling ailment. He had had no previous diarrhoea or dysentery, and stated that, with the exception of the above-mentioned trifling ailment, he had never been a day ill during the whole of his service. He had been a steady, temperate man.

devoted to marriage and legitimacy. It appears that no less than 60.8 per cent. of all the births in the island were illegitimate, the proportion rising in some parts to as much as 70 per cent. Curiously it seems to have been ascertained that the high infantile death-rate has no relation with this state of affairs, and it is said "this can be understood by those who know how in this country there is little if any stigma of shame attaching to illegitimacy, and how the elements of poverty and hardship are so wanting here as to cause little or no inducement to put away or be relieved of such children." We have heard much lately of the shibboleth, "Back to Nature." Here we see an example of its working in full operation.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE University and extra-mural medical classes resumed work after the Christmas recess on Tuesday, January 7th.

UNIVERSITY OF GLASGOW.

GENERAL COUNCIL.—The register of the Council for the year 1896 has just been made up. It shows an increase of 118 on last year, the total being 5,323. There have been 207 additions to, and 89 removals from, the roll for the past year. The greatest number of members belong to the medical profession, 2,317 being on the roll.

THE APOTHECARIES' HALL, DUBLIN.

SIR CHARLES CAMERON.—On January 6th the honorary diploma of the Apothecaries' Hall, Dublin, was conferred on Sir Charles Cameron, Superintending Medical Officer of Health for that city. The Governor, Dr. C. Tichborne, presented the diploma, and referred to Sir C. Cameron's distinguished position, and his services to public health. Sir George Owens and Sir Robert Jackson, C.B., also spoke. Sir Charles, in acknowledging the honour which he had received, hoped that the Dublin Apothecaries, who in three consecutive Corporations had existed for 560 years, had still a long and useful career before them.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION. PART II. January.—The following candidates passed in:

Anatomy and Physiology.—G. H. Bedford, Guy's Hospital; C. G. Catterall, Leeds; H. N. Collier, Guy's Hospital; J. T. Crowe, St. Mary's Hospital; D. R. Dhabhar, Bombay; L. T. Lavan, St. Bartholomew's Hospital; W. M. McLoughlin, University College; L. Martindale, Royal Free Hospital; H. Munro, Guy's Hospital; E. B. Stevenson, St. Bartholomew's Hospital; L. L. G. Thorpe, University College.

Anatomy.—L. Bradstock, Birmingham; M. Caldwell, Belfast; G. W. H. Edgelow, London Hospital; T. R. Griffiths, University College; A. R. Henchley, Middlesex Hospital; B. Lewitt, St. Mary's Hospital; H. J. Pickering, St. Bartholomew's Hospital; A. J. Rencontre, Madras.

Physiology.—P. Cator, St. Bartholomew's Hospital; K. Datta, Glasgow; W. Eales, Manchester and Sheffield; P. T. Goodman, St. Thomas's Hospital.

Biology.—E. Courtauld, Royal Free Hospital; K. E. Gregg, Royal Free Hospital; M. E. Roche, Royal Free Hospital; A. M. Smith, Royal Free Hospital; M. Williams, Royal Free Hospital.

PRIMARY EXAMINATION. PART I.—The following candidates passed in:

Chemistry, Materia Medica, and Pharmacy.—J. Jones, Edinburgh; W. R. Wilson, Dublin.

Chemistry.—J. H. Beasley, Birmingham; K. M. Betts, Edinburgh School for Women; H. M. Serjeant, Royal Free Hospital.

Materia Medica and Pharmacy.—A. Avent, St. George's Hospital; E. Yoxall, Birmingham.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,699 births and 4,311 deaths were registered during the week ending Saturday, January 4th. The annual rate of mortality in these towns, which had increased from 17.8 to 20.1 per 1,000 in the three preceding weeks, further rose to 20.7 last week. The rates in the several towns ranged from 9.7 in Croydon, 13.9 in Norwich, and 14.1 in Brighton to 25.4 in Manchester and in Blackburn, 27.6 in Oldham, and 25.9 in Salford. In the thirty-two provincial towns the mean death-rate was 21.1 per 1,000, and exceeded by 1.0 the rate recorded in London, which was 20.1 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 2.5 in the thirty-two provincial towns, and was highest in Birmingham, Oldham, Blackburn, and Salford. Measles caused a death-rate of 2.4 in Birmingham, 2.5 in Burnley, 4.5 in Salford, and 4.8 in Blackburn; scarlet fever of 1.1 in Gateshead; whooping-cough of 1.5 in Sunderland, 1.7 in Bolton, and 2.5 in Oldham; and "fever" of 2.4 in Wolverhampton. The 99 deaths from diphtheria in the thirty-three towns included 66 in London, 9 in Birmingham, and 3 in Halifax. No fatal case of small-pox was registered in London or in any of the thirty-two provincial towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital, which had been 89, 82, and 77 at the end of the three preceding weeks, had further declined to 68 on Saturday

last, January 4th; 9 new cases were admitted during the week, against 18, 5, and 12 in the three preceding weeks. There were 2,830 scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last, against 2,800, 2,725, and 2,798 at the end of the three preceding weeks; 320 new cases were admitted during the week, against 329, 210, and 184 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 4th, 774 births and 614 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had risen from 18.9 to 20.0 per 1,000 in the three preceding weeks, further increased to 21.0 last week, and exceeded by 0.3 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 13.7 in Perth to 26.1 in Greenock. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Aberdeen and Greenock. The 315 deaths registered in Glasgow included 19 from whooping-cough, 10 from scarlet fever, 5 from measles, 4 from "fever," and 2 from diphtheria. Three fatal cases of diphtheria were recorded in Edinburgh, and 2 in Leith.

THE SANITARY HISTORY OF GREENOCK.

A VERY interesting report has been drawn up by Dr. Wallace, medical officer of health for Greenock, showing the great improvement which has taken place during recent years in the sanitary condition of that town as indicated by its diminishing death-rate.

Perhaps the main interest of the historical sketch which he presents lies in the pictures he gives of the horrible conditions of filth which were allowed to exist in crowded towns, apparently with the full sanction of the authorities, until repeated outbreaks of cholera forced upon them the dangers arising from such surroundings. Taking the mortality as a whole, the average for the twelve years ending 1854 was 35.5 per 1,000 of the population, while in 1847 it rose to 61.3, and in 1849 to 64.2—a frightful death-rate for a civilised country. A large proportion of the householders were dependent for their water supply upon public wells, while the contamination of the ground was horrible.

Several streets were without sewers; such drains as existed were square built and unsuitable, and drained into the harbours, which thus became mere cesspools. Even where drains existed they were not always taken advantage of, noxious and offensive matters being discharged on to the surface gutters or into large and ill-constructed cesspools. As the result of an inspection of a certain district in which 206 courts were situated, it was found that in one-fifth of them human ordure was lying about in considerable quantities, although the inspection was made soon after the scavengers had made their rounds. Taking the whole district, more than a fourth of the inhabitants had human filth lying about their doors. There was one ashpit to every 287 of the population, and one privy to every 742 of the population. Not only was the density of the population very great, amounting in the whole of the mid-parish, covering 20 acres, to 470 persons per acre, and in certain blocks to as much as 1,600 to the acre, but the overcrowding within the houses was extreme.

Can we wonder that amid such conditions diseases of all sorts were rife, and that even so lately as 1864 the mortality from typhus fever amounted to upwards of 14 per cent. of the whole of the deaths recorded, the disease being so virulent as to have cut off in that year no fewer than five medical men in the very flower of life? The story of how this alarming condition of affairs has been remedied, and the death-rate brought down to reasonable dimensions by judicious expenditure on water supply and drainage, and by the steady enforcement of sanitary law, is one which should be taken to heart by those who still hesitate as to whether or no sanitation pays.

THE FACTORIES ACT AND INFECTIOUS DISEASES.

MR. R. E. SPRAGUE ORAM, C.B., Her Majesty's Chief Inspector of Factories, recently caused to be circulated from the Home Office a "Special Notice" relating to the Factory and Workshop Act. One of the regulations bears upon infectious diseases, and is as follows: "If an occupier of a factory or workshop, or laundry, or of any place from which work is given out, or any contractor employed by any such person, causes or allows wearing apparel to be made, cleaned, or repaired in any dwelling house or building occupied therewith while an inmate of the dwelling house is suffering from scarlet fever or small-pox, then, unless he can prove that he was not aware of the existence of the illness, and could not reasonably have been expected to become aware of it, he is liable to a fine not exceeding £10."

WELL-VACCINATED LOCALITIES.

MR. WHEELER has written to us in respect of the comments which we made in the BRITISH MEDICAL JOURNAL of November 16th, 1895, on his letter on the above subject. He raises afresh the relation of small-pox and insanitation in the towns of Birmingham and Sheffield, but seems to have no new ground for the resurrection. We have already fully met his statements on the point in our comments; but he further makes complaint as to the absence of reference to the vaccination officers' registers for the purpose of ascertaining the condition as to vaccination of all persons attacked by small-pox, and this almost in the same sentence as that in which he says that the disease occurred chiefly in those parts of the towns where the people are of a "movable" character. The complaint seems absurd, considering that this element of a shifting populace has to be contended with, and that people of all nationalities and ages are in question. Mr. Wheeler wants evidently to cast doubt on the figures given in small-pox epidemics in classifying sufferers into "vaccinated," "unvaccinated," and "doubtful," especially the latter, since he imagines that the term "doubtful" implies an assertion of vaccination, and that it follows that the acute stage of the malady obscures the marks of vaccination. We would only remark that the impracticability of consulting registers of individual vaccination is self-evident to most; and that we have no reason whatever for doubting the good faith of the medical profession in their estimation of the condition as to vaccination of one and another person; and here we would add that it seems strange that anti-

MEDICAL NEWS.

PRESENTATION.—Dr. J. T. Reed has been presented with a marble timepiece for himself, and a silver coffee service for his mother, by the employees of the Ryhope Colliery on the occasion of his leaving for London.

DR. CATHARINE RUNYON has been admitted a member of the Virginia Medical Society. She is the first woman to whom the privilege of membership of that learned body has been extended.

DR. E. SYMES THOMPSON, the Gresham Professor of Medicine, will give four lectures on the Climate of the South of England at Gresham College, Basinghall Street, E.C. The lectures will be given on January 21st, 22nd, 23rd, and 24th at 6 P.M.

At a meeting of the justices of Middlesex recently Mr. George White, chairman of the Visiting Committee of Pentonville Prison, mentioned that during the year 11,495 prisoners were received, and of that number only 15 were flogged, and there was but one death. Could they find another place where there was only one death in 11,495 persons in a whole year?

EPSOM COLLEGE.—Mr. Reginald Harrison, Senior Vice-President of the Royal College of Surgeons of England, has been elected a member of the Council of the Royal Medical Benevolent College. Mr. Harrison's long connection with Liverpool well qualifies him to represent the interests of the Northern counties.

METROPOLITAN ASYLUMS BOARD.—At the meeting of the Metropolitan Asylums Board, held on January 4th, it was reported that in consequence of the resolution passed at the previous meeting the Upper Hospital at Gore Farm had been opened for convalescents from scarlet fever, and that 130 beds were already so occupied.

WILLS AND BEQUESTS.—The late Mr. Henry Brace Peart, of Cliftonville, Brighton, has by his will left £1,000 to the Earlswood Asylum for Idiots, £1,000 each to the Sussex County Hospital, the Consumption Hospital at Brompton, St. Mark's Hospital for Fistula, and the Hospital for the Paralysed and Epileptic.

A new ward was opened at the Corbett Hospital, Stourbridge. It has been constructed at the cost of Mr. John Corbett, of Impney, Droitwich, formerly member for Mid-Worcestershire. Mr. Corbett was the founder of the hospital which bears his name, and his present gift brings up his benefaction to it to over £13,000. Viscount Cobham, at the opening ceremony, expressed his sense of Mr. Corbett's great generosity.

MEDICAL LEGISLATORS IN BOHEMIA.—At the last election for the Bohemian Landtag the following members of the medical profession obtained seats: Dr. Heinrich Zahor, *Stadtphysikus*, or Medical Officer of Health for Prague; Dr. Emanuel Engel for Eule; Dr. Wenzel Samanek for Turnau; Dr. Franz Malinsky for Deutschbrod; Dr. Jos Sil for Nachod; Dr. Josef Moravec for Königgrätz; Dr. Johann Dworak for Nachod (district); Dr. Eduard Greger for Hohenmauth; and Dr. G. Ritter von Wiedersperg.

THE FORMATION OF A MEDICAL SOCIETY AT BEDFORD.—A meeting of the medical men of Bedford and district was held at the Infirmary on January 2nd. Mr. Hughes Hemming, of Kimbolton, occupied the chair. It was decided to form a medical society in Bedford "for the promotion of professional intercourse, for the reading of papers, for the exhibition of cases, patients, pathological specimens, etc., and for the discussion of all questions affecting the welfare of the profession." Meetings will be held at the infirmary quarterly at 3.30 P.M. The following officers were elected for the ensuing year: *President*, Dr. G. P. Goldsmith; *Treasurer*, Mr. A. Chillingworth; *Secretary*, Mr. W. Gifford-Nash.

INTERNATIONAL COURTESIES.—The Middleton-Goldsmith Lectures of the New York Pathological Society will be delivered during the present month by Dr. J. G. Adami, late Fellow of Jesus College, Cambridge, and Professor of Pathology in the McGill University, Montreal. Professor Adami has also been appointed co-editor in pathology of the new

Journal of Experimental Medicine, about to appear under the general editorship of Professor Welch, of Johns Hopkins University.

EDINBURGH ROYAL INFIRMARY.—The annual meeting of the contributors to the Edinburgh Royal Infirmary was held on January 6th. It appeared that 10,032 patients had been treated during the year. The ordinary receipts amounted to £31,086, as against £29,686 in 1894. The ordinary expenditure was £39,395, a decrease of £2,679 as compared with the previous year. As already indicated in the *BRITISH MEDICAL JOURNAL*, the managers propose to spend £50,000 in extending the infirmary buildings. Several new managers were elected to represent the Court of Contributors, among them Miss Louisa Stevenson—an appointment which seems to meet with general approbation.

FURTHER PRESENTATION TO DR. ALLAN, LASSWADE.—Dr. Allan, Lasswade, has been the recipient of still another present from a number of his sympathisers and friends, who did not get an opportunity to aid in the former gift. The meeting was held in the Public Hall of Lasswade, and presided over by Provost Porteous, who it would appear is also the local Poet Laureate. The gifts on this occasion were a barometer and an easy chair, and were given with evident signs of genuine affection. Dr. Allan is a most worthy man, and he has been badly used. He deserves well all the atonement that has been made. A festive evening of speech and song followed the presentation to Dr. Allan.

HEALING BY THE TOUCH OF A DEAD MAN'S HAND.—The following instance of healing by the touch of the dead hand is taken from the *National Register* of August 16th, 1812: J. Woolman Thompson and Catherine Foster were executed, the one for forgery, and the other for taking a false oath in administering to a seaman's will. After describing the execution the *Register* proceeds: "When it was ascertained that they were dead, the bands that pinioned their arms were loosened, and a disgusting scene presented itself. Several men and women hastened to seize the cold, dewy hands of death, and apply them to their necks or knees to cure various disorders. Why should such an indecent and useless custom be allowed to prevail among the people? If its suppression should curtail Jack Ketch's profits, and he should require a compensation, would it not be preferable to increase his regular salary than to wink at or encourage such a superstitious practice?"

HARVEIAN SOCIETY OF LONDON.—The President and Council have issued invitations for a *conversazione*, which will take on the evening of Thursday, January 16th, at the Stafford Rooms, Titchborne Street, Edgware Road, W. The election of officers and Council for 1896 will be held, and the Presidential Address will be delivered by Sir John Williams, Bart., M.D.; subsequently there will be smoking and music. The following is a list of names of gentlemen proposed by the Council as officers of the Society for the year 1896. The ballot will take place on Thursday next. *President*: *J. Knowsley Thornton, M.B., C.M. *Vice-Presidents*: Dr. W. Hill, Dr. E. Clifford Beale, *Mr. E. W. Roughton, *Dr. Lamb. *Treasurer*: Mr. H. Cripps Lawrence. *Honorary Secretaries*: Dr. Cagney, *Dr. F. W. Cock. *Council*: *Sir J. Williams, Bart., M.D.; *Mr. R. S. Armstrong, *Mr. E. Bartlett, *Mr. Peyton Beale, Dr. Boxall, Mr. H. Davis, Mr. George Eastes, *Dr. L. Guthrie, Mr. F. W. Hazel, Mr. S. Hurlbutt, Mr. H. Juler, Dr. J. E. Squire. An asterisk is prefixed to the names of those gentlemen who did not hold the same office the preceding year.

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.

CHILDREN'S HOSPITAL, Nottingham.—House-Surgeon (non-resident). Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum. Applications to the Secretary by January 20th.

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 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.

EAST SUFFOLK AND IPSWICH HOSPITAL, Thoro'fare, Ipswich.—Honorary Ophthalmic Surgeon, doubly qualified. Applications to the Secretary by January 14th.

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.

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 OF THE EVANGELICAL PROTESTANT DEACONESSSES' INSTITUTION AND TRAINING HOSPITAL, The Green, Tottenham.—Physician for In-patients and Physician for Out-patients, must be graduates of medicine of a British University. Applications to Colonel E. Swinton Skinner, Director, by January 16th.

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.

LONDON HOSPITAL.—Assistant Anæsthetists, must be registered members of the profession. Appointments for six months, but eligible for re-election. Salary at the rate of £50 a year will be paid. Applications to Monro Scott, Warden, by January 18th.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer at the Small-pox Hospital Ships, at Long Reach, Dartford, Kent; unmarried, doubly qualified, and not more than 35 years of age. Salary, £160 per annum during the first year, £180 per annum during the second year, and £200 during the third and subsequent years of service, with board, lodging, and attendance. Applications on forms obtainable at the offices of the Board, Norfolk House, Norfolk Street, Strand, W.C., to be sent in by January 13th.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-upon-Trent.—Assistant House-Surgeon. Board, washing, and apartments provided. Applications to the Secretary by January 27th.

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

ROYAL FREE HOSPITAL, Gray's Inn Road.—Assistant-Physician to out-patients, must be F. or M.R.C.P.Lond. Applications to the Secretary by January 25th.

ROYAL HANTS COUNTY HOSPITAL, Winchester.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board and lodging. Applications to the Secretary by January 13th.

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.

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.

ALLEN, R. G., L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer for the Belper No. 2 District of the Belper Union.

BUTLER, S., L.F.P.S.Glasg., reappointed Medical Officer of Health for the Stafford Rural District.

COOKE, William Conway, L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Bognor Urban Council.

EVANS, R. W. J., L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health for Wrexham.

FRANCIS, Dr., reappointed Medical Officer for the Markeaton District of the Belper Union.

HANNAH, Dr. N. T., appointed Medical Officer for the Buxton District of the Chapel-en-le-Frith Union.

HARCOURT, Geo. R., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer and Dispenser at the Lambeth Infirmary, *vice* M. H. Quarry, M.B.R.U.I., resigned.

HOLT, H. M., M.R.C.S., L.S.A., D.P.H., reappointed Medical Officer of Health to the Malton Urban District Council.

McKERRON, R. G., M.A., M.B., appointed Junior Physician to the Royal Aberdeen Hospital for Sick Children, *vice* Alexander Macgregor, M.D., resigned.

MENZIES, Henry, M.B., B.C.Camb., appointed Obstetric Assistant to St. George's Hospital.

MORRISON, Mr. Alexander, appointed Assistant Medical Officer to the St. Pancras Infirmary.

NUTTING, Ernest S., M.B., C.M.Edin., appointed Medical Officer for the No. 3 District of the Mansfield Union, *vice* G. J. Cressy, L.R.C.P., L.R.C.S.I., resigned.

PATCH, Henry H. L., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Chudleigh District of the Newton Abbot Union, *vice* F. C. W. Hounsell, B.A.Camb., M.R.C.S., resigned.

SIMMONS, Gerald Allpress, M.D., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to Fairfield House, Tooting, *vice* A. W. Read, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., resigned.

SNOW, L. M., appointed Medical Officer and Public Vaccinator for the No. 2 District of the Horsham Union, *vice* Thomas Kirsopp, M.B.Lond., resigned.

THOMAS, J. Telfer, L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of Health to the Camborne District Council.

TURNER, William, M.B., B.S.Lond., F.R.C.S.Eng., appointed Sambrooke Surgical Registrar to King's College Hospital *vice* L. V. Cargill, F.R.C.S.Eng.

WILDING, W. F. W., M.R.C.S., L.R.C.P., appointed Surgeon for the Hindley District of the Wigan Junction Colliery.

WILSON, Dr. Robert, appointed Medical Officer for the Newchurch District of the Haslingden Union, *vice* J. Wilson, M.D., deceased.

YOUNG, Thomas B., M.D.Bruce, M.R.C.S.Eng., L.R.C.P., appointed Medical Officer of Health to the Halesowen Urban District, *vice* E. Turner.

DIARY FOR NEXT WEEK.

MONDAY.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Dr. Dudley W. Buxton: An Appended Note on Anæsthesia. Casual communication by Mr. J. F. Colyer.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. George H. Savage: The Prevention and Treatment of the Insanity of Pregnancy and the Puerperium.

TUESDAY.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Dr. R. A. Gibbons: Renal Colic in Infants. Dr. Ernst Michels: On Prevesical Abscess.

WEDNESDAY.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3 P.M.—Lecture by Dr. Gowers.

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital, 8.30 P.M.—Clinical evening.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.—Annual Meeting. Presidential Address by Mr. A. D. Michael.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.45 P.M.—Annual General Meeting.

THURSDAY.

SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Dr. Sydney Short (Birmingham): Observations on a series of 550 Timed Nitrous Oxide Cases.

HARVEIAN SOCIETY OF LONDON, 8 P.M.—President's Address by Sir John Williams, Bart., and Annual *Conversazione*.

NEUROLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Annual General Meeting: Dr. Hill, the President, will deliver the Inaugural Address, entitled: Is there a Nerve Plexus? A Criticism of the results obtained by the Chrome-Silver Method of Staining Grey Matter. Illustrated by Photomicrographs.

FRIDAY.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Surgeon-General C. A. Gordon, C.B., Q.H.P.: Experiences in Relation to Cholera in India from 1842-79.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, 11, Chandos Street, W., 3.30 P.M.—Cases, Microscopic Specimens, etc., by the President (Mr. Mayo Collier), Dr. Pegler, and Dr. Milligan. Mr. Mayo Collier will open a discussion on the Causes and Consequences of Chronic Nasal Obstruction. Mr. Lennox Browne: A Suggestion to abolish Gargling in the Treatment of Acute Inflammations of the Throat.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

O'REGAN.—November 26th, 1895, at the Royal Naval Hospital, Yokohama, the wife of Surgeon Matthew O'Regan, R.N., of a daughter.

MARRIAGE.

BUIST-SPARKS—WHITLEY.—At the Cathedral, Ranchi, Chota Nagpur, Bengal, on November 6th, 1895, by the father of the bride, assisted by the Rev. F. C. Boyd, Surgeon-Captain A. Buist-Sparks, Indian Medical Service, to Florence May Whitley, youngest daughter of the Right Rev. the Bishop of Chota Nagpur.

DEATHS.

FINCH.—January 2nd, at Westville, St. Mary Church, Torquay, Thomas Finch, M.D., M.R.C.S.

FLEMMING.—On December 31st, 1895, at Freshford, Thomas Henry Flemming, M.D., aged 70.

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.
CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M., 9; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*.—W. Th. F., 3.
CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. F., 2.
CITY ORTHOPÆDIC. *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 ORTHOPÆDIC. *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*.—Tu., 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 ORTHOPÆDIC. *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; Orthopædic, M., 9.30; 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; Orthopædic, 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., 9; Ear, M. Th., 9; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operations*.—Tu., 1.30; (Orthopædic), 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., 1.30; Chis., Tu. S., 1.30; Dental, Tu. F., 10. *Operations*.—W. S., 1.30; (Ophthalmic), M., 2.30; F., 2; (Gynaecological), 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; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *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; Orthopædic, W., 2; Diseases of Women, W. S., 9.30; 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.

H.E. wishes to know where he can procure a constant current battery for medical use; a second-hand one will suffice.

PRACTITIONER would feel obliged to know if there is a safer and quicker cure for gonorrhoea than the old sulphate of zinc injections, with copaiba internally.

R. E. writes: Can any reader recommend a suitable institution or home for an invalid lady of good position whose means are limited, aged 47? She suffers from heart mischief, and requires medical supervision and nursing (not always ill). She can only pay £1 rs. per week.

L.R.C.S.I. asks for a solvent for the black oxide of silver. Nitrous spirits of ether dissolves the insoluble powder, but it changes its colour. I should like to know a solution that would not change the colour, and in what proportion the salt is soluble in it?

EXAMINATION FOR INDIAN MEDICAL SERVICE.

ENQUIRER writes: In the Regulations for the Indian Medical Service, Botany, with special reference to *Materia Medica*, is one of the subjects. Is there any book with this special reference? Also, is there any book on Chemistry, with special application to Medicine, Pharmacy, and Hygiene.

. On inquiry at the India Office, we are informed that no special books are recommended in the Regulations for Botany or Chemistry.

BOOKS ON LIFE ASSURANCE EXAMINATIONS.

INSURANCE asks for information as to books relative to life insurance for a medical referee.

. The following books may be recommended:—*Medical Handbook of Life Assurance*, by Dr. Pollock and Mr. Chisholm (London: Cassell and Co., 7s. 6d.). *Medical Adviser in Life Assurance*, by Sir E. H. Sieveking (London: J. and A. Churchill, 6s.). *The Life Insurance Examiner*, Dr. C. F. Stillman (New York and Chicago: The Spectator Co.). *Medical Annual, 1896*; article by Dr. F. de Havilland Hall.

TEXTBOOKS.

A MEMBER wishes to spend from £3 to £5 on recent editions of books on the practice of medicine and other subjects, and asks to be recommended the most practical, giving the titles, publishers' names, and prices.

. Recent admirable works of moderate size (in one volume) are Dr. Frederick Taylor's *Manual of the Practice of Medicine* (London: J. and A. Churchill, Fourth Edition, 1895, 15s.), and Dr. William Osler's *Principles and Practice of Medicine* (Edinburgh and London: Young J. Pentland, Second Edition, 1895, 24s.). The last edition of Fagge's *Textbook of the Principles and Practice of Medicine*, edited by Dr. Pye-Smith, in two volumes, is a much larger book, but is a very valuable work and well adapted to the requirements of a practitioner of some standing in the profession. (London: J. and A. Churchill, 1891, Third Edition, 40s.) The tenth edition of Sir J. E. Erichsen's *Science and Art of Surgery*, revised by the late Mr. Marcus Beck and by Mr. Raymond Johnson (London: Longmans, Green, and Co., 1895, Two vols. 48s.), and Mr. Fredk. Treves's *System of Surgery* (London: Cassell and Co., 1895, 42s.) are both recent works of a comprehensive kind. On Skin Diseases Dr. Radcliffe Crocker's *Diseases of the Skin* (London: H. K. Lewis, Second Edition, 1893, 21s.), and Dr. Allan Jamieson's *Diseases of the Skin* (Edinburgh and London: Young J. Pentland, Fourth Edition, 1894, 21s.) may be mentioned as comprehensive works; and Mr. Malcolm Morris's *Diseases of the Skin* (London: Cassell and Co., 1894, 10s. 6d.) as most lucid epitome of the subject. On Diseases of Women, there are Dr. Phillips's *Outlines of the Diseases of Women* (London: Charles Griffin and Co., 1893, 7s. 6d.), Medical Jurisprudence, Dr. Arthur P. Luff's *Textbook of Forensic Medicine and Toxicology* (London: Longmans, Green, and Co., 1895, 24s.) or Taylor's *Medical Jurisprudence*, fourth edition, 1894, edited by Dr. Thomas Stevenson (London: J. and A. Churchill, 31s. 6d.).

ANSWERS.

O. T.—We see no objection at all.

LEX.—No one can be treated under the provisions of the Inebriates Acts, 1879 and 1888, beyond the limits of the United Kingdom.

G. E. K.—The documents have been handed to Dr. A. G. Bateman, the secretary of the Medical Defence Union.

PLASMODIUM.—The *Traité des Maladies des Pays Chauds*, by Kelsch and Kiener, can be procured from Messrs. Baillière, Tindall, and Cox, 20, King William Street, Strand (24 fr.)

A. M. S.—Sanmetto is a proprietary drug, the advertisement of which offered to this JOURNAL was declined. It is, however, advertised in some medical periodicals, and to them our correspondent might address his query.

W. will find a discussion of the relation of the vascular system to locomotor ataxy in Dr. Pierre Marie's *Lectures on Diseases of the Spinal*