

during the day, and at night also should the patient happen to awake.

As instances of its use I may cite my last four cases treated as out-patients at the Aberdeen Ophthalmic Institution:—

1. A case of corneal abrasion suppurating with a hazy infiltration of cornea downwards. Hypopyon about one-eighth of an inch, great pain and sleepless night. Formalin solution (1 in 2,000) ordered to be applied freely every hour. A drop of atropine solution applied (4 grs. to 3j). Next day (twenty-four hours after) hypopyon gone, no pain during night, slept well, ulcer cleaner, and haze of cornea disappearing. The progress in this case was most satisfactory, with the exception of a slight relapse, owing to the formalin being used every two hours instead of hourly; however, when the more frequent application was resumed, the recovery was uninterrupted and only a slight scar remaining.

2. A young man who received a "stroke" on his left eye four days before he came to the Ophthalmic Institution, having had no previous treatment. The condition was a wound of the cornea below in which the iris was entangled, infiltration of adjacent parts of cornea—hypopyon and iritis. Formalin (1 in 2,000) was prescribed to be used every hour, also atropine drops (4 grs. to 3j), a drop thrice daily. Next day hypopyon gone, wound clearer, iris well dilated, posterior synechia having given way; no pain. This improvement has been maintained; the case is too recent to say more at present.

3. A case of dense grey ulcer, with infiltration. Eye very irritable; fellow workman had picked off a "fire" with a pin. A drop of atropine applied, and hourly applications of formalin ordered. Within twenty-four hours the infiltration had entirely disappeared. No pain; the eye looks quiet.

4. Corneal ulcers of left eye in a child with pustulous eczema of lids and face, with great photophobia and lid spasm. The mother was directed to soak the parts with formalin (1 in 2,000), to try to get a few drops between the eyelids hourly, and to remove all crusts. Next day the skin was clean and healing, and there was no photophobia or lid spasm.

One is always afraid in advocating the use of a comparatively new drug that one's judgment may insensibly become unduly biased in its favour if it acts at all well, but I have used formalin now for some months, and have had the opportunity of having the opinion of fresh and impartial observers familiar with the usual methods of treatment and results, and without exception a most favourable opinion has been formed of its value, especially in septic abrasions and hypopyon ulcers, provided it be applied freely and frequently, not less than hourly in severe cases. Atropine is only used sufficiently to keep the pupils dilated in these cases. Since using formalin in this way I have not had to use the electric cautery once. Of course there are cases in broken-down subjects, and those that are too late in seeking advice, where suppuration of the cornea may not be arrested by any means, but I consider that formalin should have a fair trial, even in such, and supplement operative treatment.

MEMORANDA:

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

RAPIDLY FATAL RESULT FROM THE STING OF A WASP.

DEATH from the sting of a wasp is sufficiently rare, I think, to warrant the following case being put on record. There is, I find, a good deal of incredulity both within the profession and amongst the general public regarding the possibility of such an occurrence, so that I have been at some pains to get correct information concerning the symptoms as they appeared during the time which elapsed between the receipt of the sting and the death of the victim. I think these show conclusively that the sting acted as a very powerful irritant poison on the various nerve centres.

On the afternoon of September 3rd, a young lady, aged 23 years, while carrying a flowering pot plant in her arms was stung on the neck just behind the angle of the jaw, by a wasp which flew from it. She brushed off the wasp, and imme-

diately, with the help of an old nurse who lives in the family, extracted the sting, which she saw had been left in the wound, and applied some solution of ammonia to it. In a very few minutes she complained of a feeling of faintness, and would have fallen on the floor had the nurse not caught her and assisted her on to a bed. The nurse noticed at the same time that a terrible expression of fear or anxiety had come over her countenance. She asked for brandy, and the nurse left her for a few minutes to bring it from another apartment. On returning with it she found her tossing on the bed, and complaining of a horrible feeling of choking, and of pains over the chest and abdomen. She swallowed the brandy (about two teaspoonfuls) with difficulty, but got no relief. The nurse noticed that the neck was swelling rapidly, and the choking sensation and pains in the abdomen had become agonising. She seemed to be sick but brought up nothing, and passed a very loose motion where she lay. Before anything further could be done she became insensible, and soon breathed her last. The nurse is positive that the whole length of time which elapsed between receiving the sting and her death could not have exceeded 15 minutes.

I saw the body about two hours after death, and found the neck and lower part of the face much swollen. The tongue was also much swollen, and filled the mouth to such an extent that the throat could not be seen. No *post-mortem* examination was made.

The young lady was of rather an excitable, nervous temperament, and had shown some symptoms of weak action of the heart, but otherwise was in good health. Both the father and mother inherit gouty tendencies, and the mother is remarkably susceptible to the action of certain medicines.

I find on referring to authorities that similar cases have been formerly recorded, and that the supposition is that the poison is inserted directly into a vein. In the present instance this supposition is extremely likely from the situation of the wound.

WILLIAM FREW, M.D.,
Physician, Kilmarnock Infirmary.

A METHOD OF WASHING ECZEMA.

A COROLLARY of the extensively-held modern view of the probable parasitic etiology of eczema is the necessity for cleanliness as an element of treatment, while the long-known injurious influence of water on eczematous surfaces raises a difficulty. The use of olive oil as a substitute for water for the purpose of cleansing the skin, and indeed of removing the grime of manufacturing trades is commonly known, but its value is not sufficiently recognised. Although I have long advised patients with eczema to use this method, it is only recently that I have been impressed with its adaptability for continued use, and of its value when persevered in. The following case is an instance in point:

A lady, aged 48, was attacked with acute erythematopapular eczema of the face, which continued to spread rapidly until the application of water, either for washing or in lotion, was suspended. When washing with oil was adopted the disorder rapidly subsided, and so satisfied is she with the general effect on the skin that the patient has for two months not allowed water to touch her face. The method employed is to smear the skin well with a pledget of cotton-wool saturated in olive oil. The oil is then removed by gently rubbing the surface with a corner of a dry soft towel covered with toilet oatmeal.

Pustular eczema I find generally requires washing at intervals with soap and water.

LESLIE PHILLIPS,
Surgeon to Birmingham Skin and Lock Hospital.

CYST OF BREAST DIAGNOSED AS CANCER.

THE report in the BRITISH MEDICAL JOURNAL of December 14th, 1895, of Mr. Thomas Bryant's paper, read before the Medical Society of London, recalls to my mind a case which occurred in my practice in 1886. It well illustrates the difficulties which may exist in the way of arriving at a correct diagnosis.

The patient, a lady, consulted me on account of a lump which she had observed only for a few days in her right breast. Her attention had first been drawn to it by slight pain. Then she discovered that it was tender. She suggested that she had produced it by injury with pruning

shears, the handles of which she often closed, when cutting a strong twig, by placing them in the armpit to obtain greater power than she could exert with her hands.

On examination of the breast I found a large tumour which felt as hard as scirrhous, and my fears were at once aroused that it might be cancer, but there were certain characters about it which caused me to feel a doubt. It was not so adherent to the skin or so fixed to muscle as I had been accustomed to find malignant growths of such dimensions. It was as large as a hen's egg, but of a roughly triangular shape, with one angle towards the nipple and its base towards the axilla. No trace of fluctuation could be made out. By my advice she lost no time in obtaining the opinion of a surgeon who was generally considered the highest authority of the day. In answer to my letter about the case, he replied: "I am sorry that I cannot have a doubt that the hardness in —'s breast is or is becoming cancerous, and that the only treatment for it is by operation," etc. He referred her for operation to another surgeon of world-wide reputation. Chloroform was administered, and preparation for excision made, but an exploratory incision proved the disease to be cystic. The lady made a rapid recovery, and had no sign of further trouble in her breast for years, to my own knowledge, and I believe she is still quite well. The operation was performed in July, 1886.

Old Burlington Street, W.

A. EDDOWES, M.D.

POISONING BY PICRIC ACID.

A MAN, aged 35, came to me with the following history and symptoms: On the previous day, at 3 P.M., he took what he at the time thought to be some powdered sulphonal, a drug he was in the habit of administering to himself, but which proved to be picric acid, much used in his trade as a dye. The amount swallowed was a pennyworth, about a table-spoonful. No immediate ill-effects followed; in fact, it was some hours before he found out his mistake.

I saw him on the following morning. He then complained of slight frontal headache, pain over the abdomen and across the loins. He was deeply jaundiced. His urine contained bile and blood. The stools were natural.

Next day the jaundice had slightly diminished, though the abdominal and lumbar pain persisted. In addition there was lachrymation, injected conjunctivæ, profuse mucous discharge from the nares, and sore and irritable fauces. The urine still contained bile and blood.

Three days later he was practically well, though still slightly jaundiced. At no time were the stools paler than normal, but the urine for some days contained both bile and blood.

From the symptoms in this case it would appear that picric acid may be classed with phosphorus, antimony, arsenic, etc., drugs which, taken in poisonous doses, produce so-called hæmatogenous jaundice, due to the action of the toxic agent on the red blood cells, destroying them and liberating their hæmoglobin. I may add that a medical friend tells me that he has several times noticed distinct jaundice in patients taking medicinal doses of picrate of ammonia.

R. MILBOURNE WEST, M.R.C.S., L.R.C.P.

Leicester.

A CASE OF PHENACETIN IDIOSYNCRASY.

J. H., aged 40, on the morning of July 23rd, 1895, complained of neuralgic headache. He was ordered powders, which were subsequently ascertained to be phenacetin 8 grains, every three hours. He took the third dose about 5 P.M., and shortly afterwards, while at his tea, he began to feel very ill; his wife noticed that his face was very pale. He was taken upstairs with difficulty, and put to bed. When seen soon afterwards he was complaining of shivering, inspiratory dyspnoea, and profuse sweating from the forehead. The face was of a dark, almost mahogany, colour, somewhat swollen; on the back of each hand was a wheal of similar colour, pyriform in shape, with the apex at the styloid process of the radius, and the base extending from the metacarpo-phalangeal joint of the thumb to that of the third finger. The shirt was thrown open at the neck, disclosing another wheal of much lighter colour on the right shoulder, about the size and shape of the

palm of the hand. There were no wheals anywhere but on these exposed portions of the body. At intervals the patient had sudden jerking of the whole body. He was extremely anxious, and afraid that he was about to die.

The mercury would not rise in a thermometer graduated down to 95°; pulse very feeble, 100, regular. There was a systolic mitral murmur, and sibilant and sonorous rhonchi all over the chest. The urine appeared on inspection to be normal.

The patient had previously suffered from two attacks of acute rheumatism, one in childhood, the others about two years ago, and at the present time is subject to asthma. He is distinctly of a nervous type. The treatment consisted in rallying the patient by means of hot brandy and water, hot bottles in the bed, etc., with ammon. carb. 5 grains, every three hours during the night. Next morning he was quite well, all traces of the rash having disappeared.

The points of interest in the case were the distribution of the rash only on portions of the body exposed to the air, the extreme depression of the temperature, and the profuse perspiration from the forehead, with dryness of the rest of the skin.

W. A. BETTS, M.D., C.M., F.R.C.S. Edin.

Port Elizabeth, South Africa.

ACUTE ASCITES DUE TO PORTAL THROMBOSIS.

[Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE ROYAL NAVY.]

A. N., aged 24, engineer, was admitted on April 15th with ascites; the swelling was rendered all the more apparent as he was a slightly-built man; the abdominal walls were tense and shining, and the superficial veins were distinctly outlined. The patient stated that on the morning of April 9th he noticed his belly was very prominent, and in much the same condition as on admission; this fact was borne out by the other engineers of the vessel. The only discomfort he experienced was a sensation of weight and tightness in the abdomen; there was no history of abdominal pain or tenderness or of œdema of any part of the body. Twelve months ago he was under treatment for chancre, not followed by any secondary symptoms, and three weeks ago, when at Singapore, he was under treatment with dysenteric symptoms; habits very temperate. On palpation and percussion the existence of fluid was confirmed; tongue clean, anorexia; urine one pint in twenty-four hours, specific gravity 1028, trace of albumen, no casts; apex beat of heart at left nipple, pulse 88, regular; lungs normal; no dyspnoea; temperature at night 100° F. The treatment consisted of rest in bed, milk diet, salines, and digitalis; inunction of mercurial ointment and compound jalap powder 1 drachm twice daily, his bowels acting under this three times a day.

On April 23rd the abdominal swelling had increased half an inch, and it seemed impossible to relieve the distension except by tapping; however, before resorting to this I determined to try elaterium in 8-grain doses twice daily. After the second dose there was some irritability of his stomach and the bowels had acted very freely; I omitted the elaterium.

On measuring his abdomen three days later, it was found to be one inch less in girth, and from this date to May 3rd, ten days later, the swelling completely subsided. From May 7th he passed three pints of urine for three days. On May 17th he was discharged cured, his abdomen containing no fluid, so that a thorough examination was easy, and gave negative results. I saw A. N. three weeks after this and he was then taking active exercise, feeling exceedingly well and gaining weight.

REMARKS.—As cases of acute abdominal dropsy are comparatively infrequent and often fatal, I think this case may prove of interest, the chief and only symptom being the extreme abdominal distension unaccompanied by any other signs of pressure on the portal vessels, such as a mass of enlarged glands or faecal accumulation might possibly give rise to, and its suddenness being in favour of a rapid obstruction such as a clot, and against any gradually-increasing pressure such as new growths.

Royal Naval Sick Quarters, Yokohama.

H. J. MCC. TODD,
Staff Surgeon R.N.

men's representatives will themselves take care that these subscriptions are charitably expended. It is where the working men's subscriptions form but a small portion of the whole that the tendency shows itself to make the most of it, and on the strength of a small penny subscription to grab for the benefit of themselves—well-to-do artisans—the much larger contributions of the charitable given for the benefit of the poor and needy.—I am, etc.,

January 13th.

M.D.

OBITUARY.

THE death is reported of Mr. JAMES ROBERT FIELDING, M.R.C.S., of Alfreton. He went to Alfreton about forty years ago as assistant to the late Dr. Turner, and afterwards went into partnership with the late Dr. Spencer, to whose practice he subsequently succeeded. Mr. Fielding qualified as M.R.C.S. Eng. in 1866, and held the appointment of Surgeon to the Midland Railway Company. He took a keen interest in Freemasonry.

WE regret to have to announce the death of GEORGE WILSON TRENER, M.R.C.S., L.S.A., which occurred on January 12th, 1896. Mr. Trenery was the son of a medical man at Penryn, to whose practice he succeeded, and which he continued for nearly forty years. Mr. Trenery when he died was senior magistrate of the borough.

DR. DANIEL AMBROSE, M.P. for South Louth, died at his residence, Warren House, Upper Tooting, on December 17th, 1895. He had been suffering for several months from heart disease. Dr. Ambrose, who was an M.D. of Queen's University, Ireland, was 52 years of age.

DR. HENRY HARRIS, of Redruth, one of the oldest medical practitioners in Cornwall, died on December 21st, 1895. For some time Dr. Harris had been unable to leave his room through illness. The deceased qualified as M.R.C.S. Eng. and L.S.A. in 1833, and became F.R.C.S. Eng. in 1870. He took the degree of M.D. St. And. in 1871. Dr. Harris was about 86 years of age.

DR. JOSÉ LUIZ D'ALMEIDA COUTO, of Bahia, who recently died at the age of 62, was prominent both as a physician and as a politician. He studied medicine in the Bahia Faculty, where he took his doctor's degree in 1857. In 1883 he was appointed Professor of Clinical Medicine, and he proved himself an excellent teacher. He was the author of *Ligoes de Clinica e Therapeutica*, and of papers on the pathology of chyluria, the use of sulphate of quinine during pregnancy, etc. He was one of the Presidents of the Third Brazilian Congress of Medicine and Surgery, which was held at Bahia in 1890. He was a member of the provincial and general legislatures, and, when Dom Pedro was still on the throne, he was appointed Governor of the Province of S. Paulo, and afterwards on two occasions of that of Bahia. At the time of his death he was the President of the Municipal Council of the City of Bahia.

DR. JOSÉ SORIANO DE SOUZA, of Recife, the capital of Pernambuco, who died not long ago at the age of 62, was a distinguished member of the medical profession, and a writer of versatile accomplishments. He took his degree at the University of Rio de Janeiro in 1860. In 1862 he published his first work, a medico-legal essay on wounds, etc., and on infanticide. In 1865 he founded and edited a journal entitled *Esperança*, and in 1872 he started another called *A Uniao*. He was also the author of numerous works on philosophical, religious, and political subjects. He finally turned his attention to jurisprudence, and wrote on Roman and constitutional law. He was appointed Professor of Constitutional Law in the University of Recife. From 1886 to 1889 he was a member of the Chamber of Deputies, and afterwards he was elected a member of the Pernambucan Senate, of which he was President at the time of his death.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. P. M. Dechaux, of Montluçon, Knight of the Legion of Honour, and author of numerous contributions to scientific literature, aged 80; and Dr. Leopold Poesch, Chief Physician to the District Lunatic Asylum of Ybbs, Lower Austria.

NAVAL AND MILITARY MEDICAL SERVICES.

THE MEDICAL ARRANGEMENTS OF THE JAPANESE ARMY.

THROUGH the courtesy of the Director-General of the Army Medical Department we have been favoured with a copy of the admirable report, by Surgeon-Colonel W. Taylor, M.D., Medical Staff, On the Medico-Military Arrangements of the Japanese Army in the Field, 1894-95, printed at the War Office, 1895 (fcap. folio, pp. 66). The author was attached to the headquarters of the Japanese army in the field, and deputed to report, under no fewer than nineteen separate heads, on the medical arrangements. These were: organisation of military hospitals in the field, medical organisation of corps, sanitary and hygienic arrangements, first aid to wounded, transport, nature of wounds from modern weapons, treatment of wounds, particular diseases, Red Cross organisation. On all of these points the report is more or less full, except on the wounds produced by modern weapons, which there was no opportunity of observing, as the Chinese mostly used old weapons, and even bows and arrows.

Through the courtesy of Marshal Count Oyama, Surgeon-Colonel Taylor was supplied with a copy of the Japanese medical regulations, which were kindly translated by Mr. Ariga, adviser on international law with the Marshal's headquarters. For the first time, therefore, we obtain an insight into that branch of the Japanese military organisation, and wonderful it is; so surprising, indeed, that it has been well characterised as an "absolute revelation."

The regulations seem compounded from German, French, and British sources, with new and original touches to meet specific national peculiarities. Of course some of the regulations were found to be impracticable, as no doubt some of our own will be when put to a practical test; but at the same time, in a broad sense, they worked in an "easy, smooth, and efficient way;" the moral of all being—and we trust our War Office will note it—that not only must regulations be worked out with the utmost forethought and detail, but "every opportunity of testing organisation and equipment" must be taken, and "officers and men must have constant opportunities of practising in time of peace what they are expected to do in time of war."

The Japanese army medical service possesses a large measure of autonomy, and seems little hampered or thwarted by unnecessary outside authority. Its medical officers apparently have compound titles like our own. The basis of the field medical and surgical equipment is the pannier, which is well filled with modern medicines and antiseptics; the latter were freely used, and there were no cases of septicæmia. Field transport for the wounded was almost entirely stretchers and other contrivances borne by hand. The basis of the field ration was rice, together with issues of chicken, beef, pork, and fish, and dried vegetables and fruit, with biscuits; the commissariat was of course much simpler than that of a European force.

Surgeon-Colonel Taylor pays a well-deserved tribute to the devotion, or rather actual heroism, of both officers and men of the medical service on the field of battle. At Wai-hei-Wai, for instance, a regiment advancing over a flat sandy beach was terribly cut up by the fire of the Chinese ships, yet all the wounded were gallantly rescued in twenty minutes "in the face of an incessant hail of bullets which ploughed up the sand in every direction." Not much difference here between combatants and non-combatants! The field efficiency of the bearer companies and regimental bearers seems to have left little to be desired.

The one blot on the system is, "there are no regulations with a view to insuring satisfactory sanitary conditions"; even the most ordinary precautions connected with cor-

should abate the nuisance of overcrowding, which was injurious to the health of the inmates. He contended that under the Act there was no jurisdiction, and if there was no evidence on which he could properly convict, if the order were right, the magistrate could impose a penalty. At this shelter there were a large number of persons from 10 o'clock in the evening, some leaving as early as 3 o'clock in the morning, and there were always some coming in and going out. At 8 o'clock, however, the whole shelter was cleared. He contended that those who made use of the shelter could not be called "inmates," on the ground that a person who passed one night in a house was not an "inmate" in the sense in which the wording of the Act was used. In July, August, and September 30,000 payments had been made at rd., 2d., and 3d. Of the higher rate very few payments were made.

Mr. Justice Wright said they could not go into the question of overcrowding.

Mr. Willis went on to say that no objection was taken to the construction and management of the building. It was used as a shelter by night, but was not used at all by day. The fault was that the order did not state what was to be done to abate the nuisance, and an order could not be good unless what the appellant had done and the remedy were specified.

Mr. Justice Wright said that there could not be more done in a case of overcrowding than to tell him not to overcrowd.

Their Lordships granted the rule applied for.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

GIRTON COLLEGE.—Alex Hill, M.D., Master of Dowling College, has been appointed by the Council of the Senate a member of the governing body of Girton College.

DEGREES FOR WOMEN.—A memorial signed by a number of members of the Senate is in course of circulation with a view to wider support. It asks the Council of the Senate to sanction the formation of a syndicate to consider whether and under what conditions women should be admitted to the degrees of the University.

UNIVERSITY OF EDINBURGH.

ANNUAL REPORT.—Some of the details in this report have already appeared in the BRITISH MEDICAL JOURNAL. During the past year the total number of matriculated students (including 167 women) was 2,836, and of these 1,475 were in the Faculty of Medicine, and 134 (including 2 women) in the Faculty of Science. Of the students of medicine, 635, or over 43 per cent. belonged to Scotland; 464, or over 31 per cent., were from England and Wales; 84 from Ireland; 72 from India; 193, or fully 13 per cent., from British colonies; and 27 from foreign countries. The number of women students of medicine attending extra-academic lectures with a view to graduation in the University was 39; 221 gentlemen took the degrees of M.B. and Ch.B. during the year; 1 the degree of Ch.M. alone; 3 the degree of D.Sc.; 17 the degree of B.Sc.; and 71 the degree of M.D. The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £15,450, and of these £2,800 belongs to the Faculty of Medicine. A number of bursaries, etc., are in the gift of private patrons, but the great majority are awarded by the Senate after competitive examination. Bachelors of Medicine under the old regulations are now availing themselves of the new ordinance which allows them to proceed to the degree of M.D. by presenting a thesis, and by passing a higher examination in clinical medicine, and exempts them from further examination in preliminary subjects as formerly required. The University has to record her gratitude for a sum of about £2,000 bequeathed by the late Dr. Robert Goodsir, in augmentation to the Goodsir Memorial Prize Fund. Among the valuable presentations of the year were a portrait of the late Professor Joseph Black, and a bust of the late Professor Goodsir. The late Drs. Robert Goodsir and Hugh Cleghorn had bequeathed collections of books. The McEwan Hall, to which the founder is adding a fine organ, will probably be complete soon, and together with the Union, the music class-room, and the new medical school, will form a very imposing ensemble.

UNIVERSITY OF DURHAM.

PRELIMINARY EXAMINATION IN ARTS FOR GRADUATES IN MEDICINE AND SCIENCE.—The following have satisfied the Examiners:

J. Backhouse, W. Campbell, E. Garnsey, E. W. Jocelyne, H. Reah, F. L. Smith, B. E. Spurgin, T. Streetfield, R. L. Treble, A. Warner, H. G. Wayling, R. W. Willis.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

THE following gentlemen passed the Second Examination of the Board in the subjects indicated, on Monday, January 13th:

Anatomy and Physiology.—A. E. Hamerton, J. B. Hall, and C. G. Catterall, students of Yorkshire College, Leeds; J. Ainscow, Owens College, Manchester; R. G. Webster and T. D. Paddock, University College, Liverpool; R. E. Drake-Brockman, St. George's Hospital; W. J. Lord, University College, Bristol; A. J. Stanley, G. V. Smallwood, Mason College, Birmingham; A. Ricketts, University College, London; P. Foster, Charing Cross Hospital; V. T. C. Bent, Guy's Hospital; and J. M. Garman, London Hospital.

Anatomy only.—H. L. Laidman, Owens College, Manchester; V. K. Blackburn, Firth College, Sheffield; W. H. Park, Charing Cross Hospital; and G. B. Nicholson, St. Bartholomew's Hospital.

Physiology only.—E. Whalley, Yorkshire College, Leeds; E. G. Bunbury, University College, Bristol; H. Spinks, Owens College, Manchester; E. S. Crispin, King's College, London; J. E. Francis and J. W. Cheese, University College, London; R. S. Ransome, St. Thomas's Hospital; and G. S. Moore, London Hospital.

Fifteen gentlemen were referred in both subjects, 6 in Anatomy only, and 2 in Physiology only.

Tuesday, January 14th:

Anatomy and Physiology.—E. A. Evans, E. A. Longhurst, E. R. Row, and L. Humphrey, Guy's Hospital; J. F. Walker, E. Young, and D. J. Thomas, London Hospital; W. Evans, Ottago University and London Hospital; H. E. Waller, A. L. Scott, Bartholomew's Hospital; W. Ferris, G. P. T. Groube, and C. H. Straton, St. Mary's Hospital; R. L. G. Worsley, St. George's Hospital; A. Chenery, Melbourne University and King's College, London; E. C. Bailey, King's College, London; J. K. Howlett, Cambridge University; A. Campbell, Sydney and Edinburgh Universities.

Anatomy only.—B. Isaac, Guy's Hospital; J. H. Yearsley, St. Thomas's Hospital; W. W. Claridge, Middlesex Hospital; W. Green, Charing Cross Hospital.

Physiology only.—W. E. Nelson, Cambridge University and St. Thomas's Hospital; A. J. B. Adams, St. Thomas's Hospital and Mr. Cooke's School of Anatomy; A. W. Powell and G. M. Brown, Guy's Hospital; and W. M. B. Sparks, King's College, London.

Ten gentlemen were referred in both subjects, 6 in Anatomy only and 2 in Physiology only.

Wednesday, January 15th:

Anatomy and Physiology.—G. H. Spencer, J. Davies, K. H. Douglas, and S. Gaster, London Hospital; C. S. S. Dunlop, University College, London; E. P. H. Dudley, H. P. Lobb, and J. E. Robinson, St. Bartholomew's Hospital; N. Pern, St. Thomas's Hospital; S. H. G. Cory, St. Mary's Hospital; R. Michell, W. S. Richardson, and A. A. Miller, Guy's Hospital; A. W. Dunning-Hunt, H. J. Viney, Middlesex Hospital; and J. M. Lefevre, McGill University, Montreal, Canada.

Anatomy only.—A. H. McN. Mitchell and P. B. Spurgin, St. Mary's Hospital.

Physiology only.—A. Hawkins, Cambridge University and St. Bartholomew's Hospital.

Seventeen gentlemen were referred in both subjects, 1 in Anatomy only, and 2 in Physiology only.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentleman, having previously passed the necessary examinations, and having now attained the legal age of 25 years, was at the quarterly meeting of the Council on January 9th, admitted a Member of the College:

J. W. Haines, M.B.Lond., L.R.C.P.Lond., St. Bartholomew's Hospital; Diploma of Member, dated July 30th, 1894.

The following gentleman, having previously passed the necessary examinations, and having conformed to the by-laws and regulations, was admitted a Member of the College:

C. W. Moorshead, L.S.A.Lond., Guy's Hospital.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS OF LONDON SANITARY DISTRICTS DURING THE FOURTH QUARTER OF 1895.

In the accompanying table will be found summarised the vital and mortal statistics of the forty-three sanitary areas of the metropolis, based upon the Registrar-General's returns for the fourth or autumn quarter of the current year. The mortality figures in the table relate to the deaths of persons actually belonging to the various sanitary areas, and are the result of a complete system of distribution of deaths occurring in the institutions of London among the various sanitary areas in which the patients had previously resided.

The 31,188 births registered in London during the three months ending December last were equal to an annual rate of 28.5 per 1,000 of the estimated population; this rate was 1.4 per 1,000 below the mean rate in the corresponding quarters of the five preceding years, 1890-94. The birth-rates during the period under notice in the various sanitary areas showed as usual wide variations, owing principally to the differences in the sex and age distribution of the population. In Kensington, St. George Hanover Square, Westminster, Hampstead, St. Martin-in-the-Fields, London City, and Lee the birth-rates were considerably below the average; while they showed a marked excess in St. Luke, Bethnal Green, Whitechapel, St. George-in-the-East, Mile End Old Town, St. George Southwark, and Bermondsey.

The 19,356 deaths of persons belonging to London registered during the quarter under notice were equal to an annual rate of 17.7 per 1,000; this rate was, with one exception, below that in the corresponding period of any year on record, and was 2.0 per 1,000 below the average rate during the ten preceding years, 1885-94. The lowest death-rates last quarter in the various sanitary areas were 11.8 in Hampstead, 11.9 in Wandsworth, 12.2 in St. George Hanover Square, 12.6 in Stoke Newington and in Lewisham, 13.8 in Battersea, and 14.5 in Paddington and in Plumstead; the highest rates were 23.4 in Whitechapel and in Limehouse, 23.5 in Bermondsey, 23.6 in Newington, 23.9 in St. Saviour Southwark, 24.2 in St. George-in-the-East, 24.3 in St. Luke, and 26.1 in St. Olave Southwark. During the quarter under notice 3,095 deaths were referred to the principal zymotic diseases in London; of these, 1,014 resulted from measles, 836 from diphtheria, 457 from diarrhoea, 260 from scarlet fever, 263 from whooping cough, 245 from different forms of "fever" (including 241 from enteric fever, 2 from typhus, and 2 from ill-defined forms of continued fever), and 11 from small-pox. These 3,095 deaths were equal to an annual rate of 2.8 per 1,000, which was 0.5 per 1,000 above the mean rate in the corresponding quarters of the ten preceding years, 1885-94. The lowest zymotic death-rates during last quarter in the various sanitary areas were 0.3 in Stoke Newington, 1.1 in Lewisham, 1.2 in Woolwich, 1.3 in Hampstead and in Wandsworth, 1.4 in Paddington, and 1.7 in St. James Westminster; while the rates ranged upwards to 3.7 in St. George

MEDICAL NEWS.

It is proposed to hold a Congress of "Oto-rhino-laryngo-logy" in Madrid in the course of the present year.

At the annual meeting of the Royal Meteorological Society, on January 15th, Mr. E. Mawley was elected President, and the retiring President, Mr. R. Inwards, delivered an address on Meteorological Observatories, in the course of which he observed that the Society was gradually covering the country with a network of private observing stations.

At the annual meeting of the supporters of the Northern Hospital in Liverpool, on January 15th, Lord Derby, who presided, referred to the munificent offer of Mr. David Lewis, trustee, to erect a new hospital and nurses' home at a cost of £60,000. The enlargement of the site and provision of a maintenance fund for the new hospital, he said, called for a large amount of money. The Honorary Treasurer announced that Mr. Henry Tate had given a donation of £5,000 to the maintenance fund.

A QUARTERLY COURT of the directors of the Society for the Relief of Widows and Orphans of Medical Men was held on January 8th, Dr. Pollock in the chair. Three new members were elected, and the deaths of five reported. There were no fresh applications for grants. It was resolved that a sum of £1,162 be distributed among the 51 widows, the 8 orphans and the 4 orphans on the Copeland Fund. The expenses of the quarter were £76. The Christmas present of £452 had been given on December 20th, and a further sum of £500 had been received from the executors of Miss Carpue, making in all £3,000.

SOCIETY FOR THE STUDY OF INEBRIETY.—A quarterly meeting was held last week, the President, Dr. Norman Kerr, in the chair. In a paper on Habitual Drunkards, Dr. W. H. Kesteven suggested the following definition of a habitual drunkard: "An animal of the human species in whose nervous system is the physical basis of a habit of self-poisoning by means of alcohol or some other deleterious substances, and in whom the nervous action which accompanies the habit has become automatic." The habitual was curable, but only by coercion. Free will was lost, and these persons were unsound in mind. Drs. Grey, Glover, Poole, Paramore, and Longhurst took part in the discussion.

THE CASE OF MR. R. B. ANDERSON.—The Civil Rights Defence Committee have received from the Devon and Exeter Medico-Chirurgical Society a donation of seven guineas, and from the members of the Society further donations amounting to £22, also a grant of five guineas from the St. Mary's Hospital Medical School. These contributions are towards the fund to defray the expenses of the appeal now being prosecuted by Mr. R. B. Anderson, F.R.C.S., whose unjust treatment by the judges of the colony in which he was a medical officer has been acknowledged. At the last meeting of the Committee it was stated that numerous memorials were in process of signature in various parts of the country, bringing the facts of the case before members of Parliament.

DEATH FROM OPIUM POISONING.—Our attention has been drawn to the report of an inquest recently held in Demerara on the body of an infant seven months old. The jury returned a verdict that death had been due to opium poisoning, but how caused there was no evidence to show. According to the report in the *Demerara Argosy* the mother of the child testified that she had been in the habit of giving her baby Winslow's soothing syrup, and had given it a dose on the day of its death. We have not seen the account of the *post-mortem* appearances and of the analysis of the contents of the stomach, on which the verdict of the jury was based, but assuming that that verdict was well founded we cannot but express surprise at the thinly-veiled hints of the local journal in reporting the case that the death was due to some opiate administered by the doctor in attendance, of which absolutely no evidence was given at the inquest, when the mother was, quite unknown to the doctor, dosing the infant with what has on many occasions been shown to be a deadly poison.

At the annual meeting of the Liverpool Medical Institution, held on January 9th, the following list of officers, members of Council, and Pathological and Microscopical Committee was adopted. (Those marked thus * did not hold the same office last year.) *President*: *Richard Caton. *Vice-Presidents*: W. Macfie Campbell, G. G. Hamilton, *Charles H. Shears, and *Robert Jones. *Honorary Treasurer*: Armand Bernard. *Honorary General Secretary*: R. S. Archer. *Honorary Secretary to Ordinary Meetings*: *T. B. Grimsdale. *Honorary Librarian*: K. A. Grossmann. *Council*: R. J. Hamilton, R. W. Murray, H. G. Rawdon, W. T. Thomas, R. Williams, A. H. Wilson, *R. Robertson, *H. W. Knowles, *Charles Macalister, *J. H. Abram, *Hugh E. Jones, and *A. Stookes. *Auditors*: *John Johnstone and *W. T. Thomas. *Pathological and Microscopical Committee*: J. H. Abram, F. H. Barendt, A. Barron, Robert Boyce, A. W. Campbell, T. B. Grimsdale, G. G. Hamilton, F. C. Larkin, J. R. Logan, R. W. Murray, F. T. Paul, W. T. Thomas, and J. Wiglesworth.

BRITISH MEDICAL BENEVOLENT FUND.—The annual general meeting of subscribers to this Fund was held on January 14th at the residence of the Treasurer. The chair was taken by Mr. J. T. Mould, F.R.C.S., in the absence of Sir James Paget, Bart., President, unavoidably prevented from presiding. The financial statement and the report of the Committee were submitted, and from them it appeared that subscriptions, £991 8s. 0d., and donations, £700 18s. 8d., together £1,692 3s. 8d., had been received, the income from investments amounting to £2,333; £1,548 had been distributed in grants, and 107 annuitants had received £2,114 6s. 8d. The distribution had been effected mainly through the agency of the Cheque Bank, in monthly instalments—a mode found by the Committee exceedingly advantageous. Eighteen new annuitants had been elected to fill vacancies caused by death, and grants had been made to 158 applicants, the total number of applications being 212. Three legacies had been received during the year, £500 from the estate of the late Mr. T. M. Stone, £45 from that of Miss Wallace, and £300 from the late Miss Brigstocke. During the year, the trustees had asked to be relieved from the responsibility which they had borne so long, and had resigned their office, their resignation being received by the Committee with regret and an expression of thanks for their services in that capacity. Sir William Broadbent, Mr. John H. Morgan, and Dr. Samuel West had accepted office in their place. Several changes in the useful office of Honorary Local Secretary had taken place. Dr. Markham Skeritt had been succeeded by Dr. Michell Clarke at Bristol, Dr. Duncan succeeded Dr. Miller at Dundee, and new Secretaries had been appointed for Tottenham, Hampstead, and Kilburn, namely, Dr. G. A. Watson, Mr. J. W. Pilcher, and Dr. T. Morton; and Mrs. E. E. Palmer had accepted the post of Lady Collector at Norwich. Dr. Baxter Forman, Dr. Marmaduke Prickett, and Mr. Edward East joined the Committee; and Sir Henry Acland, Sir Edward Sieveking, and Mr. Herbert Page were appointed Vice-Presidents. Mr. Edward East resigned his appointment as Secretary for Cases, and received the thanks of the meeting for his long services, and is succeeded by Mr. Joseph White, 6, Southwell Gardens, S.W. Votes of thanks were passed by acclamation to the Treasurer and Secretaries, Auditors, and to the medical press; and Mr. Mould was thanked for his services to the fund and for his conduct in the chair.

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.

BRADFORD INFIRMARY.—Dispensary Surgeon; unmarried; doubly qualified. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to William Maw, Secretary, by January 27th.

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 ASYLUM, Birmingham.—Resident Clinical Assistant. Board and residence, but no salary. Applications to the Medical Superintendent

CITY OF DUBLIN HOSPITAL.—Resident Surgeon. Salary, £50 a year, with apartments, light, fuel, and attendance. Applications to the Honorary Secretary, Medical Board, City of Dublin Hospital, Upper Baggot Street, Dublin, by January 18th.

COMBE LYING-IN HOSPITAL, Dublin.—Clinical Assistant; for six months. Honorarium £12. Applications to the Master, Coombe Hospital, Dublin.

DUNDEE ROYAL LUNATIC ASYLUM.—Resident Clinical Assistant. No salary, but board and residence. Applications to Dr. Rorie, West Green House, Dundee.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway, N.—Junior House-Surgeon. Board, lodging, and laundry provided. Applications to the Secretary by January 27th.

GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN, Vincent Square, Westminster, S.W.—Assistant Physician; must be Member of the Royal College of Physicians. Applications to the Secretary by January 29th.

MIDDLESEX HOSPITAL MEDICAL SCHOOL.—Lecturer on Anatomy and a Lecturer on Physiology. Applications to the Dean of the Medical School, Cleveland Street, W., by February 17th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (ALBANY MEMORIAL), Queen's Square, Bloomsbury.—Assistant Physician; must be a Graduate in Medicine of a University and Member or Fellow of the Royal College of Physicians of London. Applications to B. Burford Rawlings, Secretary Director, by January 31st.

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.

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.

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.

TOWER HAMLETS DISPENSARY.—Resident Medical Officer. Salary, £120 per annum, with furnished rooms, coals, gas, and attendance. Applications to the Secretary, Mr. D. F. Matheson, Tower Hamlets Dispensary, White Horse Street, Stepney, by February 1st.

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 LONDON HOSPITAL, Hammersmith Road, W.—Assistant Physician; must be Fellow or Member of the Royal College of Physicians of London. Applications to R. J. Gilbert, Secretary-Superintendent, by February 5th.

MEDICAL APPOINTMENTS.

BACK, Alfred, M.A.Camb., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for the Fifth District of the Aylsham Union.

BARKER, Gordon Campbell, M.A.Camb., M.D.Bruce., L.R.C.P.Lond., M.R.C.S.Eng., appointed Honorary Physician to the Brighton and Hove Dispensary.

BERRY, William, J.P., F.R.C.S.I., D.P.H., appointed Medical Officer of Health and Superintendent of the Sanatorium, County Borough of Wigan, *vice* W. C. Barnish, M.R.C.S.Eng., deceased.

DARLEY, Alfred R., M.D., B.Ch., appointed Medical Officer of Health for the Daventry Rural District, *vice* William John Franklin Churchouse, L.R.C.P.Edin.

DAVIS, G. W., M.D.Durh., L.R.C.P.Lond., M.R.C.S.Eng., appointed Certifying Factory Surgeon for Sidecup, *vice* R. A. Shannon, L.R.C.P., L.R.C.S.Eng., resigned.

DESPARD, Miss R. C., M.B.Lond., appointed a Junior Assistant Medical Officer at the Holloway Sanatorium Hospital for the Insane, Virginia Water, *vice* Miss Emily Dove, now Assistant Medical Officer at the London County Asylum, Claybury.

DONELAN, Dr., appointed Physician to the Auxiliary Workhouse at Portrane.

FRY, W. L., M.A., B.M., B.Ch.Oxon., appointed House-Physician to the Radcliffe Infirmary, Oxford.

GARRAD, F. W., M.B., B.C.Cantab., appointed House-Surgeon to the Warneford and South Warwickshire Hospital, Leamington.

GARSTANG, T. W. H., B.A., Oxon., M.R.C.S.Eng., appointed Medical Officer of Health for the Biddulph Urban District.

HENRY, G. G. W., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer of Health for the Minehead Urban District.

HIGGS, W. A., M.R.C.S., L.R.C.P., appointed Medical Officer for the Castle Combe District of the Chippenham Union, *vice* A. Sudlow, resigned.

HODGE, Albert, M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Medical Officer to the Chorlton-on-Medlock Dispensary, Manchester.

HOLDEN, J. S., M.D., appointed Medical Officer of Health to the Belchamp and Melford Rural District Council.

HOLLINGS, H. T., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the Holme-on-Spalding Moor District, *vice* D. McPhee, M.B., C.M.

JACK, R. P., M.B., C.M.Eng., appointed Medical Officer of Health to the Dalziel Parish Council, *vice* A. T. Moffat, L.R.C.P.Edin., L.F.P.S. Glasg.

JOHNSTONE, Walter E., M.A., M.B., C.M.Eng., appointed House-Surgeon to the Darlington Hospital and Dispensary.

LAMB, J. H., M.B., C.M.Eng., appointed House-Physician to the Royal Berks Hospital, Reading.

LEES, J. Ferguson, M.B., C.M.Glasg., appointed House-Surgeon to the Hartlepool Hospital, *vice* A. V. Macgregor, resigned.

MANBY, Edward Petronell, M.D., D.P.H.Camb., appointed Assistant Medical Officer of Health for Liverpool.

MARTINE, W. R., M.B., C.M.Eng., appointed Medical Officer and Vaccinator to the Athelstaneford Parish Council, Haddington, and Medical Officer and Vaccinator to the Morham Parish Council, Haddington.

PHILLIPS, Josiah N., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Cannock Rural District, *vice* J. C. Blackford, M.R.C.S.Eng., resigned.

PUGH, William Thomas Gordon, M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed House-Physician to the North-Eastern Hospital for Children, Hackney Road.

SAUNDERS, Bertram, M.B., C.M.Aberd., appointed Junior House-Physician to the North-Eastern Hospital for Children, Hackney Road.

SHEARER, Dr., appointed Medical Officer for the Gotham District of the Basford Union.

STRANGE, A., appointed Assistant Medical Officer to the Whitechapel Union Infirmary, *vice* H. D. Levick, M.R.C.S.Eng., L.R.C.P.Lond., resigned.

SWAN, Dr., appointed Medical Officer for the Drum District of the Coote-hill Union.

WHITWELL, Dr., appointed Medical Officer for the No. 3 District of the Market Harborough Union, *vice* Lovett, resigned.

WILLS, C., M.R.C.S.Eng., appointed Medical Officer of Health to the Blyth and Cuckney, Clown and Kiveton Park Rural District Councils.

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.—Papers: Messrs. Kanthack and Stephens: The Escape of Diphtheria Bacilli into the Blood and Tissues. Mr. Raymond Johnson: Extensive Hæmorrhage due to Pyogenic Organisms. Dr. Pye-Smith: 1. Syphilitic Arteritis of the Ascending Aorta. 2. Cancer of Colon in association with Membranous Colitis. Dr. Newton Pitt: Epithelioma in an Esophageal Pouch. Card Specimens: Mr. Richard Lake and Dr. Rolleston.

WEDNESDAY.

HUNTERIAN SOCIETY, 8 P.M.—Clinical evening. Sir Hugh Beevor, Bart.: Hemiplegic Tremor. Dr. Fred. J. Smith: 1. Hemianopsia. 2. Motor Aphasia. Mr. Wm. Ettles: Cuticular Disease for Diagnosis. Dr. J. F. Woods: Cervical Neuralgia treated by Suggestion without Hypnotic Sleep. And other cases.

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

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20 Hanover Square, 5 P.M.—Cases by Drs. Abraham, Stowers, and Mr. Walsh. Dr. Eddowes: Warts of Feet.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Maguire: On Aortic Disease.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. A. Wilson: A Girl after Meningitis in Hystero-epileptic State, with Dual Existence. Dr. Norman Dalton: Myopathic Muscular Atrophy in an Adult. Mr. J. R. Lunn: Suppuration of the Shoulder-joint in a man, aged 63. Twice Incised. Excision of the Temporo-maxillary Joint for Arthritis Deformans, Charcot's Disease of Shoulder-joint. Mr. H. Paterson: A Case of Extensive Skin-grafting. Mr. H. B. Robinson: Birth Injury to Upper Extremity of Femur. Mr. C. Mansell Moullin: Impaired Growth of Lower Epiphysis of Tibia, consequent on a Strain. Mr. Raymond Johnson: Case of Traumatic Orbital Aneurysm.

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.

ANDREWS.—On January 10th, at 3, Chelsea Embankment, the widow of Launcelot Andrews, M.D.Lond., late of 22, Cheyne Gardens, of a daughter, who lived only a short time.

BOOBYER.—On January 9th, at 24, Forest Road, W., Nottingham, the wife of Philip Boobyer, M.B., of a son.

HOWELL.—On January 13th, at Middlesbrough, the wife of R. Edw. Howell, M.B., M.R.C.S., L.R.C.P., of a daughter.

OLIVE.—On January 7th, at Leamington, the wife of Eustace J. P. Olive, M.A., M.D., F.R.C.S., of twin daughters.

MARRIAGE.

COATES—FREELAND.—On January 11th, at the Cathedral, Chichester, by the very Rev. the Dean, William Coates, M.R.C.S., L.R.C.P., Ingleside, Whalley Range, Manchester, to Leonora Stilwell, sixth daughter of the late Frederic John Freeland and of Mrs. Freeland, Chichester.

DEATH.

TRINERY.—On January 12th, at the Square, Penryn, Cornwall, George Wilson Trinery, J.P., M.R.C.S., L.S.A., aged 74.

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., 1.0; 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 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; Electro-therapeutics, 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; (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; 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.

CLIMATE FOR CHRONIC EAR DISEASE.

ANATOMY asks: (1) Which is the best residential place in England with driest climate and most absorbent soil? (2) What books relating to climatology, etc., both at home and abroad, would be useful?

MIDWIFERY FORCEPS.

DR. JNO. EADIE (West Coker) asks at about what date the practice of covering midwifery forceps with leather was abandoned. The text-books mention the matter, and why it was given up, but not when.

INFANTILE JAUNDICE.

C. D. has under his care a woman who has twice been delivered of children that have died shortly after birth of infantile jaundice. She is now pregnant, and he would like to receive any suggestions as to treatment of mother or child.

THE VOMITING OF PREGNANCY.

J. A. K. asks for references to recent monographs or articles containing information on the subject of the vomiting of pregnancy.

. Our correspondent might consult the recent monograph by Dr. Giles in the *Obstetrical Transactions*, vol. xxxv.

QUINCY AND PERITONITIS.

M. A. would be glad to learn if any member has ever had experience, or is aware of any case or cases on record in which "quincy" gave rise to "septic peritonitis" in a lying-in woman. The patient was not suffering from quincy, but had some weeks prior to her confinement been assiduously attending one who had that disease.

HOME FOR HEMIPLEGIC PATIENT.

H. S. wishes to hear of a home where a woman who has suffered for many years from hemiplegia of right side with aphasia, and who is now beginning to have incontinence of urine, could be received for a small payment, say £1 a week. It is not necessary that the home should be in London.

CERTIFICATION OF LUNATICS.

E. McD. writes: Is it legal for two medical practitioners in partnership, or father and son in partnership, to sign conjointly medical lunacy certificate for committal of patient to asylum, either pauper or private?

. It is not legal in England or Wales, but in Scotland it is legal for two practitioners in partnership—father and son it may be—to sign the two certificates necessary for the incarceration of a lunatic.

EXAMINATION FOR F.R.C.S. EDIN.

PROTOPLASM would be glad of any information as to the best books to read on genito-urinary surgery for the F.R.C.S. Edin.; also what is a rough boundary line between gynaecology and genito-urinary disorders, as the former might be included in the latter, although in the syllabus they are given as distinct specialties.

IN the JOURNAL of May 4th, 1895, our Edinburgh correspondent takes in reply to a similar question that the articles on genito-urinary surgery in any of the standard works, for example, those in Holmes's *System*, or Erichsen, perhaps with the addition of the chapters in Treves's *Manual of Operative Surgery*, will be sufficient for this examination. For cystitis in women, and urethral caruncle, see Hart and Barbour's *Diseases of Women*.

HOME FOR IMBECILE BOY.

SUZERAIN asks where a weak-minded boy, aged about 7 years, could be kept and taught in a home for the purpose; the parents are poor and unable to contribute.

. If the boy lives in Scotland he can be sent to the Scottish National Institution for the Education of Imbecile Children, Larbert, Stirling-shire; or to the Baldoran Asylum for the Treatment of Imbecile Children, Dundee, Forfarshire. If he lives in England he can be sent to the Earlswood Asylum, Redhill, Surrey; the Darenth Schools for Imbecile Children, Dartford, Kent (takes children from London only); the Royal Albert Asylum, Lancaster; the Eastern Counties Asylum for Idiots, Essex Hall, Colchester; the Western Counties Asylum, Star Cross, near Exeter; the Midland Counties Asylum, Knowle, near Birmingham. A letter should be addressed to the Secretaries of any of these institutions, inquiring particulars of admission.

HEIGHTS AND WEIGHTS OF CHILDREN.

CERTIFYING SURGEON asks where he can find a table showing the average heights and weights of boys and girls from the age of 9 to 18 years.

. For the stature and weight of the general population and of different classes of the population see Charles Roberts's *Anthropometry*, tables XVI and XVII; but this work is out of print, and the new edition is not yet issued. These tables are reproduced in Mr. C. Roberts's *Memorandum on the Medical Inspection of, and Physical Education in, Secondary Schools*, vol. v, pp. 538 and 362, of the Report of the Royal Commission on Secondary Education (a Blue Book just issued, price 2s. 6d.); also in Professor H. H. Donaldson's recently issued work on the *Growth of the Brain* (Contemporary Science Series, price 3s. 6d.), pp. 57-80. Mr. C. Roberts has dealt especially with the Physical Requirements of