

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

FORMIC ALDEHYDE IN OPHTHALMIC PRACTICE.
Dr. DAVIDSON's experiences with formic aldehyde in the treatment of septic conditions of the cornea are both interesting and instructive. At the same time, the employment of that agent in eye surgery can scarcely be regarded as a novelty. So long ago as May, 1893, it was made the subject of a communication to the Société Française d'Ophthalmologie by Valude, who had used both a strong (1 per cent.) and a weak (1 in 2,000) solution. The former he had found of service in purulent ophthalmia and in commencing panophthalmitis, the latter to sterilise the conjunctiva or instruments, or to form a menstruum for atropine, physostigmine, and other drugs of unstable nature. Gepner¹ confirmed Valude's statements. Barabachew, a Russian surgeon, found that a 1 in 2,000 solution acted well in chronic inflammations of the conjunctiva, and he specially praised it in the treatment of infectious conditions of the cornea. Amblard has recently treated obstinate dacryocystitis by injecting the lachrymal sac thrice a week with a $\frac{1}{2}$ per cent. solution. Speaking for myself, I have used a 1 in 2,000 strength for the last nine months, and have found it of service in mucopurulent and follicular inflammations of the conjunctiva when applied thrice a day to the everted lids. In some other affections—for example, trachoma—it certainly seems to have the power of reducing the amount of secretion. The application, as a rule, is well borne. In some cases, however, it gives rise to a slough of the conjunctiva of the eyeball, which looks precisely as though a powerful chemical irritant had been used. Upon withdrawal of the lotion this state of things soon subsides.

SYDNEY STEPHENSON,
Ophthalmic Surgeon to the North-Eastern Hospital for Children;
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Welbeck Street, W.

INFANTILE SCURVY.

As a contribution to the literature of infantile scurvy the following case may be of interest: In March, 1894, at Secunderabad, an infant, aged 18 months, was noticed to be getting thin and sallow; soon afterwards he stopped crawling; then objected to his lower limbs being moved or touched, and finally developed bruise-like patches on his knees and elbows, occasional bloody mucus, and slightly spongy gums. The disease was diagnosed "scurvy." He was treated merely with lime juice (no alteration being made in his diet), and in a fortnight had practically recovered.

In early infancy he had various digestive troubles, and it was hard to find a suitable food. Mellin's food, milk in various dilutions, decaesinated milk, etc., had each their turn, but for some months previous to his illness he had thriven fairly well on three pints daily of buffalo milk and one bottle of Nestlé's milk food (which is prepared without milk). Buffalo milk has a large excess of fat in it, being about twice as rich as cow's milk in this particular. The milk in question was placed in a separator and all cream removed, half the cream being subsequently added to bring it to the standard of ordinary cow's milk. This milk was boiled immediately on receipt, and diluted with one-third part of water for the bottle. It was difficult to believe that under these circumstances a child could get scurvy, yet it undoubtedly did.

Dr. Barlow, in the Bradshaw¹ lecture of 1894, suggested that boiling might interfere with the antiscorbutic properties of milk. I have distinct recollection (I regret I have lost the notes) of two cases of "enteric fever" which had been kept longer than usual on an exclusive (boiled) milk diet, developing distinct scorbutic symptoms, which at once disappeared on treatment with antiscorbutics and change of diet; since then I have always been careful in this country—where all milk is boiled—to give lime juice when feeding for over a fortnight a patient on milk alone.

¹ *Centralbl. f. Augen.*, June, 1894.

I can vouch for the accuracy of the above case in every particular, for the child was my own, and has been perfectly well ever since.

F. P. NICHOLS, M.B. CANTAB.,
Shwabo, Upper Burmah. Surgeon-Major, A.M.S.

A METHOD OF SWABBING THE UTERINE CAVITY.
PERMIT me to point out a device for swabbing the uterine cavity with caustic solutions in cases, such as intact hymen, in which it is undesirable to use the speculum. After arming the sound with cotton wadding in the usual way, take about a foot of rubber tubing with $\frac{1}{4}$ -in. calibre. At $2\frac{1}{2}$ in. from one extremity cut an oval hole whose length is about $\frac{1}{2}$ in., while its breadth is half the circumference of the tube. Now insert the point of the medicated sound into the oval hole which has been cut in the tube, and push on the instrument until the point is just at the extremity of the sheath which is thus formed for the distal $2\frac{1}{2}$ in. of the sound. When anointed, and after the finger is introduced and placed on the os uteri, the covered instrument is taken in the left hand and glided over the finger till the point enters the os. At this moment the right hand guides on the swab, while the left hand withdraws the rubber tube. This is easily effected, and thus by a simple method we can, while securing the external genitals and vagina from injury, maintain the intact condition of the parts:

Edinburgh.

DAVID WILLIAM AITKEN.

INJECTION OF SALINE FLUID INTO THE AXILLARY CELLULAR TISSUE IN CASES OF EXCESSIVE HÆMORRHAGE.

It was owing to the suggestions of Mr. Thomas H. Morse, of Norwich, some time ago that I first became aware of this easy method of treatment.

The instrument used is a very slight modification of Mr. Arbuthnot Lane's transfusion apparatus (made by Messrs. Down Brothers), the only difference being that a sharp-pointed needle of a little stouter make is required, instead of the blunt one as used for introduction into a vein, and the ordinary saline solution is injected, that is, a teaspoonful of common salt to the pint of boiled water, cooled to the proper temperature (100° F.). The instrument having been filled with the solution and fitted together, the steel point of the needle is forced through the skin of the axilla deep enough to move freely in the cellular tissue, and the fluid slowly and gently injected, the syringe being again refilled, and proceeding in the same manner until a pint or more has been used.

The following are notes of a successful case in my own practice: About eighteen months ago I was called by the nurse to attend Mrs. N., as she was alarmed at the excessive hæmorrhage which had been going on for two hours without, apparently, any progress in the labour. I found the patient in a blanched and collapsed condition and pulseless, and the pains which had been going on regularly had now entirely ceased. Examination proved the case to be one of placenta prævia, and I ruptured the membranes. The patient being in an exceedingly critical condition—pulseless, unconscious, the bowels having acted involuntarily, and apparently rapidly sinking—two injections of ether were given, but without the slightest improvement.

Dr. Treutler, who kindly saw the case with me, agreed that no further interference in the labour was at present justifiable. Remembering Mr. Morse's suggestions, and having my apparatus within easy distance, we injected a pint of saline fluid into the axillary tissue, as previously explained, although, I must confess, without the remotest idea of benefiting, as we considered the case beyond assistance. However, in about two hours there were indications of slight improvement, and a very feeble pulse was detectable at the radials, and the patient being able to take small quantities of milk and brandy, there were soon decided symptoms of rallying, and benefit from the fluid injected. The pains gradually returned, and examination revealed a vertex presentation. We injected ergotin gr. $\frac{1}{15}$, and delivered at once with forceps. The child (female) was stillborn, weighed $8\frac{1}{4}$ lbs., and measured in length $21\frac{1}{2}$ in.; and, being in a state of well-marked rigor mortis, the stiffness of the limbs added considerably to the

rapid completion of delivery. The patient made a slow but uninterrupted recovery, assisted by taking iron for several weeks. The results of the injection were:—Rapid absorption of the saline fluid, hardly any of the swelling remaining at the end of two hours, and the decided and rapid improvement of the urgent symptoms; and the advantages are the quick, ready, and easy application of the method, which could be managed any time single-handed.

Mr. Thomas Morse has had two successful cases, one being for a pulseless patient, due to hæmorrhage as a result of extrauterine foetation, and he suggests its use before certain operations in collapsed conditions due to hæmorrhage, and advises performing the operation in both axillæ.

ARTHUR H. DODD, L.R.C.P.Lond. M.R.C.S.Eng.,
West Brighton. L.S.A.Lond.

LARYNGEAL DIPHTHERIA: TRACHEOTOMY: RECOVERY.

On June 4th, 1895, my colleague Mr. H. H. Crickitt was called to see a well-nourished child, G. P., aged 3 years. The child had been ill since May 31st, complaining of sore throat; he had been feverish and had slight cough. Mr. Crickitt found on both tonsils a deposit of membranes. The child had a "brassy" cough; his breathing was somewhat embarrassed, but there was no retraction of the intercostal spaces. The temperature was 105° F. He was ordered iron, chlorate of potash, and quinine, and the throat was sprayed with perchloride of mercury (1 in 5,000).

On June 5th, in the morning, there was decided improvement. The temperature was 101°. Later in the day the temperature rose to 103°, and in the evening to 104°, the child seeming much worse. I was called in to see the case by Mr. Crickitt. At 2.30 A.M. on June 6th I was again called, and found the child much worse; there was increased difficulty of breathing, an exceedingly weak pulse, and the child was very restless. The condition continued to become more serious; there was marked recession and cyanosis; at about 9 A.M., the child being then *in extremis*, I succeeded in prevailing upon the parents to allow me to perform tracheotomy.

Chloroform was administered by Mr. Crickitt, and with the assistance of my son, Mr. Hubert Williams, I opened the trachea; the child's colour instantly improved, and the tube was readily introduced, and through it membrane was freely coughed up. The temperature the same evening was 101.8° F. The patient was now fed almost entirely *per rectum*, and went on comfortably until the afternoon of June 7th, when about 2.30 P.M. I was hastily summoned and found the child cyanosed and collapsed from blocking of the tube; I instantly removed the tube, cleared the larynx with a feather dipped in a solution of bicarbonate of soda, and administered a hypodermic injection of ether and brandy; the child rallied. That evening I secured the services of Nurse Baylis, of Hereford Infirmary, to whose unremitting care the success of the case is in no small measure due. We had to rely for a fortnight mainly on rectal alimentation, the child obstinately refusing to take anything like an adequate amount of food by the mouth.

Some broncho-pneumonia developed, and the temperature again rose; all this cleared up by about July 2nd. The tube was permanently removed on the eighth day, and the wound, through which considerable quantities of purulent discharge

and membrane were expelled, gradually closed, and was healed before July 8th. The child is bright and well, and phonates perfectly.

This case well illustrates the absolute necessity of skilled nursing in tracheotomy; the child, who lived only three minutes from my house, being nearly lost on the second day by want of proper appreciation of the necessity of keeping the tube clear. I may say that I found the inhalation of creasote exercise a more marked influence over the secretion in broncho-pneumonia during its later stage than carbolic acid.

Talgarth, Breconshire. T. EDWARD WILLIAMS, F.R.C.S.EDIN.

ENTERIC FEVER.

The following note may be of interest with reference to the article of Mr. Sydney D. Rowland, B.A., in the BRITISH MEDICAL JOURNAL of June 22nd, 1895.

Private W. A. was admitted into the Station Hospital, Lucknow, on April 1st, suffering from enteric fever. The case was a typical one, and the man recovered. He had been discharged from the military prison the day previous, having completed four months. On seeking the cause of the disease, "country cheese," which was supplied as part of the prison diet, was suspected. A sample was sent to Professor Hankin, Government Analyst, North-West Provinces and Oudh, who found the enteric microbe present. "Country cheese" is made out of pressed *dabé*, or curdled sour milk, prepared by natives, generally under very insanitary conditions, in their houses.

R. DE LA COUR CORBETT, M.D.,
Lucknow. Surgeon-Colonel A.M.S.

THE LOCAL TREATMENT OF CARBUNCLE.

In the local treatment of carbuncle I have found that moist cane sugar ("foots"), spread over the surface of a hot linseed meal poultice and repeated several times daily, quickly softens the hard, brawny, inflamed tissue, causes free discharge, and facilitates the healing process. I have now treated several cases in this simple manner most successfully, and since adopting it have not resorted to any cutting operation.

My last patient was a lady, aged 73. She had a carbuncle, about 4 inches across, behind the left ear, spreading upwards towards the scalp. She had been poulticed with hot linseed meal for several days, but the hard brawny tissue was unyielding. Upon covering each poultice with foots sugar the carbuncle speedily broke down, and she made a rapid recovery.

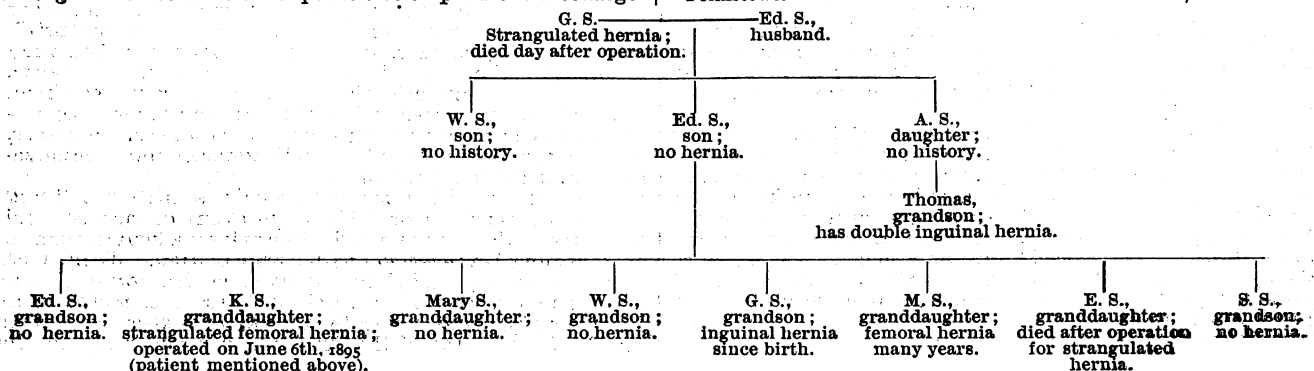
Before using the sugar as mentioned I looked upon the crucial incision as an indispensable part of the treatment of carbuncles, but since applying it I have not used the lancet.

TIMOTHY RICHARDSON, [M.R.C.S.], [L.R.C.P.Lond.
Stepney.

A HERNIA FAMILY.

I SEND you the genealogical chart, so far as I can trace it, of a patient, K. S., aged 56, upon whom I operated lately for strangulated femoral hernia. The rupture came on four days before operation, and there were no symptoms of bowel being included in the hernia. Only omentum was found in the sac, but very tightly strangulated. She did very well.

Felixstowe. C. G. HAVELL, L.R.C.P.



MEDICO-LEGAL AND MEDICO-ETHICAL.

"A PROFESSIONAL ABORTIONIST."

AT Maidstone assizes on January 21st, before Mr. Justice Cave, Mrs. Mary Eliza Sprackland was, according to the *Times* report, tried for feloniously using a certain instrument with intent to procure the miscarriage of Mrs. Mackley, at New Brompton, in June, 1895. Mr. Dering and Mr. Talbot appeared for the prosecution; Mr. Hohler for the defence. There were several charges against the prisoner in respect of different women, and counsel for the prosecution described Mrs. Sprackland as "a professional abortionist." The evidence showed that Mrs. Mackley was a married woman with three children, and that she went to the prisoner in the month of June and had an operation performed on her at the price of 5s. She was afterwards taken ill and had a miscarriage. The jury convicted the prisoner, and a sentence of five years' penal servitude was passed on her. It was stated that more than ten other instances were known of similar malpractice by the prisoner.

ANNOUNCEMENTS IN IRISH NEWSPAPERS.

A CORRESPONDENT calls attention to a paragraph in the *Irish Times*, announcing a medical man's change of address in one of the suburbs, but with the addition that "Communications to—or—will be attended to." The last statement is an offence against etiquette, but there was not, we may hope, any intention to act contrary to accepted rules.

DENTISTS' CHARGES.

NEMO writes: I am a general practitioner in a large town, and am on very friendly terms with the principal dental surgeon, who is resident in the same street. I have sent him many patients since I have been in practice, and have thus been the means of putting a good deal of money in his pocket. My wife consults him concerning her teeth, and after "stopping" two or three decayed ones, he advises her to have five artificial molars inserted, as she complained of some indigestion. The teeth were made and fitted, and the skill and workmanship displayed left nothing to be desired. No gas was administered. A bill has just come in for £6 16s. 6d. for professional services, and I must say that I thought it was a great deal, considering that I had put as much work as I could command in his way. Would you advise me to pay the amount, or would it be considered *infra dig.* to write and ask him to curtail the amount charged, as I am very willing to pay him a fee for his skill and time taken up?

* * If such charges to medical practitioners be the prevailing rule in London or adjoining towns, this rule differs materially, so far as our knowledge extends, from that adopted in the provinces. Under the circumstances referred to, we cannot but think that a more thoughtfully generous reciprocity would have been desirable and expedient. Nevertheless, we are of opinion that "Nemo" will best consult his own dignity by sending a cheque for the amount, with a courteously expressed demur to the justness of the fees charged for "professional services"; and in future, if need be, to seek advice from a practical but less prominent dental practitioner.

A LOST ELYSIUM.

PONS BELLI.—It is to be regretted (personally, at least) that our querist was tempted to quit, after twenty-one years' residence, so professionally exceptional an elysium as that depicted in his letter, and to find himself located among typical "underselling grabbers," and we can well comprehend his acute regret at the untoward change. With reference to the system of free vaccination adopted by the practitioners in question, there is, we fear, no effective remedy, nor for the unprincipled reports relative to his projected departure, otherwise than by an action at law. In regard, however, to the false advertisement of his practice being for sale, we would advise him to apply to the editor of the paper in which it appeared for the name of the person who gave instructions for its insertion; and, if he declines to furnish it, a letter from our correspondent's solicitor will no doubt elicit the desired information.

ATTENDANCE ON RETIRED MEDICAL MEN AND FAMILIES.

PERSEVERE asks: What is the present custom or etiquette as regards the attendance upon medical men and their families (are servants included?) and does the same apply to retired medical officers of the Services?

* * For the information of our military querist we re-insert, in its entirety, the rule which appertains generally to British medical practitioners, but not to their servants:

"All legitimate practitioners of medicine, their wives, and children, while under the paternal care, are entitled (not as a matter of right, but) by professional courtesy, to the reasonable and gratuitous services—railway and like expenses excepted—of the faculty resident in their immediate or near neighbourhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or a daughter altogether independent of the father, or the widow and children of a practitioner left in affluent or well-to-do circumstances, should be charged as ordinary patients, unless feelings of friendship, or other special reasons, render the attendant practitioner averse to professional remuneration; in such case the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be

declined, for no pecuniary obligation ought to be imposed on the debtor, which the debtor himself would not wish to incur.

"NOTE.—The leading principle in the above rule equally applies, and should be extended to registered students of medicine, whether such be the sons of medical men or otherwise."—*Code of Medical Ethics*, chap. ii, sect. 2, rule 1.

PRESCRIBING IN ABSENTIA.

D. writes: A., a club patient, attended by B., his club doctor, for sciatica, does not improve very rapidly. A's wife goes to work at a house where there is a gentleman ill, who is attended by a "hospital physician." She mentions her husband's case, and the "physician," without ever seeing him, or informing B. in any way, writes a prescription for A., and gives it to his wife. What I particularly wish to know is this: 1. Is it not contrary to all professional ruling to prescribe for a patient without having first seen him? 2. Is not a breach of etiquette to prescribe without informing the medical man in attendance?

* * Though it is professionally unwise, and unjust to himself withal, for a practitioner to prescribe for a person *in absentia*, we are strongly of opinion, from careful consideration of the case as related, that the wife of A. omitted, unwittingly or otherwise, to inform the physician referred to, that her husband was under the care of B., and that the prescription was written in ignorance of the fact. To this suggested explanation we feel assured our querist will, in considering the probabilities of the case, attach due weight, and acquit the seemingly erring physician of any intentional omission of his ethical duties.

EMPLOYERS AND PATIENTS.

G. G. writes: A. was attending patient B. (a working man). His former employer hearing that he was ill wrote to his doctor, C., and asked him to see the case, which he did, and the following day wrote to A. giving his diagnosis (which agreed with A.'s), and advising treatment. A. wrote back to C. and told him that he thought his conduct unprofessional in seeing B., knowing that he (A.) was in attendance. C. wrote back to A. telling him that he thought he did quite sufficient in writing to say he had seen his patient. Query: (1) Was C. justified in seeing B., well knowing that A. was in attendance? (2) Was he justified in advising A. as to treatment?

* * The rule appended hereto is that by which C. should have been guided, to which we may add, in response to the second query, that to render unsought advice (especially to an elder practitioner) otherwise than in a courteously suggestive mode, seems to our mind to indicate a somewhat supercilious assumption of practical wisdom, which ill-becomes a junior. "When, moreover (an oft-recurring incident), an employer or other person becomes anxious and apprehensive in regard to the illness of an employee, or in the case of an impending action for damages and the like, and for his personal satisfaction, requests his own family or other doctor to visit the patient and report to him thereon, it is the duty of the deputed practitioner to point out to the employer, or other interested party, their respective ethical obligations in the matter, and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case; otherwise he will commit a grave breach of professional etiquette, and entail upon himself a just rebuke."—*Code*, chap. ii, Sect. 5, Rule 15.

UNIVERSITIES AND COLLEGES.

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

THE following gentlemen have passed the First Examination of the Board under the "Five Years" Regulations in the subjects indicated at the January quarterly meeting of the Examiners:

PART I. *Chemistry and Physics*.—J. H. Addinsell, King's College, London; C. H. Allan, London Hospital; F. E. Anley, Charing Cross Hospital; R. D. Attwood, Guy's Hospital; C. H. Auchmutty, Westminster Hospital; H. V. Bagshawe, Guy's Hospital; W. A. Bailey, University College, Liverpool; C. E. Bartlett, Guy's Hospital; C. Birch, Mason's College, Birmingham; A. de V. Bithwayt, University College, London; T. M. Bodey, St. Bartholomew's Hospital; A. J. S. Brandon, St. Paul's School, West Kensington; A. M. Brind, Mason College, Birmingham; B. C. Broomhall, London Hospital; C. A. D. Byran, Guy's Hospital; C. E. Bulteel, King's College, London; R. M. Carter, St. George's Hospital; D. P. Chapman, Charing Cross Hospital; R. S. Cocke, King's College, London; R. R. Cruise, St. Mary's Hospital; D. M. Davies, St. Mungo's College, Glasgow; S. Dodd, Westminster Hospital; M. S. Double, Charing Cross Hospital; C. H. Downer, King's College, London; J. S. Dudding, London Hospital; W. B. Eddowes, St. Paul's School, West Kensington; S. J. D. Esser, London Hospital; R. A. Facey, St. Mary's Hospital; C. Y. Flewitt, Mason College, Birmingham; H. E. Flint, St. Bartholomew's Hospital; E. S. G. Fowler, Yorkshire College, Leeds; C. E. Gaitskell, Guy's Hospital; F. J. Gómez, King's College, London; C. S. Hawes, St. Bartholomew's Hospital; A. E. U. Hawkes, University College, Liverpool; H. Hemsted, University College, Bristol; C. A. F. Hingston, Middlesex Hospital; H. W. Hodgson, London Hospital; R. J. Hogan, London Hospital; F. B. Jefferies, King's College, London; I. M. Jefferiss, King's College, London; B. S. Jones, St. Thomas's Hospital; E. S. Jones, University College of South Wales, Cardiff; F. J. F. Jones, Guy's Hospital;

G. J. W. Keigwin, London Hospital; J. Lakeman, London Hospital; G. J. A. Leclézio, St. Bartholomew's Hospital; A. Lister-Kaye, Guy's Hospital and Birkbeck Institution; T. F. G. Mayer, London Hospital; E. P. Mitchell, Guy's Hospital; L. A. Moore, University College, Bristol; J. D. Morgan, St. Mary's Hospital; B. Muir, Guy's Hospital; J. C. Norton, University College, Bristol; A. C. Oliver, University College of South Wales, Cardiff; C. A. Palmer, St. Thomas's Hospital; H. R. Parkinson, Owens College, Manchester; J. N. Parrott, St. Mary's Hospital; T. J. Peirce, St. George's Hospital; C. Price, University College of South Wales, Cardiff; J. L. Prichard, University College, Liverpool; F. G. Quinby, University College, Liverpool; H. G. Rashleigh, Guy's Hospital; E. M. Ridge, London Hospital; I. J. Roche, Charing Cross Hospital; J. R. Rudhall, St. Paul's School, West Kensington; T. C. Ruthertford, St. Paul's School, West Kensington; E. A. Sanders, King's College, London; H. M. Scott, Charing Cross Hospital; C. R. Shattock, St. Paul's School, West Kensington; L. S. Smith, Mason College, Birmingham; H. L. Stephens, St. Thomas's Hospital; W. Sykes, Owens College, Manchester; W. M. Thomas, Guy's Hospital; C. E. B. Thompson, St. Bartholomew's Hospital; P. L. Vawdrey, St. Bartholomew's Hospital; C. F. Waters, University College, Bristol; G. F. Walton, St. George's Hospital; J. Waters, Middlesex Hospital; H. E. Weston, St. George's Hospital; J. L. Whatley, Guy's Hospital; C. V. White, St. Thomas's Hospital; C. C. K. White, St. Bartholomew's Hospital; T. R. Wilshaw, Mason College, Birmingham; R. Winterbotham, University College, London; T. York, Westminster Hospital; G. A. Yvanovich, St. Thomas's Hospital.

PART II. Practical Pharmacy.—C. H. Bennett, St. Mary's Hospital; K. H. Beverley, University College, Bristol; P. C. Burgess, Middlesex Hospital; A. A. F. Clarke, St. Thomas's Hospital; F. J. P. Daly, London Hospital; C. Y. Flewitt, Mason College, Birmingham; F. Hannah, Edinburgh, Manchester, and Liverpool; H. G. Harris, St. Bartholomew's Hospital; E. C. Hulseberg, Westminster Hospital; L. Jones, St. Bartholomew's Hospital; S. J. Kerfoot, London Hospital; A. C. Newport, Charing Cross Hospital; C. Parker, London Hospital; W. T. Storrs, St. Bartholomew's Hospital; G. P. Taylor, St. Bartholomew's Hospital; R. Winterbotham, University College, London.

PART III. Elementary Biology.—J. H. Addinsell, King's College, London; E. E. Argles, St. Mary's Hospital; W. A. Bailey, University College, Liverpool; H. C. Baker, St. Mary's Hospital; W. Bastian, University College, London; H. R. Bateman, St. Thomas's Hospital; J. R. Beale, St. Thomas's Hospital; R. J. Bell, Charing Cross Hospital; G. Bettinson, St. Mary's Hospital; F. E. Bishop, Charing Cross Hospital; E. H. Bonney, Charing Cross Hospital; A. G. Brinton, Mason College, Birmingham; J. P. Candler, Charing Cross Hospital; J. C. Clayton, University College, Bristol; H. R. Coombes, Westminster Hospital; G. C. Cross, Middlesex Hospital; R. R. Cruise, St. Mary's Hospital; E. H. Davies, University College of South Wales, Cardiff; E. N. de V. Dawson, St. Thomas's Hospital; P. B. Deas, St. Mary's Hospital; A. De Morgan, St. Mary's Hospital; W. E. Denniston, St. Thomas's Hospital; G. B. Dixon, Charing Cross Hospital; S. Donaldson, St. Mary's Hospital; C. H. Downer, King's College, London; J. W. Elliott, St. Mary's Hospital; E. O. Faulkner, St. Mary's Hospital; C. Fisher, St. Bartholomew's Hospital; M. G. Hannay, Charing Cross Hospital; W. T. Harris, St. Thomas's Hospital; R. T. Harrison, St. George's Hospital; W. R. Harrison, St. Mary's Hospital; H. W. Hodgson, London Hospital; R. E. Hodgson, St. Mary's Hospital; W. H. M. Hosken, St. Thomas's Hospital; A. D. Jameson, St. Thomas's Hospital; R. A. Jones, Charing Cross Hospital; C. E. Last, St. George's Hospital; E. J. Manning, St. Mary's Hospital; J. L. Martin, St. Mary's Hospital; J. D. Morgan, St. Mary's Hospital; J. F. Morrison, London Hospital; H. T. Newling, St. Mary's Hospital; S. Page, Mason College, Birmingham; A. G. Pitts, Charing Cross Hospital; J. M. Pooley, St. Mary's Hospital; H. C. Pretty, University College, London; C. Price, University College of South Wales, Cardiff; F. G. Quinby, University College, Liverpool; P. D. Ramsay, St. Mary's Hospital; E. F. Sall, St. Mary's Hospital; T. F. Staines, King's College, London; J. B. Stanley, Mason College, Birmingham; F. D. Stevenson, St. George's Hospital; J. B. Thompson, University College, London; A. B. Tytheridge, St. Mary's Hospital; C. P. Vores, Westminster Hospital; G. S. A. S. Wynne, St. Bartholomew's Hospital.

The following gentlemen passed the Second Examination of the Board in the subjects indicated at a meeting of the examiners on Thursday, January 16th:

Anatomy and Physiology.—R. H. Allport, J. L. Taylor, H. L. Norris, St. Thomas's Hospital; A. G. Reid, J. A. McComb, and A. E. Cardwell, London University; F. C. Foster and F. J. W. Sass, St. Mary's Hospital; P. C. Barham, A. G. Higgins, and J. G. F. Hosken, St. Bartholomew's Hospital; H. Durbidge, H. C. Sturdy, Guy's Hospital; D. J. Armour, Toronto University, Toronto, Canada; C. D. Parfitt, Trinity College, Toronto, and St. Bartholomew's Hospital; and A. P. D. Cleary, Bellevue Medical College and the University of Virginia, U.S.A.

Anatomy only.—L. D. B. Cogan, Guy's Hospital, and C. T. McClure, London Hospital.

Eighteen gentlemen were referred in both subjects and 2 in Physiology only.

The following gentlemen passed the First Examination of the Board in the subjects indicated under the "Four Years' Regulations."

Chemistry including Chemical Physics.—J. R. Clemens, Cambridge University; B. A. Nicol, Charing Cross Hospital; C. G. Simms, Middlesex Hospital; N. Walmisley, St. Bartholomew's Hospital; W. J. Weldon, St. George's Hospital; M. W. E. Widegren, St. Thomas's Hospital.

Materia Medica.—L. L. Allen, St. Bartholomew's Hospital; C. E. Andrews, London Hospital; I. J. Bartlett, St. George's Hospital; F. C. Blakiston, St. Thomas's Hospital; H. W. Dudgeon, Guy's Hospital; H. J. Ereaut, Westminster Hospital; E. D. Hancock, Guy's Hospital; F. Harvey, St. Bartholomew's Hospital; C. P. Higgins,

Guy's Hospital; H. C. Holden, Guy's Hospital; A. A. Humphrys, St. Bartholomew's Hospital; R. H. Hyde, University College, London; H. C. Jackson, University College, London; W. A. L. Jackson, Mason College, Birmingham; E. D. Kell, University College, London; W. Lloyd, London Hospital; H. C. Meacock, St. Thomas's Hospital; B. A. Nicol, Charing Cross Hospital; H. D. Nuttall, Edinburgh University; J. H. Pegg, St. Thomas's Hospital; A. W. Penrose, Guy's Hospital; H. R. Rice, London Hospital; C. V. Smith, University College, London; F. B. Thompson, St. George's Hospital; A. R. Todd, University College, London.

Elementary Physiology.—G. E. Goode, London Hospital; A. F. Holman, St. George's Hospital; F. A. Hort, Middlesex Hospital and Cambridge University; J. K. Howlett, Cambridge University; A. Jones, London Hospital; L. E. Lewis, University College of South Wales, Cardiff; L. C. Martin, Guy's Hospital.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1896.—The following candidates passed in:

Surgery.—W. Benton, Charing Cross Hospital; W. Hampson, St. Bartholomew's Hospital; E. W. Herrington, St. Mary's Hospital; and H. E. Wise, Middlesex Hospital.

Medicine, Forensic Medicine, and Midwifery.—E. E. Cornaby, Cambridge, and London Hospital; J. H. Crawshaw, Leeds; W. Hampson, St. Bartholomew's Hospital; M. M. Townsend, King's College; and H. E. Wise, Middlesex Hospital.

Medicine and Midwifery.—F. C. Collinson, Leeds.

Medicine.—E. G. Adams, Royal Free Hospital; H. W. Silver, Charing Cross Hospital; and W. S. Webb, London Hospital.

Forensic Medicine and Midwifery.—T. G. King, London Hospital; W. McCall, Charing Cross Hospital; C. H. Maskew, Birmingham; and H. C. Wimple, St. Bartholomew's Hospital.

Forensic Medicine.—M. Orange, Royal Free Hospital.

Midwifery.—F. R. M. Heggs, Birmingham; and G. S. Taylor, Manchester.

To Messrs. Benton, Cornaby, Hampson, Silver, Townshend, Webb, Wise, and Miss Adams was granted the diploma of the Society.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

APPEAL AGAINST AN ORDER MADE UNDER THE PUBLIC HEALTH (LONDON) ACT.

An appeal against the decision of the magistrate at the Southwark Police Court, who had made an order, at the instance of the St. Saviour's Board of Works, for the execution of certain alterations at Mowbray Buildings, Southwark, under the Public Health (London) Act, has after a prolonged hearing resulted in favour of the appellants, the Metropolitan Industrial Dwellings Company (Limited).

Evidence was given by Mr. Bannister Fletcher and Mr. P. E. Pilditch to the effect that the alterations required were unnecessary from a sanitary point of view; and Dr. Corfield supported this contention.

Sir Peter Edlin, in giving judgment, remarked that he thought if the learned magistrate had heard the evidence now given on appeal on behalf of the Dwellings Company, the order would not have been made.

ENGLISH URBAN MORTALITY IN THE FOURTH QUARTER OF 1895.

The vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending December last 77,267 births were registered in these thirty-three towns, equal to an annual rate of 29.2 per 1,000 of their aggregate population, estimated at rather more than ten and a half millions of persons. In the corresponding periods of the three preceding years the birth-rates in these towns were 31.0, 30.7, and 30.7 per 1,000 respectively. In London the birth-rate last quarter was 28.5 per 1,000, while it averaged 29.8 in the thirty-two provincial towns, among which it ranged from 22.0 in Huddersfield, 22.1 in Halifax, 23.2 in Bradford, and 23.9 in Croydon to 33.6 in Sheffield, 33.7 in Wolverhampton, 33.9 in Liverpool, and 34.7 in Salford.

During the quarter under notice 51,325 deaths were registered in the thirty-three towns, corresponding to an annual rate of 19.4 per 1,000, against 19.4, 22.6, and 17.7 in the four quarters of the three preceding years, 1892-3. In London the rate of mortality was equal to 18.0 per 1,000, while it averaged 20.4 in the thirty-two provincial towns, among which it ranged from 12.3 in Croydon, 14.2 in Brighton, 14.7 in Huddersfield, 15.6 in Derby, and 15.9 in Portsmouth to 22.4 in Wolverhampton, 23.9 in Manchester, 27.7 in Salford, 28.4 in Liverpool, and 29.9 in Blackburn. The 51,325 deaths registered in the thirty-three towns last quarter included 8,042 which were referred to the principal zymotic diseases, equal to an annual rate of 3.1 per 1,000; in London the zymotic death-rate was equal to 2.8 per 1,000, while it averaged 3.2 in the thirty-two provincial towns, and ranged from 0.8 in Croydon, 1.2 in Brighton and in Plymouth, 1.3 in Derby, 1.4 in Huddersfield, and 1.5 in Halifax to 4.0 in Manchester, 4.3 in Oldham, 4.5 in Liverpool, 4.7 in Burnley, 5.2 in Wolverhampton, 7.1 in Salford, and 10.9 in Blackburn. The 8,042 deaths referred to the principal zymotic diseases in the thirty-three large towns included 2,247 which resulted from diarrhoea, 2,733 from measles, 1,287

Dr. Haffkine speaks with gratitude of the kindness shown to him by the medical service in India. The fact of the natives claiming the principle of preventive inoculation as their own discovery, long before it was known in Europe, also served him in good stead. "The whole population," he said to a friend, "had a definite idea of the possibility of preventing diseases by the same methods which for centuries had been in use among themselves." Dr. Haffkine has accomplished his beneficent work for the British Army in India not only at his own cost, but at the sacrifice of his health. He is for the moment a wreck from persistently neglected fever. He proposes to start again for Bengal next March to complete his self-appointed task. But we sincerely hope that he will defer his departure until he has thoroughly recruited his health. India, or rather the disregard of the timely warnings which India gives in the form of fever, cost Europe one of her most brilliant scholars in the first half of the century. The fate of Cosma de Kőrös stands as a beacon against tempting Providence by like acts of heroic indifference.

PASTEUR FILTERS IN INDIA.—A correspondent, "Fuscus," writing, says the *Pioneer Mail*, on the subject of army filters the other day, quoted an opinion, which he called upon the agents to answer, to show that the Pasteur-Chamberland filters had not proved a success in the French colonies. By way of reply, and to save the agents trouble, we may quote the following passage from an official report: "Au chef-lieu de l'arrondissement de Soctrang M. l'administrateur Bertin a fait installer, en 1891, un filtre à 100 bougies qui fonctionne depuis deux ans sans interruption, et auquel viennent s'approvisionner tous les Européens du poste et beaucoup d'Annamites. *Pas un cas de dysentérie, de diarrhée, ou de choléra n'a été signalé depuis lors dans cette localité, bien qu'elle fût autrefois l'une des plus insalubres de la Cochinchine.*" This is good enough to warrant a trial for the filters here at any rate. It is apparently only the care required in the continued working of these pressure filters that may cause them to bring out less favourable results if there is any neglect of attention. At Dum-Dum of course they will have every chance as far as this is concerned, and it is devoutly to be hoped that we shall find the results not less satisfactory than M. Bertin's in the unhealthy surroundings of the French colony.

CEYLON.

DR. J. D. MACDONALD, assistant to the Principal Medical Officer of Ceylon, will come to England on long leave, on the return to the Colony of Dr. W. R. Kynsey, C.M.G., his chief. Dr. Fernando will probably act as assistant to the Chief Medical Officer during Dr. Macdonald's absence.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE AFTER-CARE ASSOCIATION.

The annual meeting of the After-Care Association was held on January 20th. The Association has for its object the care of poor persons discharged recovered from asylums for the insane, and is the only charity of the kind in the United Kingdom, cases being assisted from all parts of the country. The annual report showed that during the past twelve months there were 121 cases before the Committee, and that cases had been assisted by being boarded out in cottages in the country, by grants of money and clothing, and by occupation being found, and in other ways. Some cases were declined, as it was thought that they would never be fit for the struggle of life again. The Council again repeated that what was wanted, and was almost vital to the ultimate success of the Association, was the warm co-operation and assistance of the medical superintendents of the various asylums and guardians of the poor throughout the country.

MEDICAL NEWS.

THE Duke of Connaught will open the wing to be taken into use at St. Thomas's Hospital on February 21st.

SIR WILLIAM HINGSTON, who delivered the Presidential Address in the Section of Surgery at the annual meeting of the British Medical Association held at Nottingham in 1892, and who was recently defeated in Montreal when standing as the Conservative candidate, has been elected a member of the Dominion Senate.

THE nursing staff of the Ladywell Sanatorium, Salford, has presented Miss Thomas, the lady superintendent, with a solid silver afternoon tea service, with Doulton ware cups and saucers, on the occasion of her completing her twentieth year of service in connection with the Salford Corporation Hospitals. The present was accompanied by a congratulatory address.

At the Wilts Assizes on January 15th, Emily Lazenby was charged with the wilful murder of Martha Scriven at Swindon on December 5th, 1895, by performing an illegal operation. Mary Anne Stretch, landlady of the house where the operation was performed, and Edwin Scriven, brother-in-law of the dead woman, who took her to Stretch's house, were charged with complicity. The case occupied the court for two days. The jury returned a verdict of manslaughter, and Lazenby was sentenced to seven years' penal servitude, and Stretch and Scriven to five years' each.

DR. S. MONCKTON COPEMAN will open a discussion on the Influence of Subsoil Water on Health at the Sanitary Institute on February 12th, at 8 P.M. The chair will be taken by Dr. Farquharson, M.P.

THE Dr. Davies who is among those arrested by the Transvaal Government, is the son of Dr. Ebenezer Davies, Medical Officer of Health for Swansea. Dr. Davies has been a resident of Johannesburg about seven years; before that he was honorary ophthalmologist of Swansea Hospital. Dr. Brodie Niven, one of the persons arrested at Johannesburg, belongs to Glasgow, his family being well known in Shettleston.

THE VALUE OF A HUMAN LIFE.—According to the New York *Medical Record*, previous to the adoption of the present constitution of New York State the maximum value of a human life had been placed at 5,000 dols., and no larger sum than this could be recovered by the heirs in case a person was killed through the negligence of some person or corporation. The new Constitution, Article I, Section 18, provides that the amount recoverable for the loss of life shall not be subject to any statutory limitation. The first action under this new law was recently brought by a man against a trolley company to recover damages for injuries which caused the death of his wife. The jury awarded him the sum of 7,500 dols. (£1,500).

RE-EMBODIED SPIRITS.—We are asked to state that a book published last Saturday with the title *Anna Kingsford: Her Life, Letters, Diary, and Work*, has been issued not only without the approval of her family, but in spite of the strongest representations on their part made to the author so soon as the family accidentally became aware of his project, to induce him to renounce his intention. The book is a curious example of the mental obliquity which has characterised much of the agitation against vivisection. The author, Mr. Edward Maitland, believes that Mrs. Kingsford was the re-embodied spirit of Faustina, and that he himself is a re-embodiment of Marcus Aurelius. He further believes that to these two curious modern personages was divinely revealed a new kind of Christianity, and that they were charged incidentally with the duty of opposing vivisection, even, as it would seem, to the extent of compassing the death of those who practised it. The book is a perfect wilderness of nonsense, and its assertions do not appear to call for serious discussion.

MEDICAL GRADUATION IN RUSSIA.—Of 181 candidates who recently presented themselves for examination for the diploma of medical practitioner in the University of Moscow 175 passed (96.6 per cent.), 29 of them with distinction. In the University of Kieff, of 172 candidates, all passed except 3, who were prevented by illness from completing the examination. At Charkoff, of 126 native candidates, 116 (96.7 per cent.) were successful; on the other hand, of 6 foreign doctors who presented themselves at the same seat of learning only 1 succeeded in obtaining the diploma. At Kasan there were 70 candidates, and all passed, among them being a lady, Miss Bogoljubaskaia, who is a Doctor of Medicine of the University of Berne. Compared with these phenomenally high percentages of passes that of the St. Petersburg Military Medical Academy, where 13 students presented themselves for examination under the old regulations, and only 10 (76.9 per cent.) were successful, appears almost ridiculously low.

MEDICAL VACANCIES.

The following vacancies are announced:

BOOTLE BOROUGH HOSPITAL.—Senior House-Surgeon. Salary, £80 per annum, with board, washing, etc. Applications to be addressed to Chairman, Bootle Borough Hospital, Derby Road, Bootle, by January 28th.

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.

CHICHESTER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by February 17th.

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

DUNDEE ROYAL INFIRMARY.—Resident Clinical Assistant. Board, lodging, and washing provided. Applications to the Secretary, D. Gordon Stewart, Solicitor, Dundee, by February 5th.

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.

METROPOLITAN ASYLUMS BOARD.—Dispenser at the Eastern Fever Hospital, The Grove, Homerton, N.E. Must not exceed 40 years of age, and qualified under the Pharmacy Act. Salary, 35s. per week, with dinner daily. Applications and testimonials to the Medical Superintendent at the Hospital by February 1st.

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.

OLDHAM INFIRMARY.—Junior House-Surgeon; doubly qualified. Salary, £50 per annum, with board and residence. Applications to E. Lionel Blake, Secretary, by February 4th.

PARISH OF ST. GILES, CAMBERWELL.—First and Second Assistant Medical Officers for the Infirmary at Havil Street, Camberwell and the Workhouse, Gordon Road, Peckham. Salary for the First Assistant, £120 per annum, rising £10 annually to £150, with apartments, board, and washing. The appointment for the Second Assistant is for one year only. Salary, £50, with apartments, board, and washing. Applications, on forms provided, to be sent to Charles S. Stevens, Clerk to the Guardians, 29, Peckham Road, by January 28th.

POPLAR HOSPITAL FOR ACCIDENTS, Blackwall, E.—Second Assistant Resident House-Surgeon; doubly qualified. Salary, £50 per annum, with board and lodging. Applications to Lieutenant-Colonel Edward Feenan, Secretary, by January 29th.

ST. THOMAS'S HOSPITAL.—Two Junior Anaesthetists. Applications to E. M. Hardy, Treasurer's Clerk, at the Counting House, Westminster Bridge, by January 25th.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Surgeon to the Out-patients. Applications to the Secretary by February 4th.

SEAMEN'S HOSPITAL SOCIETY, Greenwich, S.E.—Honorary Visiting Surgeon for the Branch Hospital, Royal Victoria and Albert Docks. Must be F.R.C.S. Eng. Applications to P. Michelli, Secretary, by February 3rd.

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.

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.

ARBUCKLE, Hugh W., M.D. Aberd., L.R.C.P. Edin., D.P.H., reappointed Medical Officer for the Stainforth District of the Thorne Union.

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

BEVAN, Richard, L.R.C.P. Lond., M.R.C.S., reappointed Medical Officer of Health to the Lydd Town Council.

BRIDGER, Sydney, M.R.C.S., L.R.C.P. Lond., appointed Assistant House-Surgeon to the Devonshire Hospital, Buxton.

COLE, T. W., B.A. Dubl., M.D., B.Ch., appointed Medical Officer of Health to the Bolsover District Council.

CORCORAN, Thomas, L.R.C.S.I., L.A.H. Dubl., reappointed Medical Officer of Health to the Loughborough Town Council.

DEANS, W., M.B., C.M. Aberd., appointed Medical Officer for the Ewood Bridge District of the Haslingden Union.

FOULERTON, Alex. G. R., F.R.C.S. Eng., D.P.H. Camb., appointed Demonstrator of Biological Chemistry to the British Institute of Preventive Medicine.

FULTON, Dr., appointed Medical Officer of Health to the Stevenston Parish Council.

GOULD, John E., M.D. Lond., D.P.H. Camb., M.R.C.S., L.R.C.P., appointed Medical Officer of Health and Public Analyst for Bolton, and Physician to the Fever Hospital for the County Borough of Bolton, *vice* F. E. Adams, M.D. R.U.I., resigned.

GRAVELEY, H., M.R.C.S. Eng., reappointed Medical Officer of Health to the Chailey Rural District Council.

GREENSILL, E. S., L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer for the Martley District of the Martley Union.

GREENWOOD, T. P., L.R.C.P. Edin., M.R.C.S., appointed Medical Officer of Health to the Easton, Kilton, etc., Rural Districts.

GROVES, H. C., L.R.C.P., D.R.C.S.I., appointed Medical Officer of Health for the Borough of Monmouth.

HARDY, C. M., M.B., B.S. Durh., appointed Medical Officer of Health to the Croft Rural District Council.

HARTILL, John Thos., L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Willenhall District Council.

HORNER, W. E. L., M.B. Lond., appointed House-Physician to the Derbyshire Royal Infirmary, *vice* Horace J. Pechell, M.B. Edin., resigned.

KELLY, T. Gordon, B.A., M.D. Trin. Coll. Dubl., Desford, Leics., appointed Examiner to the St. John Ambulance Association.

MACGREGOR, D. A., M.B., C.M. Edin., appointed Medical Officer of Health to the Skelmanthorpe Urban District Council.

MESSITER, Dr., appointed Medical Officer for the Belton District of the Thorne Union.

MILES, Alexander, M.D., F.R.C.S. Edin., appointed Surgeon to the Leith Hospital, *vice* W. A. Finlay, M.D., F.R.C.S. Edin., resigned.

NORRIS, O., L.R.C.P.I., L.M., L.S.A., appointed Medical Officer of Health for the Sherburn Rural District.

OLVER, R. S., M.R.C.S., appointed House-Surgeon to the Derbyshire Royal Infirmary, *vice* Charles Henry Taylor, M.B. Lond., resigned.

ORR, David, M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

PATTERSON, G. H., L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health for the Dalton-in-Furness Urban District.

PRINGLE, Dr. G. L. K., appointed Medical Officer for the Third District of the Bridgwater Union, *vice* W. R. Cooper, L.R.C.P., F.R.C.S.I., resigned.

PYE-SMITH, R. J., F.R.C.S. Eng., L.R.C.P. Lond., appointed Lecturer on Surgery at the Sheffield Medical School, *vice* Arthur Jackson, M.R.C.S. Eng., deceased.

SAVILL, Thomas, M.D. Lond., M.R.C.S., D.P.H., appointed Physician to the Hospital for Nervous Diseases, Welbeck Street.

SHEPHERD, Dr. E., appointed Medical Officer and Public Vaccinator for the Castleton District of the Chapel-en-le-Firth Union, *vice* Dr. Grace, resigned.

WILKINSON, J. M.B., C.M. Edin., appointed Medical Officer of Health to the Boston Rural District, *vice* W. Clegg, M.R.C.S. Eng., resigned.

WILSON, S. Wesley, L.R.C.P.I., L.R.C.S.I., appointed Registrar Branch Medical Council (Ireland), *vice* R. L. Heard, M.D., resigned.

WILLIAMS, T. R., M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Lauder Brunton: On Some of the Difficulties of Diagnosis in Hepatic Disease. Mr. Knowsley Thornton: Additional Cases of Hepatic Surgery.

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. H. A. Lediard: Ecchymoses from Natural Causes. Dr. George Ogilvie: The Exceptions to Colles's Law.

WEDNESDAY.

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

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Green: Therapeutics of Pulmonary Tuberculosis.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Dr. Hunter: Pathological demonstration. (Post-graduate Course.)

THURSDAY.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W.—Card specimens, 8 P.M., by Messrs. Simeon Snell, J. R. Lunn, C. D. Marshall, Adams Frost, and Holthouse and Batten. Papers, 8.30 P.M.:—Dr. George J. Bull: The Camera in Relation to Refractive Error. Messrs. Eales and Sinclair: Uveal Cyst of Iris. Dr. F. M. Ogilvie: Optic Nerve Atrophy in three brothers. Mr. Holmes Spicer: Recurrent Paralysis of the Third Nerve with Migraine.

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.

HUBBARD.—January 15th, at Hemel Hempsted, the wife of Arthur John Hubbard, M.D., of a son.

KIRTON.—On the 16th inst., at The Oriel House, Leigh, Essex, the wife of Stanley Kirton, M.D. Brux., M.R.C.S. Eng., L.R.C.P. Lond., of a son.

WHITEHEAD REID.—January 16th, at Canterbury, the wife of Thomas Whitehead Reid, of a son.

MARRIAGES.

MARSHALL—JAMES.—On the 15th inst., at St. Stephen's, Redditch, by the Rev. Canon Newton, assisted by the Rev. K. Hall, M.A., William Lawrence Wright Marshall, elder son of the Rev. T. L. Marshall, of London, to Catherine Elsie, youngest daughter of C. B. James, Esq., of Oaklands, Redditch, Worcestershire.

PETTER—ROBSON.—On the 16th inst., at St. Cuthbert's, Darlington, by the Rev. F. W. Mortimer, Vicar of Darlington, assisted by the Rev. W. D. H. Pether, cousin of the bridegroom, Walter Pether, M.B., C.M., of Stanhope Road, Darlington, to Edith Mary, eldest daughter of James Hutchinson Robson, of Darlington.

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.
CHARGING CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M., 1.10; 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., 2; W., 1.30; Eye, Tu. F., 2; Ear and Throat, Tu. F., 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., 3.30.
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. Tu., 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., 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.

J. G. asks where an account of the so-called cinnamon treatment of cancer can be obtained?

G. E. would like to know of a home or institution which would take in an old gentleman of 76, who is infirm from age, and suffering from occasional loss of control over his sphincters. His friends will pay about 25s. a week. No actual disease. Also, where can a deaf-and-dumb boy of 5 years of age be received and trained? The parents have little or no means.

THE SMELL OF IODOFORM.

G. B. B. asks for a means of getting rid of the smell of iodoform with which a room has been impregnated, short of repapering and whitewashing?

* A very similar question was asked in the BRITISH MEDICAL JOURNAL last May, and the replies received will not, we fear, encourage our correspondent's hope of getting rid of the smell without repapering or whitewashing. Surgeon-Captain J. E. Edye suggested the use of freshly-ground coffee, which he had found to correct the smell of iodoform. Dr. F. G. Gardner stated that flower of mustard rubbed over the hands, and then washed off with cold water, remove the smell, and suggested that if used as a wash to walls, it might have a satisfactory effect.

ANSWERS.

MR. F. BETTLEY COOKE's letter has been forwarded to Dr. Bateman, the Secretary of the Medical Defence Union, who will communicate direct with him.

E. R. F.—We have not the required information. It might perhaps be obtained from Defries and Co., 147, Houndsditch, E.C., who we believe are the agents.

W. P., M.B., desires to call the attention of "Member," who made an inquiry in the BRITISH MEDICAL JOURNAL of December 7th, 1895, page 1470, as to means for relieving pains and spasm, to the opinion of Dr. Gowers, quoted in Martindale and Westcott's *Extra Pharmacopoeia* (1895), to the effect that aluminium chloride is of distinct service in relieving pain in locomotor ataxia.

TRANSPLANTATION OF TENDONS.

R. C. W. will find reference to this subject in the *New York Medical Record*, 1895, p. 581, 559 (see the EPITOME, B.M.J., November 30th, 1895, par. 422), and the BRITISH MEDICAL JOURNAL, 1895, ii, p. 1530.

COTTAGE HOSPITALS.

F. R. S. COSENS will find full particulars of the cost of erection, the annual expenses, and an alphabetical list of cottage hospitals, with plans, in Mr. Burdett's book, *Cottage Hospitals, General, Fever, and Convalescent*, a third edition of which, price 10s. 6d., has just been issued by the Scientific Press, Limited, 428, Strand, London, W.C.

NOTES, LETTERS, Etc.

THE LIZARD AS A HEALTH RESORT.

MANY London physicians now recommend, says the *Western Morning News*, the Lizard district to patients suffering from the effects of long residence in India or other hot countries. Such persons, it is found, soon begin to feel the benefit of the fine air of the tableland that lies behind the Lizard, and the villages of Helford, Carne, Porthollow, Mullion, Coverack, Cadgwith, and Porthleven have become favourite resorts for people who are suffering from debility or chest affections. Porthollow possesses a thermal spring, and magnesia is found in other springs in the Lizard district. The air is soft and balmy during the greater part of the winter, and when the sun is out a stroll over the cliffs is very enjoyable. Like Newquay, most of the towns in the Lizard district are destined to become winter as well as summer resorts for seekers after health.

POTATO WINE.

CONSIDERABLE surprise was manifested by a number of visitors to a recent agricultural exhibition in Paris on seeing certain bottles bearing the label of "potato wine." It is alleged, according to *L'Etoile Belge*, that in France 100 gallons of this wine can be produced for considerably under 20s.

FEES FOR LIFE ASSURANCE EXAMINATIONS.

DR. J. DICKINSON LEIGH (Brotton-in-Cleveland) writes: Allow me to correct the mistakes in my note on fees paid by the various companies for insurance examinations. I find the Prudential only pay 10s. 6d. on policies of £100, and £1 is on sums over that amount, and the London Assurance Corporation pay 10s. 6d. on all sums under £200.

LONDON VICTORIA LEGAL FRIENDLY SOCIETY.

B. D. (Sussex) sends us copies of letters which have passed between himself and an agent of the above Society relative to a medical aid appointment. It would appear that he had been invited to become the medical officer on the usual terms; he thereupon consulted with the only other medical practitioner in the neighbourhood, and they both decided to decline to have anything to do with this Society, as it was obviously a means of "sweating" the profession. The reply elicited from the agent is a somewhat remarkable one. That gentleman, after asserting that the payments to their medical officers were the same as those paid by the

¹ See JOURNAL, June 1st, 1895, p. 1251.