

## MEMORANDA:

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

#### SEWER GAS AS A CAUSE OF CHOREA.

THE following history of an outbreak of illness in a house may be of interest to those who have read Dr. Cheadle's paper on Acute Rheumatism. The notes were taken several years ago when I was helping Mr. Willcox, of Warminster, in whose practice the cases occurred.

On November 18th, 1889, Mr. A. was attacked with facial erysipelas of a severe type. He had several attacks in other parts of his body and developed double pneumonia and endocarditis, and only recovered after a very severe illness with a damaged mitral valve and permanent regurgitation. On inspecting the drainage the following were the facts observed: The watercloset, which was situated on the landing close to the bedroom doors, was of an old type with large container and D-trap, and for several days the tank in the roof, which was supplied by rainwater only, had been empty owing to the dry weather; the flushing consequently had been done very imperfectly by hand, and on pulling up the plug foul gas escaped. The soil pipe (a 4-inch one) was ventilated by a 2-inch pipe above and below was not disconnected from the drain, which discharged into a cesspool about fifteen yards away. The drain from the kitchen sink emptied into the same drain, and was also not disconnected.

On November 20th Mrs. A. (who had been confined with twins on August 30th previously and had no subsequent trouble) was attacked with erysipelas, and recovered after having an abscess opened in the arm and leg.

On December 12th Mr. A.'s father developed erysipelas of the face and scalp, and recovered after a severe illness, an abscess having formed in the cellular tissue of the eyebrow.

On December 25th a little girl, aged 4 years, had a slight attack of erysipelas in one eyelid. Several of the children during this time had sore throat, and the following cases of chorea were amongst the number:

On January 25th, 1890, we saw a little girl, aged 8 years, who for the last seven or eight weeks had been gradually getting anæmic and breathless; on examination the heart was dilated, and there were symptoms of mitral obstruction and regurgitation. A few days afterwards we examined another sister who had similar symptoms, and she was found to have mitral regurgitation with œdema of the legs, and in April she developed chorea, which ran a fairly severe course in eight weeks, but she was left with a permanently damaged heart when examined in the October following. About the same time (February) another sister, aged 9 years, suffered from chorea, which ran a very similar course, with the exception of the absence of any heart trouble. Neither of these children had any signs of rheumatic fever. Unfortunately my notes make no mention of the family history as regards the prevalence of rheumatism.

I think there can be no doubt that the same poison was the cause of the illness both in the adults and children; and if we grant this we must also grant that this poison was not that of acute rheumatism.

F. W. JOLLYE, M.R.C.S., L.R.C.P.Lond., D.P.H.,  
Medical Officer of Health to the Alresford District Council.

#### A CASE OF POISONING BY ANTIPYRIN.

On January 18th, 1896, P. L., aged 24, was suffering from "neuralgia" (self-diagnosed). On the advice of his brother-in-law, whose wife was under treatment for a nervous complaint, and who was taking 15 gr. doses of antipyrin, P. L. applied to a chemist for 10 gr. of antipyrin. This was taken in the shop at the time. Within a quarter of an hour after taking the dose the patient felt very ill. When I saw him shortly afterwards his face was cyanosed, his lips and nose swollen and blue, and his eyes almost closed from swelling of the eyelids. His skin was cold and clammy; he was sweating, and his pulse was 128, very weak, small, and compressible. The pupils were widely dilated. He was very much alarmed, and expressed himself as being in fear of impending death. He had been sick previous to my seeing him, but the vomited matter appeared to have been, from his descrip-

tion, simply a little mucus mixed with saliva. He walked to my consulting-room, distant nearly a mile from where the dose was taken. I at once administered a draught containing 5 gr. of carbonate of ammonia,  $\frac{1}{2}$  gr. of digitalin,  $\frac{1}{10}$  gr. of strychnine, and half an ounce of vinum aurantii. I got him to lie down, and in the course of the next quarter of an hour his condition improved so far as the symptoms of cardiac depression were concerned. The pulse grew fuller and steadier, the feeling of faintness passed off, and he expressed himself as feeling better. He was still perspiring freely, and the pupils were moderately dilated. After resting for half an hour he went home, and I advised him to go to bed and stay there for the next twenty-four hours.

In reporting this case I cannot too forcibly draw attention to the fact that antipyrin is a dangerous drug, and the careless and casual way in which patients are advised to take "an antipyrin powder" by utterly irresponsible persons cannot be too strongly condemned. I am sure it is not putting the case too strongly to say that antipyrin ought to be scheduled as a poison, only to be dispensed on a written order from a qualified and registered medical practitioner being produced. I would also beg to draw attention to the fact that by combining some preparation of ammonia (the spiritus ammon. aromat. answers very well) with antipyrin, the latter drug can be prescribed with less fear of unpleasant and alarming sequelæ than by using it alone. This may appear to be a small matter, but, bearing in mind that it is the fashion at present to prescribe almost every drug in "tabloid" form, it is worth remembering.

H. W. McCaULLY HAYES, M.R.C.P. Edin.,  
L.R.C.S. Edin., etc.

Prince's Square, W.

#### THE TREATMENT OF CHRONIC OTORRHOEA.

As an admirer of Professor Macewen's genius I was interested to hear his paper read at the Section of Otology. To my surprise he laid down the doctrine that operation was generally indicated in the treatment of chronic otorrhœa. This opinion, he stated, was founded on the belief that chronic otorrhœa is not generally curable by antiseptic treatment applied through the meatus. To this assumption the Section took very little exception; one gentleman said a few words in praise of the alcohol treatment, and that was all.

I believe that chronic otorrhœa is curable by antiseptic treatment if carried out carefully and for a sufficiently long period. Several long-standing cases that I have taken in hand myself, and persevered with day by day, have recovered—by recovery I understand cessation of discharge and fœtor. On the other hand, if treatment is left to the patients' friends failure too often results.

Treatment in these cases undoubtedly demands much patience, but, where the patient has been amenable, results have been satisfactory. One of my cases that recovered had been paying periodical visits to specialists for several years without relief. Another extreme case had been the subject of double otorrhœa for over twenty years; she was absolutely deaf, both ears were full of polypi, and smelt abominably. After a somewhat tedious treatment her condition is now fairly satisfactory; both ears are sweet, but there is a tendency to a recurrence of discharge in the right ear. Before treatment commenced she assured me that she had not heard any sound for years. She can now distinguish words spoken slowly through a trumpet.

I need not describe in detail the treatment I adopt, but will state briefly that it comprises syringing with such solutions as those of carbolic acid, alcohol, and, most useful of all, silico-fluoride of potassium (sold by Branson of Leeds under the trade name of "salufer"). Silver nitrate, lead acetate, and the powders of iodoform and boracic acid will almost complete my list of remedial agents. Irrigation with pure water, or with a solution of boracic acid, is, I believe, wholly useless. The results of antiseptic treatment through the meatus are, in my experience, satisfactory. I submit that no better result will be obtained from drilling the mastoid. It is certain, however, that when we subject our patients to this operation we are exposing them to very real danger.

Professor Macewen himself mentioned one fiasco in the hands of an inexperienced operator; but, if this operation is to be the routine treatment for a very common malady, all

sorts of operators will be perforating the temporal bone. We had more than one melancholy example of the results of surgical interference in this dangerous region at the meeting of the Otological Section. Curiously enough, the cases described by Drs. Luc and Dundas Grant, in which cerebellar abscess followed drilling of the mastoid, resembled in their initial symptoms that of a young man recently under my care. The alarming symptoms in his case yielded to free leeching, as advised by Mr. Field. The specimens shown at the meeting were taken from desperate cases, but the question remains, Is it wise to operate when there is so little chance of success?

I have found that those cases which have come to me with serious bone implication, in some of which I have had to operate, do not compare favourably in their after-progress with the chronic cases I have treated without operation. It has yet to be shown that the average case will recover more quickly after operation.

In conclusion, let me express the opinion that the treatment of chronic otorrhœa should be based upon the ordinary laws of hygiene, and that, in the circumstances of the case, antiseptics are indispensable. Any routine recourse to operation is greatly to be deprecated.

Coventry.

F. FAULDER WHITE, F.R.C.S.

#### CASE OF HIPPIUS (NYSTAGMUS OF THE PUPIL).

As this condition is rare, a few notes of a case may be of interest. The patient was a boy aged 2½ years. At the birth, at which I was present, the child had a very uneven skull in the occipital region, and I prepared the mother for eventualities. All went well with the child (who was intelligent) until it was 2½ years old, when one day it had convulsions, after which it lay moaning for a week in a half-unconscious state, and in three weeks it was dead. At the end of the second week coma commenced, which gradually deepened till death, except one morning, when the child suddenly ate and drank ravenously, relapsing into unconsciousness the same evening. At this time sensation was abolished in the soles of the feet alternately, one day in one, the next day in the other; and during this time (that is, the end of the second week) the left pupil was always smaller than the right, but exhibited the nystagmus for several days until the deep coma set in, when all sensation was lost, both pupils being of the same size and contracted, and a bed sore threatened. Breathing was regular, and the temperature was never over normal at any time.

The father has a strong tuberculous diathesis. What was this a case of? Was it a tuberculous tumour on the right side of the brain producing meningitis? I could get no *post-mortem* examination.

Tottenham, N.

G. HERKLOTS VOS, M.B.

#### FATAL COMA IN A CASE OF UNSUSPECTED GLYCOSURIA IN A YOUNG SUBJECT.

C. W., a bank clerk, aged 25, had been under my care during the epidemic of influenza in February, 1895, suffering from that complaint. Owing to the stress of work at that time I omitted to perform the duty, which I conceive to be incumbent on every practitioner, of examining the urine of his patient, so that I am unable to state whether he had any glycosuria then. I did not see him again until his last illness. On Christmas Day his sister came to me about 1 P.M. to say that her brother was still in bed and that she was unable to wake him. On my arrival I found him unconscious, deeply cyanosed, pulse 90, compressible; respirations 30, very shallow; pupils very markedly contracted; skin dry. I called in my friend Dr. Norman Evans, who thought the case might be one of opium poisoning. I did not, however, altogether share his conclusion, as the skin was so dry, and we drew off and I took home a small quantity of urine. This I found by means of previously tested Fehling's solution to contain sugar. There was no albumen. A solution of nitroprusside of sodium in the presence of ammonia gave an acetone reaction. It became clear that the case was one of glycosuric coma. The pulse became weaker and more rapid, the respirations shallower, and life ended about 9 P.M. during a strong general convulsion, which lasted two or three minutes.

When I first saw the patient I had a careful search made

for poison or medicine bottles, but nothing could be found to throw any light on the case. Moreover, at the necropsy, the grumous contents of the stomach gave no reaction with neutralised solution of perchloride of iron. The membranes of the brain were congested, and there was an unusual quantity of cerebro-spinal fluid. All the organs were congested but otherwise healthy, and the muscles were very red.

On inquiry I found that no polyuria had been noticed or complained of, nor any excess of appetite or thirst. The patient had lost appetite and complained of lassitude for some weeks.

The case is interesting (1) as being an addition to the small list of cases in which coma has been the first symptom to give rise to a suspicion of glycosuria; (2) as showing that the pupils may be contracted in diabetic coma, and so give rise to a suspicion of opium poisoning; and (3) as emphasising the fact that absence of hunger, thirst, and polyuria is not inconsistent with glycosuria. It also illustrates the fatal character of the disease in the young; and the question arises where it might have been consequent on the attack of influenza.

Hampstead.

WILLIAM BOULTING, L.R.C.P.Lond.

## REPORTS

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

#### BRISTOL GENERAL HOSPITAL.

##### A CASE OF REUNION OF FLEXOR TENDONS OF FINGER DIVIDED TWO MONTHS BEFORE OPERATION.

(By CHARLES A. MORTON, F.R.C.S., Surgeon to the Hospital.)

Mrs. S. came under my care in April, 1894, with the history that she had lost the use of the middle finger of the left hand after a cut in the palm with a piece of glass two months before. She had to tie the useless finger to the next one when sewing so as to move the two together. There was complete inability to flex the finger at any joint except the metacarpo-phalangeal, and there only slightly. The finger did not spring back into the extended position from the action of the extensors when flexed. Just across the junction of the finger with the palm was a semicircular scar with the concavity towards the finger. There was no anaesthesia or signs of impaired nutrition in the finger.

On April 4th, with strict antiseptic precautions, I exposed the divided ends of the tendons and reunited them. After Esmarch's bandage had been put on, a longitudinal incision was made over the junction of the finger and palm and some way up the palm towards the wrist. This crossed the scar at a right angle. The distal ends of the tendons were easily found in the osseo-aponeurotic sheath, the profundus having retracted a quarter of an inch more than the sublimis, to the under surface of which it was adherent, but it was easily separated. Extending backwards from the distal end of the sublimis was a semi-translucent cord-like structure, which proved later in the dissection to be a band of union to the proximal ends. The incision was gradually prolonged backwards almost up to the superficial arch, and then, on flexing the hand, the proximal ends of the tendons were seen. In the extended position the divided ends were two inches apart. The proximal ends were adherent together but not bulbous; they were easily separated and the profundus recognised by the origin of the lumbrical muscle from it. An eighth of an inch was cut off all the ends of the tendons, and they were united with fine silk, two lateral and one central stitch being used. They met readily without tension, but only by means of flexion of the hand and fingers. The osseo-aponeurotic canal was closed by one silk suture and the skin was united with silkworm gut and horsehair, and a catgut drain was left in. Only a few cutaneous vessels bled. Flexion was maintained by means of a splint and bandages.

The catgut drain was removed on the 6th, when it was healing well, and on the 11th it seemed healed, and most of the stitches in the skin were removed. The patient was sent home.

ment, so much so, indeed, that his health suffered and he was obliged to give up the post.

By nature critical of his own claims and powers, he was always most reluctant to put himself forward in any way or to enter the lists of competitors. This true modesty, entirely devoid of affectation in any shape or form, accounts for the want of proportion between the work done and the results he published. As to the thoroughness and ability that he brought to bear on the subject on hand we may refer to his admirable address before the Pathological Society in opening the discussion on the So-called Antitoxic Treatment of Infectious Disease illustrated by Diphtheria, on March 5th, 1895.

His nobility of character found its true expression in his face, and will long be remembered by his friends, to whom the news of his untimely and tragic death on December 27th, 1895, at the age of 39, came as a terrible shock.

#### J. H. PROSSER STAPLES, M.D.St.AND., M.R.C.S.

WE regret to record the recent death of Dr. Staples, aged 62, at his residence, Burwood Place, Paddington. He was the son of the late Joseph Staples, "cupper" to St. John's Hospital, and commenced his professional studies at Mr. Samuel Lane's School, migrating with that gentleman to St. Mary's Hospital when its medical school was founded; he was, consequently, one of the first students at that institution. He became M.R.C.S. in 1854, and M.D.St.Andrews in 1862. For nearly 40 years he had an extensive practice in Paddington and its neighbourhood, and his industry, general knowledge of his profession and of appliances for the relief of suffering, his kindness, urbanity, and constant cheerfulness brought him many patients, and endeared him to a wide circle of staunch friends. He had a cardiac affection for years, for which Dr. Cheadle attended him; but, as much improvement had for the last few months supervened, his sudden death came as a great shock to his family and friends. He died quite suddenly whilst dressing. He has left a widow and a large family, and is succeeded in practice by his son, Mr. Evan Staples.

#### JOHN STRAHAN, M.D.,

Belfast.

MUCH regret is felt in Belfast at the death of Dr. John Strahan, which took place on January 23rd at the early age of 44. The deceased gentleman was an alumnus of the Queen's College, Belfast, and after graduating in 1872, he acted as surgeon for some time on various Atlantic and Indian liners. Subsequently he settled in Belfast, and became one of the Poor-law Medical Officers for the city. He devoted himself with great success to medical authorship, and won many high distinctions. He was awarded the Fothergillian Gold Medal by the Medical Society of London in 1886 for his essay on the Nature of Fevers usually termed in this country *Febriola*: Simple, Combined, and Modified Typhoid. His thesis on the Diagnosis and Treatment of Extrauterine Pregnancy received the Jenks Memorial Prize from the College of Physicians of Philadelphia in 1889; and in 1892 he obtained the Warren Prize (Boston) for his essay on Rickets. He was an able speaker, and frequently lectured in Belfast, especially on subjects relating to public health. He took a warm interest in the work of the Young Men's Christian Association, and was president of the Literary Society in connection with that institution. Dr. Strahan was a man of unusual intellectual force, and his premature death is a loss to the medical profession, and to the city of Belfast.

THE death of Mr. JOHN ROBINSON, M.R.C.S., of Bridlington, was the subject of an inquest on January 17th. It appears that Mr. Robinson, who had practised in Bridlington for about forty years, on January 13th supplied a mixture to a patient, who, finding after taking one dose that it produced unpleasant effects, refused to take it again. Mr. Robinson subsequently supplied another mixture, to which the same objection was made. On January 15th Mr. Robinson called to see his patient, and, on being told of the objection to the mixture, said that he would not mind taking a whole bottle, and to prove his good faith took some himself. Feeling indisposed shortly afterwards, he returned home and told his housekeeper that he had taken poison by mistake. Medical

assistance was obtained, and Mr. Robinson at first expressed the belief that he had taken only a strong dose of essence of ginger, but subsequently recognised that he was suffering from aconite poisoning. The jury returned a verdict of "Death from misadventure."

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries have recently passed away: Dr. Fedor Zyzurin, some time Professor of Therapeutics in the University of Kieff, and President of the Warsaw Medical Academy, and for many years Physician to the Imperial Court, aged 81; Dr. C. Kutschin, Emeritus Professor of Histology and Embryology in the University of Charkoff, aged 60; Dr. A. Jegonovic Ritzenkamp, of Pjatigorsk, Russia, a well-known practitioner, who had a considerable reputation as a botanist; Dr. Labrie, physician to the Paris hospitals, and a specialist in children's diseases, aged 77; and Dr. James E. Reeves, of Chattanooga, Tennessee, a trustee of the American Medical Association, and author of a *Manual of Medical Microscopy for Students, Physicians, and Surgeons*, aged 67.

## NAVAL AND MILITARY MEDICAL SERVICES.

### THE NAVY.

THE following appointments have been made at the Admiralty:—ERNEST E. BRAY, Staff Surgeon, additional, for Portland Sick Quarters, January 21st; FREDERICK A. BRICE, Surgeon, to the *Thunderer*, January 21st; HENRY B. HULL, Surgeon, to the *Ganges*, January 24th.

### ARMY MEDICAL STAFF.

SURGEON-COLONEL R. P. FERGUSON, Principal Medical Officer, Sirhind District, is appointed to officiate as Principal Medical Officer, Bengal Command, with the temporary rank of Surgeon-Major-General from December 7th last.

Brigade-Surgeon-Lieutenant-Colonel W. J. CHARLTON is appointed to officiate on the Administrative Medical Staff of the Indian army, with the temporary rank of Surgeon-Colonel from December 5th last.

Surgeon-Major JOHN ADSETTS, M.D., died on January 18th at Derby, aged 59 years. He was appointed Assistant-Surgeon, June 13th, 1859, and Surgeon-Major, Dec. 16th, 1874. He retired on half-pay, June 4th, 1876.

Surgeon-Lieutenant-Colonel GEORGE CORRY has retired from the service on retired pay, January 25th. He was appointed Assistant-Surgeon, October 1st, 1868; Surgeon, March 1st, 1873; Surgeon-Major, October 1st, 1880; and Surgeon-Lieutenant-Colonel, October 1st, 1888. He was in the Sudan campaign in 1885, and has the medal with clasp and the Khedive's bronze star.

### INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT-COLONEL F. C. BARKER, Bombay Establishment, is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* A. Barry, M.D., retired. Brigade-Surgeon-Lieutenant-Colonel Barker entered the service as Assistant-Surgeon, October 1st, 1869, and became Surgeon-Lieutenant-Colonel, October 1st, 1889.

Brigade-Surgeon-Lieutenant-Colonel C. W. MACRURY, Bombay Establishment, has retired from the service from March 31st next. He was appointed Assistant-Surgeon, April 1st, 1869, and became Brigade-Surgeon-Lieutenant-Colonel, April 12th, 1893.

### ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANTS ATWOOD THORNE, 1st Cinque Ports Volunteer Rifles, and ERNEST P. A. MARIETTE, M.B., 2nd Volunteer Battalion the Devonshire Regiment, to be Surgeon-Lieutenants, January 29th.

### ARMY MEDICAL BOARDS AND CIVILIAN CERTIFICATES.

A CORRESPONDENT, himself till lately an officer of the Army Medical Department, complains of the laxity of the physical examination of candidates for Sandhurst. Having been consulted by the mother of a candidate suffering from a femoral hernia, our correspondent said that he would certainly be rejected. The lad went up in 1890, and passed the Medical Board, saying nothing about his rupture. He was gazetted, and was sent abroad, but after a time was invalided, and came home on six months' leave to undergo a radical cure, his disease being entered as "debility." Our correspondent goes on to contrast the leniency shown to combatant officers by Medical Boards with the strictness displayed in the case of medical officers. That, however, as Mr. Kipling would say, is another story. The object of his communication is that "so-called Medical Boards," as with rather pointless sarcasm he styles them, sometimes make mistakes. Under the old system, when they had to examine a thousand candidates in two days, it would have been passing strange if they did not. The case referred to by our correspondent is a strong argument in favour of the new plan of examining only the selected candidates; more time can be given to the inspection, and there is much less chance of the physically unfit escaping elimination. There is another point. Is it honourable on the part of a candidate to treat the country which he professes to be anxious to serve on the *caveat emptor* principle, and say nothing about a disability of which he is aware? Granting that a hernia should not have been overlooked, what of epilepsy? The Board could not, by its unassisted powers of diagnosis, recognise that a man was an epileptic unless he were obliging enough to have a fit in their presence, but what would be said of a man who suppressed such a fact?

extent mitigate the nuisance caused by the gradual decay of a quantity of organic matter deposited in the manner specified, but the smell of decomposing house refuse would be likely to be experienced under certain atmospheric conditions, and to produce injury to health. In many urban districts a by-law is in force prohibiting building operations on sites upon which such material has been deposited, "unless and until such matter shall have been properly removed." The use of house refuse for filling up inequalities of level on a recreation ground is hardly less open to objection than the use of such material on building sites and if no precautions other than those described by "Germ" are adopted, the practice cannot fail to be productive of nuisance.

## INDIA AND THE COLONIES.

### INDIA.

**BENGAL SANITATION.**—The report for 1894, compiled by Brigade-Surgeon-Lieutenant-Colonel W. H. Gregg, M.B., Sanitary Commissioner for Bengal, is a very ponderous volume. The sanitary welfare of a population of 71 millions, covering an area of 144,000 square miles, is no doubt a very large concern, but looking to the doubtful value of the statistical material which mainly constitutes this bulky book, very considerable condensation is possible without sacrifice of anything making for knowledge or use. The Sanitary Commissioner states that the year was one of "considerable progress" in sanitation in the province, in respect especially of the three cardinal matters—water supply, conservancy, and drainage. The Government does not endorse this view, holding that "little more than a beginning has been made, and that the bulk of the people, not excepting a large proportion of the educated classes, still regard attention to the most essential details of sanitation as an inconvenient hobby which has been forced upon them from without, and which they themselves look upon with distaste or indifference." It is satisfactory to find that six towns in Bengal are now supplied with filtered water, and that projects are under consideration for similarly supplying six others. The improvement of tanks and wells is receiving attention. Registration of births and deaths is still very imperfect. The birth-rate (32.81 per mille) was 2.85 less than that of the preceding year. Dr. Gregg's suggestion that this was owing to the unhealthiness of the year is not accepted by the local Government, which points out that this would affect the succeeding rather than the current year. The death-rate rose from 28.21 in 1893 to 34.88, exceeding the birth-rate by 2.07. How much of this increase is due to better registration and how much to increased mortality it is not easy to say. The year was undoubtedly a very unhealthy one. Cholera, fevers, and bowel complaints were in excess, and the only satisfactory feature of the year was a diminution of small-pox mortality. Cholera and bowel complaints were as usual more fatal in urban, and fevers in rural areas. The provincial death-rate of cholera reached the high figure of 3.32 per 1,000, of fevers 2.53, and of bowel complaints of 0.82. The increased prevalence of cholera and malarious fevers is attributed to deficiency of rain in the early months and excess in the later months of the rainy season; but the evidence in favour of this view is weak. The agency of pilgrims in disseminating cholera is frequently alluded to. It is stated that those portions of the town of Awali which received the new supply of pure water suffered less from cholera than others. A great deal of money is being spent in Bengal on routine sanitary work. The sum total for 1894 was about 30 lakhs. Sanitary improvements such as sinking, excavating, and cleaning tanks and wells, constructing urinals, latrines, etc., cost nearly 4 lakhs in addition; 2½ lakhs were expended by private persons on sanitary work. It is evident that a great deal of sanitary effort is being put forth in Bengal, and the report as a whole is satisfactory and hopeful from an administrative point of view, though it adds very little to our knowledge of the circumstances which govern the fluctuations of epidemic disease.

## MEDICAL NEWS.

**MEDICAL MAGISTRATE.**—Dr. Donald MacAlister has been included in the Commission of the Peace for the County of Cambridge.

**MEETING OF THE "World's Congress of Medico-Climatology"** will be held at San Antonio, Texas, on February 20th and three following days.

**CREMATION IN THE UNITED STATES.**—At the annual meeting of the Massachusetts Cremation Society held recently, it was reported that 87 bodies had been cremated at the Forest Hills Cemetery during the past twelve months, which is an increase as compared with the number for the previous year.

**UNIVERSITY OF HARVARD.**—The new catalogue of the Harvard University gives the total number of teachers as 366, and of students as 3,600. Of the latter 531 are students of medicine. It has recently been decided that, after 1901, only persons having a degree in arts, literature, philosophy, science or medicine from a recognised college or scientific school will be admitted to the Harvard Medical School. In 1895 the proportion of students in the school having such degrees was 40 per cent. Johns Hopkins is the only American university where this requirement is in force at present.

**LEPROSY IN CHINA.**—We are glad to see from an Occasional Paper issued by the Mission to Lepers in India and the East, that the sympathy of people in Great Britain is showing itself in a practical fashion. The first Leper Home in Central China was opened at Hiao Kan in Central China on April 7th, 1895, and we find a photograph of a Leper Home in Tokio, Japan, with some of its first inmates. There is a letter signed by the lepers at Purulia expressing their gratitude, and contrasting their miserable condition before their admission to the Home there with the comforts they now experience.

**VACCINATION BY MIDWIVES IN BELGIUM.**—Several midwives have been in the habit of performing vaccination in some parts of Belgium, and so frequent had this illegal practice become in the province of Liège that the Belgian Medical Federation and other professional bodies have appealed to the Government to take steps to check it. The Minister of Agriculture has recently issued a circular pointing out that the law does not allow midwives to perform vaccination, and warning them that by doing so they are exposing themselves to prosecution.

**THE LOURENÇO MARQUES EXPEDITION.**—Some 717 men of the African expedition returned to Lisbon on January 19th. Sixteen men died on the voyage; of those who arrived at Lisbon, 103 were invalidated as serious cases, and most of the remainder were in a most pitiful and emaciated state, owing, undoubtedly, as much to want of proper medical appliances and nourishment as to the climate of Africa. These men showed signs of great suffering. The return of the troops to the Portuguese capital was made the occasion of much demonstration. The King and Queen of Portugal visited the hospital, and the Queen decorated the invalids suffering from fever.

**INSTITUTE OF CHEMISTRY.**—At the examination for admission to the membership of this Institute, held from January 7th to 10th, the following candidates were successful: G. H. Appleyard, Yorkshire College, Leeds; J. H. Coste, Finsbury Technical College; G. George, Merchant Venturers' Technical College, Bristol; F. Hudson-Cox, School of the Pharmaceutical Society, and University College, London; P. C. H. Hunt, Mason College, Birmingham; and E. J. Parry, B.Sc. Lond., Guy's Hospital. Of the candidates for the Intermediate Examination, the following satisfied the examiners: P. G. Jackson, University College, Nottingham; E. J. Read, B.A. Cantab.; and H. S. Shrewsbury, University College, Nottingham. The examiners were Professor W. R. Dunstan and Mr. Otto Hehner. The members of the Institute now number over 900, and there are over 200 registered students.

### MEDICAL VACANCIES.

The following vacancies are announced:

**BIRMINGHAM AND MIDLAND EYE HOSPITAL**, Church Street, Birmingham.—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by February 13th.

**BURY DISPENSARY.**—Junior House-Surgeon; doubly qualified. Salary, £60 per annum, with board, residence, and attendance. Applications to the Honorary Secretary, Dispensary, Knowsley Street, Bury.

**CARDIFF UNION.**—Assistant Medical Officer for the Workhouse. Appointment for one year. Salary, £100 per annum, with rations, apartments, attendance, and washing. Applications to Arthur J. Harris, Clerk, Queen's Chambers, Cardiff, by February 18th.

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

**DENTAL HOSPITAL OF LONDON**, Leicester Square.—Assistant Dental Surgeon. Applications to J. Francis Pink, Secretary, by March 6th.

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

**GENERAL INFIRMARY AND DISPENSARY**, Doncaster.—Indoor Dispenser and Assistant to House-Surgeon. No salary, but board, lodging, and washing provided. Applications to Joseph Clark, Honorary Secretary, by February 10th.

**LIVERPOOL ROYAL INFIRMARY.**—Assistant Honorary Physician. Applications to the Chairman of the Committee of the Royal Infirmary, Liverpool, by February 20th.

**LONDON HOSPITAL**, Whitechapel, E.—Two Surgeon Dentists. Applications to the House Governor by February 28th.

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

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

**QUEEN'S JUBILEE HOSPITAL**, Earl's Court, S.W.—House-Surgeon; appointment for six months, but eligible for re-election. Salary, at the rate of £100 per annum, and rooms adjoining the hospital. Applications to the Secretary by February 8th.

**ST. MARK'S HOSPITAL**, City Road, E.C.—Assistant Surgeon; must be Fellow of the Royal College of Surgeons. Applications to the Secretary, Mr. Arthur Leard, by February 15th.

**ST. THOMAS'S HOSPITAL**.—Assistant Ophthalmic Surgeon; must be Fellow of the Royal College of Surgeons of England. Applications to Mr. E. M. Hardy, Treasurer's Clerk, at the Counting House, Westminster Bridge, by February 1st.

**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.

**UNIVERSITY OF GLASGOW**.—Four Examiners for Degrees in Medicine, to examine in Anatomy, Midwifery, Medical Jurisprudence, and Botany respectively. Appointment from April 1st next to December 31st, 1899. Salary attached to Examinership in Anatomy, £40 per annum; to the others, £30 per annum. Applications to Allan E. Clapperton, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, 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.

**ATKINSON, J. M.B., C.M. Edin.**, appointed Medical Officer to the Felsted School, Essex.

**CAMERON, A. G. R., M.B., B.S., M.R.C.P., L.R.C.P., D.P.H. Camb.**, appointed Assistant Medical Officer to the Small Pox Hospital Ships of the Metropolitan Asylums Board.

**DODGSON, R. W., M.R.C.S., L.R.C.P.**, appointed House-Physician to St. Mary's Hospital, Paddington, W.

**DUNDAS, M. G., M.R.C.S. Eng., L.S.A.**, appointed Medical Officer of Health to the Mitford and Launditch Rural District Council.

**FRASER, Peter, M.D. Edin., B.Sc.**, appointed Medical Officer of Health for the North Wales United District.

**HEAVEN, J. C., L.R.C.P. Lond., M.R.C.S.**, reappointed Medical Officer of Health to the Warmley Rural District Council.

**KEY, A. Cooper, M.D. St. And., M.R.C.P. Edin., L.S.A. Lond.**, appointed Honorary Physician to the Royal Society of Musicians of Great Britain.

**LARKHAM, E. T., M.R.C.S., L.R.C.P. Lond., D.P.H.**, appointed Medical Officer for the Munslow District of the Ludlow Union.

**MC AULEY, J. H., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Summerhill Dispensary District of the North Dublin Union.

**MESSITER, Dr. A. T.**, appointed Medical Officer of Health to the Isle of Axholme Rural District Council.

**NUNN, P. W. G., L.R.C.P. Lond., M.R.C.S.**, appointed Medical Officer of Health to the Pokesdown Urban District Council.

**PRIDMORE, E. L., M.B. Lond., M.R.C.S.**, appointed Medical Officer for the Weymouth District of the Weymouth Union.

**SAVILL, Thomas D., M.D. Lond., M.R.C.P. Lond., D.P.H. Camb.**, appointed Physician to the Hospital for Diseases of the Nervous System, Welbeck Street, London.

**WICKHAM, C. A., L.R.C.P., L.R.C.S. Edin.**, appointed Medical Officer for the Fourth District of the East Ashford Union.

**WILSON, Dr. John**, appointed Medical Officer to the Enniskillen Workhouse Hospital, *vice* John St. Clair Gunning, L.R.C.P. Edin, L.R.C.S.I., resigned.

**WRIGHT, J. F., L.R.C.P. Lond., M.R.C.S. Eng.**, appointed Medical Officer for the Western Bolton District of the Bolton Union.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE** Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Clinical Examination of the Eye. London Throat Hospital, Great Portland Street, W., 8 P.M.—Mr. W. R. H. Stewart: Examination of the Ear.

**MEDICAL SOCIETY OF LONDON**, 8.30 P.M.—Mr. Watson Cheyne: The Objects and Limits of Operations for Cancer (Lettsomian Lecture I).

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN**, 40, Leicester Square, W.C., 8 P.M.—Mr. Charles Tomes: Notes upon the Chemical Constitution of Dentine and Enamel. Casual communications by Mr. C. D. Davis and Mr. R. H. Woodhouse.

#### TUESDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Mania—Acute Hysterical; Acute Delirious. Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth: Lecture I: Refuse Removal and Disposal.

**PATHOLOGICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 8.30 P.M.—Mr. Symonds: Carcinomatous Cysts of the Breast. Dr. Sprunt: Carcinomatous Cyst of the Breast. Mr. Davies-Colley: Bladder after Castration for Enlarged Prostate. Dr. Rolleston: Chronic Dilatation of Colon in a Child. Mr.

Lockwood: Pedunculated Cysts in Hernial Sac. Card Specimens by Mr. Rutherford Morrison, Mr. Lockwood, and Dr. Hewlett.

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

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Diseases of the Skin, 4.30 P.M.—Dr. Payne: Varieties of Eczema. Royal London Ophthalmic Hospital, 8 P.M.—Mr. A. Quarry Silcock: Chorooidal Diseases, with Ophthalmoscopic Demonstrations.

**HOSPITAL FOR CONSUMPTION**, Brompton, 4 P.M.—Dr. Mitchell Bruce: Pleurisy.

**OBSTETRICAL SOCIETY OF LONDON**, 8 P.M.—Specimens by Dr. Playfair, Dr. Duncan, and others. Paper: Mr. Harrison Cripps: Abdominal Hysterectomy with Intraperitoneal Treatment of the Stump; with Notes of Eight Cases. Annual Meeting. The President (Dr. Champneys) will deliver the Annual Address.

**THE SANITARY INSTITUTE**, Parkes Museum, Margaret Street, W., 8 P.M.—Dr. S. Monckton Copeman will open a discussion on the Influence of Subsoil Water on Health.

**WEST LONDON HOSPITAL**, Hammersmith, W., 5 P.M.—Mr. Percy Dunn: Ophthalmic Cases (West London Post-graduate Course).

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

#### THURSDAY.

**LONDON POST-GRADUATE COURSE**, British Institute of Preventive Medicine, Great Russell Street, W.C., 3.30 P.M.—Dr. Allan Macfadyen and Mr. A. G. Foulerton: Analysis of Urine. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. John Hopkins: Clinical Lecture.

**HARVEIAN SOCIETY**, Stafford Rooms, Titchborne Street, W., 8.30 P.M.—Mr. C. Mansell-Moullin: Some of the Recent Results of Orchotomy for Enlarged Prostate.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE**, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Lecture on the Microscope and Methods of Cultivation. 4 to 5 P.M.—Examination of Cultivations.

**CLINICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 8.30 P.M.—Dr. Hale White: Two cases of Pneumothorax in the Course of Typhoid Fever, and both due to Straining at Stool. Mr. Pitts and Mr. Ballance: On Splenectomy for Rupture, with three successful cases. Mr. Golding-Bird: A case of Lymph Scrotum and Lymphatic Varix.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY**, West London Hospital, W., 8.30 P.M.—Mr. J. Hutchinson: The Laws of Inheritance with reference to Gout. Dr. Archibald Garrod: The Rationale of the Accepted Treatment of Gout. Specimens of Renal Calculi will be shown by Messrs. Kectley, Edwards, Bidwell, and others.

**WEST KENT MEDICO-CHIRURGICAL SOCIETY**, Royal Kent Dispensary, Greenwich Road, S.E., 8.15 P.M.—Mr. Poland will show a case of Thyroidal Tumor after Operation. Discussion on Cough, Mr. Mayo Collier, Drs. Herschell, Tayler, Henry, and others.

### 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.

**CORFIELD**.—On January 22nd, at West Town, R.S.O., near Bristol, the wife of H. Oatley Corfield, M.B., of a daughter.

**MILLER**.—On January 23rd, at Cranmere House, Iwer, Bucks, the wife of John Miller, M.R.C.S., L.R.C.P., of a son.

#### MARRIAGES.

**LEIGHTON—GORDON**.—On January 22nd, at Christ Church, Harpurhey, Manchester, by the Rev J. Leighton, assisted by the Rev W. Gordon and the Rev E. Gordon, Gerald Rowley Leighton, M.B., C.M., L.R.C.P. and S.E., Grosmont, Pontilas, Herefordshire, to Clara, second daughter of the late Bernard Gordon, Esq., of Moston, Manchester.

**LODGE—FOLKER**.—On January 23rd, at St. Mark's Church, Shelton, Stoke on-Trent, by the Rev. Prebendary S. Plant, Vicar of Weston-on-Trent (cousin of the bride), assisted by the Rev E. Spink, Vicar of St. Jude's, Hanley, Alexander John, fourth surviving son of the Rev Samuel Lodge, Canon of Lincoln, and Rector of Scrivelsby, to Edith Emily, eldest daughter of W. H. Folker, Esq., F.R.C.S., of Bedford House, Hanley, Staffs.

#### DEATHS.

**HORTON**.—January 28th. In loving memory of Henry Horton, Surgeon, late of Bromyard.

**ILLINGWORTH**.—On January 25th, from blood poisoning, Charles Rumney Illingworth, M.D., D.P.H., of 69, Ritherdon Road, Upper Tooting, London, aged 41 years. No cards.

**PARK**.—At Kilsyth, N.B., on January 24th (of tetanus), Hugh Hamilton Park, M.B., C.M., late of Gosport, Hants, eldest son of George Park, L.R.C.P.E., Surgeon.

**WEEKES**.—January 27th, at Mansion House, Brompton, Chatham, Henry Weekes, M.R.C.S., L.R.C.P., J.P. for Kent, aged 51 years.



## 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  
 CHAMBER CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M. 1.30; 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. F., 1; Skin, Tu. F., 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. F., 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., 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, 0.  
 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; Orthopaedic, 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; Orthopaedic, W., 2; Dental, Tu., 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; Th., 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; Orthopaedic, 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; (Orthopaedic), 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, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 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; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 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.  
 WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, 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. C. McC. asks what are the best books on surgery and medicine to read for the M.R.C.S. Lond. and L.R.C.P. Lond.

\* \* *Surgery: its Theory and Practice*, by W. J. Walsham (London: J. and A. Churchill; 12s. 6d.), and *A Manual of the Practice of Medicine*, by Fred. Taylor, M.D. (London: J. and A. Churchill; 14s.), are works which will probably meet our correspondent's needs.

H. J. W. will feel grateful for suggestions for treatment of following case: Patient was blood-poisoned in 1882, probably syphilitic. In 1889 again had symptoms of blood poisoning. In 1895 had an attack of influenza, with spasms. All symptoms of influenza have disappeared except the spasms, which still continue in spite of all treatment. The spasms are very local, but in all parts of the body, from the throat to the great toe, and occur when falling asleep. The patient is neurotic and rheumatic.

### TREATMENT OF TORTICOLLIS.

R. A. P. would be glad if any member would suggest medical treatment for a case of spasmodic torticollis in a lady aged about 50 years. Succus conii (large doses), potassium bromide (large doses), potassium iodide, arsenic, electricity, and massage have been tried, but with little or no improvement. The general health is fairly good, the patient taking her food well, but she is rather sleepless.

### LICENCE FOR MALE SERVANT.

MEMBER asks whether he ought to pay licence for a resident boy whose duties are: (1) Assisting in the surgery and taking out medicine; (2) cleaning windows and knives; (3) waiting at table.

\* \* Under the circumstances mentioned the boy is considered as a male servant, and our correspondent is liable to pay a licence for him.

### MEDICAL CLUBS.

NOVICE writes: It is proposed to form a medical club of about twenty employees (shopmen mostly). What would be a fair and reasonable subscription to charge each member?

\* \* It is impossible to give our correspondent much information without more data than he has submitted. Speaking generally, the amount of contribution of members of such clubs should be regulated by a strict "wage limit." No member should be admitted without a careful medical examination, and the minimum subscription, where medicine is included, ought not to be less than 2s. per quarter. If possible women and children should not be admitted as members.

### ANSWERS.

L. M.—Our correspondent should write to M. Duclaux, the Director of the Pasteur Institute.

INTERSTITIA.—We have referred our correspondent's letter and enclosure to Mr. Langley Browne, the Secretary of the Ethical Committee of the Birmingham and Midland Counties Branch.

A. T. W.—The case is, if the facts are as stated, a clear infringement of the Medical Acts, and a summons could be issued. We should advise our correspondent to lay the case before the General Secretary, Medical Defence Union, 20, King William Street, Strand, W.C.

E. M., M.D.—We cannot but feel that our correspondent has as good means of forming a judgment as to the character of the organisation mentioned as ourselves. We do not feel that the subject is one which could be discussed with advantage in the JOURNAL.

IGNORAMUS.—The *British Pharmacopœia* gives, at pages 498-500, tables of the relations between the different denominations of weights and measures of the metric and British systems, and the *Pharmacopœia* of the United States gives elaborate tables showing the relations of fractional parts. Tables are also published at the Standards Office, Westminster. Tables showing the relation between the two systems are to be found also in *Whittaker's Almanack*.

### MEDICAL QUALIFICATIONS.

MEDICUS.—If four correspondent wished to practise as a consultant the M.R.C.P. Lond. would be a very suitable qualification for him to obtain, but as he has already registered the degree of M.D., we fail to see how his professional position would be improved by the attainment of the same degree from another university.

### NOTES, LETTERS, Etc.

#### AIRD JOLLY FUND.

MR. G. A. GARRY SIMPSON, (East Acton, W.) acknowledges with thanks the following additional subscriptions to the above fund:

The following additional suggestions are made to the above list.		£	s.	d.			
A. P. Gould, M.S., F.R.C.S.	1	1	0	J. Langdon Down, M.D.	1	1	0
(London) ...				(London) ...			
W. Adams Frost, F.R.C.S.	1	1	0	H. Aldersmith, F.R.C.S.	1	1	0
(London) ...				(London) ...			
Greville Macdonald, M.D.	1	1	0	George P. Field, M.R.C.S.	1	1	0
(London) ...				(London) ...			
Samuel Fenwick, M.D.	1	1	0	Horace G. Turney, F.R.C.S.	1	1	0
(London) ...				(London) ...			