

also grow up and develop into normal adults. It will, of course, take years to prove this, but I have brought forward these observations, as they help to show that in cretinism it is well worth while to persevere with the treatment year by year with this object in view.

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

A CASE OF PHOSPHATURIA, OR THE PHOSPHATIC DIABETES OF TESSIER.

S. W., a clerk, came to me on July 10th, 1894, complaining of painful micturition, with a feeling of irritation in the urethra for an hour or even two hours afterwards. He had severe lumbar pains extending down the thighs, and always felt languid and depressed, especially in the morning. He had lost flesh the last few months, and attributed this to a severe fall from his bicycle some months before, when he hurt his spine. His bowels were obstinately confined to such a degree that he had been in the constant habit of using enemata and aperients. The tongue was much furred; he complained of pain after food; his appetite was voracious. On examination of the urine, I found it alkaline, frothy, sp. gr. 1027; the total quantity passed in twenty-four hours was 80 ounces. On boiling, a dense white cloudy precipitate was formed, which cleared up immediately, with effervescence directly an acid was added. I ordered dilute hydrochloric acid $\frac{1}{4}$ x, tr. nucis vom. $\frac{1}{4}$ x, with infusion of gentian twice daily. A warm bath was given, followed by a cold needle douche. Alcohol in all forms and coffee were forbidden, and he was recommended to take light nutritious food—meat once a day; plenty of milk but no potatoes, peas, turnips, carrots, etc.; no pastry. Toast was to be taken instead of bread.

On August 1st, the patient came again, looking much better. He said the bowels acted every day, and the aching pain had left him, which he attributed to the baths. The urine was faintly acid; sp. gr. 1020; micturition was less frequent, and there was very little pain afterwards. As he felt the loss of stimulants, a little weak whisky and water was allowed at dinner. He was ordered to take one teaspoonful of Fellows's syrup of hypophosphites three times a day with food, and one teaspoonful of Scott's emulsion of cod-liver oil.

On August 17th, the patient was much better, and said he had gained in weight since I saw him. The urine was acid, sp. gr. 1020, no irritation; bowels still regular; sleeps well, and appetite not so voracious, although he enjoys his food. I sent him to the Isle of Wight for a fortnight's change, enjoining him still to continue with Scott's emulsion.

On September 1st, he said he felt better than he had done for several years. The urine was quite normal.

Between September 1st and December, I saw him several times. He has had no return of bad symptoms, and assures me he is quite well.

Harrogate.

T. PRICHARD ROBERTS, L.R.C.P.

THE VALUE OF HYPODERMIC INJECTIONS OF COCAINE IN THE VARIOUS NEURALGIAS.

I AM prompted to write briefly on the above subject in the hope that I may elicit the views of others who have tried cocaine in the same way and for the same purposes. So little appears to have been written on this subject that I am tempted to believe cocaine has not been used in the manner indicated so extensively as my own experience prompts me to believe it deserves.

For the last four years I have been in the habit of using hypodermic injections of cocaine in lumbago, sciatica, pleurodynias, all forms of muscular rheumatism, and also for neuralgia of the head and face. For all, excepting neuralgia of the head and face, I inject from $\frac{1}{4}$ to $\frac{1}{2}$ a grain over the seat of pain; for the latter I inject into the arm. In a very large percentage of cases the result is most striking; the pain disappears almost entirely for some hours, to return in a very much milder form. I continue the injections as long as the pain lasts. I claim for this method of treatment not only

marked alleviation of pain during the period of the attack, but also a distinct shortening of its duration.

That the results obtained are due to the local anaesthetic effects of cocaine there can be little doubt, and such being the case objection may be taken to the treatment on the grounds of its being directed to symptoms alone. Against such objections I would argue that the treatment may be carried out in conjunction with any other measures suitable to the case. That pain, with its lowering effects on the system, begets pain is an admitted fact; the relief of pain must therefore be a powerful adjunct to any treatment which has for its object the removal of the cause.

The markedly good results obtained by injecting cocaine into the arm for neuralgia of the head and face, cannot, however, be explained on the grounds of its local anaesthetic effect, and must probably be due to vasomotor influence. That it does act like a charm in many such cases in which all other drugs, morphine included, have failed, my own personal experiences enable me to affirm.

In no cases have I seen dangerous symptoms arise from the use of the drug, and in only very few have I observed slight temporary discomfort.

G. H. SEAGRAVE, L.R.C.P. Lond., M.R.C.S. Eng.
Milnthorpe.

JOINER'S HAND.

A MIDDLE-AGED carpenter, who was recently treated for bronchial catarrh at the City Dispensary, was the subject of a curious deformity caused by long use of the plane.

Two large bursæ had formed over the base of the proximal phalanx of the right thumb, greatly increasing the apparent width of the neighbouring joint. In addition to this the terminal phalanx of the right little finger was bent away from the other fingers by repeated catching on the bench. These deformities are, I believe, pretty common, but, being usually painless, are not often noticed in the out-patient room. Were the bursæ to be inflamed they might be mistaken for gout. There was no history of gout or rheumatism in this patient, but a little rheumatoid arthritis.

F. R. WALTERS,
Welbeck Street, W.
Physician to the City Dispensary.

THE DANGERS OF COCAINE.

As the subject of the dangers of cocaine has recently attracted attention I may be permitted to point out the precautions I employ in its use, especially as I have used it largely ever since it was first introduced for the production of local anaesthesia. I combine resorcin with cocaine. The solution I usually employ contains 10 per cent. of resorcin and 20 per cent. of the hydrochlorate of cocaine. The addition of resorcin diminishes the toxic effect of cocaine, while at the same time it increases the anaesthetic effect of the latter, and it moreover prevents the cocaine crystallising out. The antiseptic properties of resorcin in the solution are also of value. I entirely disapprove of the use of the spray for applying cocaine to the nose. Nearly all the cases I have seen or heard of in which unpleasant effects have followed the use of cocaine have occurred when a spray has been employed. I apply the solution by means of cotton wool on a suitable holder, and do not use more than is absolutely necessary.

Recognising that the best antidotes for cocaine poisoning are ammonia and nitrite of amyl, I have these drugs always at hand. I was called in recently to see a somewhat alarming case of cocaine poisoning in the practice of a surgical friend. The nose had been freely sprayed with a 10 per cent. solution. In this case much valuable time was lost in sending to the chemist for the necessary drugs. If after the application of a solution of cocaine the patient becomes pale, giddy, or faint, I give him a drachm of the aromatic spirits of ammonia in 2 ounces of water, and, bearing in mind Kronecker's observation¹ that the act of swallowing removes the inhibitory action of the vagus upon the heart for the time being, I direct the patient to sip the draught. This usually suffices to remove the temporary discomfort; if not I let the patient lie down for a few minutes. Though I have capsules of nitrite of amyl at hand I have never had occasion to use them for any patient of mine, and since I have

¹ *Disorders of Digestion*, by Lauder Brunton, p. 11.

employed the double solution of resorcin and cocaine, even the slight toxic symptoms have been of rare occurrence.

F. DE HAVILLAND HALL,
Wimpole Street. Physician to the Westminster Hospital.

THE TREATMENT OF ENURESIS.

THE fact that the treatment of cases of nocturnal incontinence of urine which have become chronic is so often unsatisfactory is, I think, sufficient excuse for the publication of the following case: S. H., aged 22, had suffered from her earliest childhood from enuresis and too frequent micturition. From as far back as she could remember she had scarcely ever missed a night without wetting her bed. Indeed, this occurred two or three times during one night. She had been under medical treatment from time to time, but all the usual remedies had failed to give relief, and she had come to regard her condition as incurable. She came under my care last autumn. She was a strong, healthy-looking, well developed girl, and except for her bladder trouble was in perfect health. The urine contained no abnormal constituents, and menstruation was natural. She was first put upon belladonna in sufficiently large doses to cause dilatation of the pupils, etc. This had no appreciable effect, neither had rhubarb, nor electricity applied in the usual way; nor did the position in which she slept, nor the quantity of fluid, nor the time at which it was taken influence her trouble in the least. I then tried the following method, which soon gave so much promise of success that I was encouraged to continue it.

A soft No. 10 rubber catheter was passed into the bladder, and connected by an india-rubber tube to an irrigating tin or other vessel containing a measured quantity of boric acid lotion. The irrigating tin, which was insulated by being suspended on a piece of drainage tube, was now raised from 1 to 2 feet, and the bladder injected under slight pressure, the amount of fluid injected being carefully measured. On the slightest complaint of pain the tin was at once lowered. As soon as the bladder had received as much fluid as it could comfortably retain, the positive electrode of a constant-current battery was applied over the lumbar spine, and the negative placed in the fluid in the irrigating tin, thus completing the circuit through the column of fluid in the rubber tubes, and that distending the bladder. A weak constant current was now allowed to pass for some ten minutes. This was repeated at first every evening for a fortnight, and then at longer intervals. By this method a current of electricity would, after passing from the neighbourhood of the lumbar cord through the vesical nerves, be evenly distributed over the walls of the distended bladder.

The toleration of the bladder was rapidly increased from 4 ounces on the first occasion to 20 ounces at the end of a fortnight. The patient was soon able to retain her urine for a much longer period than she could do previously, and to be less troubled at night.

Treatment was continued for some months, the bladder being injected once a fortnight. Improvement steadily continued, and at the present time the patient is free from trouble, and has been practically well for nearly four months.

Nuneaton.

E. N. NASON, B.A., M.B.Camb.

EXTERNAL LATERAL DISLOCATION OF RADIUS AND URNA.

ON October 14th I was called to see a man who, on stepping off a tramcar and trying to avoid collision from another coming in an opposite direction, had fallen against the kerbstone of the pavement, injuring his elbow-joint. He walked home supporting the injured arm.

I found that the bones of the forearm were disarticulated laterally, and that the relative bearings of the osseous "landmarks" were completely disorganised in rather an unusual manner, but fortunately there was no swelling to obscure the abnormal relationships. The patient said that in falling he had thrown his arms forward, with the result that the radius and ulna were shot outwards. The head of the ulna was so displaced as to present the tuberosity of the olecranon pointing outwards beneath the skin, rendering it very tense. The sigmoid articular surface was directed towards the external condyle, so that the joint was greatly increased in its transverse diameter, and diminished antero-posteriorly.

There was severe tearing of the ligaments, as was subsequently revealed by the ligamentous crepitation during the act of reduction. Owing to the unusual form of dislocation and the resistance it was likely to offer, I thought it best to reduce under chloroform, but as the patient appeared to stand an amount of manipulation without complaining, I resolved to do without it.

The upper arm having been fixed I asked the patient's friend to make a moderate degree of traction, and by coaptation I reduced it into an ordinary backward displacement, after which, with a greater degree of traction on the forearm, the olecranon slipped into its normal site. The arm being firmly bandaged with a flannel bandage, a rectangular splint was applied, and the whole supported in a sling. At the end of a fortnight it was again examined. There was no swelling or discolouration, and the patient could use the arm with great ease. As lateral dislocation of the elbow-joint appears to be of somewhat rare occurrence, I thought it might be interesting to record the case.

Glasgow.

G. GORDON, M.B., C.M.Glasg.

CASE OF HYOSCINE POISONING FOLLOWING INSTILLATION.

WITH reference to Dr. Gordon Sharp's paper in the BRITISH MEDICAL JOURNAL of December 21st, 1895, on the atropine group, the following case of hyoscine poisoning due to the instillation of the drug may be of interest.

M. L., aged 50, suffered from a severe form of cyclitis implicating both eyes, and extending to the choroid and retina. Adhesions had already formed when the case came under observation. The inflammation lasted four months. Atropine, homatropine and cocaine, and atropine alternating with eserine were used with little or no effect. Six drops of a 1 per cent. solution of the sulphate of atropine were used three times a day for a considerable time with little effect on the pupil, and no perceptible effect on the general system except a slight dryness of the throat.

On the advice of Professor Reid it was resolved to try hyoscine, as it acted more powerfully and quickly. One grain of the hydrobromate was procured fresh from a wholesale chemist, and made up to a 1 per cent. solution in water. This was rather a strong solution, but, judging from the slight effects of the atropine on the general system, it was thought quite safe to use the hyoscine solution of that strength. It was accordingly directed that for a first trial two drops should be put into one eye. This was done, and as the patient felt no pain she put two drops into the other eye as well.

Five minutes afterwards, she complained of giddiness and a feeling of lightness in the head; she staggered, and had to be assisted to bed. Then great dryness of the mouth and throat with thirst supervened. The giddiness increased, gradually the senses became confused, and the power of speech was lost. Complete muscular relaxation became pronounced, and she became rapidly unconscious. The breathing was slow, and occasionally deep and sighing. The face was flushed, the pulse full and regular.

This unconscious stage lasted for about four hours, and was succeeded by a period of semi-consciousness. At times the patient seemed to have perfectly recovered; at other times she was quite delirious. She talked incessantly, was occasionally irritable, although on the whole it took the form of a pleasant delirium. She recalled funny incidents long since past, made jokes about everybody and everything, and kept those round about her, but for their anxiety, greatly amused with her witticisms.

After about two hours of this delirium, she became gradually calmer, and then dropped off into a sound and seemingly natural sleep, which lasted for about an hour and a half. When she awoke, she remarked that she had not slept so well for a long time. She had no remembrance of the events of the night further than being assisted to bed. There were no evil after-effects, and by the afternoon when I saw her she seemed in her usual health. The adhesions had stretched slightly.

Two points in the case are worthy of notice, namely (1) the rapidity of the onset of the toxic symptoms after the instillation; (2) the gravity of the symptoms considering the amount of hyoscine which would be absorbed. One twenty-

fifth of a grain of hyoscine was used, but of this a considerable amount would be lost in instillation.

Netherton, Ayr, N.B.

R. A. MORTON, M.D.

REPORTS

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

MANCHESTER WORKHOUSE INFIRMARY. CASE OF ANÆSTHETIC AND MACULAR LEPROSY.

(By ERNEST SEPTIMUS REYNOLDS, M.D.Lond., M.R.C.P.,
Senior Physician to the Ancoats Hospital, Manchester;
Physician to the Manchester Workhouse Infirmary.)

G. L., aged 52, a widower, was admitted into the Manchester Workhouse Infirmary on October 17th, 1894, suffering from paralysis of the hands and face. He has usually worked as a gas stoker in winter, and in summer as a mason's labourer or as a haymaker. He was in the artillery from 1881 to 1889, during part of which time he was abroad. He worked for a time as a labourer on the Manchester Ship Canal.

Medical History.—He stated that he had gonorrhœa some years ago, but had never had syphilis. He went to Hong Kong with his regiment in 1881, where he had jungle fever. So far as he knows he never saw any lepers in China. After this he went to Singapore, where he stayed three years; here he saw many lepers, but never came into actual contact with them; he was on prison guard, and several of the prisoners were lepers. He used to have connection occasionally with the Dutch half-caste women, but never with the Chinese women. From Singapore he went to Colombo, where he stayed two years, and then to Trincomalee, staying there eighteen months, and returning to England in 1889.

History of Present illness.—In 1891, while working on the Manchester Ship Canal, he hurt his left elbow, which swelled up and became red, but the skin never broke, and there was no discharge from it. This seems to have no connection with his present illness, though the patient is not of this opinion. At the beginning of 1893 he first noticed that he was losing power in his left hand, and in about ten months he found that the right hand, and then gradually the feet and legs were becoming weaker. Soon after this he awoke one morning and found that the right side of the face was paralysed, and he could not shut the right eye. It was cold weather at the time, and he had been working outside and getting wet.

Condition on Admission.—When admitted he was suffering from paralysis of the upper right and the lower left facial muscles so that he could not close the right eye, and the left side of the mouth was drooping. He had atrophic paralysis of the muscles supplied by the left median and ulnar nerves with "*main en griffe*" on that side. There was a similar but much less-marked affection of the right forearm and hand. There was a slight affection of gait from an early paralysis of the anterior group muscles of the leg. There was no anaesthesia anywhere. At this time it was thought that the patient was suffering from some peculiar form of progressive muscular atrophy, but shortly after admission we found that the patient had accidentally burnt his hand without feeling it, and an examination showed that sensation for pain in the hands and partly in the legs was absent. I then said the case was probably some form of peripheral neuritis, the cause of which I could not give. About this time he was seen by my friend, Dr. Stanley, who at once recognised the condition as similar to that of a case of anæsthetic leprosy he had seen in Mr. Malcolm Morris's skin department, and he found slight but perfectly typical leprous maculae on the chest and back. The following was the condition of the patient in March, 1895.

External Appearance.—The patient is a tall thin man, suffering from various paralyses (to be noted later), and on the chest and back are circles varying in size from $1\frac{1}{2}$ to 4 inches in diameter. The margin of each is a sharply defined yellowish brown line, and the skin inside is much whiter than the normal skin outside. The exact situation of these

circles can be seen in the diagram on the arms and legs. Certain brownish irregular limiting lines can be faintly traced also (see diagrams). On the hands are several whitish

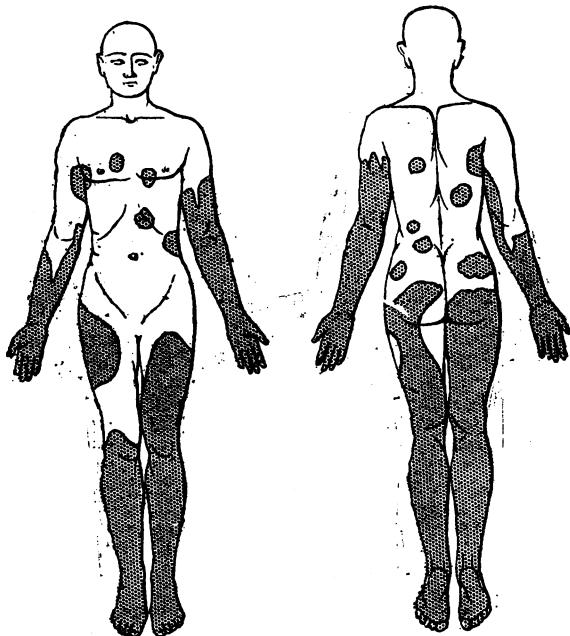


Fig. 1.—Showing maculae and analgesic areas, scars from old burns, and a similar whitish patch can be seen on the left elbow due to an old injury. There is a well-marked perforating ulcer on the sole of the right foot situated

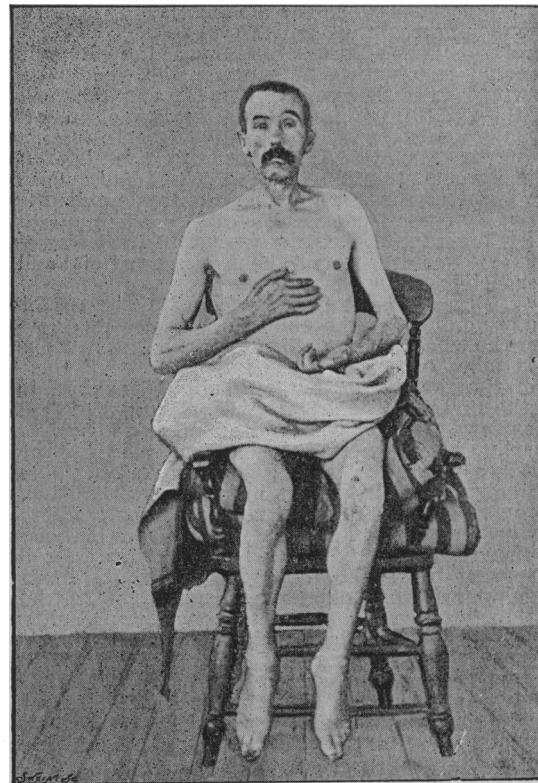


Fig. 2.—Photograph showing paralyses of face, arms, and legs, mutilation of right great toe, and brown rings on chest.

out inflicting upon him the serious additional hardship of loss through the possession of unnecessary and useless uniforms. The recently qualified medical man does not thirst for military honours, as can be seen from the paucity of competitors, and the uniform is purely a military matter, and may well be dispensed with. Many more candidates would be forthcoming but for this fear of having to incur unnecessary expense when it can least be afforded.

RANK ON VISITING CARDS.

IN answer to a correspondent, we apprehend an officer should not put any other than his true rank on his visiting cards. An officer who is surgeon-lieutenant-colonel is certainly not entitled to put surgeon-colonel, which is a separate and a higher rank.

MEDICO-LEGAL AND MEDICO-ETHICAL.

SUPREME COURT OF JUDICATURE.

COURT OF APPEAL.

(Before the Master of the Rolls, Lord Justice Lopes, and Lord Justice Rigby.)

DR. ANDERSON'S CASE.

At the sitting of the Court on February 4th, Dr. Anderson, the plaintiff in the action of *Anderson v. Gorrie and others*, which was tried some time ago, applied to have the Court of Appeal constituted without Lord Esher, and to fix a day for the hearing of his application before such Court.

Lord Justice Lopes: You made this application before when the Lord Chancellor was presiding in this Court. We then carefully considered your application and we dismissed it.

Dr. Anderson: Yes; but an entirely new state of facts has now arisen. At that time the action brought by Mr. Gateman against the Master of the Rolls had been dismissed as frivolous and vexatious, whereas now that case is *sub judice* in the House of Lords on appeal, which makes a very great difference. The ground upon which the Lord Chancellor dismissed my appeal was that the action I refer to was frivolous and vexatious.

Lord Justice Lopes: I think that we shall dismiss your application now.

Dr. Anderson said he claimed his right to be heard, and to place his authorities before the Court.

The Master of the Rolls: You claim a right to be heard. The answer is that the Court has heard you before, and cannot entertain your present application.

Lord Justice Lopes: Your application to have the Court constituted in a particular manner is an unheard of one.

Lord Justice Rigby: No suitor has a right to dictate to this Court how it shall be constituted. We do not need to hear you, as your application can have but one result.

Dr. Anderson said that in that case he hoped that the Court would cause the order to be drawn up so that he might appeal to the House of Lords. He had been prevented on three occasions from appealing to the House of Lords in consequence of the orders not being drawn up.

Lord Justice Lopes: The Court will act as it thinks proper in the matter.

Dr. Anderson: Then I suppose I shall have to make another motion.

Lord Justice Lopes: If you do it will not be heard. The applicant then retired.

"SOME SPECIMEN ADVERTISEMENTS."

DR. HUTCHINSON's solicitors have complained to us of the reference made to their client under the above heading in the Medico-legal and Medico-ethical columns of the BRITISH MEDICAL JOURNAL of January 11th. We have informed them that such reference was not intended in the slightest degree to reflect on their client personally, and was written entirely with the view of deprecating a growing practice which appears to us inconsistent with the dignity of the medical profession. We emphatically repeat in these columns what has already been written to Dr. Hutchinson's solicitors.

PHOTOGRAPHS OF MEDICAL PRACTITIONERS IN A SEASIDE GUIDE.

W. M. V.—In the absence of the precise details of the circumstances under which the publishers referred to were able to procure the negative, we cannot express any confident opinion, but we are inclined to think that proceedings would lie against the publishers by way of injunction.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

NEW REGULATIONS FOR THE M.C. DEGREE.—The proposal to open an alternative avenue to this degree by way of original contributions to the science and art of surgery has been very favourably received by the Senate, and will be brought up for confirmation on February 13th.

DEGREES.—At the Congregation on January 30th the following degrees were conferred:

M.B.—C. H. R. Pentreath, B.A., of Queens' College; F. H. Judd, B.A., non-collegiate.

B.C.—L. B. Burnett, B.A., St. John's College; C. H. R. Pentreath, B.A., Queens' College; F. H. Judd, B.A., non-collegiate; J. A. Wright, B.A., non-collegiate.

ERRATUM.—In the pass list of the Examining Board of the Royal Colleges of Physicians and Surgeons, published in the BRITISH MEDICAL JOURNAL of January 25th, the name of Mr. Lionel Sells was accidentally omitted from the list of candidates who passed in Elementary Biology.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following candidates, having conformed to the by-laws and regulations, and passed the required examinations, were at a meeting of the College on January 30th admitted Licentiates:

Alexander, H. Guy's	Jones, W. M., Charing Cross
Alport, W., Birmingham	Kempster, C. R., Westminster
Aspland, W. H. G., London	Langford, F. C., Charing Cross
Atkinson, F. H., Charing Cross	Larbaletier, W. R., Charing Cross
Auden, G. A., Cambridge and St. Bartholomew's	Lawrence, H. G., St. Mary's
Bailey, H., Leeds	Lewis, G. W., University College
Banting, C., University College	Lowsley, M. M., Charing Cross
Bell, H. T. S., Guy's	Lulham, E. P. H., Guy's
Bennett, R. A., Birmingham	McDougal, E. D., St. Bartholomew's
Bensted, L., Guy's	MacLennan, D. N., Kingston, Canada, London, and University College
Bird, J. W., Guy's	Manning, R. B., St. Mary's
Biss, H. E. J., Cambridge and Mid-diesex	Marriott, C. E., Cambridge and University College
Blaber, P. L., St. Thomas's	Maskell, J. W., Liverpool and St. Mary's
Boyd, G. S. J., London	Mason, G. B., London
Braine-Hartnell, J. C. R., Middlesex	Mathison, A. J., Guy's
Brodrick, E., St. Mary's	Matthews, S. R. R., St. Mary's
Bunsted, H. J., Cambridge and St. Bartholomew's	Maxwell, J. P., St. Bartholomew's
Burrow, V., St. Mary's	May, H. J., Cambridge and St. Bartholomew's
Butler, A. G., Guy's	Maynard, E., London
Cesar, R. T., London	Miles, U. W. N., King's College
Cavenagh-Mainwaring, W. R., Ade-lade and London	Milsome, H. B., Cambridge and St. Bartholomew's
Cayley, F. P., Cambridge and Mid-diesex	Moffat, A. P., Manchester
Center, W. R., Edinburgh and Lon-don	Montgomery, E. C., Charing Cross
Challis, O., St. George's	Moon, R. O., Guy's
Chapman, A. V., Guy's	Mornement, R. H., Middlesex
Chatterton, H., University College	Nicholson, T. M., Guy's
Chopping, A., St. Thomas's	Old, J. E. S., London
Chute, W. H., Westminster	Padwick, J. C., St. Bartholomew's
Clarke, H. W., St. Mary's	Parfitt, J. B., Guy's
Codrington, W. J., St. Bartholo-mew's	Parker, R. D., Cambridge and St. Bartholomew's
Cohen, J., London	Partridge, L. S., Oxford, Edin-burgh, and Middlesex
Coleman, M. W., St. Bartholomew's	Paterson, W. H. J., St. Thomas's
Conor, G. W., Middlesex	Phillips, J. R. P., St. Thomas's
Cross, W. F., St. Bartholomew's	Pigg, T. S., St. Bartholomew's
Crutchley, E. J. T., Middlesex	Pike, N. H., Guy's
Culmer, J. J., Guy's	Poole, T. B., Durham and Guy's
Daly, N., Guy's	Pope, W. H., St. Bartholomew's
Dartnell, L. E., London	Potter, B. E., Charing Cross
De Gebeit, L. J. A., Middlesex	Querney, T. M., Manchester
Dibbs, W. S., Leeds	Reed, J. C. G., Guy's
Dickins, S. J. O., St. Bartholomew's	Ridgett, A. J., Middlesex
Dingle, H., King's College	Rothwell, T. A., Manchester
Dolman, A. J., Guy's	Rowland, F. S., Liverpool
Druitt, A. E., St. Bartholomew's	Rowland, F. W., Guy's
Durrant, C. E., St. Thomas's	Sandner, A., Rush Medical College
Evans, J., St. Bartholomew's	and St. Mary's
Farrant, C., Westminster	Schaub, J. M., King's College
Ferguson, J. H., Dublin	Skey, A. R. H., St. Bartholomew's
Fisher, J. C., Oxford and St. Bar-tholomew's	Smith, A. G. L., Middlesex
Fisher, R. D., London	Smith, J., Cambridge and St. Thomas's
Flavelle, J. M., St. Bartholomew's	Spon, H. J., Guy's
Fort, H. R. T., Oxford and Guy's	Stammers, G. E. F., Bristol
Fowler, J. G., London	Stares, C. L. B., St. Thomas's
Garman, C. B., London	Stevenson, T. H. C., University College
Gayer, R. C., St. George's	Stockdale, E. M., Liverpool
Gervis, F. H., St. Thomas's	Strange, R. G., St. Thomas's
Graham, S. G., Guy's	Takayasu, M., St. Thomas's
Green, H., Charing Cross	Tebbs, L. V., St. Thomas's
Gregory, T., Manchester	Thomas, J., St. Bartholomew's
Griffin, A. E., Cambridge and Mid-diesex	Thomas, T., Middlesex
Gwynn, W. P., Bristol and Guy's	Thurnell, H. L., Cambridge and St. Thomas's
Hadow, G. E., Cambridge and St. Mary's	Tidcombe, F. S., St. George's
Haigh, H., Cambridge and St. Mary's	Tod, H. F., Cambridge and London
Harcourt, J. C., St. Thomas's	Verdon, E. S., Cambridge and St. Thomas's
Harvey, A., St. Bartholomew's	Waldron, F. T., London
Herring, E. K., Middlesex	Watkins, B. V., Manchester
Hichens, P. S., Oxford and St. Thomas's	Watson, C. E. S., Guy's
Hilliard, H., Charing Cross	Watson, W. D., London
Hobday, J., Cambridge and St. Bartholomew's	*Watts, H. E., Westminster
Hopkins, W. K., St. Bartholomew's	Wheeler, M., Edinburgh and St. Thomas's
Howell, J., Guy's	White, H., London
Hunter, C. H., Guy's	Wicks, S., Cambridge and London
Hussey, J., St. Bartholomew's	Wilkins, W., Charing Cross
Hyde, H. F., Cambridge and St. Bartholomew's	Williams, J. S., London
Izard, H. E., Guy's	Williamson, O. K., Cambridge a University College
Jackson, T. L., Cambridge and Guy's	Wilmer, C. H., St. Bartholomew's
Jameson, R. W., St. Bartholomew's	Woolley, T. F., Birmingham
Jones, F. P., Charing Cross	Wright, A. B., London
Jones, P. T., St. Bartholomew's	Wykes, W. H., Middlesex
Jones, S. L., University College	

* These candidates have not presented themselves under the Regulations of the Examining Board.

MARGARINE IN BUTTER.

THE French Chamber of Deputies on February 1st discussed a Bill for the prevention of fraud by the adulteration of butter. At the request of the Government Clause 1 of the Bill, absolutely prohibiting the admixture of margarine with butter, was rejected after a lengthy debate.

ISLINGTON WORKHOUSE AND INFIRMARY.

AT a meeting of the Islington Guardians on January 30th, an official communication was read from the Local Government Board, urging the guardians to proceed speedily with the provision of additional accommodation for both paupers and the sick poor either by increasing the size of the present buildings in Islington, or by building on a site which the guardians had acquired at Bowes Park. The Board favoured the latter plan, but promised not to withhold its sanction to the former if the guardians decided upon it. In the infirmary the number of patients exceed the certified number by 38 per cent. At St. John's Road Workhouse, certified for 782 inmates, there were 886; and at Cornwallis Road, which is certified to accommodate 778, there were 826. The returns for the past twelve years showed that the number of deaths in the infirmary had steadily increased. Last year 570 deaths occurred.

HEALTH OFFICERS AS NUISANCE INSPECTORS.

J. J. asks whether a medical officer of health can hold the appointment of inspector of nuisances for the same district? If so, what qualification is required, and how can the qualification be obtained?

** No such combination of offices in the same person has come under our observation. We should imagine from the wording of Section 189 of the Public Health Act, 1875, that such dual appointment was never contemplated. We should earnestly hope that no local authority will ever propose such a joint appointment, or the Local Government Board sanction any such, if made.

DISTRICT MEDICAL APPOINTMENTS MADE WITHOUT ADVERTISEMENT.

FAIR AND SQUARE writes to say that a vacancy to a district medical appointment has recently been filled by the District Council, who have made the appointment without the vacancy having been made known by advertisement. He asks: Is this union appointment legal?

** We apprehend that the appointment in question was not made by the District Council but by the Board of Guardians, who had power to fill up the vacancy without advertising it if due notice of such procedure was given at a previous meeting of the Board.

MESSAGES SENT TO DISTRICT MEDICAL OFFICER BY TELEPHONE. G. F. S., who is a district medical officer, writes to ask whether he is obliged to attend to telephone messages from paupers ten miles off other than those sent by the relieving officer or overseer. He further asks whether he is liable for a bill of 38s. incurred by the patient for attendance on him by another practitioner when the telephonic summons sent to himself was not attended to.

** We are not aware of any regulation bearing on this question, but if our correspondent has been in the habit of acting on messages received by telephone in reference to paupers, it would probably be considered that he has himself consented to be summoned by such means. It is impossible for us to undertake to decide whether he is legally responsible for the payment of the bill in question.

OBITUARY.

WE regret to report the death of Dr. A. R. Moon at the early age of 26. He was born at Broughty Ferry, educated at Dundee High School, afterwards for two years in the Arts course of the University of St. Andrews; after a four years' course in medicine at the University of Edinburgh he graduated M.B. and C.M. in 1892. He then made several voyages as surgeon on the vessels of the City line. During the winter of 1893-94 he was resident surgeon in the wards of the Royal Infirmary under Mr. A. G. Miller. Later he was resident physician in the Edinburgh City Hospital for some months. In August, 1895, he went as assistant physician to Ryhope Asylum, Sunderland. Never robust, he had in the autumn of last year an attack of influenza. Late in November he had several attacks of haemoptysis; acute tuberculosis supervened, with a rapidly fatal issue. He was a hard working conscientious student, most enthusiastic in his work, and possessed a sterling character. In all his work after graduation he impressed his "chiefs" in the same favourable way. With nurses and patients too he was a general favourite, largely by reason of his quiet, kindly, and unassuming ways. He leaves behind him mother and sister to mourn his premature loss. At Ryhope he had done a considerable amount of work for his M.D. thesis on the subject of general paralysis.

MEDICAL NEWS.

MEDICAL MAGISTRATE.—Dr. W. J. Shee, of Duncannon, has been appointed to the Commission of the Peace for the county of Wexford.

MICROSCOPICAL preparations illustrating the subject of the malarial parasite will be on view at the Royal Medical and Chirurgical Society, at 8 P.M., before the discussion on malaria. Mr. Andrew Pringle will also exhibit during the meeting lantern slides made from those preparations.

SIR JOHN PENDER's condition continues to cause great anxiety to his friends. About a fortnight ago, after attending a meeting, right-sided paralysis gradually developed. The symptoms were progressive for a considerable period, although during the last two days there has been some slight improvement.

At the annual meeting of the Manchester Medico-Ethical Association, held on January 31st, the following officers were elected for the current year: *President*: S. Woodcock, M.D. *Vice-Presidents*: J. B. Brierley, M.D., T. Arthur Helme, M.D., C. G. L. Skinner, M.D., A. Stewart, M.D. *Treasurer*: D. Lloyd Roberts, M.D. *Secretaries*: James Holmes, M.D., John Ferguson. *Committee*: E. Vipont Brown, M.B., J. Clegg, F. H. Collins, M.D., Richard J. Dearden, John Ferguson, Joseph Foster, Alfred Godson, M.D., Walter E. Husband, A. B. Ritchie, M.B., W. E. S. Scott, M.D., J. Watson, M.D., A. T. Wilkinson, M.D.

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 1st.

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.

CHELSEA GUARDIANS OF THE POOR.—Assistant Medical Officer (male or female) for the Workhouse and Infirmary. Age not to exceed 30 years. Salary £70 per annum, with furnished apartments, rations, washing, coals, gas, and £3 10s. in lieu of beer. Applications on forms to be obtained of the Clerk to be sent to Wm. Miller, Clerk to Guardians, 250, King's Road, Chelsea, S.W., by February 8th.

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

CUMBERLAND INFIRMARY, Carlisle.—Assistant House-Surgeon. Appointment for one year. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by February 25th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Assistant Dental Surgeon. Applications to J. Francis Pink, Secretary, by March 9th.

DR. STEEVENS'S HOSPITAL, Dublin.—Gynaecologist. Applications by the Governors and Guardians of Dr. Steevens's Hospital by February 20th.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Physician; must be duly qualified. Board, lodging, etc., provided, but no salary. Applications to Thomas Hayes, Secretary, by February 29th.

ESSEX COUNTY ASYLUM, Brentwood. Third Assistant Medical Officer and Pathologist, under 30 years of age. Salary, £120 per annum, with board, residence, and washing. Applications to the Medical Superintendent by February 15th.

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.

HOXTON HOUSE ASYLUM, N.—Clinical Assistant; must be qualified. Salary, £40 per annum, with board and lodging. Applications to the Medical Superintendent.

LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon. Board and lodging provided. No salary. Applications to C. W. Carver, Honorary Secretary, by February 11th.

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.

OWENS COLLEGE, Manchester.—Junior Demonstratorship in Physiology and Histology. Salary, £100 per annum. Applications to the Registrar by March 2nd.

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.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Surgeon; must be F.R.C.S.Eng. Candidates will be required to attend the House Committee with their testimonials on Tuesday, February 18th, at 1 o'clock.

MEDICAL APPOINTMENTS.

ALLFREY, C. H., M.D. Edin., M.R.C.P. Lond., F.R.C.S. Eng., D.P.H. Camb., appointed Assistant Physician to the Hastings, St. Leonard's, and East Sussex Hospital.

ANNACKER, E., M.D. Berlin, M.R.C.S., appointed Honorary Physician to the Hulme Dispensary, *vice* Dr. Collins, resigned.

ATKIN, Charles, F.R.C.S. Eng., appointed Surgeon to the Sheffield General Infirmary.

BACK, H. H., M.B. Lond., M.R.C.S., appointed Medical Officer of Health to the Aylsham District Council.

BLACKFORD, Dr. J., appointed Medical Officer for the Cradley District of the Stourbridge Union.

BRODIE, C. Gordon, F.R.C.S. Eng., appointed Assistant Surgeon to the City Orthopaedic Hospital.

BRIMACOMBE, Dr., appointed Medical Officer for the Oldland District of the Keynsham Union.

COLVILLE, James, B.A., M.D.R.U.I., appointed Anæsthetist to the Ulster Hospital for Children and Women, Belfast.

COOK, John W., M.D., M.R.C.S., appointed Medical Officer of Health to the Walton-on-the-Naze Urban District Council.

DARLEY, Alfred R., M.D., B.Ch., appointed Medical Officer of Health for the Daventry Rural District.

DIXON, F. J., M.A., M.D., appointed Assistant Surgeon to the Central London Throat and Ear Hospital.

FORBES, Thomas Dewar, M.B., C.M. Edin., appointed Assistant House-Surgeon to the Royal Albert Hospital and Eye Infirmary, Devonport, *vice* H. J. Cardale, resigned.

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

HANBURY, W. R., L.R.C.P., M.R.C.S., appointed Second Assistant Medical Officer to the County Asylum, Dorchester, *vice* C. P. Felvus.

HARDMAN, Dr. F. H., appointed Medical Officer for the Knighton District of the Knighton Union.

HARDYMAN, George, M.B., C.M. Edin., appointed Honorary Surgeon to the Royal Mineral Water Hospital, Bath, *vice* Hugh Lane, M.R.C.S., deceased.

HARPER, Joseph, L.R.C.P. Lond., M.R.C.S., reappointed Medical Officer of Health to the Padstow Urban District Council.

HEATH, Charles J., appointed Assistant Surgeon to the Central London Throat and Ear Hospital.

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

HOOLE, Henry, M.D. Lond., appointed Medical Officer to the Royal Insurance Company, *vice* Dr. W. Bezly Thorne, resigned.

LEIGHTON, Dr. C. R., appointed Medical Officer for the Skenfrith District of the Monmouth Union.

MADDEN, M. J., L.R.C.P., L.M., L.R.C.S.I., appointed Medical Officer of the Golden Dispensary District of the Tipperary Union.

OURSE, W. J. C., F.R.C.S.E., appointed Assistant Surgeon to the Central London Throat and Ear Hospital.

POLLOCK, Edward S., B.A., M.B. Dubl., appointed Medical Officer for the Witheridge District of the Southmolton Union, *vice* D. C. McArthur, M.R.C.S. Eng., L.R.C.P. Lond., resigned.

REID, St. George, M.R.C.S., appointed to take charge of the Bacteriological Department of the Central London Throat and Ear Hospital.

SINCLAIR, Walter W., M.B. Aberd., appointed Honorary Ophthalmic Surgeon to the East Suffolk and Ipswich Hospital.

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

DIARY FOR NEXT WEEK.

[THE meeting of the Clinical Society of London, announced in the BRITISH MEDICAL JOURNAL of February 1st to be held this day, February 7th, will be held on February 14th. See below.]

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Lachrymal Affections. London Throat Hospital, Great Portland Street, W., 8 P.M.—Dr. Edward Law: Examination of the Throat and Nose.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Cases. Mr. Johnson Smith: Dislocation of Hip into the Obturator Foramen treated by Excision of the Head of the Bone. Mr. G. R. Turner: Unreduced Dislocation of Hip into the Obturator Foramen. Mr. E. Cotterell: (1) Exostosis of the Orbit; (2) Laminectomy for Paralysis due to Cervical Caries. Dr. L. Guthrie: A Case for Diagnosis. Mr. D. H. Goodsall: Two Cases of Sinus over the Sacrum and Coccyx. Mr. J. Macready: Cancer of the Upper Rectum: Colotomy, and subsequent Enterectomy. Dr. T. Outterson Wood: Two Cases (sisters) of Congenital Nystagmus. Mr. Noble Smith: Pott's Fracture treated by Early Movement and Massage. Mr. Waterhouse: Restoration of the greater portion of the Os Calcis, in which Chips of Decalcified Bone were used to fill up the gap left by the removal of the Carious Portion of the Bone.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Melancholia and Hypochondriasis. Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth: Lecture II: Construction of Dwelling Houses.

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.—Discussion on the Parasite of Malaria, to be introduced by a paper on the Parasite of Malaria, with special reference to the Malarial Fevers of the South of Spain, by Mr. Robert J. Marshall and Dr. George Thin. The following have promised to take part in the discussion: Dr. Curnow, Dr. John Anderson, Dr. Manson, and Dr. Galloway. Microscopical Preparations at 8 P.M.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: The Treatment of Eczema. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Glaucoma.

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.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Schorstein: Prognosis and Treatment of Mitral Disease.

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

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Dr. Abraham: Skin Affections (West London Post-graduate Demonstration).

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Discussions on the Nature of Laryngeal Ulcerations during the Course of Typhoid Fever, to be introduced by Drs. A. A. Kanthack and J. A. Drysdale; and on Foreign Bodies in the Upper Air and Food Passages, to be introduced by Mr. Charters Symonds.

HUNTERIAN SOCIETY, 8.30 P.M.—Dr. George Newton Pitt: The Hunterian Oration—John Hunter and some of his Contemporaries.

SOUTH-WEST LONDON MEDICAL SOCIETY, 41, High Street, Wandsworth (corner of South Street), 1.30 P.M.—Mr. Adams, F.R.C.S., will give a Lantern Demonstration of Some Ophthalmic Appearances associated with General Conditions.

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. Foultner: Proteid Substances found in Urine in Disease. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Patrick Manson: Liver Abscess.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, Holloway Road, N., 9 P.M.—Dr. A. Morison: Cardiac Dyspnoea.

BRITISH GYNECOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Specimens will be shown by Mr. Bowreman Jessett, Dr. Alfred Smith, and Dr. R. T. Smith. Dr. Elder: Notes on a Supravaginal Hysterectomy during Pregnancy, performed because of threatened Intestinal Obstruction (with specimen). Dr. George Keith: The Permanent Cure of Anteflexion by Operation. Dr. E. F. Eliot: Notes on Gynaecological Cases from a Provincial Hospital.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Lecture on the Examination of Air, Soil, and Water. 4 to 5 P.M.—Plate Cultivations.

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

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

MARRIAGES.

FORSYTH—CHISHOLM.—At the County Hotel, Edinburgh, on January 23rd, by the Rev. J. S. Bowie, B.D., Chalmers' Territorial F.C., Edinburgh, assisted by the Rev. R. T. Fairbairn, M.A., Leslie F.C., William Forsyth, M.B. Edin., Tansfield House, Castletown, Thurso, to Jessie, only daughter of George Chisholm, Esq., teaplant, Behali, Assam.

QUAIT—MUSGRAVE.—On January 30th, in London, Alexander Wortley Quait, M.R.C.S. Eng., L.R.C.P. Lond., to Lilian, daughter of the late George Musgrave, Esq., of Cumberland.

DEATHS.

COGHILL.—January 1st, 1896, killed in action at Krügersdorp, Kenneth Mackay Sinclair, aged 19, third surviving son of Dr. and Mrs. Sinclair Coghill, St. Catherine's House, Ventnor, I.W.

REDMAN.—On January 21st, 1896, at 61, Boleyn Road, Upton Cross, West Ham, E., Edwin Meredith Redman, M.R.C.S. Eng., aged 50.

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.
 CHAMING 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 OSTEOPEDIC. *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.
 GUY'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F. 1.30; Eye, M. Tu. F. 1.30; Ear, Tu. 1; Skin, Tu. 1; Dental, daily, 9; Throat, F. 1. *Operations*—(Ophthalmic) M. Tu. 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. Tu. 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. Tu. 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; 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 OSTEOPEDIC. *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, 0.
 ROYAL OSTEOPEDIC. *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. Tu. 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. S. 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. S. 9. *Operations*—Tu. 1; (Ophthalmic), F. 1.15.
 ST. MARK'S. *Attendances*—Fistula and Diseases of the Rectum, males S. 3; females, W. 9.45. *Operations*—M. 2; Tu. 2.30.
 ST. MARY'S. *Attendances*—Medical and Surgical, daily, 1.45; o.p. 1.30; Obstetric, Tu. F. 1.45; Eye, Tu. F. 9; Ear, M. Th. 3; Orthopaedic, W. 2; Throat, Tu. F. 1.30; Skin, M. Th. 9.30; Electro-therapeutics, o.p. Tu. 10; 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. Eye, W. S. 2; Ear, F. 2; o.p. daily, exc. S. 1.30; Ear, M. 1.30; Skin, F. 1.30; Throat, Tu. F. 1.30; Children, Tu. 1.30; Electro-therapeutics, o.p. Tu. 2; Mental Diseases, o.p. Tu. 10; Dental, Tu. F. 10. *Operations*—M. W. Tu. S. 2; Tu. 2; W. 2; S. 2; (Ophthalmic), Th. 2; (Gynaecological), Th. 2.
 SAMARITAN FUND FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1.30. *Operations*—W. 1.30.
 THROAT, GOLDEN SQUARE. *Attendances*—Daily, 1.30; Tu. F. 6.30. *Operations*—Th. 2.
 UNIVERSITY COLLEGE. *Attendances*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F. 1.30; Eye, M. Th. 2; Ear, M. Th. 9; Skin, W. 1.45; S. 9.15; Throat, M. Th. 9; Dental, W. 9.30. *Operations*—Tu. W. Th. 2.
 WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F. 9.30; Eye, Tu. Tu. 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.

INQUIRER has a patient, a girl aged about 7, whose ears stick out from her face from birth. Would it be possible, he asks, to devise some inexpensive apparatus to keep them pressed back for a time, and would it be likely at her age to be successful?

PASTEUR POCKET FILTERS.

PREVENTION (Lucknow) writes: On reading your notice on the Ashanti expedition in the BRITISH MEDICAL JOURNAL of December 21st, 1895, p. 1580, I was struck by the mention of "pocket" Pasteur filters. Can you tell me where such filters are obtainable, and if there is any agent in India who supplies them?

** We are informed that the agents in India for Defries and Sons, Limited, the makers of the Pasteur filter, are Messrs. Heally and Gresham, 7, Hastings Street, Calcutta, from whom particulars can no doubt be obtained.

WATER ANALYSIS.

FOREIGNER writes: In taking the hardness of a number of waters lately, I have found three in which the permanent hardness was much greater than the total. The soap solutions were tested and also the distilled water (freshly prepared by myself), and the same results arrived at separately by my assistant. Can you account for it if a recognised possibility, and if not can you point out a possible source of error?

	Total Solids.	Total Hardness.	Permanent.
Nazli water	Parts per 100,000. 38	Parts per 100,000. 9.5	Parts per 100,000. 13.5
Kakhk water	40	8.0	12.0
Hamid'eh	70	11.0	16.0

** It would appear that there is some source of error affecting all these results, for notwithstanding that the waters have widely different amounts of "total solids," the excess of permanent hardness is in each case practically the same. If the writer would give details as to the exact amount of water used in each case for the determination both of the total and permanent hardness, it would perhaps be possible to suggest some explanation.

PUBLIC VACCINATORS' CHARGES.

P. J. E. writes: As public vaccinator for a union in London am I entitled to charge the guardians of that union under the following circumstances:

1. For children, resident in neighbouring districts, vaccinated gratuitously at the official station and time?
 2. For children, resident in my district, vaccinated gratuitously at the official station, but not at the official time?
 3. For children vaccinated gratuitously at their own homes, such home being in my district?

4. Does the acceptance of a private fee for vaccinating children, under circumstances where I should otherwise be entitled to charge my own guardians, prevent me from also charging the said guardians with the usual public fee?

** 1. Section XI of the Vaccination Act of 1867 expressly forbids payment for the vaccination by a public vaccinator of children resident in another district, except in the very exceptional circumstances there specified. Contravention of the principles of this section would inevitably lead to disallowance of the sums paid and to loss of Government award.

2 and 3. Children can only be vaccinated outside contract times or at their own homes under circumstances which the public vaccinator deems to be of a special nature such as to call for these departures from rule, and payment even then can only be made if the special reason be entered in his register.

4. Section XXII of the Vaccination Act of 1867 debars a public vaccinator from receiving a fee in respect of any child for whose vaccination (wherever performed) he has been paid by the parents, and payment of a fee by the guardians equally debars the public vaccinator from recovering payment from any other person.

ANSWERS.

T. M. B.—We are not acquainted with the substance mentioned.

C. H. W.—The soap referred to by Dr. Stuart as "green soap" is most probably the soft soap of the *British Pharmacopoeia*.

M. S. D.—Our correspondent would probably do well to recommend his friend to consult an experienced surgeon practising in the American city in which he resides.

W. FARRANT.—We are unable to state the percentage of accidents caused directly by drunkenness, in the different London hospitals. Our correspondent might communicate with the respective secretaries.