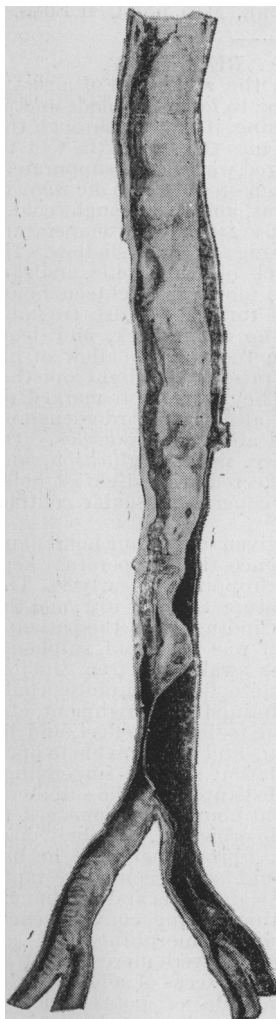


down or sitting about nearly all day, and while under my care for 18 months almost constantly complained of abdominal pain, for which no cause could be found.



Dissecting aneurysm of aorta. was pale, the mitral valve slightly Photograph of aorta laid open showing clots between coats. atheromatous but not dilated; the internal and middle coats had ruptured transversely all the way round, except half an inch on the concavity of the arch, one inch above the semilunar valves. The external coat was stripped up all along the arch, except along a narrow border half an inch wide on the concavity. The external coat had ruptured into the pericardium by a vertical slit three-quarters of an inch long on the posterior aspect of the first part of the arch, the centre of it corresponding to the transverse rupture of the inner coats. The blood had passed between the middle and external coats up the innominate artery, along the whole length of the thoracic and abdominal aorta on its posterior aspect, nearly obliterating its lumen, and reaching as far as an inch into the left external iliac. The condition is shown in the engraving from a photograph of the abdominal aorta. The clots between the coats was recent. The specimen is in the museum of St. Bartholomew's Hospital.

UNIVERSITY OF CHICAGO.—The erection of the first of the four buildings of the new biological school of the University of Chicago, to which part of Miss Culver's recent gift of 1,000,000 dollars (£200,000) is to be applied, has already been commenced. It is proposed to erect special buildings for zoology, botany, anatomy, and physiology respectively.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### THE TREATMENT OF CARBUNCLE.

QUITE twenty years ago Sir James Paget published his now classical lecture on this subject, in which he stated that "cases uncut heal more readily than those cut;" and further, that "carbuncles, if not divided, not infrequently suppurate only about their centres and slough only in their central parts, and the borders clear up by the softening and dispersion of the inflammatory products in them. In some cases they completely abort." It is my belief that, if seen before softening has taken place, resolution can generally be effected by pressure combined with the application of iodine, and that in any case this plan of treatment gives the best results obtainable. Iodine is, of course, a very old remedy, and has, I fancy, fallen into disrepute through an error in its mode of application. The weak tincture has been used instead of the strong liniment. It has possibly been somewhat the same with regard to pressure, for we are told in Holmes's *Surgery* that "the treatment by pressure (with plaster), as Dr. O'Ferrall prescribed, has fallen into disuse." It is doubtless in very many cases difficult to apply pressure effectively; but when the carbuncle occurs on a limb I can confidently recommend the following treatment: Paint the carbuncle and the skin immediately surrounding it freely with iodine liniment, and over this place a thick pad secured firmly by means of an elastic bandage. The immediate relief this gives is very marked, and the patient is able to go about his business as usual.

Peckham, S.E.

HENRY E. MABERLY, B.A., M.R.C.S.

### FATAL CASE OF POISONING BY A.B.C. LINIMENT.

ON December 12th Mr. T. T. T., aged 75, about 10.50 p.m. went from his bedroom into an adjoining room with the intention of taking a bronchial mixture, but by mistake took hold of a  $\frac{3}{4}$  bottle containing equal parts of lin. aconiti, lin. belladonn., and lin. chloroform., of which he swallowed  $\frac{3}{4}$  before he discovered his mistake.<sup>1</sup> A relative at once administered an emetic of mustard and water.

I saw him at 11 p.m. with Mr. Ewart, and found him sitting supported on the side of the bed, retching violently. Only slight emesis had occurred. His face, which had an expression of extreme anxiety, was covered with a clammy perspiration, and was drawn and pallid. The pulse was full and regular. He complained of a burning sensation in the epigastric region and extreme suffocation.

I injected hypodermically apomorphine gr.  $\frac{1}{8}$ , which in 20 seconds produced emesis (very slight), and followed it by  $\frac{3}{4}$  of brandy with water. As violent retching continued without further emesis, another hypodermic was given, but failed to produce vomiting. His speech now became lost, and the arms and hands were in a state of clonic spasm. They rapidly became fixed tonically in an arched position in front of the chest, with the hands midway between pronation and supination and the thumbs flexed into the palm. The legs were flexed on the thighs and the thighs on the abdomen.

A hypodermic solution of digitalin, gr.  $\frac{1}{50}$ , was now given and a sinapism applied to the cardiac region, but nevertheless the pulse became feeble and irregular and the heart's action weak. He now became unconscious; the pupils were dilated and did not react to light, and there was no eye reflex. The lips were blue and the face livid, with frothing at the mouth. At this time, twenty-five minutes after the swallowing of the mixture, the radial pulse became imperceptible and the heart's action very irregular. The body and extremities were cold and clammy and the urine escaped involuntarily.

A hypodermic injection of 20m of ether was administered

<sup>1</sup> Quantity of aconitin in 3iv of lin. aconiti =  $\frac{1}{2}$  gr.

Quantity of ext. bellad. alcoh. in 3iv of lin. bellad. = gr. xviii

Quantity of chloroform in 3iv of lin. chloroform = 3ij

Largest therapeutic dose (according to B.P.) of aconitin, gr.  $\frac{1}{10}$ .

Largest therapeutic dose (according to B.P.) of ext. bellad. alcoh., gr.  $\frac{1}{2}$ .

Largest therapeutic dose (according to B.P.) of chloroform, mx.

and artificial respiration commenced, but at 11.30 P.M. the patient expired.

Malvern Link.

ARCHIBALD WEIR.

#### ORCHOTOMY FOR ENLARGED PROSTATE.

IN the EPILOGUE of January 4th you notice a case reported by Dr. Lendon of double orchotomy for prostatic enlargement in a man, aged 82 years, which he believes to be the greatest age at which it has been successfully performed. In June last year I performed unilateral castration in a man aged 87 years for complete retention of urine due to an enlarged prostate the size of a small orange. No catheter could be passed, and the retention was relieved by suprapubic drainage. At the end of nine days the prostate had atrophied to the size of a filbert, and all obstruction was removed. The patient, however, was in an enfeebled state from cystitis and bedsores, and died exactly a month after the operation was performed. The favourable result of unilateral castration in this case is noteworthy, as comparatively few reports of this operation have been published.

Plymouth.

H. W. WEBBER, M.D., M.S.Lond.

#### A CASE OF TUBAL PREGNANCY.

ON May 29th, 1894, whilst visiting a child in a village some miles from my house, the mother informed me that she thought she was again pregnant. On asking her a few questions I ascertained that menstruation should have come on a week before, but did not, and that she was extremely regular in that function. This statement is interesting in view of the following facts: The previous history of the patient was good. She had always had fairly good health, had had three normal pregnancies, the last child, however, only living two days, having been born with spina bifida. She suffered from prolapse of the uterus, for which she wore a pessary, but not regularly.

I did not see her again until June 20th. I found her suffering severe pain of a colicky nature. She also complained of a bearing-down sensation. She then informed me that the week before she had had a discharge of blood from the vagina. The uterus was enlarged, and somewhat displaced to the right side of the pelvis. The cervix was soft and patulous; a rounded tumour was distinctly felt in the left Fallopian tube, and not far from the uterus.

The breasts were not markedly enlarged, but the areolæ were slightly darkened. She had also suffered from nausea and vomiting during the month. The patient being in great pain I drove home, some miles distant, but before I could get back to the house the tube had evidently ruptured. I found the patient in a condition of extreme collapse, lips almost colourless, pulse very feeble and rapid. The temperature was 97°. The abdomen was much distended with fluid, and the tumour I had felt in the left Fallopian tube a few hours before was gone. The woman, in fact, appeared to be rapidly sinking. Digitalin and strychnine were administered hypodermically, and brandy was given by the mouth. During the next twenty-four hours the patient remained in a very critical condition. The above treatment was continued as occasion demanded. The pulse gradually improved, and the temperature rose to 98°. Scarcely any nourishment could be retained. During the next twelve hours she commenced to rally a little, and I telegraphed for Dr. T. A. Helme, of Manchester. On his arrival he decided to make an exploratory incision, which was done, and he found the left Fallopian tube ruptured from a quarter to half an inch from the uterus. The abdominal cavity was filled with blood. The rupture was ligatured, and the remaining portion of the tube with the left ovary removed, and the abdominal cavity washed out. The patient made an uninterrupted recovery without a single bad symptom. At the present time, over twelve months after the operation, she is in excellent health, following her occupation as a school-mistress.

It is interesting to note in this case what may have been the possible cause of this condition. Is it not possible that the tubal pregnancy in this case may have been caused by the prolapse of the uterus? This was of long standing, and no

but would tend to stretch the Fallopian tubes, and thereby

lessen their calibre. I cannot, however, find this cause directly mentioned in literature on the subject.

Hornby.

DOUGLAS J. M. BONE, M.B. and C.M. Edin.

#### A CASE OF TETANUS: RECOVERY.

B., AGED 11, on July 13th, 1895, ran the spike end of a rusty, handleless table knife (whilst trying to force the blade end in the earth) into his right foot, causing it to pass through the boot upper upon the under surface into the sole of the foot to the bone (scaphoid). This punctured wound had suppurated, and the foot was nearly well, when on July 20th he went in a limping condition to a school treat, and there caught cold.

He was first seen by me on July 24th. The temperature was 103°; the pulse 132; breathing 36, and shallow. He showed symptoms of a slight attack of pneumonia, and said he had a stiff neck. The following morning (eighteen hours intervening) the temperature was 101°; the pulse 110; and breathing 32. The muscles of the neck, back, and legs, especially the right, had become too rigid to allow of his sitting up, and, on attempting to raise him, slight opisthotonic symptoms were noticeable. They were more marked on the day following, and there were also risus sardonicus and extreme rigidity of the chest and abdominal muscles. On July 26th the muscles of the face, neck, deglutition, and masseters were more markedly affected, the slightest noise throwing the whole system into general muscular contractions.

Chloral hydrate (20 grains) was given every four hours, and whilst thoroughly under its influence the temperature kept below 101°, the pulse occasionally dropping to nearly 80. The tetanic spasm drove the temperature to over 103°, and the pulse to over 140. On July 30th, finding that the patient's recovery from the effects of chloral was too rapid, sulphonal (5 grains) was given to prolong the awakening from the torpidity, as in this semi-conscious state fifteen minutes could be snatched every four hours to administer nourishment, etc. By August 4th chloral commenced to lose its effect, and he was complaining of epigastric pain, and was unable to open his eyes or swallow, and asphyxiation seemed impending; so Calabar bean (5 grains) was substituted for the sulphonal every four hours, and in forty-eight hours he commenced to regain power of deglutition, and the orbicular, palpebral, masseter, and facial muscles relaxed. From that time he has made a slow recovery, which would have been more rapid had it not been for an abscess in the right axilla and a carbuncle upon the left shoulder supervening during convalescence. Occasionally hypodermic injections of morphia were administered, but the tetanic contractions were more violent as its effects wore off and if there was excess of acidity in the system. In the first instance bromide of potassium was given, but was discontinued after two days, and citrate of iron and ammonia with the chloral administered instead.

Ramsey, Hunts.

E. E. LLEWELLYN, L.R.C.P. EDIN.

## REPORTS

ON

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

#### FULHAM UNION INFIRMARY.

A CASE OF TETANUS TREATED BY ANTITOXIN.

(By WILLIAM STEER, M.R.C.S. Eng., Medical  
Superintendent.)

ON January 4th of this year A. R., a boy, aged 13, was admitted as suffering from some ill-defined complaint, accompanied with spasm of the jaw. He gave the following history: About fourteen days before admission a nail in his boot ran into his left great toe, causing a sore. He was all right, however, until January 1st, when his neck felt stiff and he had difficulty in opening his mouth. On admission there was still the stiffness of his neck and jaw, but he could separate his teeth to the extent of half an inch. There was no rigidity of the abdominal muscles or limbs. There was a small sore on the left toe, scabbed over. The temperature was normal. The bowels were not open for three days. Three grains of

## NEIGHBOURING PRACTITIONERS IN CONSULTATION.

A.—The following rule deals with the point raised by our correspondent: "The consultant has no claim to be regarded as the regular attendant on the patient, and his attendance ceases after each consultation, unless otherwise arranged; under no circumstances, therefore, should he be induced to 'just look in and see how the case is progressing' (a too-off recurring incident in modern professional life), otherwise he will justly subject himself to severe criticism and reproof."—*Code* (4th edition) ch. ii, sect. 4, rule 13.

## MEDICAL BILL FORMS.

DUBITANS.—A correspondent desires to know whether in a good class practice the doctor should send in his account without comment, or whether it should be marked with "Mr. —'s compliments" or "kind regards." This is a matter entirely for the taste of the practitioner, and our correspondent is by far the best judge of what is most suitable in his own practice.

## SICK PAYMENT TO MEMBERS OF A CLUB NOT UNDER THE COURT SURGEON.

G. W. writes: A Forester wishes to be attended by his private medical man, but is informed by the secretary that no sick pay will be granted except on the certificate of the surgeon appointed by the Court. Can sick pay be refused legally?

\*.\* A Court may require its medical officer to visit a sick member on its behalf, but not to attend the member against his will. It may also require its own officer to countersign the certificates of the member's medical attendant, but it could not legally refuse to pay sick money merely on the ground that the member had not been attended by the court surgeon, provided a properly qualified practitioner has been employed.

## A QUESTION OF COMMISSION.

A CORRESPONDENT writes: A. places his practice for disposal in the hands of an agent, agreeing in the event of the latter finding him a purchaser to pay him 5 per cent. commission on the sale. Some months went by without a purchaser being forthcoming. A. getting anxious, put his practice in the hands of three or four other agents, the result being that a purchaser was found in a short time. A. wrote and informed the unsuccessful agent that his practice was sold, receiving in reply a demand for a sum for office fees. Is the agent justified in making this claim?

\*.\* We cannot advise on this question in the absence of the circular or letter of the agent, if any, on the practice being put into his hands for sale; but in the absence of any express stipulation on the subject, we do not think the agent could successfully establish a claim for the amount in question for office fees.

## L.S.A. AND SALE OF DRUGS.

INQUIRENS requests us to inform him whether a Licentiate of the Society of Apothecaries only is entitled to dispense and sell drugs and act in every way as a chemist without passing the Pharmaceutical examinations.

\*.\* A Licentiate of the Society of Apothecaries is entitled to dispense and sell drugs provided, as regards poisons, he complies with the regulations prescribed by the Pharmaceutical Acts; generally the Pharmacy Acts except from their operation a duly qualified apothecary.

## MEDICAL ETIQUETTE.

A PARAGRAPH appeared in *Truth* of January 23rd commenting on the conduct of two practitioners at Taunton who were called to a child on whom an inquest has been held recently. It would appear that the first medical man who was called by the father on arriving at the house declined to attend the child on the ground "that it was not in his club," and advised that another doctor should be sent for. The second doctor, however, learning that the child had been visited by the other, said that he could do nothing. After this four other medical men were called, but declined to attend, stating that they could not interfere with another doctor's case. Our contemporary remarks that "when medical etiquette is carried to such lengths as it was in this instance it is anything but creditable to the profession."

\*.\* From the bare statement of these facts it does seem as if something were wrong, but if all the details of the case were known the matter might have a very different aspect. It is a well recognised rule in the profession that no point of etiquette can be allowed to interfere with the safety of the patient, and it is difficult to see what rule of etiquette prevented this child from being attended to. If the parents were too poor to pay a medical man why was not the relieving officer applied to, who would have given an order for the attendance of the parish doctor? Charitably-minded people are often disposed to criticise very severely the conduct of a medical man who does not rush off at every call regardless of payment; but they would show a much greater regard for the suffering poor if they could find some means of guaranteeing the doctor's fee in such cases.

DR. LOMBE ATHILL, sometime Master of the Rotunda Hospital, Dublin, has been elected an Honorary Fellow of the British Gynaecological Society.

MEDICAL MAGISTRATES.—The Lord Chancellor has appointed Dr. A. Garrod Thomas and Mr. O. E. Bulwer Marsh to the Commission of the Peace for the County Borough of Newport.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

DEGREES FOR WOMEN.—Four memorials have recently been presented to the Council of the Senate of the University of Cambridge in favour of the admission of women to the degrees. One, from members of the Senate exclusively, received 2,088 signatures. The second was from 247 persons of influence outside the Senate. The third was signed by 180 head mistresses of schools, including Miss Beale, of Cheltenham College, Miss Jones, of Notting Hill High School, and Mrs. Bryant, of the North London Collegiate School. The fourth was signed by 1,180 past and present students of Girton and Newnham Colleges. Among the medical names appended to one or other of the first two memorials appear the following: Sir William Broadbent; Drs. Barlow, Buzzard, Lauder Brunton; Mr. Butlin; Drs. Dreschfeld, Donkin, Gowers, Hughlings Jackson, Stephen Mackenzie; Messrs. G. Lawson, Jonathan Hutchinson, Christopher Heath, Sir W. H. Flower, Sir James Paget; Mrs. Payne, Playfair, Poore, Pye-Smith, Sir Edward Sieveking; Mrs. Garrett Anderson; Mrs. Scharlieb; Miss Cock; Mr. Knowlesy Thornton; Dr. Cheadle; Messrs. Clutton, G. P. Field; Miss Ellaby; Drs. Wilks, Hubert Airy, R. Boxall, Cullingworth, Dickinson, Collingridge, Ewart, W. S. A. Griffith, Habershon; Dr. Hill (Master of Downing College); Dr. Isambard Owen, Mr. H. W. Page, Dr. Philipson (President of Durham College of Science); Drs. Arthur Ransome, Rolleston, Lockhart, Robertson, W. K. Sibley, Professor C. S. Sherrington, Mr. Walsham, Professors Bradbury, Brailey, Michael Foster, and Sir George M. Humphry. Among the non-medical signatories appear the Archbishop of Canterbury, the Bishops of London, Manchester, Ripon, Liverpool, Southwell, and Gloucester and Bristol; Mr. Arthur Balfour, M.P., Mr. Chamberlain, M.P., Mr. Ritchie, M.P., Lord Rayleigh, Cardinal Vaughan, Lord George Hamilton, M.P., Mrs. Russell Gurney, Mrs. Oliphant, the Marchioness of Dufferin, Lord Hobhouse, Sir Joseph Hooker, Lord Wolseley, and Lady Louisa Egerton. A resolution in favour of the appointment of a syndicate to inquire whether women should be made admissible to degrees in the University has been passed by the Council.

DEGREE IN SCIENCE.—Mr. J. N. Langley, F.R.S., University Lecturer in Histology, has been approved by the General Board of Studies for the degree of Sc.D.

ELECTORAL BOARD.—The following have been appointed Electors to the several scientific and medical professorships:—*Chemistry*: Professor J. J. Thomson, F.R.S. *Anatomy, Downing of Medicine, Surgery, and Pathology*: Professor M. Foster, F.R.S. *Botany and Physiology*: Dr. T. C. Allbutt, F.R.S. *Zoology*: Mr. J. W. Clark. *Physics*: Professor R. B. Clifton, F.R.S. *Mechanics*: Mr. H. Darwin.

CHEMICAL TEACHER.—Mr. R. S. Morrell, M.A., of Caius College, has been approved as a Teacher of Chemistry for the M.B. Degree.

ROYAL GIFT.—The Grand Duke of Hesse and Prince Henry of Prussia have presented to the Museum of Zoology the skeleton of a wild boar.

## UNIVERSITY OF LONDON.

## PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION.—PASS LIST:

*Entire Examination*.—First Division: P. Armstrong, private study; R. C. Bowden, St. Bartholomew's Hospital; M. Coplands, Simon Langton School, Canterbury; W. H. Lowman, King's College, H. Waite, B.A., Goldsmiths' Institute and private study. Second Division: E. W. Bain, London Hospital; A. F. Bryan, B.A., private study; F. Charles, B.A., University Tutorial College; F. W. W. Dawson, University College, Auckland, Westminster Hospital, and University Tutorial College; L. A. E. De Zilwa, University College; C. G. Fernie, B.A., University Extension Centre, Reading, and private study; H. Halliday, Westminster Hospital; C. E. Ham, Wilson's Grammar School, Camberwell; A. D. Hamilton, University College, Liverpool, and private study; T. D. Heald, Brighton Grammar School; F. M. Howell, St. Bartholomew's Hospital; P. Knowles, private study and University Tutorial College; C. J. I. Krumbholz, Alwyne Institute; J. C. G. Kunhardt, St. Mary's Hospital; G. U. Love, B.A., private study; A. L. Matthews, London Hospital; A. A. Meaden, St. Bartholomew's Hospital; H. Osborne, B.A., private study and University Tutorial College; H. Pritchard, University College, Liverpool, and private study; I. Shaer, B.A., Jews' Free School.

*Chemistry and Experimental Physics*.—†O. L. Addison, University College; S. M. Banham, Kingswood School and University Tutorial College; Anne Thompson Barnard, University Tutorial College and private tuition; F. J. Birks, Wesley College, Sheffield; H. M. Bourke, University Tutorial College and St. George's Hospital; †A. B. Brown, University Tutorial College and St. Bartholomew's Hospital; †Amy Jane Burgess, London School of Medicine for Women and University Tutorial College; N. Carmichael, Dulwich and University Colleges; G. Clarke, Owens College; †H. H. B. Cunningham, St. Mary's Hospital and Birkbeck Institute; O. J. S. Damian, St. George's Hospital, private study, and Alwyne Institute; †J. A. C. Forsyth, Yorkshire College; †Sarah Louise Fraser, Bedford College, London; †J. G. French, Alwyne Institute; F. G. Gibson, Guy's Hospital; R. M. Grogono, Merchant Taylor's School and University Tutorial College; †J. A. B. Hammond, Guy's Hospital; †P. G. Harvey, St. Bartholomew's Hospital; †A. F. Hayden, St. Mary's Hospital; R. V. James, Clifton Laboratory and private study; †B. S. Jones, University Tutorial College; A. D. E. Kennard, Guy's Hospital and Carlyon College; W. R. Kirkness, King's College and Alwyne Institute; F. J. Lawson, University and University Tutorial Colleges; †W. A. McEnery, University College and Middlesex Hospital; †A. T. Marshall, King's College; †Alice Marietta Marval, University and University Tutorial Colleges and private tuition; T. A. Matthews, Guy's Hospital and Carlyon College; F. J. A. Mayes, University Tutorial College and private study; H. Mills, St. Bartholomew's Hospital; †T. M. Pearce, St. Bartholomew's Hospital; †F. H. Pickin, University College, Bristol; P. Reynolds, B.A., private study and University Tutorial College; †W. S. Rooke, University and Univer-

sity Tutorial Colleges; L. C. A. Savatard, Guy's Hospital; C. C. C. Shaw, St. Mary's Hospital and Birkbeck Institute; †D. W. Smith, Edinburgh University; F. M. V. Smith, Guy's Hospital; †A. B. Soltan, London Hospital; †H. S. Stannus, St. Thomas's Hospital and private study; W. J. Thomas, Burlington House, Cambridge, and private study; †K. V. Trubshaw, Guy's Hospital; Edith Eleanor Tucker, University Tutorial College; †Winifred F. Van Cuijlenburg, University Tutorial College; †E. Wethered, St. Bartholomew's Hospital.

**Biology.**—†A. M. Amsler, St. Paul's School; †J. J. Armitage, Science School, Cheltenham; E. C. P. Barnes, Carlyon College; †F. A. Beattie, Guy's Hospital and University Tutorial College; Lily Alice Bilke, Carlyon College; †A. Birch, St. Mary's Hospital; †W. Bonallo, Rutherford College and private study; H. E. G. Boyle, St. Bartholomew's Hospital; †W. J. Butcher, Owens College; †A. Caddy, St. Paul's School; †J. D. C. Calcott, University College, Bristol; V. A. Châtelain, University Tutorial College; G. B. F. Churchill, University Tutorial College; †J. A. Churchill, St. George's Hospital; Anne Fenton Cleaver, University Tutorial College; †G. E. Cope, Westminster Hospital and Carlyon College; †Jeannette Rachel De Pass, King's College; D. C. Evans, University College, Cardiff; †G. Evans, Guy's Hospital and University Tutorial College; †D. Forsyth, Guy's Hospital and University Tutorial College; †J. S. Goodall, City of London College and Middlesex Hospital; †C. D. Hatrick, University College; L. G. Hopkins, University College, Aberystwith; †S. Hunt, private study and University Tutorial College; †A. F. Izard, Cranleigh School and University Tutorial College; †H. H. Kiddle, St. Thomas's Hospital, private study, and University Tutorial College; †H. K. Lacy, Guy's Hospital and Alwyne Institute; †E. V. Lindsey, St. Bartholomew's Hospital; †J. W. Little, University Tutorial College and St. Thomas's Hospital; E. C. Mackay, St. Bartholomew's Hospital and private study; H. M. H. Melhuish, St. Bartholomew's Hospital; †H. R. Minkley, St. Mary's Hospital and Mason College; †D. L. Morgan, Guy's Hospital and Alwyne Institute; G. P. Mossrop, University Tutorial College; H. W. Pank, St. Bartholomew's Hospital; †A. Pearson, Guy's Hospital; A. F. Pilkington, St. Mary's Hospital; S. K. Roberts, St. Bartholomew's Hospital and private tuition; E. W. Robinson, University College, Cardiff, and private study; Alice Deborah Sibree, Oxford University Museum; C. W. Smith, Wesley and Firth Colleges and private study; †J. H. Stormont, Mason College; Emily Gertrude Stuart, Bedford College, Oxford University Lectures, and private tuition; †H. Tattersall, Guy's Hospital; C. J. Taylor, University College, Bristol; †G. O. Taylor, London Hospital; †B. W. B. Taylor, Merchant Taylors' and London Hospital; †A. H. Thomas, University College, Cardiff; †J. E. Utley, Owens College; †V. F. Wall, University Tutorial College and St. Mary's Hospital; †H. S. Ward, University College, Cardiff, and private study; J. H. Watson, University College, Liverpool; †F. C. Wetherell, Guy's Hospital and Alwyne Institute; Clare A. Wiggins, St. Mary's Hospital and Birkbeck Institute; †A. C. Williams, King's College; †A. S. Woodwark, St. Bartholomew's Hospital and private study; B. S. Worth, London Hospital and University Tutorial College; †E. M. Niall, St. Bartholomew's Hospital.

† These candidates have now completed the examination.

#### THE VICTORIA UNIVERSITY.

The following have recently been appointed External Examiners at the Victoria University: A. E. Barker, F.R.C.S., Examiner in Surgery; J. Reynolds Green, D.Sc., F.R.S., Examiner in Botany; Nestor J. C. Tirard, M.D., F.R.C.P., Examiner in Materia Medica and Pharmacy, and in Pharmacology and Therapeutics.

#### CONJOINT BOARD IN SCOTLAND.

The quarterly Examinations for the Triple Qualification took place in Edinburgh in January, with the following results:

**First Examination.**—Four Years' Course.—Of 24 candidates, the following 11 passed: A. J. W. Noble, W. O'Sullivan, J. Horgan, F. Carter, A. S. Powell, E. Ladyman, W. MacKirdy, E. Bennett, J. MacRae, G. R. Horland, and T. Murphy; and 3 passed in one division of the Examination. Five Years' Course.—Of 28 candidates, the following 11 passed: Edith Neild, R. J. Mackay, C. R. White, G. H. F. Graves, E. P. Haythornthwaite, D. Coffey, J. B. Swinden, W. A. Dawson, Agnes McLean Black, J. P. Lavery, and Lizzie Beatty; and 6 passed in one or two divisions of the Examination.

**Second Examination.**—Four Years' Course.—Of 52 candidates the following 21 passed: M. McSherry, T. K. Greenfield, G. C. Beamish, R. H. Fleming, R. P. Graham, B. G. Roscoe, J. R. Askew, E. Ladyman, J. Kirkpatrick, A. J. Rencontre, S. D. Clements, D. Nyhan, E. R. Kellett, J. H. O'Sullivan, T. H. Waddington, J. T. Newton, C. H. Thackrah, R. S. Williams, J. C. Bouchier-Hayes, P. A. Wedgwood, and C. Simpson; and 13 passed in one or two divisions of the Examination. Five Years' Course.—Of 12 candidates the following passed: A. J. B. Albertyn, J. Tobin (with distinction), H. Fowler, T. Neville, J. Ross, C. J. Greig, V. Bateson, and J. S. Hamilton.

**Third Examination.**—Five Years' Course.—Of 8 candidates the following 7 passed: J. Murray, J. St. J. Murphy, A. F. Jones, G. H. A. Taylor, J. M. Donovan, R. F. Flood, and Georgina Collier.

**Final Examination.**—Of 137 candidates the following 65 passed, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.: Elizabeth Henderson, W. H. Rowthorn, A. J. Troughton, C. Graves, A. B. C. Orchard, Emilia Margaret Guthrie, R. Wolfendale, B. J. Macaulay, W. Pearson, Martha Florence Armitage, S. Hishmeh, D. Alexander, Charlotte Susannah Vines, S. Robb, Elizabeth Mary Hooper, J. Blewitt, H. Greaves, P. S. Vesteven, R. Wilbond, E. W. Scharenguivel, P. R. Gange, H. A. L. Banham, E. B. Hicks, J. W. Furey, D. U. Hanly, D. Hennessy, J. C. Thompson, A. W. Ball, Annie Gillespie, S. H. Richards, J. O'Meara, W. Squibbs, J. E. Martin, T. Aspinall, A. M. Stewart, E. N. Scott, J. E. O'Ryan, T. C. Hunter, P. B. Molony, J. Munce, A. J. Hassard, R. L. Park, W. B. Thomas, J. McA. Ramsay, T. O'Callaghan, H. J. Van Brockhirzen, D. A. Robinson, T. F.

Elmes, H. E. Birmingham, T. W. H. Young, T. M. Donovan, T. McK. Wotherspoon, M. Cleary, G. G. Irving, W. H. Jones, T. Bannerman, G. H. Field, M. H. Enright, T. G. Dickson, H. S. Dobie, E. Brice, A. McL. Wilson, B. H. Leigh, W. J. N. Davies, C. H. Harris; and 13 candidates passed in one or more divisions.

#### CONJOINT BOARD IN IRELAND.

**EXAMINATION FOR THE DIPLOMA IN STATE MEDICINE.**—The following gentlemen have passed this Examination of the Royal College of Physicians and the Royal College of Surgeons in Ireland:

E. G. Annis, L.S.A., M.R.C.S. Eng., L.R.C.P. Lond.; C. R. Chichester, L.R.C.P. and S.Irel.; G. W. Dawson, L.R.C.P. and S.Irel.; W. J. Greer, F.R.C.P. Irel., L.R.C.P. Irel.; J. G. G. Murray, L.R.C.P. and S. Edin., L.A.H. Dub.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

On Friday, February 7th, the President admitted to the Licences in Medicine and Midwifery the following candidates who have been successful at the Final Examination held in January, 1896, under the Conjoint Scheme with the Royal College of Surgeons in Ireland:

G. E. Caithness, M. A. J. J. M. Carahar, E. Corssellis, F. Dudley, R. M. Hamilton, T. G. M'Grath, J. F. Sheppard.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,466 births and 4,267 deaths were registered during the week ending Saturday, February 8th. The annual rate of mortality in these towns, which had declined from 19.7 to 18.4 per 1,000 in the three preceding weeks, rose again to 20.5 last week. The rates in the several towns ranged from 15.0 in Croydon, 15.3 in Swansea and in Blackburn, and 15.6 in Huddersfield to 25.2 in Liverpool, 25.4 in Norwich, and 26.9 in Bolton. In the thirty-two provincial towns the mean death-rate was 20.3 per 1,000, and was slightly below the rate recorded in London, which was 20.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.7 per 1,000; in London the rate was equal to 3.3 per 1,000, while it averaged 2.3 in the thirty-two provincial towns, and was highest in Salford, Norwich, and Bolton. Measles caused a death-rate of 1.5 in Burnley, 1.6 in Leicester, and 4.8 in Norwich; whooping-cough of 1.6 in Gateshead, 1.7 in Salford, and 3.9 in Bolton; and "fever" of 1.3 in Bolton. The mortality from scarlet fever showed no marked excess in any of the large towns. The 97 deaths from diphtheria in the thirty-three towns included 63 in London, 5 in West Ham, and 5 in Birmingham. One fatal case of small-pox was registered in Swansea, but not one in London or in any other of the thirty-three towns. The number of small-pox cases under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital, which had been 73, 70, and 74 at the end of the three preceding weeks, had declined to 64 on Saturday last, February 8th; 6 new cases were admitted during the week, against 17, 14, and 12 in the three preceding weeks. There were 2,883 scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital at the end of the week, against 2,883, 2,916, and 2,879 on the three preceding Saturdays; 285 new cases were admitted during the week, against 280, 290, and 273 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

During the week ending Saturday last, February 8th, 867 births and 548 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.0 and 29.5 per 1,000 in the two preceding weeks, further declined to 18.8 last week, and was 1.7 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 9.8 in Leith to 25.7 in Paisley. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Paisley and Aberdeen. The 260 deaths registered in Glasgow included 17 from whooping-cough, 5 from "fever," 3 from scarlet fever, and 2 from diphtheria. Three fatal cases of diphtheria were recorded in Edinburgh and 4 in Aberdeen.

#### A LICENCE FOR MILK DEALERS.

An amendment to the Sanitary Code of New York City was recently passed requiring all milk dealers, both wholesale and retail, to provide themselves with a licence. To obtain this they must give the Health Board evidence that their business is conducted strictly in accordance with their rules regulating the milk supply.

#### THE EAST LONDON WATER FAMINE OF 1895.

THE Local Government Board have just issued the report of the public inquiry which was held by their inspectors, Colonel Ducat and Dr. F. W. Barry, at the Hackney Town Hall early in October last, respecting the alleged failure of the East London water supply in the summer of 1895. The report is clear and exhaustive, and requires to be carefully studied. The inspectors thus briefly summarise the results of their consideration of the evidence placed before them:

"1. That the scarcity of water in the East London Water Company's area during the summer of 1895 was due to the following causes:

"(a) Exceptional waste, beyond the undue waste of ordinary years, of water owing (1) to non-repair of fractures in consumers' pipes brought about during the unusually long and severe frost of the previous winter; and (2) to excessive garden watering during the drought in May and June.

"(b) Decrease in the volume of the river Lee due to the unprecedented drought which occurred during the first six months of 1895.

"(c) Means of storage possessed by the East London Water Company inadequate to enable them to meet the combined waste and deficiency of water noted under headings (a) and (b).

"We would also note under this heading that in our opinion the inconvenience experienced by consumers was much aggravated by the want of proper means for domestic storage of water.

"II. That although the scarcity of water undoubtedly gave rise to considerable inconvenience and hardship, there is no evidence to show that it had any appreciable deleterious influence upon the public health within the area of the East London Water Company.

"III. (a) That steps have already been taken by the East London Water Company which should in our opinion afford sufficient storage of water to meet any deficiency in the supply of water within their district for many years to come.

"(b) That for the protection of the consumer against unavoidable temporary intermissions of the supply, we consider that there would be distinct advantage in having properly designed means of storage of water in houses."

#### WATER CARRIAGE v. CONSERVANCY.

AN important case has recently been decided in Birmingham, and the Health Committee of the city are to be congratulated upon having gained a victory. It appears that a large owner of small property had been proceeded against for the purpose of abating a nuisance caused by open ashpits and midden privies in two courts. The case was taken before the City Bench, and after much evidence on both sides, and a personal inspection by the magistrates, an order was made to abate the nuisance and erect waterclosets and closed receptacles for ashes, &c., in the place of the midden ashpits. From this decision the defendant appealed to the Recorder at Quarter Sessions on the ground that the work was unnecessary, and that there was no nuisance existing. Evidence was tendered on behalf of the Corporation by Dr. Alfred Hill, the Medical Officer of Health, by Dr. Bostock Hill, and by other witnesses. On behalf of the defence it was urged that there was no nuisance, and that if there were the provision of waterclosets would not remedy it. The Recorder dismissed the appeal with costs. The case is the more important inasmuch as there are still many middens in Birmingham, and the Health Committee will now, it may be anticipated, find little difficulty in replacing many of these by waterclosets and closed receptacles for ashes.

#### CESSPOOL SORE THROAT.

SOUTHWOLD is to be congratulated on having laid down a complete system of sewerage, whilst it is to be consoled with in respect of its experience of last summer in the matter of prevalent "sore throats" among its visitors. These throat troubles were, it is thought, due to the operations necessary in connection with the laying of the drains, and the consequent disturbance of the cesspools and their drains. The health authority seem now to be determined to place the town in the front rank of East Coast health resorts, and it is to be hoped that their expenditure for the very essential requirement of a sewerage system will be repaid by the continued healthiness and growing popularity of this charming town.

#### THE SANITARY STATE OF LAMBETH.

THE report of Dr. Hamer to the London County Council on the sanitary condition of the parish of Lambeth shows that the Health Department is alive to the requirements of the poorer portions of the area committed to its jurisdiction. Dr. Hamer found the parish to be suffering owing to an insufficient sanitary staff. The prevailing conditions of the northern and more poverty-stricken part of Lambeth were just such as demanded close and constant supervision. Indeed, detailed and even house-to-house visitation seemed called for on account of overcrowding and the like. That Dr. Hamer did his work thoroughly seems to be borne out by the fact that the vestry, in an elaborate critical reply to his strictures, are unable to controvert in any material degree his conclusions or his particularised account of the district. And Mr. Murphy has the satisfaction of seeing his colleague's report apparently productive of a promise on the part of the Lambeth Sanitary Committee to increase the sanitary staff. It is to be hoped that no half measures will be adopted in this direction.

#### PROTEST BY INCENDIARISM.

THE small-pox hospital belonging to the Stroud sanitary body was recently burned to the ground as the result of incendiarism on the part of opponents to the establishment of such an institution in the vicinity of Oakridge. A mob, estimated at several hundred persons, surrounded the hospital, and amidst great excitement the place was set alight in several parts. The ringleaders were most of them arrested next day. The incident serves to demonstrate the growing difficulties met with by sanitary authorities in their efforts to check the spread of small-pox by way of so-called isolation, but which has too often proved itself a means of furthering the dissemination of infection. That there is distinct danger to an unvaccinated community in the proximity of a small-pox hospital is believed by many; but whatever the danger of a small-pox hospital to adjacent dwellings, that danger ceases to operate appreciably when the inmates of these dwellings have secured for themselves the protection which the State would wish to see them possess. And after all, a small-pox hospital is probably better than many infected private dwellings in a locality.

#### REFUSE DESTRUCTORS.

M. O. H. asks for an opinion upon a proposal to erect a refuse destructor alongside an isolation hospital. "To the destructor," he says, "would be brought the contents of privies and dustbins with shop sweepings and other refuse. This work would go on chiefly during the night."

"\* As regards the question of nuisance from burning, very much depends upon the kind of destructor employed. With some of the modern appliances, experience has shown that complaints do not arise even when the destructor is situated near inhabited houses. The conveyance of refuse to the depôt and its manipulation there is more likely to occasion nuisance in the near neighbourhood than is the

destruction of the refuse by fire, if the latter be carried out with the necessary precautions. Here again, however, of course a great deal depends upon the manner in which the work of the depôt is conducted.

#### HOUSES AND BURIAL GROUNDS.

MEMBER asks: How near to a churchyard still in use can (1) a private dwelling house, (2) a public assembly room, (3) a Sunday school room, be built?

"\* We have referred this query to a high authority, who informs us that, as far as he knows, there is no legal objection to the erection of house (1, 2, and 3) close up to the boundary of a burial ground still in use. The law appears to be silent on this point, but the question deserves to be considered also from the hygienic point of view.

## OBITUARY.

SURGEON-LIEUTENANT-COLONEL DUGALD BLAIR BROWN, F.R.C.S. Edin., died at Meean Meer on January 27th. He was born on March 4th, 1847; was appointed an Assistant-Surgeon March 30th, 1872; Surgeon, March 1st, 1873; Surgeon-Major, March 30th, 1884; and Surgeon-Lieutenant-Colonel, March 30th, 1892. Surgeon-Lieutenant-Colonel Brown served in the Zulu campaign, and was present at the battle of Ulundi. For his services he was mentioned in despatches in the *London Gazette* of August 21st, 1879, and was granted the South Africa medal with clasp. He also served in the Boer war of 1881 with the Natal Field Force, and with the Burmese Expedition of 1885-86 under Sir Harry Prendergast, when he had charge of the general hospital of European troops (medal with clasp).

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Aladar Roszahegyi, Professor of Hygiene in the University of Klausenburg, aged 41; Dr. Rudolf Schirmer, Professor of Ophthalmology in the University of Griefswald, aged 65; Dr. C. Kutschin, Professor of Histology and Embryology in the University of Charkhoff; Dr. Ehrhardt, Emeritus Professor of Medical Jurisprudence in the University of Kieff, aged 66; Dr. David Wywodzeff, a former member of the Military Medical Scientific Committee and Surgeon on the General Staff in the Russo-Turkish war, in which he rendered great services; Dr. James A. Blanchard, for fifteen years Superintendent of the Inebriates' Home, New York, aged 56; Dr. Prengreuber, Surgeon of the Paris Hospitals, and formerly editor of the *Bulletin Médical*; Dr. L. Ch. Boislinière, Emeritus Professor of Obstetrics in St. Louis Medical College and author of a work on obstetric accidents, emergencies, and operations which has been adopted as a textbook in a number of medical schools in the United States, aged 80; Dr. Edward Wigglesworth, of Boston, U.S., a well-known specialist in skin diseases, aged 56; and Dr. K. N. Fenwick, Professor of Obstetrics in the Medical Department of Meen's University, Kingston, Ontario, and author of various contributions to medical literature in his own province of science, aged 44.

## HOSPITAL AND DISPENSARY MANAGEMENT.

#### ANOTHER ASYLUM FOR LONDON.

YEAR by year the lunatic patients of London increase by about 600, and it is estimated that by the time 1900 arrives there will be 15,118 to be housed, as against 12,118 now. At present 1,200 London patients are at out-county asylums under contract, and the guardians have had to arrange for the reception of some 900 patients in asylums and licensed houses at a higher cost, as there is no room in the London asylums. London has never yet been able to accommodate all its lunatic patients, and the sending of patients to asylums at a long distance entails great hardship on the friends who desire to visit them; and further, the Common Poor Fund has to bear the burden of the increased cost of removals, and of the visits of parochial and other authorities. It is proposed to select a site for another asylum, which will bring the number for London up to seven, and erect it forthwith.

#### DOWN DISTRICT ASYLUM.

At a recent meeting of the Governors of this Institution, the annual report was read by Dr. Nolan, who was able to assure the Governors that the epidemic of dysentery, which in 1894 had attacked 60 patients with 18 deaths, had declined in 1895 to 22 attacks with 4 deaths. He also dwelt upon the familiar and much threshed-out subject of the question whether or not there is any real increase of ratio of insanity in the general population. The report was regarded as being highly satisfactory.



## MEDICAL NEWS.

PROFESSOR BYERS, of Belfast, has been elected an Honorary President of the International Congress of Gynæcology and Obstetrics to be held in Geneva in September.

THE Rt. Hon. Lord Charles Bruce has consented to preside at the festival dinner of the Royal Hospital for Diseases of the Chest, City Road, E.C., which is to take place at the Hôtel Métropole on May 26th.

DR. FRANCIS WARNER will read a paper on Mental and Physical Conditions among 50,000 Children seen 1892-94, and the Methods of Studying Recorded Observations, with Special Reference to the Determination of the Causes of Mental Dulness and other defects, before the meeting of the Royal Statistical Society to be held at the Royal United Service Institution, Whitehall, S.W., on February 18th.

WE announced recently that some of M. Calmette's prepared serum for the treatment of snake bite had been sent from the Pasteur Institute to Mr. Hankin, the Government bacteriologist at Agra. We now learn that it has been used by him with success. A native bitten by a cobra was cured, and a number of sheep poisoned with snake venom were also saved from destruction.

THE next meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at the University, Cambridge, on Tuesday, February 20th, 1896, under the Presidency of Dr. David Nicolson, at 4 P.M. Dr. Rivers will communicate laboratory observations on Mental Fatigue and Recovery. Dr. Hyslop will read a paper on Pseudo-General Paralysis of the Insane. Dr. Fletcher Beach will read notes of a case of Tumour of the Brain.

MR. GEORGE COWELL has retired from the Surgeoncy of the Westminster and the Royal Westminster Ophthalmic Hospitals after serving for twenty-seven and twenty-five years respectively. He has been nominated to the post of Consulting Surgeon in both institutions. Mr. Cowell has also been elected one of the Joint Treasurers of the Royal Westminster Ophthalmic Hospital in succession to Mr. G. B. Hudson, M.P., resigned.

THE monthly meeting of the Medical Women's Association was held at the New Hospital on February 4th, Mrs. Garrett Anderson in the chair. Thirty-four members were present. The following papers were read: Analysis of 100 Cases of Abdominal Section, by Mrs. Scharlieb, M.D.; Notes of a Case simulating Gastric Ulcer, Perforation, and Subphrenic Abscess, by Miss Cock, M.D.; and On the Treatment of Phthisis by Diet and Fresh Air, by Miss Walker, M.D. Miss Walker showed three cases, in all of which great benefit had resulted from the Nordrach method applied in Norfolk.

THE THAMES STEAMERS.—We are glad to note the efforts being made to improve the steamboat service on the Thames, for it is a very pleasant and healthful means of transit. The first step towards providing an efficient steamboat service, and restoring the Thames to its old service as a highway, is to free the piers from toll, and to provide improved landing-stages, with better approaches. This will be done, and if private enterprise fails to meet the requirements of the passenger traffic of the river, the London Council proposes to start a steamboat service.

## MEDICAL VACANCIES.

The following vacancies are announced:

BELFAST MATERNITY HOSPITAL.—Assistant Physician. Applications to Mrs. Deacon, Mossville, Antrim Road, Belfast, by February 17th.

BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—House-Surgeon. Board, lodging, light, and fuel found. Applications to the Secretary by February 23th.

BRISTOL GENERAL HOSPITAL.—Surgeon. Applications to the Secretary by February 19th.

BUCKINGHAM GENERAL INFIRMARY, Aylesbury.—Surgeon and Apothecary; doubly qualified. Salary, £80 for the first year, increasing £10 annually to £100, with board and lodging, washing, coals, and candles in furnished apartments. Applications to Mr. George Fell, Solicitor, Aylesbury, by February 24th.

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.

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.—Gynæcologist. Applications to 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 25th.

GRIMSBY AND DISTRICT HOSPITAL, 39, Cleethorpes Road, Grimsby.—Locum Tenens for House-Surgeon. Applications to Edward Dunn, Assistant Secretary.

HAVERSTOCK HILL AND MALDEN ROAD PROVIDENT DISPENSARY, 132, Malden Road, N.W.—Medical Officer. Applications to the Honorary Secretary, Mr. G. G. Browne, by March and.

KENT AND CANTERBURY HOSPITAL, Canterbury.—Dental Surgeon. Applications to the Secretary by February 28th.

LINCOLN COUNTY HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Honorarium £10 for each period of six months, with board and washing. Applications to the Secretary by February 22nd.

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.

MANCHESTER ROYAL INFIRMARY.—Clinical Assistant for the Barnes Convalescent Hospital, Cheadle. Appointment for six months. No salary, but board and lodging provided. Applications to the Chairman of the Medical Board, Royal Infirmary, Manchester, by February 29th.

PARISH COUNCIL OF KINCARDINE.—Medical Officer (Resident) under the Poor Law. Salary, £42 10s. per annum as Medical Officer and £5 per annum as Vaccinator. Applications to Mr. G. G. Macleod, Chairman of the Council, Ardgay, N.B., by February 28th.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Resident Medical Officer (House-Physician); doubly qualified. Appointment for six months, but eligible for re-election. No salary, but board, residence, and washing provided by the hospital. Applications to the Secretary by February 29th.

ST. PETER'S HOSPITAL, Henrietta Street, Covent Garden, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum, with board, lodging, and washing. Applications to Irwin H. Beattie, Secretary, by March 2nd.

SALFORD ROYAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and residence. The Junior House-Surgeon is a candidate, and, in the event of his being appointed, there will be a vacancy in the post of Junior House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by February 22nd.

SHEFFIELD GENERAL INFIRMARY.—Junior Assistant House-Surgeon; doubly qualified. Salary, £50 per annum, with board, lodging, and washing. Appointment for three years, but subject to re-election. Applications to be addressed to the Medical Staff of the Sheffield General Infirmary, in the care of the Secretary, by February 29th.

SHEFFIELD UNION.—Resident Assistant Medical Officer for the Workhouse, Fir Vale, Pitsmoor. Salary, £100 per annum, with apartments, rations, and other usual allowances. Single or widower. Applications to Joseph Spencer, Clerk to the Guardians, Union Offices, Sheffield, by February 26th.

UNIVERSITY COLLEGE, London.—Professorship of Pathology. Applications to the Secretary, J. M. Horsburg, M.A., by February 29th.

VICTORIA HOSPITAL, Folkestone.—House-Surgeon. Salary, £80 per annum, rising £10 annually to £100, with board, residence, and washing. Applications to the Secretary by March 20th.

VICTORIA UNIVERSITY, The Yorkshire College, Leeds.—Demonstrator of Physiology. Salary, £150 per annum. Applications to the College Secretary.

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.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Two House-Surgeons; unmarried. Salary, £70 and £50, with board and residence. Applications to the Honorary Secretary by February 17th.

## MEDICAL APPOINTMENTS.

AITKEN, J. S., L.R.C.P. Edin., L.F.P.S. Glasg., appointed Medical Officer for the Ship District and the Workhouse of the West Ward Union, vice S. Farmer.

BARKER, A. E., F.R.C.S., appointed Examiner in Surgery at the Victoria University.

BARLOW, Thomas, M.D., F.R.C.P., reappointed Examiner in Medicine at the Victoria University.

CULLINGWORTH, C. J., M.D., F.R.C.P., reappointed Examiner in Obstetric Medicine and Diseases of Women at the Victoria University.

DODSWORTH, Frederick Charles, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Chiswick District Council.

EDEN, R. A. S., M.B., C.M.Aberd., D.P.H., appointed Medical Officer for the Norton Canes District of the Cannock Union, *vice* H. A. H. Claridge, M.B., B.S.Durh., resigned.

ELSWORTH, Richard C., M.B., C.M.Edin., M.R.C.S.Eng., appointed Visiting Surgeon to the Swansea Hospital, *vice* G. H. Hopkins, F.R.C.S.Eng.

FOTHERGILL, W. E., M.A.Edin., B.Sc., M.B., appointed Medical Officer for the out-district of Moss Side of the Chorlton-upon-Medlock Dispensary.

GARSTANG, T. W., M.A.Oxon., M.R.C.S.Eng., appointed Medical Officer of Health to the Northwich Urban District Council.

GREEN, J. Reynolds, D.Sc., F.R.S., appointed Examiner in Botany at the Victoria University.

HADDON, A. C., M.A., reappointed Examiner in Zoology at the Victoria University.

HAINES, Mr. Edward, appointed Junior Medical Officer to the Wandsworth and Clapham Union Infirmary, *vice* J. E. Worth.

HARVEY, F., M.R.C.S.Eng., L.S.A., appointed Medical Officer of Health to the Padstow Urban District Council.

HASKETT, Mr. E. H., appointed Medical Officer for the Southwram District of the Halifax Union.

JACKSON, Dr. G., reappointed Medical Officer of Health to the Compton Gifford Urban District Council.

JENNINGS, W. M., B.A.Dubl., M.B., B.Ch., appointed Medical Officer of Health to the Dore Rural District, *vice* H. P. D'Arcy Benson, M.B., C.M.Edin., resigned.

JONES, Richard, M.D., C.M.Edin., D.P.H.Camb., appointed Medical Officer of Health for the Urban District of Festiniog, *vice* Dr. Hugh Rees, resigned.

KENDALL, Herbert W., M.R.C.S., L.R.C.P.Lond., appointed Assistant Surgeon to the Bristol Hospital for Sick Children and Women.

LUFF, A. P., M.D., B.Sc., reappointed Examiner in Forensic Medicine at the Victoria University.

MACALISTER, Alexander, M.D., D.Sc., F.R.S., reappointed Examiner in Anatomy at the Victoria University.

MACKINTOSH, Angus, M.D., L.F.P.&S.Glasg., reappointed Medical Officer of Health for the Clay Cross Urban District Council, Derbyshire.

MARTINE, W. R., M.B.Edin., C.M., appointed Physician to the Western District Combination Fever Hospital, Haddington, and District Medical Officer of Health for the Parishes of Athelstaneford, Morham, and Yester.

MORRIS, C. Dwight, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Sunbury District Council.

NITCH-SMITH, Reginald, M.R.C.S., L.R.C.P.Lond., appointed Senior House-Physician to the Westminster Hospital, *vice* Dr. Lowne, resigned.

NOTTER, J. Lane, M.A., M.D., reappointed Examiner in Public Health at the Victoria University.

OLIVER, G. H., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health to the Clayton Urban District, *vice* A. E. Turnstall.

PECK, E. G., M.A.Cantab., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Queensbury District of the Halifax Union.

PERROTT, C., L.R.C.P., L.R.C.S.I., appointed Medical Officer of Health to the Kingswood Urban District.

RACKHAM, A. R., L.R.C.P.Edin., L.M., M.R.C.S.Eng., appointed Medical Officer to the Mitford and Launditch Union Workhouse, *vice* H. B. Vincent, M.R.C.S.Eng., L.S.A.

RENSHAW, John Harold, M.B., Ch.B.Vict., appointed House-Surgeon to the Manchester Royal Infirmary.

RIGGE, J. A., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Henley District of the Henley Union, *vice* E. C. A. Baines, L.R.C.P.Edin., L.M., resigned.

SCHAFER, E. A., F.R.S., M.R.C.S., reappointed Examiner in Physiology at the Victoria University.

SHARPIN, Walter A., L.R.C.P.Lond., M.R.C.S., appointed Resident Medical Officer to the Royal South Hants Hospital, Winchester, *vice* A. B. Harman, resigned.

STAPLEFORD, Mr. F. B. G., appointed Assistant Medical Officer to the Aston Union Workhouse, *vice* A. G. S. Cooper, L.R.C.P., L.R.C.S.I., resigned.

STEPHENSON, Dr., appointed Medical Officer for the No. 1 District of the Carrick-on-Suir Union.

THOMAS, A. W., L.R.C.P., L.M., L.R.C.S.Edin., reappointed Medical Officer of Health to the Swaffham Urban District Council.

TIRARD, Nestor I. C., M.D., F.R.C.P., appointed Examiner in Materia Medica and Pharmacy and in Pharmacology and Therapeutics at the Victoria University.

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

WOOD, M.A., L.R.C.P.Lond., F.R.C.S.Eng., appointed Medical Officer of Health to the Leadbury Urban Sanitary District, *vice* H. O. Sandford.

WOODHEAD, G. Sims, M.D., F.R.C.P., reappointed Examiner in Pathology at the Victoria University.

YOUNG, Sidney, D.Sc., F.R.S., reappointed Examiner in Chemistry at the Victoria University.

## DIARY FOR NEXT WEEK.

## MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Conjunctival Affections. London Throat Hospital, Great Portland Street, W., 8 P.M.—Mr. G. C. Wilkin: Nasal Polyp.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Dr. E. H. Starling: On the Physiological Factors involved in the Causation of Dropsy. Lecture I.

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

## TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Stupor, Katatonia, Dementia, and Senile Insanity. Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth: House Drainage.

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

ROYAL STATISTICAL SOCIETY, Royal United Service Institution, Whitehall, S.W., 5 P.M.—Dr. Francis Warner: Mental and Physical Conditions among 50,000 Children seen during 1892-94, and the Methods of Studying Recorded Observations, with Special Reference to the Determination of the Causes of Mental Dulness and other Defects.

## WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Impetigo and Cutaneous Suppuration. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Affections of the Iris.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Dr. E. H. Starling: On the Physiological Factors involved in the Causation of Dropsy. Lecture II.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Mr. Eccles: Anomalies of the Testes in Relation to Hernia (West London Post-graduate Course).

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital, 8 P.M.—General meeting; election of officers. 8.30 P.M. Clinical meeting.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Habershon: Pneumothorax.

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

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.30 P.M.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.

## 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: Qualitative Tests for Albumins. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Jonathan Hutchinson: Clinical Lecture.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Dr. E. W. Goodall: On Diphtheria as a Complication of other Diseases.

HARVEIAN SOCIETY, Stafford Rooms, Titchborne Street, W., 8 P.M.—Dr. J. Edward Squire: Some Clinical Aspects of Pneumonia.

SOCIETY OF ANAESTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Dr. Prince Stallard (Manchester): Pental; its Administration in 150 Cases.

## FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Anthrax and Malignant Eczema. 4 to 5 P.M.—Staining sections.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Dr. E. H. Starling: On the Physiological Factors involved in the Causation of Dropsy. Lecture III.

## BIRTHS, MARRIAGES, AND DEATHS.

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

## BIRTH.

RICHARDSON.—On February 3rd, at Audrey House, Gosport, Hants, the wife of Martin J. Richardson, M.B., of a daughter.

## MARRIAGES.

CONGREVE-BARBER-VAUGHAN.—On February 6th, at St. James's, Handsworth, Birmingham, by the Rev. T. S. Cave, G. T. Congreve-Barber, M.R.C.S., L.R.C.P.Lond., L.S.A., of Apsley House, Coventry Road, Birmingham, to Minnie, fourth daughter of Septimus Vaughan, Esq., Waverley, Handsworth. No cards.

HOWARD-CUNNINGHAM.—On February 8th, at St. Saviour's, Aberdeen Park, by the Rev. J. Bicknell, Vicar, John Alexander Howard, M.D. Lond., only son of John Howard, Esq., of Ashby Road, Canonbury, to Emily Gertrude, eldest daughter of the late Charles Cunningham, Esq., and of Mrs. Cunningham, of 73, Balfour Road, Highbury New Park.

MINNS-MORTON.—On January 29th, at All Saints Church, Sheffield, Allan Glaisyer Minns, L.R.C.P.Lond., of Thetford, to Gertrude, eldest daughter of Samuel Morton, M.R.C.S., of Burngreave Road, Sheffield.

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.  
CRABING 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.  
CHERLSHA 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.  
GUYS'. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 1.30; Skin, Tu. F., 1.30; Dental, daily, 9; Throat, F., 1. *Operations*—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.  
HOSPITAL FOR WOMEN, SOHO. *Attendances*—Daily, 10. *Operations*—M. Th., 2.  
KING'S COLLEGE. *Attendances*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*—M. F. S., 2.  
LONDON. *Attendances*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*—M. Tu. W. Th. S., 2.  
LONDON TEMPERANCE. *Attendances*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*—M. Th., 2.  
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., 2. *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., 2. *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. Tu., 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*—Th., 1; (Ophthalmic), F., 1.15.  
ST. MARK'S. *Attendances*—Fistula and Diseases of the Rectum, males S., 3; females, W., 9.45. *Operations*—M., 2; Tu., 2.30.  
ST. MARY'S. *Attendances*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; 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. Tu. 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., 2.  
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.

## CRIPPLES' HOMES.

DR. R. HINGSTON (Liskeard, Cornwall) asks for the names and addresses of institutions for crippled children, which would receive a boy, aged 4½, who is suffering from the effects of infantile paralysis.

## TEXTBOOK ON SURGICAL ANATOMY.

STUDENS asks to be recommended a book for the Surgical Anatomy of the M.R.C.S. Eng.

\*.\* Treves's *Surgical Applied Anatomy* (Cassell, 7s. 6d.) will meet our correspondent's requirements. Mr. Godlee's article in Quain's *Anatomy* is also very valuable.

## INVESTMENTS.

A CORRESPONDENT sends us a circular which he has received, and with which he states he has been pestered from the same source for months past, offering to procure mortgage debentures, and suggests that we should issue a warning to our readers against such investments.

\*.\* In reference to this communication all we can say is that our readers would do well to refrain from making any investments whatever except on the advice of a broker qualified to form an opinion. We think that any warning on such a subject would be superfluous.

## THE COOLING OF THE BODY AFTER DEATH.

J. S. O. asks: What is the longest time which a body has been known to take in cooling to the ordinary temperature of the air in this country?

\*.\* It is impossible to state a definite number of hours or days in answer to this query, as the cooling of the body is so materially influenced by: (1) Its condition at time of death; (2) the mode of death; (3) the amount of exposure; and (4) the temperature of the air. The average time taken by the body to cool to the temperature of the air—as bodies are laid out in this country—is 20 hours. Exceptional cases have been recorded of bodies taking 48 hours to cool. One doubtful case of three days required for cooling is mentioned.

## ANSWERS.

N. N.—We do not undertake to enter into correspondence or give advice by post.

MEMBER OF THE B.M.A.—Our correspondent should bring the matter referred to in his letter under the notice of the bodies from whom the gentleman holds his diplomas.

## THE OATHS ACT.

MEMBER writes: I should feel obliged for the following information: 1. Does the Oaths Act apply to all parts of Her Majesty's dominions? 2. Is a witness justified in refusing to kiss the Book when ordered to do so by the judge? 3. Is there any redress to be obtained against officials who attempt to prevent a witness availing himself of the provisions of the Oaths Act? 4. What is the wording of the oath according to the Scotch form? 5. Does the Act provide for all occasions when an oath is taken?

\*.\* 1. There is nothing in the Oaths Act, 1888, to limit its operation either to England or the United Kingdom. It appears by the schedule of the Acts repealed that it was clearly intended to apply in Ireland and Scotland, and it is also clear that it would govern the practice of the Commissioners for Oaths or the officers of any consulate or embassy before whom an affidavit or other form of oath might have to be taken. Some doubt might arise as to whether the Oaths Act of 1888 would prevail over or be read into any existing local Act or ordinance prescribing a method of taking an oath in the Colonies, where such Acts and ordinances exist; but even here it is probable that it would be the duty of the Court to allow a witness to be sworn without kissing the Book. It is quite certain that an oath so taken would be upheld as valid. 2. A witness is perfectly justified in refusing to kiss the Book if any judge should order him to do so, and he need do no more than refer to the Oaths Act, 1888, Section 5, which is an absolute justification of his refusal. 3. The legal redress against officials who attempt to prevent a witness from availing himself of the provisions of the Oaths Act would be an ordinary civil action, following the well-known precedent of *Ashby v. White, Smith's Leading Cases*, 257. 4. There is no absolutely necessary wording of the oath according to the Scotch form, and the ordinary English form of words, or any equivalent form of words which may be in local use, will be sufficient, provided it amounts to an obligation by oath to tell the whole truth concerning the matters in question. It is, of course, most in accordance with the provisions of the Act that the persons claiming to be sworn without kissing the Book should adopt the actual Scotch form, which is that the judge or officer of the court, or the commissioner, shall stand and shall ask the deponent to stand and to hold up his right hand and to repeat after him the formula: "I swear by Almighty God (as I shall answer by God at the great Day of Judgment) that the evidence which I shall give as to the matters in question shall be the truth, the whole truth, and nothing but the truth" [or if it be a question of an affidavit] "That the