

from the impurity of the drug employed, or from its having been injected directly into a vein. Very much purer guaiacol is now supplied, and if the buttock is selected no vein will be encountered of sufficient calibre. In many hundreds of inoculations I have very rarely met with any *contretemps* whatever, and then only of slight moment. In a case of long-standing and extensive lupus erythematoses, in which an intensive treatment was recommended, I injected guaiacol daily in doses rapidly increased from $\text{m}\nu$ to mxl for a period of eight months with a single week's interval, and only on two occasions, after the largest dose was reached, was there any intolerance exhibited, and that only in the form of dyspnoea, which quickly passed away.

One important circumstance must be noted—namely, that in every case, sooner or later, in which guaiacol is used hypodermically it is distinctly tasted by the patient a very few minutes after inoculation, and this lasts a considerable time. This conclusively shows that the system can in this manner be readily saturated with the unaltered drug. This is a point of some significance in relation to the mode in which it may be supposed to act on the morbid conditions present. However long guaiacol is taken by the mouth, and in whatever quantity, it very rarely thus declares its unchanged presence in the blood, and this, indeed, may be reasonably accepted as the explanation of its different effects when used hypodermically and when otherwise administered.

The observations recorded in the series of cases I have submitted justify, I believe, the conclusion that in small doses, administered subcutaneously, guaiacol by itself succeeds frequently in reducing the temperature and relieving the objective symptoms satisfactorily and often permanently in acute pulmonary tuberculosis when it and other accredited antipyretics have failed when exhibited by the mouth. This marked difference in effect may be due to changes effected in the nature and properties of the drug during the digestive process. The fact is that guaiacol is of extremely unstable organic constitution, and its true chemical composition has probably not yet been satisfactorily determined.

Professor Attfeld, referring to some specimens of the drug submitted to him for examination, says: "The article is identical with the 'guaiacol' which made the reputation of 'guaiacol'..... But this 'guaiacol' is passing through a phase resembling that of pepsin. Nobody yet knows what real pepsin—pepsin and nothing but pepsin—is..... We are somewhat more advanced in knowledge as regards guaiacol. The fluid, known hitherto as guaiacol, is probably more than nine-tenths a single definite substance. In fact, quite recently, this substance has been isolated, and, when thus freed, it is probably a solid. This is probably real guaiacol. It is not yet in commerce." In a subsequent letter Professor Attfeld says: "Guaiacol in constitution in the methyl-ether of a diatomic phenol— $\text{C}_6\text{H}_4(\text{O. H.})(\text{O. CH}_3)$."

Be this as it may, we find this guaiacol, when injected subcutaneously, acting in smaller doses much more potently on certain morbid phenomena than when otherwise administered, and all clinical evidence tends to the opinion that this is probably accomplished by a double action, partly bactericidal as well as antiseptic—on the infective microbes themselves as well as on their septic products. The experiments of Cornet and of Bouchard go far to confirm this view. It is evident that the accumulation of free guaiacol in the system must be the most efficient mode of attaining this purpose. Dr. Guttman, and subsequently Professor Rosenthal, from independent experiments in sterilising cultivations of Koch's tubercle bacilli, concluded that saturation of the blood of an average adult man to the extent of $\frac{1}{1000}$, ought to suffice to sterilise it also. Estimating the weight of the blood mass at 8 lbs., it would only be necessary to introduce 1 gramme or mxv of guaiacol into the circulation for this purpose. Dr. Schetelig, however, in his first paper, above referred to, pointed out that we must widely extend these figures if we seek to sterilise to any approximately satisfactory degree the entire system, for to affect the blood alone would not suffice, "as we should consider all the fluids of our system as the cultivating soil, seeing that the microbe grows in all tissues." He thinks we should take the bulk of the whole amount of the fluids of the body, and estimating this at 60 per cent. of an individual 120 lbs. in weight, this would be equal to 72 lbs., and would consequently require in the same

ratio 9 g. or 135 grs. of guaiacol for anything like satisfactory sterilising purposes. Clinically, however, we have proof that by subcutaneous administration of comparatively small doses free guaiacol accumulates and circulates in the blood in such quantities as to be distinctly recognised in such secretions as the saliva and the urine, the latter being its constant vehicle of elimination.¹⁶ That it is not so frequently thus recognised when exhibited by the mouth shows that it must either pass unchanged through the *primæ viæ*, or become partly at least transformed into substances less therapeutically active. This tolerance of free guaiacol in the body constitutes its most valuable property as compared with all other cognate antiseptics. This tolerance of the tissues generally for guaiacol is, indeed, quite remarkable. I have repeatedly injected through the chest wall 3iv to 3vj of a 10 per cent. solution of guaiacol in paraleine into both vomicae and bronchiectases without any inconvenience to the patient. I have also used similar solutions intratracheally, but the results have not been sufficiently encouraging to warrant their continuance.

It must be admitted, when we come to consider the action of a remedy in a case of pulmonary tuberculosis, and endeavour to trace the connection between the results, as seen in the improved condition of the patient, and their probable cause, that it must necessarily be, to a large extent, a matter of inference, especially as the essential lesions are not directly cognisable. I have had, however, the opportunity of observing the curative action of guaiacol in several cases where the tuberculous process was visible. In one case, which was seen among others by Dr. Saundby, of Birmingham, who pronounced it unique, there was ulceration of the soft palate, fauces, uvula, tonsils, and upper part of pharynx, the discharge from which was swarming with bacilli; the curative effect of the direct application of guaiacol was quite striking after a variety of other appropriate applications had failed. In another case, that of a young lady of markedly strumous constitution, who had been infected by a brother with a large vomica at each apex, whom she had assiduously nursed for nearly two years, the ulceration affected at first the mucous membrane of the left side of the mouth, where its nature was not recognised until it extended to the corresponding side of tongue, tonsil, and epiglottis, becoming continuous and deeper, and ultimately involving the apex of the lung of the same side. The condition went on from bad to worse, until I began the local application of guaiacol iodoform (5 per cent.), the same being taken internally in capsules. A complete and permanent cure has resulted, and no physical signs remain in the chest. In many cases of tuberculous laryngitis I have used guaiacol with good results, but latterly I have found iodoform or lactic acid altogether more satisfactory.

I may be permitted to conclude this paper by merely referring to two compounds of guaiacol—the carbonate of guaiacol and benzoyl guaiacol—that have been recently introduced with great expectations. I have tried them both, but have not been able to satisfy myself that they have any special claims to therapeutic preference. The carbonate of guaiacol is a powder, whereas the carbonate of creasote is an oily, dark-coloured liquid. This shows very material chemical discrepancy in their constitution.

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

HÆMOGLOBINURIA IN MALARIA.

HAVING read Dr. Patrick Manson's very able lecture on Benign and Pernicious Malarial Fevers, I notice two points on which a relation of my personal experience may throw some light.

Hæmoglobinuric would appear to be a very dangerous form of malarial fever in Dr. Manson's experience, and I further notice that he does not think that the same parasite which causes benign quartan or tertian fever is responsible for the

¹⁶ Drouke (*Berlin. med. Woch.*, January 26th, 1891) declared its elimination in the form of an aromatic sulphuric acid. Gaillard (*Bull. de Thérap.*, May 30th, 1892, p. 447) showed most of the injected quantity passed through the kidneys in the first twelve hours.

hæmoglobinuric fever. He further states, "it is not met with in Hindustan proper or in China."

About 1884 I contracted intermittent malarial fever in Hong Kong. I spent a month in Japan, and returned to Hong Kong still suffering from the disease; there I consulted Dr. Manson, and he advised me to try the treatment suggested by some Italian doctor, namely, boiled lemons. I did so with the happiest result, losing my fever the second day after commencing this treatment, nor did it recur for fully six months. Subsequently I settled in Bombay, where I suffered from frequent returns of the fever, or possibly I recontracted the disease. Eventually I left India, and while suffering from an attack of malaria in Southsea I had a distinct attack of hæmoglobinuria. I am now free of all sign or symptom of the disease.

Apparently in my case the hæmoglobinuria accompanied an ordinary attack of benign intermittent malarial fever. Further, it appeared as an accidental complication while not exposed to reinfection. Lastly, it must have been due to a parasite contracted in China or India.

Cullompton, Devon.

JOHN HOPE POTTER.

THE LOCAL TREATMENT OF CARBUNCLE.

THE method of local treatment of this disease which I have found most successful and rapid is that by subcutaneous injection of some antiseptic fluid. A solution of pure carbolic acid in glycerine, in the proportion of 1 in 3 to 1 in 8, is used—1 in 5 seems a very useful strength. From 20 to 30 minims, according to the size of the carbuncle, is injected into the surrounding inflamed indurated tissues, and not into the slough itself. The injections are best made parallel to the edge of the carbuncle, from three to four separate punctures being made in each case; so that if 20 minims of the 1 in 5 solution be used, there will be four separate injections of 5 minims each, each injection containing 1 minim of pure acid. The needle of the syringe should be introduced about 1 inch, and, as it is slowly withdrawn the injection is pressed out, a string of acid, as it were, being left in the track of the needle. The surface of the carbuncle is then to be dressed with hot carbolic acid fomentations, 1 in 40, which must be continued until the slough is separated, which usually happens in a week or ten days. The injection causes very little pain and no hæmorrhage; the pain of the carbuncle is usually greatly relieved in a few hours; the temperature almost invariably falls to normal by the following day, the spread of the inflammation is checked, and the induration rapidly disappears. The slough, if there be one, breaks up and comes away in small pieces, and the ulcer left after its separation is of very much smaller size than that left after poulticing or incision.

Leicester.

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

A CASE OF OCCLUDED HYPOSPADIAS.

ON December 15th, 1895, I attended Mrs. K., whom I delivered of a full-grown male child apparently healthy. Next morning I found a large, œdematous, fluctuating swelling situated behind the corona glandis, and almost hiding it from view. On careful inspection I failed to find any meatus, though there was a deep depression where I had expected to find it. Thinking that it was merely occluded by a layer of mucus, I attempted, first with a probe and afterwards with a fine tenetome, to open into the meatus. This I failed to do; and as it was imperative to relieve the child at once, I decided to open into the penile portion of the urethra, and find the anterior opening from behind rather than have to resort to suprapubic aspiration. Having opened the urethra in the centre of its penile portion, I passed a No. 1 gum elastic catheter into the bladder without difficulty, and drew off a quantity of urine. I then passed a probe forward along the urethra, and found it was stopped at the back of the corona glandis. I withdrew the probe, and passed a fine filiform bougie through with no better success. On withdrawing it a small quantity of clear fluid escaped through the distal opening in the wound, and the swelling round the glands subsided. On re-entering the probe I passed it as far forward as I could, and cut on it, having only had to cut through a layer of mucous tissue; and as it was unaccompanied by any hæmorrhage, I merely introduced a No. 2 gum elastic

catheter into the bladder; this I tied in, leaving it *in situ* for eight hours, at the end of which time, the wound in the urethra being apparently closed, I withdrew it, and without any difficulty reintroduced a No. 2, and this I left in for twelve hours, after which I passed a catheter daily for one week, the child making a perfect recovery, and having no difficulty whatever in passing his water. There is now (six weeks after the operation) no thickening in the urethral wall where the opening was made, nor has there been any disposition in the new meatus towards contraction.

I consider the above case to be a mild variety of hypospadias, the termination of the urethra having been occluded by the muco-cutaneous layer lining the prepuce, the swelling being formed behind the corona glandis by an extravasation of urine between the cutaneous and muco-cutaneous layers of the prepuce. The penis is perfectly normal in shape, and has no indication of the cleft usually found along the under surface of the organ in these cases, the urethra having apparently stopped at the posterior aspect of the corona glandis. A considerable difficulty will arise when the child is older as to what operation would be most suitable.

Manningtree, Essex.

J. S. JAMESON, M.D. Dub. Univ., etc.

HERNIA FAMILIES.

MAY I be allowed to corroborate the point to which Dr. Havell and Mr. Macready draw attention? I have by me a complete record of ruptures seen by my predecessors and myself extending for over half a century; it is alphabetically arranged, and I have classified it statistically. In it are numerous instances of successive members of a family suffering from hernia, and there are several well-known families in which rupture appears to be almost idiosyncratic. This hereditary predisposition has long been recognised; it was pointed out by Richter in his *Traité des Hernies* (p. 10), and later by William Lawrence in his *Treatise on Ruptures* (5th ed., 1838, p. 45).

Possibly my statistics on the relative frequency of ruptures may be of interest, drawn as they are from many thousand cases. With inguinal hernia for every hundred men the average comes out thus—right, 37; left, 20; double, 43; whilst with women the figures are right, 40; left, 32; double, 28; further, it is twenty times commoner in men than in women. With femoral hernia the figures are; with women—right, 52; left, 40; double, 8; with men—right, 50; left, 33; double, 17; and it is ten times commoner with women than with men. These figures tally broadly with Lawrence's, although his show inguinal as twenty-five times commoner in men, and femoral as twelve times commoner in women; but the fact that his statistics are hospital ones and mine private ones may, by the difference in class, account for this discrepancy. I may add that my statistics do not include the last ten years because, having found that so many persons with single hernia frequently acquired a double one, I now almost invariably start with a double truss from the very commencement.

Finally, whilst on the subject of hernia, there is one point which I should like to affirm, because it has not, I think, been yet recognised. It is this, that whereas inguinal hernia if congenital is invariably treated by keeping a truss persistently on, and is almost as invariably thereby cured, no attempt seems to be made to deal with an acquired hernia in the same manner. Now I have found that in a very large proportion of these ruptures, if they be recent and oblique, the persistent wearing of a truss by day and night in the bath and at all times so as to absolutely preclude the hernia from a single chance of descent, will render the canal in about a couple of years impassable, and effect a so-called cure. Of course the parts will be weak and the continued use of a day truss will be advisable; but that no hernia can be detected I know from the fact that many persons I have so dealt with have satisfactorily passed their physical examination either for the services or for insurance, whilst in a good many instances even the day truss itself has been discarded (against my advice) and only used, perhaps, for violent exercises. It would seem from this, therefore, that the procedure I advocate ought to become a recognised and invariable one.

Wimpole Street.

HEATHER BIGG.

The gathering at Mr. Thompson's funeral at Potter's Bar on Saturday last—a representative gathering amid which the medical world was conspicuous—testified to the feelings of respect and love in which he was held.

WE regret to have to record the death of Dr. A. M. ANDERSON, of Dundee, at the age of 53. He had been in failing health for about two years, and in July last his condition became so serious as to necessitate his resigning the office of medical officer of health, which he had filled for fourteen years. Dr. Anderson, who was a native of Athole, Perthshire, matriculated at Glasgow University, graduating M.D. in 1864. After four years' work in public hospitals, he began private practice in Dundee in 1868. For several years he held the office of medical officer to Dundee Poorhouses, but this he resigned in 1886. In 1882 he was elected medical officer of health for Dundee. He entered upon the duties of his office with great zeal, imbued with a reforming spirit. In conjunction with the late Professor Carnelly, of University College, Dr. Anderson carried through a series of interesting experiments in analysing the atmosphere of a number of public schools, and of dwellings in crowded districts in the city.

DR. ALFRED D. KENNEDY, a distinguished chemist and toxicologist, was burnt to death in his laboratory on January 30th. It is not known whether the occurrence was the result of an explosion or of an accidental fire. Dr. Kennedy, who was in his 78th year, had been successively Assistant Professor of Chemistry, Lecturer on Chemical Physics, on General and Medical Botany, and on Medical Jurisprudence in the Pennsylvania College, and Lecturer on Medical Chemistry in the Philadelphia School of Medicine. In 1842 he established the Philadelphia School of Chemistry, at the head of which he remained till 1853, when it was transformed into the Polytechnic College of the State of Pennsylvania. Dr. Kennedy took his M.D. degree in the University of Pennsylvania in 1838, and served as a volunteer surgeon through the Civil War. He was a recognised expert in botany, geology, chemistry, and civil and mining engineering.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. C. G. Comengys, for thirty years Physician to the Cincinnati Hospital, some time Professor of Anatomy in the Cincinnati College of Medicine and Surgery, and afterwards of the Institutes of Medicine in the Medical College of Ohio, aged 80; Dr. H. Ernest Goodman, Professor of Surgery in the Medico-Chirurgical College, and Surgeon to the Orthopædic Hospital, Philadelphia, aged 60; Dr. J. H. Ripley, some time Professor of Diseases of Children in the New York University Medical School, and afterwards in the Post-Graduate Medical School and Hospital of the same city, aged 59; Dr. A. S. Hunter, a prominent practitioner of New York, aged 56; Dr. R. M. Hodges, Surgeon to the Massachusetts General Hospital, Boston, and Professor of Surgery at Harvard, aged 70; Dr. Guido Wagner, Honorary Professor of Anatomy in the University of Marburg, aged 73; and Dr. J. F. Noyes, of Providence, Rhode Island, U.S.A., a specialist of note in diseases of the eye and ear, aged 79.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

SURGEON JEREMIAH SUGRUE, M.D., having completed twelve years' service, is promoted to be Staff-Surgeon, February 26th.

The following appointments have been made at the Admiralty:—HAROLD HUSKINSON, M.B., and MURRAY JONES, Surgeons, to the *Victory*, additional, March 23rd; ERNEST S. TUCK, HAROLD G. T. MAJOR, WILLIAM R. TRYTHALL, and JOHN C. ROWAN, Surgeons, to the *Vivid*, additional, March 23rd; CHARLES J. E. COCK, Surgeon, to the *Vivid*, to be lent to the *Impregnable*, for duty in the *Nautilus*, February 28th; WILLIAM D. ADAMS, M.A., M.B., Surgeon, to the *Wildfire*, additional; for disposal, March 23rd; MICHAEL J. SMITH, B.A., M.B., Surgeon, to the *Wildfire*, additional, for disposal, April 2nd; RICHARD A. ROSS, M.B., Surgeon, to the *Pembroke*, additional, for disposal, April 2nd; ROBERT J. MCKEOWN, M.B., Surgeon, to the *Jackal*, March 5th; HERBERT H. GILL, M.B., Surgeon, to the *Victory*, March 5th; HENRY HARRIS, Staff-Surgeon, to the *Grafton*, February 11th; GEORGE D. TWIGG, Staff-Surgeon, to the *Mersey*, March 8th; ARTHUR H. HOWELL, Surgeon, to the *Wildfire*, March 8th.

ARMY MEDICAL STAFF.

It is positively, though not yet officially, announced that Surgeon-Major-General JAMES JAMESON, M.D., will be appointed Director-General of the Army Medical Department, *vice* Sir William Mackinnon, K.C.B., who completes his period of service on May 7th. Surgeon-Major-General Jameson entered the service as Assistant-Surgeon, November 6th, 1857; became Surgeon, May 18th, 1873; Surgeon-Major, March 1st, 1873; Brigadier-Surgeon, May 2nd, 1883; Deputy Surgeon-General, September 14th, 1888; and Surgeon-Major-General, July 6th, 1893. He is 53 years of age, having been born August 15th, 1837. He has been Professional Assistant to Sir William Mackinnon since April 1st, 1893, previously to which he was Principal Medical Officer with the British troops in Egypt, after having filled a similar position at Chatham. His record of services states that he was promoted Surgeon "in consideration of his highly meritorious services during an epidemic of yellow fever in Trinidad," and that he had charge of the D division of the English ambulance in the Franco-German war from October, 1870, till March, 1871, and was employed at the siege of Paris and in the campaign on the Loire.

INDIAN MEDICAL SERVICE.

The following admissions as Surgeon-Lieutenants to the Indian Medical Services, dated January 29th, 1896, have received the approval of the Queen:—*Bengal*: ARCHER W. R. COCHRANE, WILLIAM W. CLEMESHA, JAMES A. BLACK, ROGER P. WILSON, VICTOR E. H. LINDSAY, JAMES C. ROBERTSON, NORMAN R. J. RAINIER, CHRISTOPHER D. DAWES, EDMUND L. PERRY. *Madras*: MICHAEL B. PINCHARD, WILLIAM J. NIBLOCK, CLARENCE B. HARRISON, ERNEST LE F. PAYNE, NICHOLAS P. O'G. LALOR, THOMAS H. SYMONS, ERNEST R. ROSS. *Bombay*: CHINTAMAN R. BAKHLE, KRISHNAJI V. KUKDAY.

Surgeon-Lieutenant-Colonel R. CALDECOTT, Bombay Establishment, who entered the service as Assistant-Surgeon, October 1st, 1869, is promoted to be Brigade-Surgeon-Lieutenant-Colonel from September 18th, 1895.

Surgeon-Lieutenant-Colonel F. H. PEDROZA, Madras Establishment, has retired from the service from January 6th. He was appointed Assistant-Surgeon, September 30th, 1875, and served in Burma in 1886-89, receiving the Frontier medal with two clasps.

THE YEOMANRY AND VOLUNTEER ARTILLERY AND RIFLES.

MR. JOHN G. D. KERR, M.B., is appointed extra Surgeon-Lieutenant in the North Somerset Yeomanry, March 4th.

Surgeon-Captain G. R. GILBERT, 1st Edinburgh (City) Artillery, is promoted to be Surgeon-Major, March 4th.

Surgeon-Lieutenants J. LLOYD-ROBERTS, M.D., 6th Lancashire Artillery, and W. H. GODENOUGH, 1st Fife-shire Artillery, have resigned their commissions, March 4th.

MR. ARTHUR ANTHONY HOWELL is appointed Surgeon-Lieutenant in the 3rd Volunteer Battalion the Royal Fusiliers (City of London Regiment), March 4th.

DECORATIONS FOR SPANISH MEDICAL OFFICERS.

THE Spanish Minister for War has conferred the following decorations on medical officers: The Red Cross of Military Merit (first class) on Dr. Enrique Otero Sendin for gallant conduct at the taking of the Daiquiri and Vinent Mines (Cuba); and on Drs Eleuterio Teran Merino, Cesareo Rica y Calvo, and Jeronimo Peralto Jimenez (the Order in the last-mentioned case to carry a pension) for distinguished services in the Mindanao campaign. The same decoration (second class) has been conferred on Dr. Anacleto Cabeza Pereiro for gallant conduct in the action at Tugayas, Mindanao. Dr. Urbano Orad y Gajias, who displayed the most heroic courage in the battle of El Cacao in June, and who was reported to have died of his wounds, has fortunately recovered, and the Cross of the Royal and Military Order of San Fernando has been conferred on him, with a yearly pension of 1,500 pesetas (£60).

THE CASE OF SURGEON-MAJOR CLARENCE SMITH.

IN THE BRITISH MEDICAL JOURNAL of February 22nd the retirement from the service of this officer was definitely announced. The final order of the Secretary of State for India has just been received. It is as follows: "After giving full weight to everything that has been urged on Dr. Smith's behalf, I have come to the conclusion that the complaint made against Dr. Smith was substantially true. This being so, I desire to express my concurrence in the view taken by Sir H. Fowler that an officer who has been guilty of the conduct charged against Dr. Smith, more especially when regard is had to the professional relation of Dr. Smith and of the complainant, who was also his guest at the time, could not be allowed to remain in the service. I am therefore unable to comply with the prayer of Dr. Smith's memorial that Sir H. Fowler's decision be reversed and that he may be reinstated in the service with arrears of pay. I have, however, taken into account the fact that since my predecessor's decision was given, Dr. Smith, owing to the appointment of the Commission, has been kept in suspense as to his final sentence for a very considerable time, and that in the course of that time the period which would have sufficed to qualify him for pension, if he had been allowed to remain in the service, has expired. I have also borne in mind the fact that the concession which I am about to make will more particularly benefit Dr. Smith's family, who must otherwise have suffered very severely on account of his offence. In view of these considerations, and solely as an act of grace, I have decided that Dr. Smith be retired with effect from July 1st, 1895, on a pension of £292 per annum. He may be allowed his grade pay (Article 306 C, *Army Regulations*, vol. I) for the period between October 9th, 1894 (when he resigned) and the date above mentioned, minus the amount of any compassionate allowance already drawn under this decision. He will be able to continue his subscription for pension for his family under the Indian Service Family Pension Regulations. The Government of India will be asked to issue the necessary instructions."

ARMY MEDICAL RESERVE AND CONTRACT RATES.

WE published in the BRITISH MEDICAL JOURNAL of February 29th, page 567, a letter from a correspondent who drew attention to an announce-

Small-Pox at Gloucester.—MR. CHAPLIN, in reply to Mr. DARLING, said his attention had been drawn to the observations of the Judge of Assize as to the non-enforcement of vaccination in the Gloucester Union. He had been in communication with the guardians of the Gloucester Union on the subject, and they admitted that there had been a failure on their part to enforce the provisions of the Vaccination Act. Since then they had issued a request to parents to have their children vaccinated immediately, and there had been more than 2,000 cases of vaccination or revaccination.

Army Medical Department.—DR. TANNER asked the Under-Secretary of State for War whether there had been any falling off of candidates for commissions in the Army Medical Department; if so, what was considered the cause; whether the same result occurred in connection with candidates for the Indian Medical Service; and what were the numbers presenting themselves for examination in these services respectively for the past three years.—DR. KENNY asked a similar question.—MR. BRODRICK said the question had been also brought to the notice of Lord Lansdowne by the learned member for Dublin University. In proportion to the vacancies offered for competition there was a falling off in the number of candidates in 1895 as compared with 1893 and 1894. The same result occurred, though in a less degree, for the Indian Medical Service. The candidates during the last three years had been:—For the Army Medical Staff, 59 for 26 vacancies, 51 for 22 vacancies, and 40 for 27 vacancies. For the Indian Medical Service, 63 for 27 vacancies, 69 for 28 vacancies, and 70 for 34 vacancies. At the last examination for the Army Medical Staff, 18 candidates competed for 17 vacancies. The causes of this diminution, especially in the number of Irish candidates, were engaging the serious consideration of the Secretary of State, and he hoped to be in a position to make a statement upon the subject in introducing the Army Estimates.—DR. KENNY suggested that the falling off of Irish candidates was due to the fact that there was no representative of Irish medical schools on the examining board for either the Indian Medical Service or the Army Medical Service.—DR. TANNER also asked for the cause of this "boycotting" of the services by young medical men from Ireland.—MR. BRODRICK said the matter should be investigated.

Medical Officers of Health (Counties).—MR. E. STRACHEY asked the President of the Local Government Board if he could state what county councils in England and Wales had appointed a county medical officer of health, together with their salaries and other remuneration, of the terms of their appointment?—MR. CHAPLIN in reply said: According to the latest returns received by the Local Government Board there appear to be about sixteen counties for which the county councils have appointed medical officers of health. He should be prepared to assent to a return giving the particulars referred to if the hon. member moved for it.

Orders for the Muzzling of Dogs.—MR. LONG, in reply to Colonel MELLOR, said that he agreed that it was frequently very desirable that muzzling orders for dogs should be applied uniformly over a sufficiently wide area, irrespective of the fact that the area is comprised within the jurisdiction of several local authorities, and on many occasions measures had been taken to secure this result. But, on the other hand, there might well be such a difference in the circumstances existing with regard to the areas of neighbouring local authorities as to justify those authorities in arriving at different decisions, especially as to the time when the regulations might be withdrawn; and where this was the case he could not with advantage interfere. He fully recognised, however, the inconvenience to which his attention was directed, although he was afraid that to some extent it must occur whatever be the boundary adopted.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MEDICAL DEGREES.—At the congregation on February 27th the following degrees in Medicine and Surgery were conferred:

M.D.—G. G. Felce, B.A., M.B., B.C., Jesus College.

M.B.—G. E. W. Cotter, B.A., Trinity; E. L. Evans, B.A., Trinity; R. J. E.

Hanson, B.A., Trinity; C. A. H. Thomson, B.A., Christ's.

B.C.—C. D. Edwards, M.A., St. John's; E. L. Evans, B.A., Trinity;

R. J. E. Hanson, B.A., Trinity; C. A. H. Thomson, B.A., Christ's.

DEGREES FOR WOMEN.—At the discussion in the Arts School on February 26th the majority of the speakers appeared to favour the appointment of a syndicate of inquiry. Many of those who opposed the creation of a "mixed" university by bestowing complete membership on women were willing to grant them "recognition" in the form of a titular degree. Notice is given that the grace for the appointment of a syndicate will be offered for voting on March 12th. The composition of the syndicate is being warmly canvassed. As the opinions of the probable members are fairly well known, the balance of representation will to a great extent give a clue to the ultimate decision arrived at.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,468 births and 4,159 deaths were registered during the week ending Saturday, February 29th. The annual rate of mortality in these towns, which had been 19.3 and 19.4 per 1,000 in the two preceding weeks, further increased to 20.0 last week. The rates in the several towns ranged from 10.2 in Derby, 12.2 in Cardiff, and 13.7 in Burnley to 23.9 in Liverpool, 25.0 in Norwich, and 25.2 in Preston. In the thirty-two provincial towns the mean death-rate was 19.7 per 1,000, and was slightly below the rate recorded in London, which was 20.2 per 1,000. The zymotic death-rate in the thirty-three

towns averaged 2.8 per 1,000; in London the rate was equal to 3.4 per 1,000, while it averaged 2.4 in the thirty-two provincial towns, and was highest in Manchester, Salford, and Norwich. Measles caused a death-rate of 1.5 in London, 1.9 in Birkenhead and in Sunderland, 2.9 in Leicester, and 4.8 in Norwich; and whooping-cough of 1.5 in Derby, 1.6 in West Ham, in Manchester, and in Bradford, and 2.6 in Bolton. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 51 deaths from diphtheria in the thirty-three towns included 48 in London, 10 in Birmingham, 6 in Liverpool, and 4 in Bradford. No fatal case of small-pox was registered, either in London or in any of the thirty-two large provincial towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital, which had been 64, 60, and 58 at the end of the three preceding weeks, had further declined to 51 on Saturday last, February 29th; 1 new case was admitted during the week, against 6, 12, and 5 in the three preceding weeks. There were 2,933 scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and in the London Fever Hospital at the end of the week, against 2,883, 2,944 and 2,937 on the three preceding Saturdays; 244 new cases were admitted during the week, against 285, 303, and 234 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 22th, 918 births and 570 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 18.8 to 19.5 per 1,000 in the three preceding weeks, was again 19.5 last week, and was 0.5 per per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.0 in Leith to 20.9 in Dundee. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Glasgow and Aberdeen. The 570 deaths registered in Glasgow included 17 from whooping-cough and 6 from measles. Three fatal cases of diphtheria were recorded in Edinburgh.

THE DUNBAR TYPHOID EPIDEMIC.

DR. G. T. SINCLAIR, the Acting Medical Officer (under date February 12th, 1896) issued an "Interim Report to the Magistrates and Town Council of the Burgh of Dunbar, as Local Authority thereof, regarding the Epidemic of Typhoid Fever." The following are the more important paragraphs:

"There is satisfactory evidence that the number of cases of typhoid fever is steadily decreasing, and that the epidemic is undoubtedly dying down. Should matters continue to improve in the same satisfactory manner as at present, it will not be long before I have the pleasure of reporting a clean bill of health.

"When the epidemic is at an end it will be my duty to present a complete and detailed report on the whole subject. Any remarks I may now make are not to be considered as either full or final regarding the points to which they refer.

"Doubtless you will have read the district medical officer's report to the Eastern District Committee of the County Council. Therein the theory is advanced that the water of Pressmennan Lake is the cause of the whole outbreak both in and outside the burgh, and also the opinion is expressed that typhoid fever existed in Dunbar 'at least as early as the first week of October.' With regard to the latter expression of opinion, I may state, so far as I am aware, there were no cases of typhoid fever in Dunbar until those first notified by Dr. Macdonald and myself on November 15th last. I certainly had none, and am surprised to learn that if there were suspicious cases prevailing for over six weeks, that during this lengthened period there was not one at least so well marked as to be unmistakable. The view that typhoid fever was present in Dunbar for at least six weeks before it was notified is a most serious and certainly not a pleasant one to contemplate; for, if this were so, a most important question at once arises as to the spread of infection from these cases.

"The prosperity of Dunbar as a seaside resort very largely depends on its reputation in such matters, and I would strongly urge the necessity of immediately intimating to the local authority any suspicious cases of infectious disease.

"Now, with regard to the Pressmennan Lake theory. There is no doubt that the water of this lake has been in an unsatisfactory state, and such as in addition to the other sewage which flows into the Spott Burn above the first intake of our water supply, might give rise to cases of uncertain illness. However, staring us in the face, and as a most obvious and outstanding feature in the whole matter is the fact that there was undoubtedly typhoid existing at Pathhead on October 14th last, and that here the specific infective material would readily gain access to the tributary of the Spott Burn, which runs past these cottages. Thereafter occurred a spate causing an overflow of the Spott Burn into our water supply; and succeeding this we have a marked and appalling outbreak of typhoid fever, the first cases of which were notified on November 19th last, that is, about a month after the original cases at Pathhead.

"These are clear and distinct facts; and I would again repeat what has already been stated before this Board, that one of the most unsatisfactory features of this lamentable outbreak of typhoid fever is that, so far as we are aware, the county medical officer has never discovered the cause of the original cases at Pathhead, and also an extremely unfortunate circumstance is the fact that the burgh authorities were never informed there were cases of enteric fever in proximity to the sources of their water supply, for had such information been given measures might possibly have been taken which would have saved Dunbar from a deplorable calamity.

"As acting medical officer for the burgh, I did not consider it my duty to go beyond Pathhead, where there was more than sufficient testimony in favour of this being the source of our contamination, and indeed to have done so without special instructions from the local authority would have been going beyond my province.

"In the meantime I would advise that we keep open minds regarding the cause of the original cases there until further evidence is forthcoming."

MINISTERS OF RELIGION AND INFECTIOUS HOSPITALS.

THE *Irish Independent* comments on a "strange hospital regulation" which it is informed is in existence at an infectious hospital in the Isle of Man. The other day a Catholic priest wished to visit one of his flock who was a patient in the hospital in question, but permission was refused on the ground that there was a regulation prohibiting all ministers of religion from visiting hospital patients confined in the infectious hospitals.

Of course existing regulations are necessarily strict in the case of institutions in which infectious cases are treated; indeed, it is usual to limit the visits to the friends of those persons who are seriously ill. It is, however, customary to make an exception in the case of ministers of religion, the usual practice being to allow such ministers to visit any patient who may wish to see him. If the *Irish Independent* has not been misinformed the regulation upon which it adversely comments must be regarded as an unnecessarily stringent one.

THE COST OF NOTIFICATION.

ACCORDING to a statement submitted to the Metropolitan Asylums Board as to the cost of the notification of disease in London, it appears that during last year £3,487 were paid in medical fees, and that the cost of printing the fortnightly returns amounted to £582. This, however, would not appear to include the clerical and other office expenses, which must be considerable.

THE LEITH AND EDINBURGH HOSPITAL CASE.

THE application of the Edinburgh Corporation, for warrant to erect a temporary hospital for cholera, came before the Leith Dean of Guild Court on March 2nd. The Leith Master of Works recommended that the chimney of the incinerator should be not less than 50 feet in height, and to this the agent for Edinburgh agreed. But the Court, or some members of it, said they wanted it to be 70 feet, and ultimately the case was again continued till March 5th, in order that the matter might be considered by the Leith Town Council.

DUTIES OF THE MEDICAL OFFICER OF HEALTH UNDER THE NOTIFICATION ACT.

"A RURAL M.O.H." states that he has been requested by his authority to make an examination of each person certified to be suffering from an infectious disease, and he asks for an expression of opinion upon the matter.

. This question has frequently been raised, and has been commented upon more than once in the *BRITISH MEDICAL JOURNAL*. At page 623 of our issue of March 16th, 1895, "A Rural M.O.H." will find a letter from one of the assistant secretaries of the Local Government Board, which indicates the view taken by that Board of the duties of medical officers of health in regard to the patients of other practitioners, under the Notification Act. The concluding paragraph of this letter states that "it appears to the Board that it would usually be inexpedient that he (the M.O.H.) should undertake such a personal diagnosis, unless he has reason to believe that the certifying medical practitioner is not acting in good faith."

MEDICAL OFFICERS OF HEALTH AND DISTRICT COUNCIL.

ALPHA asks: Can a member of a District Council hold the office of medical officer of health to such Council?

. No.

CLUB PATIENTS IN ISOLATION HOSPITALS.

A NORTH COUNTRY MEMBER asks whether he is entitled to charge the sanitary authority for attendance (at the request of the medical officer of health) upon certain of his club patients suffering from typhoid fever, who had been removed to an improvised isolation hospital.

. The question is whether the medical officer's request was made officially, on behalf of the authority, with the understanding that the latter were to bear the cost, or whether it amounted only to an intimation that the patients must remain under the care of their own doctor, at their own expense—an expense which may or may not be covered by the contract with the club. Either line of policy is open to the authority, and we are not told what directions they had given to their officer in such cases, nor in what form he made the "request."

"WITHOUT PROPER LODGING OR ACCOMMODATION."

M.O.H. asks how far Clause 124, Public Health Act, 1875, is compulsory with regard to the removal to hospital of persons suffering from infectious disease: or if the medical officer of health has power to enter any house and enforce removal of persons so infected, deciding for himself the question whether they are without proper lodging or accommodation. My contention, he adds, is that the clause applies to lodging houses and canal boats, and that the medical officer of health, in other and private cases, has no compulsory powers of removal.

. Clearly the section applies to common lodging houses and to canal boats, but not to these only. There may be differences of opinion as to the conditions under which a patient is "without proper lodging or accommodation;" but, having formed that conclusion and having certified it, the medical officer of health or any other qualified practitioner may apply for a magistrate's order for compulsory removal. The compulsion, it is true, comes from the magistrate, not from the medical officer of health, but it is the same in the case of patients on canal boats under this section. It is usual and proper for the medical officer of health to judge for himself in such instances, since the certificate required by the section would ordinarily come

from him. If entry to a private house be refused, he cannot force his way in without a magistrate's order. To this extent only he has "power to enter any [private] house and enforce removal."

MEDICAL NEWS.

LORD BALFOUR OF BURLEIGH, Secretary for Scotland, has appointed Dr. Wemyss Fulton to the office of Scientific Superintendent under the Scottish Fishery Board.

THE one-hundred and fiftieth anniversary of the opening of the Worcester Infirmary will be celebrated by a public dinner to be held in Worcester shortly after Easter. It is proposed at the same time to make an appeal for additional donations towards the expense of erecting a suitable nurses' home.

A WEALTHY citizen of Moscow, who wishes to remain anonymous, has given through Dr. A. Ostroumoff, Professor of Clinical Medicine in the University of that city, the sum of £40,000 for the erection of a hospital for internal diseases in Moscow.

OTOLOGICAL CONGRESSES.—The fifth annual meeting of the German Otological Society will be held this year at Nuremberg on May 22nd and 23rd. The Austrian Otological Society has decided to hold a special meeting in Vienna on June 28th and 29th, which all German otologists will be invited to attend.

THE MEDICAL PROFESSION IN BELGIUM.—According to statistics recently published the number of persons practising the healing art in Belgium was on December 31st, 1894, 2,956, all of whom were doctors of medicine, except 5, who had the title of surgeon. The proportion of doctors to population was 1 in 2,100. In the province of Brabant the proportion was 1 in 574, and in Brussels itself 1 in 1,067. In addition to these there were 2,394 midwives, 1,828 pharmacists, and 522 veterinarians.

THE *St. George's Hospital Gazette*, more fortunate than some more widely-circulated periodicals, was in the satisfactory position at the end of the year of possessing a surplus. Part of this profit has been devoted to defraying half the expenses of a patient who had applied at the hospital on account of a bite from his own dog, and whom it was thought advisable to send to the Pasteur Institute in Paris. The other half of his expenses has been met by a grant from the British Institute of Preventive Medicine.

SHOP HOURS ACT, 1892.—It is unfortunate that the Shop Hours Act of 1892 has not proved so successful in London in its working as could be wished. The Act deals with young people under 18 years of age, and provides that they shall not be worked for more than 74 hours, including meal times, in any one week. Since it came into force—in September, 1892—there have been 3,245 investigations made by the London County Council's inspectors, and 600 infringements of the Act have been brought to light. In 55 cases convictions resulted, penalties and costs being imposed, whilst the remainder ceased infringing upon being cautioned. The administration of the Act is a delicate and difficult matter, and in spite of secrecy as to sources of information being enjoined, it has led in several instances to the dismissal of employees.

WE are informed that the following gentlemen are candidates for the post of Deputy Commissioner in Lunacy for Scotland, vacant by the premature death of Dr. Lawson:—Robert D. Hotchkis, M.A., M.B., B.S., Royal Asylum, Gartnavel, Glasgow; Charles MacPherson, M.D. (Glas.), F.R.C.P.E., Bonar Bridge, Sutherland; James Middlemass, M.A., B.Sc., M.B., Senior Assistant, Royal Asylum, Morningside, Edinburgh; John Batty Tuke, jun., M.D., F.R.C.P.E., Deputy-Superintendent, Saughton Hall Asylum, Edinburgh; and we believe one of the sons of Dr. James Rutherford, Physician Superintendent, Crichton Royal Asylum, Dumfries.

Two beautiful stained glass windows erected by public subscription in St. John's Church, Lancaster, were dedicated on February 23rd. The windows are situated one on either side of the chancel, and represent "The Good Samaritan," and "Healing the Sick at the Gates of the Temple." The inscriptions read: "In memory of Christopher Johnson, F.R.C.S., Mayor of Lancaster, 1857, Warden of this Church, 1881-86—a benefactor of this church, born April 6th, 1816, fell asleep November 6th, 1894." "In memory of Christopher

Johnson, F.R.C.S., J.P., a kindly physician, a patriotic Englishman, and a humble Christian. From youth to old age he lived his life after the sacred words, 'Fear God and honour the King.'"

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £80 per annum, with apartments and board. Applications to the Medical Board by March 12th.
- BOSCOMBE HOSPITAL,** Shelley Road, Boscombe, Bournemouth.—House-Surgeon, unmarried and registered. Salary, £60, with board (exclusive of wine or beer), lodging, and washing. Applications to the Honorary Secretary by March 9th.
- BRISTOL GENERAL HOSPITAL.**—House-Surgeon, doubly qualified. Salary, £120 per annum, with board, residence, etc., in the house. Appointment for three years. Applications to the Secretary by March 18th.
- BURTON-ON-TRENT INFIRMARY.**—House-Surgeon. Salary, £130, with a prospect of increase, and rooms in the infirmary free; also coals and gas. Applications to the Honorary Secretary, Mr. James C. Grinling, The Infirmary, Burton-on-Trent, by March 12th.
- CHARING CROSS HOSPITAL.**—Assistant Surgeon; must be F.R.C.S. Eng. Applications to Arthur E. Reade, Secretary, by March 25th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board and residence. Applications to the Secretary by March 12th.
- CORNWALL COUNTY LUNATIC ASYLUM,** Bodmin.—Junior Assistant Medical Officer. Salary, £100 a year, increasing £10 yearly to £120, with board, lodging, etc. Applications to the Medical Superintendent at the Asylum by March 19th.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Assistant Dental Surgeon. Applications to J. Francis Pink, Secretary, by March 9th.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Assistant Anaesthetist, must be duly registered medical practitioner. Applications to J. Francis Pink, Secretary, by March 9th.
- DR. STEEVENS'S HOSPITAL,** Dublin.—House-Surgeon. Appointment for two years. Salary, £100 per annum, with apartments, fire, and light. Applications to the Governors and Guardians of Dr. Steevens's Hospital, Dublin, by March 21st.
- FARRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY,** 17, Bartlett's Buildings, Holborn, E.C.—Honorary Physician; must be F. or M.R.C.P.Lond. Applications to the Honorary Secretary by March 7th.
- GENERAL HOSPITAL,** Nottingham.—Assistant House-Physician and an Assistant House-Surgeon. Board, lodging, and washing provided in the hospital. No salary. Applications to the Secretary, General Hospital, Nottingham, by March 18th.
- GENERAL INFIRMARY,** Leeds.—Resident Surgical Officer. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary of the Faculty by March 20th.
- GREENWICH UNION INFIRMARY.**—Second Assistant Medical Officer, unmarried. Salary, £80 per annum, with board, lodging, washing, and attendance in the infirmary, and 2d. per day in lieu of beer. Appointment till March 25th. Applications to Samuel Saw, Clerk to the Guardians, Union Offices, Greenwich, by March 18th.
- METROPOLITAN DISPENSARY,** Cripplegate.—Resident Medical Officer, doubly qualified. Salary, £175 per annum, with furnished residence and allowance for coals and gas. Applications to the Secretary, Quest House, 6 Fore Street, Cripplegate, E.C., by March 11th.
- NATIONAL HOSPITAL FOR CONSUMPTION FOR IRELAND.**—Resident Medical Officer and Registrar. Salary, £160 per annum, with apartments, board, etc. Applications to the Honorary Secretary, 37, Dame Street, Dublin, by March 14th.
- NORTHUMBERLAND COUNTY LUNATIC ASYLUM,** Morpeth.—Assistant Medical Officer; unmarried. Salary, £120 per annum, increasing £10 yearly to £150, with furnished apartments, board, and lodging. Applications and testimonials, endorsed "Medical," to Dr. McDowell, at the Asylum, by March 12th.
- POPLAR HOSPITAL FOR ACCIDENTS,** Blackwall, E.—Honorary Surgeon. Applications to the House-Governor by March 13th.
- ROYAL SURREY COUNTY HOSPITAL,** Guildford.—Assistant House-Surgeon. Board, residence, and laundry found. No salary. Applications to the Honorary Secretary by March 11th.
- SUNDERLAND AND NORTH DURHAM EYE HOSPITAL.**—House-Surgeon. Salary at the rate of £80 a year outdoor, rising to £90 after six months. Applications to Chairman of Committee, care of J. F. Potts, Secretary, 18, Derby Street, Sunderland, by March 9th.
- VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Edinburgh.—Resident Physician. Board and lodging provided and allowance for conveyance at the rate of £24 per annum. Non-Resident Medical Officer for Out-patients. Salary at the rate of £60 per annum. Appointments tenable for six months. Applications to Messrs. Wallace and Guthrie, Honorary Secretaries, 1, North Charlotte Street, Edinburgh, by March 13th.
- VICTORIA HOSPITAL FOR SICK CHILDREN,** Queen's Road, Chelsea, S.W.—Second Honorary Anaesthetist; must be legally qualified. Appointment for one year, subject to annual re-election. Applications to the Secretary by March 21st.
- 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.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Fourth Assistant Surgeon; must be F.R.C.S.Eng. Applicants to send in certificate of age and attend the House Committee with testimonials on March 17th.

WEST RIDING ASYLUM, Wakefield.—Two Resident Clinical Assistants. Appointments for six months or longer by mutual agreement. No salary, but board and furnished apartments provided. Applications to the Medical Superintendent.

WEST SUSSEX ASYLUM.—Medical Superintendent. Salary, £450 a year with unfurnished house (the Committee paying rates and taxes), light, washing, coals, and vegetables. Applications endorsed "Medical Superintendent" to Ernest H. Blaker, Clerk to the Committee, West Pallant, Chichester, Sussex, by March 25th.

MEDICAL APPOINTMENTS.

- ABRAM,** John Hill, M.D.Lond., M.R.C.P., appointed Honorary Assistant Physician to the Liverpool Royal Infirmary.
- ADAMS,** Dr., appointed Medical Officer for the Workhouse of the Eastbourne Union.
- ADAMS,** J., M.D.St.And., M.R.C.S., reappointed Medical Officer of Health to the Barnes District Council.
- AHERNE,** Patrick L., M.B., B.Ch.R.U.I., appointed Medical Officer for the Milford Dispensary District, *vice* W. P. O'Leary, M.D., deceased.
- BANNATYNE,** G. A., M.D.Glasg., M.R.C.P.Edin., L.R.C.S.Edin., appointed Honorary Physician to the Royal United Hospital, Bath, *vice* E. H. Biddlecombe, M.B.Lond., resigned.
- BENSON,** Thomas, L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health to the Tanfield Urban District Council.
- BLAKE,** W. H., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for No. 3 (West Wickham) District of the Bromley Union.
- BOWKER,** G. E., M.B., C.M.Edin., appointed Honorary Assistant Physician to the Royal United Hospital, Bath.
- BROSTER,** A. E., L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer for the Brassington District of the Ashbourne Union.
- BURY,** A. T., L.R.C.P.Edin., L.M., reappointed Medical Officer for the Alstonfield District of the Ashbourne Union.
- CHILDS,** Christopher, M.A., M.D.Oxon., D.P.H., appointed an Assistant in the Hygienic Department at University College.
- CLARKE,** J. Michell, B.A.Camb., M.D., M.R.C.S.Eng., appointed Professor of Pathology and Morbid Anatomy at University College, Bristol.
- COADBY,** D. P., F.R.C.S.I., L.R.C.P.Edin., appointed Consulting Medical Officer to the Naas Union, *vice* F. J. Falkiner, M.B., F.R.C.S.I., resigned.
- COOK,** H. G. G., M.D.Lond., F.R.C.S.Eng., appointed Honorary Assistant Surgeon to the Cardiff Infirmary, *vice* Rhys Griffiths, M.B., B.S.
- CROSSFIELD,** A. K., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer for the Dittisham District of the Totnes Union.
- DAVIES,** L. G., M.B., B.C., B.A.Camb., appointed Resident Assistant Medical Officer to the Cardiff Union Workhouse.
- DREAPER,** J. B., L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health for the Ashbourne Rural District.
- EASTES,** G. Leslie, M.B., B.Sc.Lond., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Royal Hospital, Sheffield.
- EDGEWORTH,** F. W., B.A.Camb., M.B., B.C., appointed Lecturer on Practical Physiology and Histology at University College, Bristol.
- EVANS,** F., M.D., appointed Honorary Physician to the Cardiff Infirmary, *vice* — Taylor, appointed Consulting Physician.
- FARQUHARSON,** J. Malcolm, M.B.Edin., appointed Surgeon to the Eye, Ear, and Throat Infirmary of Edinburgh.
- FAUSSET,** H. J., M.D.Dub., M.B., reappointed Medical Officer of Health to the Tamworth Town Council.
- FIRTH,** J. Lacy, M.D., M.S.Lond., F.R.C.S.Eng., appointed Assistant Surgeon to the Bristol General Hospital.
- FISHER,** Theodore, M.D.Lond., appointed Out-patient Physician to the Bristol Hospital for Sick Children and Women.
- GRAY,** J. P., F.R.C.S.Eng., reappointed Honorary Surgeon to the Nottingham Throat, Ear, and Nose Hospital.
- GREENWOOD,** Alfred, M.B., Ch.B.Vict., L.R.C.P., L.R.C.S.Edin., appointed House-Physician to the Manchester Royal Infirmary.
- GRIFFITH,** P. Rhys, M.B., B.S.Lond., M.R.C.S., appointed Honorary Surgeon to the Cardiff Infirmary, *vice* — Hardyman.
- GRIFFITH,** Dr. W. S., appointed Medical Officer of Health to the Milford Urban District Council; *vice* G. Griffith, M.R.C.S.Eng., resigned.
- GRIFFITHS,** John F., M.R.C.S.Eng., L.R.C.P.Lond., appointed Registrar to the Bristol Hospital for Sick Children and Women.
- HALL,** A., M.R.C.S.Eng., reappointed Medical Officer for the Calton District of the Ashbourne Union.
- HALL,** Joseph Percy, M.B., Ch.B.Vict., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Salford Royal Hospital, *vice* John H. Ray, appointed House-Surgeon.
- HARTFORD,** H. W., L.R.C.P., L.R.C.S.I., reappointed Medical Officer for the No. 1 District of the Christchurch Union.
- HERRICK,** R. W., B.A.Dub., M.D., M.B., reappointed Honorary Surgeon to the Nottingham Throat, Ear, and Nose Hospital.
- JOHNSTONE,** James, L.D.S.R.C.S.Edin., reappointed Honorary Dental Surgeon to the Nottingham Throat, Ear, and Nose Hospital.
- JONES,** Edward, M.R.C.S., L.R.C.P., appointed House-Surgeon to Chichester Infirmary.
- KAY,** J. G., M.B., appointed Medical Officer for the Trelleck District of the Monmouth Union, *vice* J. T. Brown, M.B., C.M.Glasg.
- KENDALL,** Herbert W., M.R.C.S.Eng., appointed Out-patient Surgeon to the Bristol Hospital for Sick Children and Women.

LAKEMAN, T., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer for the North Huish and Ugborough Districts of the Totnes Union.

LAMBERT, F. W., L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health to the Farsley Urban District Council.

LARKING, Arthur E., M.D.Durh., M.R.C.S., L.S.A., appointed Medical Officer of Health for the Parish of Chesham.

LITTLETON, P. R., M.R.C.S.Eng., reappointed Medical Officer to the Workhouse and the Ashbourne District of the Ashbourne Union.

LOGAN, R. R. W., M.R.C.S.Eng., reappointed Medical Officer of Health to the Hartshorne and Measham Rural District Council.

LYONS, A. de Courcy, M.B., C.M.Aberd., reappointed Medical Officer of Health for the Axbridge Rural District.

MACFADYEN, Allan, B.Sc.Edin., M.D., appointed Honorary Secretary of the British Institute of Preventive Medicine.

MACK, H. H., L.R.C.P.Lond., appointed Medical Officer for the Third District of the Ross Union.

MACKINTOSH, Angus, M.D., L.F.P.S.Glasg., permanently reappointed Medical Officer of Health for the Chesterfield Rural District Council.

MARTIN, Dr., appointed Medical Officer for the Essington District of the Cannock Union.

MATHER, R. O., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer and Public Vaccinator for the Billinge District of the Wigan Union, *vice* F. B. Reilly, M.R.C.S., L.R.C.P.Lond.

MORTON, Charles A., F.R.C.S.Eng., appointed Out-patient Surgeon to the Bristol Hospital for Sick Children and Women.

RAY, John Howden, M.B., Ch.B.Vict., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Salford Royal Hospital, *vice* Ernest Knight, M.B.Lond., M.R.C.S., L.R.C.P., resigned.

RICHARDS, W. H., L.S.A., appointed Medical Officer for the Llanishen District of the Cardiff Union.

ROBINSON, Arthur, M.D.Edin., Senior Demonstrator at Owens College, appointed Lecturer in Anatomy in the Medical School of the Middlesex Hospital.

SMITH, K. R., M.D.Lond., B.S., reappointed Medical Officer of Health for the Diptford, Halwall, and Morleigh Districts of the Totnes Union.

SWAYNE, Walter C., M.D.Lond., M.R.C.S., L.R.C.P., appointed Lecturer in Practical Midwifery at University College, Bristol.

STEWART, Donald, M.D.Glasg., L.R.C.S.Edin., reappointed Honorary Consulting Surgeon to the Nottingham Throat, Ear, and Nose Hospital.

TAYLOR, A. E., L.R.C.P., L.R.C.S.Edin., appointed Honorary Assistant Physician to the Cardiff Infirmary, *vice* F. Evans, M.D.

TAYLOR, W., M.D.Edin., L.R.C.P., appointed Consulting Physician to the Cardiff Infirmary.

UBSDELL, H., M.R.C.S.Eng., reappointed Medical Officer for the Staverton and Rattery Districts of the Totnes Union.

WALKER, Dr. D., appointed Medical Officer for the Banghurst and Tadley District of the Kingsclere Union.

WALLINGTON, W. T., L.S.A., reappointed Medical Officer for the Bushbury District of the Cannock Union.

WILLIAMS, Edward Cecil, B.A., M.B., B.C.Camb., appointed Out-patient Physician to the Bristol Hospital for Sick Children and Women.

WORGER, Thomas H., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for the Radstock Urban District.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: Affections of Cornea. **London Throat Hospital, Great Portland Street, W., 8 P.M.—Mr. G. C. Wilkin:** Aural Polyp.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: On the Integumentary System; its Structure and Functions. Lecture IV.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Professor Victor Horsley will give an address on The Physiology and Pathology of the Thyroid Gland (illustrated by lantern slides).

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: General Paralysis. **Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth:** Lecture VI. Air.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. Patrick Manson: The Life History of the Malaria Germ outside the Human Body (Goulstonian Lecture I).

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.—Mr. Mayo Robson: Excision of a Portion of Liver for Tumour. **Mr. C. A. Ballance:** A Case of Neoplasm Cyst of the Brain Treated by Operation.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Pruritus and Prurigo. **Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton:** Optic Neuritis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: On the Integumentary System; its Structure and Functions. Lecture V.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Fowler: Pulmonary Syphilis.

HUNTERIAN SOCIETY, 8.30 P.M.—Pathological Evening. Dr. Glover Lyon: 1. Aneurysm of Aorta. 2. Fœtus 1 inch long. **Dr. Arnold Chaplin:** Heart Congenitally Diseased. **Mr. A. H. Tubby:** Specimens of Scurvy Rickets. **Dr. Jas. H. Sequeira:** Intra-abdominal Band of Unusual Length and Normal Organs Hardened *in situ* by Injection of Formalin. **Dr. Fred. J. Smith:** Epithelioma of Epiglottis. **Mr. Targett:** Specimens.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Mr. Swinford Edwards: Demonstration of the Cystoscope (West London Post-graduate Course).

THE SANITARY INSTITUTE, Parkes Museum, Margaret Street, W., 8 P.M.—Mr. A. C. Scovell will open a discussion on The Isolation of Cases of Infectious Disease in the Metropolis.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Adjourned discussion on Foreign Bodies in the Upper Air and Food Passages. Cases and specimens will be shown by **Dr. Clifford Beale, Dr. Bond, Mr. E. C. Stabb,** and **Dr. St. Clair Thomson.**

SOUTH-WEST LONDON MEDICAL SOCIETY, 235, Lavender Hill, 8.30 P.M.—Mr. Biggs: Puerperal Fever (so called) with cases.

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

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: Detection of Pus, Mucus, Blood and Bile in Urine. **Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Richard Barwell.** Clinical Lecture.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. Patrick Manson: The Life History of the Malaria Germ Outside the Human Body (Goulstonian Lecture II).

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Specimens by **Dr. Purcell** and **Dr. Schacht.** **Mr. Mayo Robson** will introduce a discussion on Vento-fixation, Vento-suspension, and Allied Operations, with their Results.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W.—Card specimens at 8 P.M. by Mr. Sydney Stephenson, Mr. W. G. Laws, Mr. Ernest Clarke, and Mr. Doyne. Papers: **Mr. Kenneth Scott:** Keratitis occurring in Leprosy. **Dr. Ormerod** and **Mr. Holmes Spicer:** Recurrent Paralysis of Third Nerve in Migraine. **Mr. Rockliffe:** 1. A Case of Leuco-sarcoma of Choroid. 2. Cataract Extraction and Gont. **Mr. R. L. Knaggs:** Recurrent Reflex Amblyopia due to Pregnancy.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, Holloway, 9 P.M.—Dr. R. W. Burnet: On a Case of Acute Rheumatism followed by Delirium. **Mr. C. B. Lockwood:** On the Diagnosis and Treatment of Septic Peritonitis. This paper will be illustrated by the lantern.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Typhoid Fever and Diphtheria. 4 to 5 P.M.—Staining Sections and Cultivations.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: On the Integumentary System: its Structure and Functions. Lecture VI.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.—Mr. Lennox Browne: Recent Clinical and Therapeutical information concerning Acute Tonsillitis, Chronic Tonsillitis, Chancere of the Tonsil, etc.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. Golding-Bird: A Case of Lymph Scrotum and Lymph Varix. **Dr. Colman** and **Mr. Ballance:** A Case of Sub-cortical Tumour of the Brain Treated by Operation. **Dr. F. L. Benham:** A Case of Hemorrhage into the Pons Varolii; Venesection; Recovery. **Dr. F. J. Smith** and **Mr. Bidwell:** A Case of Tuberculous Kidney.

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.

BIRTHS.

BAREFOOT.—On February 26th, at Sunnyside, Elm Grove, Southsea, the wife of Surgeon-Captain J. R. Barefoot, Army Medical Staff, of a daughter.

BEVERLEY.—On Sunday, February 23rd, at 13, Albion Road, Scarborough, the wife of W. H. Beverley, F.R.C.S.Edin., M.R.C.S.Eng., L.R.C.P. Lond., of a son.

DOVE.—On March 3rd, at Stanwix, Carlisle, the wife of R. Atkinson Dove, M.B., L.R.C.S.Edin., Brigg, Lincolnshire, of a daughter.

ECCLES.—On February 29th, at Harley Street, W., the wife of W. McAdam Eccles, M.S., F.R.C.S., of a son.

GEORGE.—On February 22nd, at 1, Burton Road, Brondesbury, N.W., the wife of Alfred W. George, M.B., M.R.C.S., L.R.C.P., of a daughter.

LORD.—On February 28th, at Penlan, Colwyn Bay, the wife of Robert E. Lord, M.D., B.Sc.Lond., of a daughter.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*—Daily, 2. *Operations*—Tu. F. S., 2.
CENTRAL LONDON OPHTHALMIC. *Operations*—Daily, 2.
CHARING CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*—W. Th. F., 3.
CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. F., 2.
CITY ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—F., 2.
GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*—W., 2.
GUY'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operations*—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, Soho. *Attendances*—Daily, 10. *Operations*—M. Th., 2.
KING'S COLLEGE. *Attendances*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p. Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*—M. F. S., 2.
LONDON. *Attendances*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*—M. Th., 4.30.
METROPOLITAN. *Attendances*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*—F., 9.
MIDDLESEX. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*—W., 1.30; S., 2; (Obstetric), Th., 2.
NATIONAL ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*—Th., 2.30.
ROYAL EYE, Southwark. *Attendances*—Daily, 2. *Operations*—Daily.
ROYAL FREE. *Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9. *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; Ear, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Operations*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
ST. GEORGE'S. *Attendances*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, M. Th., 2; o.p. Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. 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., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operations*—Tu., 1.30; (Orthopaedic), W., 11; (Ophthalmic), F., 9.
ST. PETER'S. *Attendances*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*—W. F., 2.
ST. THOMAS'S. *Attendances*—Medical and Surgical, M. Tu. Th. F., 2; o.p. daily, 1.30; Obstetric, Tu. F., 2; o.p. W. S., 1.30; Eye, Tu. F., 2; o.p. daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p. Th., 2; Mental Diseases, o.p. Th., 10; Dental, Tu. F., 10. *Operations*—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1.30. *Operations*—W., 9.30.
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.

CASTERTON inquires: In using hydrogen peroxide for injecting into sinuses, which I have somewhere read about, what is the strength used and the manner of using it?

MR. MARMADUKE SHEILD (Cavendish Place, W.) writes: I should be glad to know brief particulars of any cases of long immunity from recurrence after removal of undoubted carcinoma of the breast. All cases will receive an acknowledgment if ever published.

M.R.C.S. would be obliged for advice as to any home or asylum where a girl, aged 15, who practises masturbation to a great extent could be received. She has no cerebral deficiency but has lost all sense of shame, so that it is useless to try to act on her moral sense.

H. F. would be glad to hear of a medical man with time on his hands who would receive into his house and take charge of a dipsomaniac. The patient is an artist, 48 years old, a capital companion when well, and fond of his work. A situation twenty to thirty miles out of London would be preferred, with good walks and a little male society. Terms 50s. to 70s. per week.

RED MARROW.

DR. RICHARD PURDON (Belfast) asks: What is the best manner to prepare "red marrow" from bones?

RADICAL CURE OF HERNIA.

S. J. asks: What is the percentage of cures in this operation? and is it advisable for a healthy young man to be operated upon who has an inguino-scrotal hernia? He will reside always in England, and the truss keeps it up perfectly. He has had it for two years.

BOOKS FOR MOTHERS.

D. T. asks for information as to the best popular book for a young wife on general health, pregnancy, labour, management of infants and children, and home nursing generally.

* Our correspondent might find one of the following suitable: *Advice to Mothers*, by Pye Chavasse, and two works by the late Thomas Bull, M.D., revised by Mr. W. Parker, *Hints to Mothers for the Management of their Health during the Period of Pregnancy and in the Lying-in Room*, and *The Maternal Management of Children*.

HEALTH RESORTS AT THE CAPE.

G. H. (Bordighera) asks: (1) Which are the principal health resorts at the Cape, especially those adapted to phthisis? (2) Are there railways or only roads leading to them? and, if roads only, would there be proper places to break the journey at with plenty of comfort?

* We have referred this question to Dr. E. Symes Thompson, to whom we are indebted for the following information: In answer to your inquiry regarding the health resorts of the Cape for phthisical cases, it should be mentioned that the Karoo supplies, at an elevation varying from 2,000 to 5,000 feet, a number of favourable stations within easy access by railway. The most accessible station from Cape Town is Matgesfontein. At Lemoenfontein, near Beaufort West, there is a well-arranged sanatorium, and at Middleburg—as Mrs. Lecky mentioned recently in the BRITISH MEDICAL JOURNAL—two trained nurses have lately opened a very comfortable home. Bloemfontein has long had a high reputation, and Kimberley—where Mr. Cecil Rhodes is developing, at a cost of £8,000, a home hospital—is securing attention. Aliwal North, on the railway from East London, has the advantage of an English doctor (Dr. Guillemard), and, speaking generally, the Eastern Province is best in winter, as there is then no rain. Grahamstown (1,700 feet elevation) is a comfortable haven for those who do not require a higher altitude. The coast lands should be avoided by health seekers.

ANSWERS.

P. P. B.—Communications intended for the consideration of the Conjoint Examining Board in London should be addressed to the Secretary, Mr. F. G. Hallett, Examination Hall, Victoria Embankment, W.C.

H.D.P.—We do not undertake to answer letters privately, and would recommend our correspondent to consult one of the surgeons to the hospital of which he is a student.

J. B.—*Diet in Sickness and in Health*, by Mrs. Ernest Hart (London: The Scientific Press, 3s. 6d.) contains a chapter on Thinning and Fattening which might be read with advantage. *Indigestion, Gout, Corpulency, and Constipation*, by Dr. T. Dutton (London: Henry Kimpton, 2s.) might also be read.

G. W. B.—The Secretary of the Medical Defence Union is Dr. A. G. Bate-man, 20, King William Street, Strand, W.C., who will no doubt be ready to supply all requisite information. The Secretary of the Medical Sick-ness, Annuity and Life Assurance Society is Mr. F. Addiscott, 33, Chancery Lane, W.C. This society grants insurances to medical men against sickness and disablement.

UNCERTIFIED DEATHS OF CHILDREN.

S. G. M.—Under the present conditions of registration law in this country there is no legal obligation on parents to call in a registered medical practitioner in the case of the illness of their child, without which no statutory medical certificate can be produced in case of its death. While, moreover, registrars are, we believe, generally advised by the Registrar-General to refer uncertified cases of death to the