

line, corresponds with the situation of the auriculo-ventricular fibrous ring, and that the convexities which rise from its angle correspond with the bulging walls of the more yielding, and therefore earlier dilated, muscular chambers. If such be the case, it would follow that the oval outline indicates the existence of the extreme stage of dilatation, the bipartite one in which the fibrous structures which interpose between the auricles and ventricles, resist a strain to which the muscular tissues have been compelled to yield; and that the conoid outline corresponds with the conformation and the state of health which are preserved when both valves and chambers, even though damaged, bear the strain of work in such a manner as to constitute the heart a competent organ. The fact that the outline characteristic of one type may pass into another representing a stage of progress, within the space of a few minutes, bears striking testimony to the power of recoil which resides in walls which have been continuously stretched for months or years.

I have already, elsewhere, given my reasons for holding that the heart at the outset plays a relatively passive part in these remarkable changes of form and size, and that the primary causative condition is an increase of arterial capacity which involves a diminution of peripheral resistance.

The rise which it has been stated the heart frequently makes in the chest towards the conclusion of a course of successful treatment is probably attributable partly to diminished weight of blood in the cavities, and partly to the increased strength and contractility of the great vessels which spring from its base.

The sphygmographic records indicate, first, an enlargement of lumen together with an increase of diastole, and later, the return of normal tension, with waves of moderate altitude and diminishing diastole.

MEMORANDA:

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

THE ESMARCH BANDAGE IN HÆMORRHAGE AND SHOCK.

To be successful in the treatment of excessive hæmorrhages, instantaneous action is essential. Intravenous injection is undoubtedly more rapid in its action than injection into the axillary or other cellular tissue. One does not always have a transfusion apparatus convenient; besides, when one has it, its preparation for use takes some minutes; those few minutes are often of vital importance. Here axillary injection has the advantage, as it can be done at once, but absorption is dangerously slow. It is for these reasons that I mention a treatment not in general use.

If I have an Esmarch bandage, I quickly wrap all the limbs firmly, beginning at the distal ends, thus driving all the blood into the body, besides stimulating the heart and giving it less to do. Not having an Esmarch, I use an ordinary bandage in the same way, and then apply a tourniquet over the main artery.

Children suffering from extensive burns of the surface will often recover who otherwise would not if the blood from the arms and legs is rapidly driven towards the internal organs to take the place of that already taken to the surface. Careful application of the Esmarch bandage to the limbs in cases of *post-partum* hæmorrhage will be found of the greatest benefit. I recommend the above treatment in some cases of heart failure, especially in cases of threatened death from chloroform.

Southport, Lancashire.

JOHN McMULLEN, M.B.

SIMULTANEOUS DISLOCATION OF BOTH SHOULDERS.

I NOTICE in the BRITISH MEDICAL JOURNAL for February 8th, 1896, and November 9th, 1895, an account of the above rare occurrence. On October 9th, 1895, I was called to an accident case, a collier, aged 55. While working in the pit he suddenly tapped some water that came with such force that he was washed down the dip a distance of sixty yards. He had a dislocation of both shoulders, and, strange to say, both sub-

coracoid. He also had a compound fracture of the left leg about the centre. I reduced both dislocations after setting the limb without the aid of an anæsthetic, but found more difficulty in reducing the dislocation of the left than the right shoulder. A few days after the left shoulder became dislocated again, and was reduced with some difficulty. About a month after the accident I amputated the leg, being assisted at the operation by Drs. Partington and Youngson, of Tunstall. Neither gentleman had before seen a dislocation of both shoulders. The patient is now walking about very comfortably on crutches.

Kidsgrove, Staffs.

JON. STEELE.

THYMUS TREATMENT OF EXOPHTHALMIC GOÏTRE. THE following case of exophthalmic goitre came under my care in 1892, and in spite of all treatment became steadily worse until March, 1895, when thymus gland medication was begun and continued with the best results.

Mrs. B., schoolmistress, aged 39, a widow with two children, with the exception of chorea when a girl, had always enjoyed good health. She came under my care in August, 1892. She had noticed weakness and palpitation coming on six months before. She blamed water contaminated with lead as the cause of her illness, but admitted having had much worry for a year or two.

At this time the symptoms soon yielded to rest and tonics, and she returned to work practically well. Since that time she has been under my care at Easter, Midsummer, and Christmas, during which time the palpitation has never been so severe as in 1892, but the exophthalmos has got much worse. At Christmas, 1894, it was very bad indeed, especially the right eye. Towards the end of February, 1895, Mrs. B. wrote for advice about her eyes, they were "so very prominent." I had just read Further Notes on the Treatment of a case of Exophthalmic Goitre in the BRITISH MEDICAL JOURNAL of February 16th, and determined to try the thymus treatment in this case. Dr. Owen very courteously gave me full directions as to the preparation of the fresh gland, and my patient did what she could to procure them, but with poor success. In the meantime Messrs. Burroughs, Wellcome, and Co. had prepared five-grain tabloids of the thymus, and treatment by them was begun at Easter. At first one, next two, and lastly three were taken daily after food. She came here for the Midsummer vacation, and on her arrival was wonderfully improved. The pulse-rate, which had always been at least 90, was 75. The left eye looked normal, but the right was still slightly prominent; it was always the worst. Her general health was good. The thyroid gland never was much enlarged, and I could not say there was much alteration in its size.

From this time the patient felt so well that, the supply of tabloids being finished, she stopped the treatment, and in a few weeks the exophthalmos was back again to a considerable extent. The tabloids were resumed, and in a short time their benefit was noticeable.

The treatment was first tried under every disadvantage, as the patient was busy and worried over examination work, and the great improvement under such circumstances was all the more remarkable.

Newton Stewart, N.B.

NORMAN J. M'KIE, M.D.

AN UNUSUAL CASE OF ACUTE PHTHISIS.

Mrs. A., aged 48, was first visited by me on February 4th. She was then suffering from pulmonary phthisis of the upper third of the right lung, and was getting about. The history given to me was that a medical man had treated her for some rheumatic affection three months previously, and failed to find anything else the matter with her. Otherwise she remained in apparently good health up to two weeks before I saw her. The family history upon either side is an unusually good one, most members being remarkably strong and well built.

Mrs. A. lives in a well-kept farm situated in a beautifully healthy spot upon high ground. A few days after my visit of February 4th the left lung became affected. From this date the case deteriorated daily in a remarkably rapid manner, culminating in death on February 19th, fifteen days from my first visit, and probably only one month from the commencement of acute symptoms.

The treatment was quinine, digitalis, and morphia. The

diagnosis was early confirmed at a consultation. As far as I can discover in literature this case of acute phthisis is one of the shortest duration, and presents one of the most unique histories on record. Whence came the poison?

Tenbury.

THOMAS B. CARLYON, M.R.C.S., L.S.A.

CASTRATION FOR PROSTATIC HYPERTROPHY.

A. B., a clergyman, aged 69, had been troubled for the last three or four years with enlarged prostate and frequent micturition, attended with some difficulty at times. He had been advised the use of catheters, but always declined it. Twice in 1894 he was threatened with complete retention, but this was overcome by hot baths and general treatment.

On April 9th, 1895, when I was asked to see him by my partner, Dr. Leachman, there was complete retention. The prostate gland was very large, so that its upper limit could not be reached through the rectum. Attempts to pass a catheter having failed, Mr. Golding-Bird saw the patient in consultation the same evening, and, after further futile attempts to pass a catheter, suprapubic aspiration was resorted to. A tube was inserted and left in the bladder, by which means all urine was passed until April 29th, when a soft rubber catheter was introduced *per urethram*. The patient was now wholly dependent on the catheter, being unable to pass any water whatever voluntarily, and it was necessary to irrigate the bladder twice daily with an antiseptic solution.

After the matter had been fully explained to the patient, I performed double castration on May 27th. On the third day after the operation he passed a small quantity of water of his own accord, and, although chiefly dependent on the catheter, the natural power gradually increased and the catheter was less used, until once in twenty-four hours became sufficient. On June 24th the catheter was altogether discarded, and since then there has been a good flow of water with fairly continuous stream and no difficulty in passing it.

The patient's general health and condition continued to improve until October 5th, when, after incurring a chill the previous day, he found on waking there was inability to pass water. A soft catheter was passed without difficulty, and afterwards he was able to urinate quite normally. Unfortunately this temporary difficulty caused some considerable nervous shock to the patient, who dreaded the probability of returning to a life of catheterism, and occasioned a very slight cerebral hæmorrhage, with partial right hemiplegia. This cleared up in a short time.

The patient now, nine months after the operation, is in good health, free from any difficulty in emptying his bladder, and says he is more comfortable than he has been for years. He can sleep for five or six hours, and can control his bladder for the same period during the day without inconvenience, whereas formerly he had been getting up almost every hour, and micturating as frequently during the day. The prostate has been found, on frequent rectal examination, to be gradually decreasing in size, and now can be clearly limited to the size of a small chestnut, instead of that of an ordinary orange, its size before the operation.

This case illustrates fairly the influence of the removal of the testes in producing atrophy of the prostate; the small amount of shock and risk to the patient attending the operation comparing favourably with that of prostatectomy.

Petersfield.

H. M. BROWNFIELD, M.R.C.S., L.R.C.P.

OUR attention has been called to an inquest recently held on the late Mayor of Saltash, a member of our profession, who died from an overdose of morphine, and to the comments by a brother practitioner in the town on the mode in which the inquest was conducted. He complains very strongly of the cruelty in calling a near female relative and submitting her to a lengthy examination at the commencement of the inquiry, when the facts could have been elicited from the medical witness or from the night attendant, who was called subsequently to corroborate what had already been said. Most coroners do, we believe, consider the feelings of the relatives as far as they can in the interests of justice, and it is a matter for great regret that in this case such good ground for complaint should have been afforded.

REPORTS

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

COTON HILL LUNATIC HOSPITAL, STAFFORD.

CASE OF MEGALOCERPHALOUS BRAIN.

(Reported by L. HARRIS-LISTON, M.R.C.S., Assistant Medical Officer.)

At a recent *post-mortem* examination made on a male patient, aged 44 years, who died of phthisis, the whole encephalon weighed 61 ounces, or 1,729.5 grammes; the cerebellum weighed 197.75 grammes, the pons and medulla 28.25 grammes. The brain was weighed with the pia arachnoid attached, and after slicing to allow fluid to drain away for a few minutes before weighing. The convolutions were not abnormally complicated. The vessels were healthy; the brain substance not markedly softened in any particular area, but generally of diminished consistence. There was no unusual amount of fluid in the ventricles. Microscopical examination of the cortex showed the nerve cells and processes of normal appearance. There was no apparent degeneration of intercellular elements, and no proliferation of the lymph connective tissue. The membranes of the brain were normal; the Pacchionian granulations were perhaps rather large. The abdominal organs were anæmic. The liver weighed 46 ounces; the spleen 2½ ounces; the kidneys: right, 4 ounces, left, 4½ ounces; the heart 9½ ounces. The body generally was emaciated and devoid of fat.

The history of the case is incomplete. All we know of it is that the patient was an army officer for a few years, and led a fast life just before his breakdown, which took the form of acute mania slowly passing into dementia; and that he showed no evidence of marked mental ability before his illness. He was said to have injured his head when a child. His acute attack took place eighteen years ago. When admitted here six years ago he was in a state of dementia, unable to reason, gave no signs of affection for his relatives or friends, had little memory, was restless, complaining of any compulsion such as necessary bathing or exercise. Constantly scribbling his incoherent complaints on scraps of paper was his only occupation. He was clean in habits, but masturbated in secret. The digestion and bowels were regular; he was a bad sleeper. Evidence of phthisis appeared four years ago, but after a few weeks of acute symptoms it subsided to a quiescent state till a month before death, when it lighted up, his temperature reaching 103° frequently. During all this time he said he felt quite well, even when moribund.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

W. H. DICKINSON, M.D., President, in the Chair.

Tuesday, March 10th, 1896.

THE PRESIDENT, although he did not intend to make any formal address, could not but return thanks for his election to the presidency of the greatest medical society not only in London, but in the British Empire. It would be a great gratification to him if at the end of his term of office he could look back and think that he had enhanced the usefulness of the Society. At the present time he would throw out two hints for future discussion. In the first place, it would be well that the Society should put itself somewhat in the position of a court of appeal for matters of medical science; such a proposition had been already made by Sir E. Sieveking, a past President of the Society. Some years ago Sir H. Pitman proposed an amalgamation of medical societies into an academy of medicine, but the idea had fallen through. Personally he was sufficiently conservative to wish to retain this Society distinct, but without altering its name much good work might be done by keeping standing committees for investigation. Formerly such committees, such as that

incubation may commend itself more to such general practitioners who wish themselves to verify their diagnosis of diphtheria by bacteriological examination.

In a case of diphtheria which I met with lately, I inoculated the culture medium in the ordinary way, and then placed the tube in the glass globe of an ordinary gas bracket, so placing it that the nearest part of the tube lay about an inch below and to the side of the flame. A thermometer was placed with its bulb in a corresponding situation on the other side, and the gas jet slowly raised, till the proper temperature was reached, and left so.

The tube was placed *in situ* about 2 P.M.; it was examined next morning about 10, when the medium showed the characteristic whitish patches; and on microscopical examination of these, after staining, the bacilli were at once detected, and the diagnosis put beyond question.—I am, etc.,

T. HARVEY THOMSON, M.D., C.M., D.P.H.

Campbeltown, N.B.

NATURAL LAW AND VACCINATION LAW.

SIR,—It may amuse your readers to hear that that the anti-vaccinationists have chosen the rather inappropriate occasion of a serious outbreak of small-pox in Gloucester to establish a propaganda in that city. A Dr. Hadwen has been brought from some place in Somersetshire to lecture; hideous placards of Death vaccinating with his dart in presence of a policeman have been posted up; and, last and worst, a Radical local paper has done immense harm by espousing the "cause" in leaders and letters: with the following result, among others, that a woman who was lately revaccinated has been boycotted by her neighbours. As practically all the children in Gloucester under 8 years of age are unvaccinated, you may imagine the probable result. There is one argument, however, against compulsory vaccination which the anti-vaccinationists seem unaccountably to have overlooked—namely, that it is a direct contravention of that primary law of Nature, "the survival of the fittest." Sensible and logical members of the human race, who are capable of weighing evidence and sifting statistics, and who appreciate the conclusions of modern scientific research, get vaccinated (themselves and their children) and revaccinated at proper intervals, and thus are fitted to survive as useful members of the community. The "residuum" do not get vaccinated, and thus run a much greater chance not merely of catching the disease, but of disfigurement and death if they do catch it. Now, I say that compulsory vaccination gives the less wise an unfair advantage in the "struggle for existence." It would seem better, scientifically speaking, to let them severely alone. This view must surely commend itself to every sound

March 3rd.

POLITICAL ECONOMIST.

OBITUARY.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. J. T. Tschudnowski, Professor of General Therapeutics and Diagnosis in the St. Petersburg Military Medical Academy, aged 53; Dr. Wilhelm Ritter von Piessling, formerly head of the Health Department of Bohemia and Emeritus Professor of Medicine in the Surgical School of Olmütz, aged 75; and Dr. Joseph Jones, Professor of Chemistry successively in the Universities of Georgia, Nashville, and Tulane (New Orleans), a distinguished sanitarian and historian.

NAVAL AND MILITARY MEDICAL SERVICES.

EXAMINATIONS FOR THE ARMY MEDICAL STAFF. A DEPUTATION waited upon the Secretary of State for War on March 9th to make representations to him with regard to the examination for the Army Medical Staff. The deputation consisted of Dr. C. B. Ball, Regius Professor of Surgery in the University of Dublin; and Dr. D. J. Cunningham, Professor of Anatomy in Trinity College, Dublin, representing the University of Dublin; and of Sir Thornley Stoker, Presi-

dent; Dr. W. Thomson, Vice-President; and Professor William Stoker, representing the Royal College of Surgeons in Ireland.

The deputation was introduced by Professor Lecky, M.P., and Mr. Carson, Q.C., M.P.

On behalf of the College of Surgeons it was pointed out to Lord Lansdowne that the fact had to be faced that young men who were just qualified avoided the Army Medical Service, as was shown by the great decrease in the number of candidates. It was urged that the rule which prescribed that the examiners should be selected exclusively from past or present examiners of the Colleges of Physicians and Surgeons in England had caused great dissatisfaction, and had helped to bring about the present abstention of Irish candidates. This abstention was the more extraordinary, since, in 1893, when the rule was made, nearly one half of the medical officers of the army held Irish diplomas. It was contended that the Examining Board ought to be representative of the various teaching centres in the three kingdoms, and it was urged that in all compulsory subjects twelve examiners should be appointed, of whom four should be from Ireland. It was also asked that no examiner should hold office for more than four years, and that he should not be eligible for re-election for one year. The opinion was expressed that there should be separate examiners for physiology, and that the subject should not be grouped with anatomy. The proposed scheme contemplated a Board of twelve examiners. With regard to the unpopularity of the service it was pointed out that the practically unanimous view within the department was that in order to produce contentment it was essential that the Army Medical Staff should be constituted a Royal Medical Corps, and the opinion was expressed that medical officers should have increased facilities for pursuing studies from time to time after they had entered the service. In conclusion, reference was made to other causes of discontent which strongly influenced students against seeking appointments in the army. These were the refusal to give to medical officers a status in the army which would free them from irritating annoyances, the need of increased pay in India, and, generally, the irksomeness of the present arrangements for foreign service.

On behalf of the University of Dublin it was stated that there were three causes which tended to prevent its graduates from seeking to enter the Army Medical Staff: (1) the character of the examination, which rendered it practically necessary for a student from Dublin to spend ten weeks with a London crammer; (2) the small encouragement given by the authorities to officers of the medical staff to engage in original research and to cultivate their profession in a scientific manner; and (3) the unsatisfactory relations existing between combatant officers and medical officers in regard to general army status. The suggestions made were, in the first place, that the Examining Board should be reorganised, and that it should in future consist of twelve examiners, of whom six would be required to examine at each alternate examination. The examiners to be selected, four from London, four from Ireland, and four from Scotland. Under this arrangement a candidate rejected at one examination would be examined by different examiners at his second trial. An opinion was also expressed in favour of affording greater facilities for study to medical officers. Many opportunities were open to them for making valuable investigations, especially at foreign stations. Finally, it was urged that the publication of work done by medical officers in the medical periodicals was desirable, and should be encouraged rather than, as at present, repressed.

Lord Lansdowne, in reply, expressed his thanks to the deputation for the information and suggestions made. He asked various questions as to detail, and promised to give the matter his most careful consideration, while at the same time pointing out that the decrease of candidates was in like proportion for the three kingdoms. With regard to opportunities for scientific study, Lord Lansdowne said that he was not prepared to admit that there was any want of encouragement for scientific work.

THE NAVY.

FLEET-SURGEON FRANCIS R. M. LOFTIE has been placed on the retired list, at his own request. He was appointed Surgeon, October 1st, 1872, and Staff-Surgeon twelve years after.

Committee was that the sand in the filter bed attached to the wells was contaminated with the microbe of cholera. No special reasons were assigned for the high mortality, which, however, was not higher than the average.

The Commission on Vaccination.—Sir M. W. RIDLEY, in reply to Mr. HEYWOOD-JOHNSTONE, said that he was informed that the Commission last sat to take evidence on December 13th, 1893, but that since then they had procured and considered much valuable written evidence. He was also informed that they had held twelve meetings for the consideration of their report, besides informal meetings of various members for the elucidation of certain points, before their consideration by the general body of Commissioners. A meeting was held on March 4th, and another was fixed for March 11th. He might add that the time of many of the Commissioners was largely occupied by other important duties. They had given their labour ungrudgingly to the work of the Commission, and they were most anxiously desirous to bring their labours to a close.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THIRD M.B. EXAMINATION.—Dr. Joseph Griffiths, F.R.C.S., has been appointed an additional Examiner in Surgery.

AFFILIATION OF AN INDIAN UNIVERSITY.—The Punjab University has, like those of Calcutta and Allahabad, been adopted as an "Institution affiliated to the University of Cambridge."

WOMEN'S DEGREES.—The Syndicate for the consideration of this question has been nominated by the Council. It consists of nine members of the Council itself, namely, the Vice-Chancellor, Dr. Peile, Mr. Austen Leigh, Dr. Sidgwick, Dr. Jackson, Dr. Forsyth, Dr. Keynes, Mr. R. T. Wright, and Mr. W. L. Mollison, together with Dr. Butler, Dr. Clark, Dr. Clifford Allbutt, Professor Robinson, Professor Foster, and Mr. R. A. Neil. Notice of *non-placet* has been given on the grounds (1) that the Syndicate consists too largely of members of the Council, (2) that it includes too many members of pronounced views on the subject to render it capable of a judicial decision, and (3) that only two of the members are of less than twenty years' standing. The notice is signed by a number of junior graduates. No opposition to the appointment of a Syndicate in the abstract appears to be contemplated. (The result of the voting will be found at p. 682.)

DIPLOMA IN PUBLIC HEALTH.—The Examination in Sanitary Science will begin, Part I on April 7th, and Part II on April 14th. The examination will extend over ten days.

CONFERENCE ON SECONDARY EDUCATION.—Dr. Donald MacAlister has been appointed a representative of the University at the Conference to be held in April.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,293 births and 4,322 deaths were registered during the week ending Saturday, March 7th. The annual rate of mortality in these towns, which had increased from 19.3 to 20.0 per 1,000 in the three preceding weeks, further rose to 20.7 last week. The rates in the several towns ranged from 14.1 in Croydon, 14.4 in Cardiff and in Hull, and 15.2 in West Ham to 24.6 in Liverpool, 25.4 in Plymouth, and 29.0 in Salford. In the thirty-two provincial towns the mean death-rate was 20.1 per 1,000, and was 1.6 below the rate recorded in London, which was 21.7 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 3.7, while it averaged 2.2 per 1,000 in the thirty-two provincial towns, and was highest in Birkenhead, Salford, Leicester, and Norwich. Measles caused a death-rate of 2.0 in Newcastle-upon-Tyne, 2.5 in Salford, 2.6 in Leicester, 2.9 in Birkenhead, and 4.8 in Norwich; whooping-cough of 1.3 in Bolton, 1.5 in Oldham, and 1.6 in Huddersfield; and "fever" of 1.4 in Norwich. The mortality from scarlet fever showed no marked excess in any of the large towns. The 70 deaths from diphtheria in the thirty-three towns included 46 in London and 3 in Liverpool. Two fatal cases of small-pox were registered in London and 1 in Bristol, but not one in any other of the thirty-three large towns. There were 52 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, March 7th, against 60, 58, and 51 at the end of the three preceding weeks: 13 new cases were admitted during the week, against 12, 5, and 1 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,944, 2,937, and 2,933 at the end of the three preceding weeks, had further declined to 2,857 on Saturday last, March 7th; 244 new cases were admitted during the week, against 303, 234, and 244 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 7th, 951 births and 560 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.5 per 1,000 in each of the two preceding weeks, declined to 19.2 last week, and was 1.5 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 18.2 in Glasgow to 23.5 in Paisley. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Paisley and Aberdeen. The 247 deaths registered in Glasgow included 15 from whooping-cough, 3 from measles, 3 from scarlet fever, and 2 from diphtheria. Two fatal cases of diphtheria were recorded in Edinburgh.

THE EDINBURGH AND LEITH HOSPITAL CASE.

THE Leith Dean of Guild Court, at a meeting on March 6th, granted warrant to the Edinburgh Corporation to erect a temporary hospital to be used for the treatment of cholera cases. Why this warrant was not given many months ago it is impossible to say.

THE WORK OF DISINFECTION IN LONDON.

THE sanitary authorities in London are steadily progressing in securing more efficient modes of disinfecting. Twenty-four are furnished with steam-disinfecting apparatus in their districts, whilst eight have made arrangements with a contractor by whom steam is used. The objection to the latter plan is that this work should not be in other hands than those who are responsible for the prevention of disease. Twenty-two authorities have provided shelters to be used free of charge by those who are compelled to leave their homes whilst the process of disinfection is going on. There are in all forty sanitary authorities in London, so that there are still several to comply with the provisions of the Public Health (London) Act. It is very essential that all the temporary shelters should be made reasonably attractive, and also give accommodation for night as well as day, for effectual disinfection takes several hours.

A REMARKABLE MILKBORNE OUTBREAK.

DR. RAILTON, the health officer of Withington, in his report to his district council, mentions the occurrence of 15 cases of scarlet fever in eleven families widely scattered in the townships of Withington and Didsbury within the space of three days in September, 1895. The only circumstance in common was milk supply. The sufferers varied in age from 3 to 28 years. No condition of cows or farm premises or human ailment seemed to account for the infective quality of the milk (probably on one day only), and moreover some 500 or 600 families took the same milk supply. Could the occurrence of a case of the disease at a house served by a boy who delivered the milk from the farm, and who always deposited his cans on the doorsteps, have in some way served as a vehicle of infection of the can and thence of milk at the farm? The council recommended milk dealers in the district to discontinue the practice of leaving cans on the doorsteps of houses.

DEATH OF A METAL WORKER.

A RECENT issue of the *Liverpool Daily Courier* contains a report of an inquest as to the death of a lad, aged 13, who had worked in the factory of the Weldless Chain Company, St. Helens, where it is stated that the chains were washed in solutions of copper and other metals. The boy had only been a fortnight at work when he was suddenly seized with vomiting and diarrhoea. He had complained that the fumes of the molten metals affected him. At the *post-mortem* examination Dr. Cotton found "acute inflammation of the bowels set up by an ulcer," and stated at an inquest that "there was nothing to lead him to infer that smells or fumes arising in the factory had anything to do with the illness." The symptoms, it is to be observed, were those of irritant poisoning occurring in presumably a healthy lad, and it is difficult altogether to set aside the suggestion that the enteritis and ulceration might have been due to one and the same cause.

PUBLIC HEALTH APPOINTMENTS IN SCOTLAND.

J. G., Crieff.—The salaries paid to medical officers in small burghs certainly are in most cases wretched, but how is the matter to be remedied? There are always several candidates for a vacancy, however small the remuneration.

FEES FOR CERTIFICATES FOR DETENTION OF LUNATICS IN WORKHOUSES.

R. A. S. asks for answers to the two following questions: (1) What fee can a workhouse medical officer claim for making out a certificate authorising the detention of a patient of unsound mind in a workhouse for fourteen days? (2) What fee is payable to the same officer who certifies for the detention of a lunatic in a workhouse for a prolonged period?

. No fee is payable to a workhouse medical officer for either of the above described certificates.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE MEDICAL SUPERINTENDENCE OF INSTITUTIONS FOR THE INSANE.

WE are strongly of opinion that only those who have special knowledge of insanity and experience in the management and routine of work in institutions for the insane should receive appointments as medical superintendents. To take charge successfully of an institution for the insane requires a special training and the attainment of a large degree of knowledge of subjects which it is not open to anyone to learn properly by a little theoretical exercise. The best interests of these institutions and of the patients under care and treatment in them call for the appointment to medical superintendencies by the public bodies concerned of those only who have some experience in, and have manifested aptitude for, the study and work necessitated by a special line of medical practice.

THE next session of the General Medical Council will begin on June 2nd. The meeting of the Executive Committee will be held on the preceding day. Under ordinary circumstances the session would have commenced on May 26th; but as May 25th, the day on which the Executive Committee would then have met, will be Whit Monday, it was thought desirable to postpone the opening of the session for a week.

MEDICAL NEWS.

THE Duke and Duchess of York will open the new infirmary at Lancaster at the end of March.

SIR WILLIAM MAC CORMAC has been appointed by the Prince of Wales Medical Officer-in-Chief to the St. John Ambulance Brigade.

At the last annual meeting of University College, Dr. G. F. Blacker and Dr. W. Ransom were elected Fellows, and Dr. W. H. Allchin a Life Governor.

THE Edinburgh University and extra-mural classes close on March 20th. The practical chemistry examinations for degrees in medicine begin on March 21st.

PRESENTATION.—Dr. Thomas Carr, of Braintree, has been presented with a brass reading stand by some of the ladies attending his Rayne ambulance class.

AN Antivivisection Bill was, on January 14th, introduced in the Senate of the United States, by Mr. Macmillan. The Bill was read twice, and referred to a Committee.

A BILL has passed the Legislature of Virginia, authorising the appointment of female medical officers for the female wards of the State lunatic asylums.

MEDICAL MAGISTRATE.—Mr. Henry Dawson Farnell, F.R.C.S., has been named a Justice of the Peace for the Borough of Eastbourne.

THE Illinois Supreme Court has decided that medical practitioners cannot be compelled to report contagious diseases or render other service to the public without pay.

SUCCESSFUL VACCINATION.—Dr. E. Thew Turnbull, public vaccinator for the North-East District of the Partington Union, has been awarded, for the third time in succession, the Government grant for efficient vaccination.

THE festival dinner of the Irish Medical Graduates' Association will take place on St. Patrick's Day, March 17th, at 7 P.M., at the Café Monico. The chair will be taken by the President, Sir R. Quain, Bart., M.D., F.R.S.

THE Council of University College, Bristol, at the last meeting, made the following appointments: Professor of Pathology and Morbid Anatomy, J. Michell Clarke, M.A., M.D., M.R.C.P.; Lecturer in Practical Midwifery, Walter C. Swayne, M.D., M.R.C.S., L.R.C.P.; Lecturer in Practical Physiology and Histology, F. H. Edgeworth, M.B., M.A., B.Sc.

DR. CHRISTOPHER CHILDS, M.A., M.D.Oxon., D.P.H., has been appointed Assistant in the Hygienic Department, University College, London, under the direction of Professor Corfield. Dr. Childs will begin a course of lectures and demonstrations in Bacteriology in relation to Hygiene in May.

In recent years, the presidential chair of the Geological Society has been occupied on two occasions by members of the profession. The late Mr. J. W. Hulke was President of the Society some years before his death, and the newly-elected President is Dr. Henry Hicks, who is a working member of the profession.

AN inquest was held recently upon a man who died in the workhouse hospital, Willington, from acute enteritis after eating a quantity of raw mussels. It is stated the symptoms, which were abdominal pain, sickness, and diarrhoea, came on very shortly after the meal.

THE Congress of the German Surgical Society will be held this year at Berlin, May 26th and following days. As this will be the twenty-fifth annual meeting of the Society, the occasion is to be celebrated with appropriate ceremonies and festivities in the Langenbeck House.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The spring meeting of the South-Western Division will be held on Tuesday, April 14th, at Bailbrook House, Bath, instead of, as previously announced, at Barnwood House, Gloucester.

FRENCH LARYNGOLOGICAL SOCIETY.—The French Society of Otolaryngology will hold its annual meeting in Paris on May 4th and following days. The following questions are proposed for discussion: (1) Treatment of diffuse papillomata of the larynx; (2) treatment of adenoid vegetations; (3) treatment of labyrinthine vertigos.

HYDROPHOBIA IN PORTUGAL.—The *Coimbra Medica* states that three persons recently died of hydrophobia in Coimbra in the course of one week. Two of them had undergone a course of antirabic treatment.

THE Committee appointed by the New York State Medical Association to confer with a similar Committee of the Prison Association of New York on questions connected with criminology and penology has recommended that the Bertillon system of identification should be adopted throughout the State.

MEDICAL LEGISLATORS IN PORTUGAL.—There are at present only four members of the medical profession in the Portuguese Parliament; these are Drs. Agostinho Lucio da Silva, Alberto Antonio Moraes Carvalho, Eduardo Augusto Ribeiro Cabral, and Manuel de Sousa Avides. According to a decree passed within the past twelve months the number of lawyers and doctors having seats in Parliament is limited to twenty of each profession. The number of lawyers at present is eleven.

ANTIDIPHThERIA SERUM IN BELGIUM.—A Commission has been appointed by the Belgian Government to report on the results of an investigation into the effects of the serum treatment, to advise whether or not the serum should be introduced into the Belgian *Pharmacopœia*, and to define the conditions under which it should be sold by druggists. The Commission consists of Drs. Janssens, Stubbe, Tosquinet, and M. E. Beck, members of the State Vaccine Office; Drs. Desfrée, of Brussels; Malvoz, of Liège; Van Ermengem, of Ghent; and Verriest, of Louvain.

A THREATENED WATER FAMINE.—In 1895 the total amount of rain measured at the Royal Observatory, Greenwich, was only 19.73 inches, against an average of 25.06 inches. This deficiency is still in progress in the present year. In February the total rainfall at Greenwich was only 23 per cent. of the average for the month, and at Paris only 16 per cent. During January and February together the value was as low as 65 per cent. short of the mean at Paris, while in London the deficiency was 68 per cent. The rainfall of 1896 in London has so far, in fact, amounted to less than one-third of the average.

DR. F. G. LLOYD, surgeon to the *Harlech Castle*, and surgeon in charge of Dr. Jameson's men from Natal to Plymouth, has recently received a vote of thanks from the directors of the Chartered Company, accompanied by a handsome recognition of his services to the sick troopers. During the voyage home of the men placed under Dr. Lloyd's care, 30 recovered from malaria, 25 from dysentery, and 15 from wounds received at the battle of Krugersdorp. There were in addition some 25 to 30 cases of minor ailments to be treated daily. Amongst the sickness on board there were 7 cases of typhoid fever complicated by malaria, which rendered the disease very much more critical. Some of these cases were transferred to the hospital ship in Plymouth Sound, where they are now lying.

FRENCH CONGRESS OF MEDICINE.—The third meeting of the French Congress of Medicine will be held at Nancy on August 6th, 1896, and following days, under the presidency of Professor Pitres, Dean of the Bordeaux Faculty of Medicine. The following questions are proposed for discussion: (1) Prognosis of Different Forms of Albuminuria (to be introduced by Dr. Talamon, of Paris, and Professor Arnozan, of Bordeaux); (2) Intravascular Blood Clotting (to be introduced by Professor Mayet, of Lyons, and Dr. Vaquez, of Paris); (3) The Applications of Blood Serums to the Treatment of Diseases (to be introduced by Dr. Roger, of Paris, and Dr. Haushalter, of Nancy). Communications should be addressed to the General Secretary, Dr. Paul Simon, 15, Rue de la Ravinelle, Nancy.

WE have received a copy of a report made by Dr. Frederick W. Andrewes, Sanitary Officer to St. Bartholomew's Hospital, London, on a recent outbreak of illness at Twyford School, Winchester. Dr. Andrewes considers that there can be no doubt that the disease was from the first diphtheria, though the earlier cases were so slight that they presented no characteristic symptoms. This, as is well known, is far from an uncommon occurrence. Further, Dr. Andrewes's report leaves no doubt that in this outbreak the disease did not arise in connection with insanitary conditions, but was due to direct infection from an imported case.

COLLUM MEMORIAL FUND.—A largely attended meeting of past and present students of Charing Cross Hospital Medical School was held in the students' clubroom on Tuesday, March 10th, when it was unanimously resolved to establish a memorial to the late Mr. A. T. Collum, M.B., F.R.C.S., Assistant Surgeon to the hospital, and a Committee was appointed consisting of Mr. J. H. Morgan, Mr. R. C. Ackland, Dr. C. J. Woollet, Mr. R. W. Collum, Mr. Wilkins, Dr. Abercrombie (Honorary Treasurer), and Messrs. Langford Lloyd and C. T. Bishop (Honorary Secretaries) to receive subscriptions and suggestions as to the form the memorial should take. The only proposal that was at all discussed at the meeting was that an endeavour should be made to secure a permanent recreation ground near London—an object which was admitted on all sides to be most desirable if it could possibly be attained. The Honorary Secretaries and Treasurer will be happy to receive subscriptions at the hospital.

PASTEUR INSTITUTE AT LILLE.—On February 15th the Pasteur Institute at Lille, which is under the direction of Dr. Calmette, the discoverer of antivenomous serum, completed its first year of existence. It comprises three laboratories: (1) A laboratory of hygiene for water analysis, and the examination of diphtherial membrane, tuberculous sputum, urine, etc.; (2) a vaccine laboratory where in addition to ordinary vaccine, antirabic vaccine, and the several varieties of therapeutic serum, antidiphtheria, antivenomous, antistreptococci (for puerperal fever, erysipelas, and scarlet fever) are prepared; (3) a laboratory of industrial and agricultural ferments (yeast for breweries and distilleries, etc.). Each of the laboratories has a special staff of its own. During 1895 2,756 tubes of antidiphtheria serum were sent out; medical practitioners of the Nord and Pas-de-Calais obtain all the serums and vaccines they may require in practice from the institute gratuitously. From February 15th, 1895, to January 1st of the present year 109 persons bitten by rabid dogs were treated at the Institute. There was no death. In 101 cases the bite was inflicted by dogs, in 8 by cats. A new institute is in course of erection, which will include a school of bacteriology.

RABIES IN PORTUGAL.—From a report by Drs. Miguel Bombarda and Luiz da Camara Pestana, published in a recent issue of the *Correio Medico de Lisboa*, it appears that rabies is extraordinarily common in Portugal. This is attributed to the large number of ownerless dogs which are allowed to run wild about the country, and to the absence of any prophylactic measures. Three years ago a Pasteur Institute was established in Lisbon, and the number of persons treated there has gone on steadily increasing, not on account of an increased prevalence of the disease, but because the benefits of the treatment are becoming better appreciated. In 1893 the number of patients treated was 367, in 1894 it was 419, and in 1895 587. Of this last number, 530 were bitten by dogs, 50 by cats, 2 by asses, 2 by horses, 1 by a pig, 1 by a man, while there was 1 case of accidental inoculation in the laboratory. Thus the total number of cases treated in the last three years is 1,373; there is no mention of any case of death among them. It is stated, however, that in 1893 9 persons not treated at the institute died of hydrophobia; in 1894, 3; and in 1895, 4. In addition to these and to the cases which were treated, 190 persons applied at the institute between 1893 and 1895, but as the bite had been inflicted through the clothes, the Pasteur treatment was thought to be unnecessary. The authors point out that rabies is intensely virulent in Portugal, the incubation period being in most cases less than fourteen days, and often not more than ten or twelve. They call on the authorities to adopt vigorous measures to repress an ever-increasing public danger.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Resident Medical Officer and Resident Surgical Officer. Salaries, £70 and £50 respectively, with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by April 9th.
- BOROUGH OF SUNDERLAND.**—Medical Officer of Health for the Borough and Port Public Analyst. Salary in all, £525 per annum. Will be debarred from private practice, and be required to devote his whole time to the duties. Must be qualified to practise medicine, surgery, and midwifery. Applications, endorsed "Applications for appointment of Medical Officer of Health and Public Analyst," to F. M. Bowey, Town Clerk, Town Hall, Sunderland, by March 31st.
- BRIGHTON THROAT AND EAR HOSPITAL,** 23, Queen's Road, Brighton. —Non-resident House-Surgeon. Salary at the rate of £52 per annum. Applications to the Secretary by March 31st.
- 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.
- 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.—Assistant Physician; must be F. or M.R.C.P.Lond. Applications to the Secretary by April 9th.
- 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.
- COUNTIES ASYLUM,** Carlisle.—Junior Medical Officer. Salary, £80 per annum, and board. Applications to Dr. Campbell, Garlands, Carlisle.
- DERBYSHIRE ROYAL INFIRMARY,** Derby.—Clinical Assistant. Appointments for six months. Honorarium of £10 after six months' satisfactory service will be given, and board, residence, and washing provided. Applications to Walter G. Carnt, Secretary, by March 17th.
- 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.
- DUNDEE ROYAL LUNATIC ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, etc. Applications to Dr. Rorie at the Asylum by April 4th.
- EAST LONDON HOSPITAL FOR CHILDREN,** Glamis Road, Shadwell. E.—House-Surgeon. Board, lodging, etc., provided, but no salary. Applications to the Secretary by April 4th.
- EVANGELICAL PROTESTANT DEACONESSES' INSTITUTION AND TRAINING HOSPITAL,** Tottenham.—Resident Medical Officer. Salary, £60 per annum. Applications to the Director, the Training Hospital, The Green, Tottenham, by March 23rd.
- GENERAL HOSPITAL,** Birmingham.—Two Assistant House-Surgeons; must possess surgical qualifications. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House-Governor, by March 28th.
- 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.
- GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN,** Vincent Square, Westminster.—Anæsthetist. Applications to the Secretary by March 25th.
- HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to Chairman, House Committee, by March 16th.
- NATIONAL HOSPITAL FOR CONSUMPTION FOR IRELAND.**—Resident Medical Officer and Registrar. Salary, £100 per annum, with apartments, board, etc. Applications to the Honorary Secretary, 37, Dame Street, Dublin, by March 14th.
- OLDHAM INFIRMARY.**—Junior House-Surgeon; doubly qualified. Salary, £50 per annum, with board and residence. Applications to the Rev. Philip Lancashire, Honorary Secretary, by March 24th.
- ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN,** Dyke Road, Brighton.—Surgeon for the Orthopaedic Department; doubly qualified. Applications to be sent under cover to the Chairman of the Medical Committee by March 23rd.
- ROYAL COLLEGE OF PHYSICIANS.**—Milroy Lecturer. Applications to the Registrar, Royal College of Physicians, Pall Mall East, by April 9th.
- UNIVERSITY COLLEGE,** Bristol, Faculty of Medicine.—Medical Tutor. Salary, £125. Applications to the Dean by March 31st.
- VICTORIA HOSPITAL FOR SICK CHILDREN,** Queen's Road, Chelsea, S.W.—Second Honorary Anæsthetist; 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.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by March 25th.

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.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon; married and doubly qualified. Salary, £60 per annum, with board and residence in the Hospital. Applications to the Honorary Secretary by March 24th.

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.

ADAMS, Joseph D., M.D.St.And., M.R.C.S.Eng., reappointed Medical Officer of Health to the Yeovil District Council.

BAOSHAW, Arthur G., M.B., B.C., M.R.C.S., L.R.C.P., appointed House-Physician to the Great Northern Central Hospital.

BENNETT, Dr., appointed Medical Officer of Health for the Congleton Rural District.

BEVAN, Richard, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer for the Ashford Urban District.

BLACKER, George Francis, M.D., B.S., F.R.C.S., M.R.C.P., appointed Obstetric Physician to Out-patients at the Great Northern Central Hospital.

BLAKISTON, A. A., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Glastonbury Town Council.

CALANTARIENS, J. A., M.D.Edin., M.R.C.S.Eng., appointed Honorary Consulting Surgeon to the Scarborough Hospital.

CARPENTER, G., M.D., reappointed Medical Officer of Health for the Beckenham Urban District.

CHEESEWRIGHT, J. F., L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health for the Greaseborough Urban District.

CRIBB, H. Gifford, M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Cane Hill Asylum.

CUNNINGHAM, G., M.A.Cantab., D.M.D.Harv.Univ., L.D.S.R.C.S.Eng., appointed Dental Surgeon to the London Hospital.

DALE, Frederic, B.A.Camb., M.D., L.R.C.P.Lond., appointed Honorary Consulting Surgeon to the Scarborough Hospital.

DELAMERE, W. H., L.R.C.P., M.R.C.S., L.D.S., appointed Dental Surgeon to the London Hospital.

FAUSSET, H. J., M.D.Dub., M.B., M.Ch., reappointed Medical Officer of Health for the Tamworth Rural District.

FINDLAY, George, M.A.Aberd., M.B., C.M., appointed Medical Officer of Health for the Shipston-on-Stour Rural District.

FLETCHER, Wm. J. H., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer for the Leigh District of the Uttoxeter Union.

FOSTER, Henry G., L.R.C.S.Edin., L.S.A., reappointed Medical Officer of Health to the Swaffham Rural District.

GANGE, F. A., M.D.St.And., M.R.C.S., reappointed Medical Officer of Health to the Faversham Rural District Council.

GODFREY, Frank W. A., M.B., C.M.Edin., appointed Honorary Surgeon to the Scarborough Hospital.

HALL, Dr. G. E., appointed Medical Officer for the Eton District of the Eton Union.

JAMES, L. L., M.D.St.And., L.R.C.P., L.R.C.S.Edin., reappointed Physician to the Rochford Infectious Diseases Hospital.

LANSDOWN, Robert G. Poole, M.D., B.S.Dunelm., M.R.C.S., L.R.C.P., appointed Surgeon to the Bristol General Hospital, *vice* W. J. Penny, F.R.C.S.Eng., resigned.

MACKINTOSH, Angus, M.D., L.F.P.S.Glas., reappointed Medical Officer of Health for the Dronfield Urban District Council, Derby.

PALMER, A. M., L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health for the Whittington Urban District.

PENNY, W. J., F.R.C.S., appointed Honorary Consulting Surgeon to the Bristol General Hospital.

RICHMOND, James, M.A., M.B.Oxon., M.R.C.S., D.P.H.Camb., appointed Medical Officer of Health to the Urban District Councils of Handsworth and of Perry Barr.

RORIE, David, M.B.Edin., C.M., appointed Surgeon to the Central Fife Coal Co., Kininmouth, Cardenden, Fife.

SALTER, C. E., M.D.Lond., F.R.C.S.Eng., appointed Honorary Surgeon to the Scarborough Hospital.

SHEARS, W., M.B., L.R.C.P.Lond., M.R.C.S., appointed House-Surgeon to the Scarborough Hospital.

STEWART, Dr., appointed Assistant House-Surgeon to the Scarborough Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. E. Treacher Collins: Myopics and Mydriatics. London Throat Hospital, Great Portland Street, W., 8 P.M.—Dr. Whistler: Syphilis as it affects the Larynx.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. W. G. Spencer: On the General Pathology of Bone. Lecture I.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Puerperal, Lactational, and Climacteric Insanities. Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth: Lecture VII. Infectious Diseases.

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

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

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. J. H. Targett: Cystic and Encysted Epithelioma of the Bladder. Mr. E. H. Fenwick: Cystic Tumour of the Bladder. Mr. S. G. Shattock: Exogenous Adenomata of the Thyroid. Mr. J. Berry: A Series of Thyroid Cysts and Adenomata. Dr. Hale White: Acute Nephritis from Oxalic Acid Poisoning. Dr. Ogle: (1) Sarcoma of the Oesophagus; (2) Papilloma of the Trachea following Tracheotomy. Card specimens by Mr. Shattock and Mr. Douglas Drew.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Urticaria. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Muscular Affections.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. W. G. Spencer: On the General Pathology of Bone. Lecture II.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Acland: Tuberculosis in Children.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.30 P.M.—Mr. Frederic Gaster: On Weather Forecasts and Storm Warnings, how they are prepared and made known, which will be illustrated by instruments, diagrams, and lantern slides.

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

THURSDAY.

LONDON POST-GRADUATE COURSE, British Institute of Preventive Medicine, Great Russell Street, W.C., 3.30 P.M.—Dr. Allan Macfadyen and Mr. A. G. Foulerton: Detection of Pathogenetic Micro-organisms in Urine (Tubercle, Typhoid, Bacillus Coli, etc.). Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Sansom: Clinical Lecture.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Sir Dyce Duckworth: On the Sequels of Disease. Lumsden Lecture I.

HARVEIAN SOCIETY, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Dr. Bowles: Nauheim and the Schott Treatment of Diseases of the Heart.

SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Paper by Sir Benjamin Ward Richardson.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Erysipelas and Suppuration. 4 to 5 P.M.—Cultivations of Streptococci.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Mr. W. G. Spencer: On the General Pathology of Bone. Lecture III.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.—Mr. Lennox Browne: The Pharyngeal Tonsil; Adenoids; Tornwaldt's Disease.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Dr. Williams (M.O.H. Glamorganshire): On Puerperal Mortality—a Statistical and Etiological Inquiry. Dr. Wortabet: On An Outbreak of Typhoid Fever in Beyrout, Syria.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

DUCKWORTH.—On the 6th inst., at 11, Grafton Street, Piccadilly, the wife of Sir Dyce Duckworth, M.D., of a son.

MCGEAGH.—March 3rd, at 28, Spellow Lane, Liverpool, the wife of R. T. McGeagh, M.D., of a son.

NORRIS.—On the 9th inst., at 7, Oak Hill Road, Surbiton, the wife of F. B. Norris, M.A., M.B., B.C.Camb., M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

THORNTON.—On March 7th, at 49, Montagu Square, W., the Hon. Mrs. Knowsley Thornton, of a daughter.

MARRIAGES.

CURRIE-GUBBINS.—On February 8th, at Harrismith, Orange Free State, Oswald James Currie, M.B., M.R.C.S., of Maritzburg, Natal, eldest son of Alexander Currie, of Blackheath, to Sara, second daughter of the late George Gough Gubbins, of Summerville, County Limerick.

SYMES-DUNNACHIE.—At Glenboig, on the 10th inst., by the Rev. John Graham, assisted by Rev. Stevenson McNab, John Odery Symes, M.D.(London), to Martha Ramsay, daughter of James Dunnachie, Glenboig, Scotland.

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.
CHAMBERLAIN 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., 8.
CHLORSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. F., 2.
CITY ORTHOPÆDIC. *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., 1.
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 ORTHOPÆDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*—Th., 2.30.
ROYAL EYE, Southwark. *Attendances*—Daily, 2. *Operations*—Daily.
ROYAL FREE. *Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operations*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances*—Daily, 9. *Operations*—Daily, 0.
ROYAL ORTHOPÆDIC. *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; Orthopædic, 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; Orthopædic, 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., 8; Ear, M. Th., 9; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operations*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
ST. PETER'S. *Attendances*—M., 2 and 5; Tu., 2; W. S., 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; Electrotherapeutics, 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; (Gynecological), 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; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 3; 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.

DR. C. T. BROOKHOUSE, 43, Manor Road, Brockley, S.E., wishes to know where a girl, aged 24, who is in urgent need of the Weir-Mitchell treatment, can be received. Her parents are not in a position to pay high fees.

INVALID CHAIR.

INKPOT desires to know where a bath chair (for an invalid lady, weight with wraps 10 st.), of light build and fitted with delicate springs and pneumatic tyres, can be obtained at a moderate figure, purchase or on hire.

HOME FOR INEBRIATE WOMEN.

R. W. asks if there is a home, or institution, where a young woman, aged 31, who is addicted to intemperance, occasionally, could be received? She would be useful as a needlewoman, and could pay £1 a week.

PALMAR ECZEMA.

ERGON asks for suggestions as to the treatment of a case of fissured eczema of the palms. The patient is a single lady, and there is no specific history. Arsenic, iodide of potassium, ichthyol, etc., have been tried without success.

BROUGHAM VENTILATION.

DELTA writes: I should be glad if some member would kindly give me the benefit of his opinion and advice as to the best means of ventilating a brougham, the objects aimed at being efficiency, freedom from draught, and rainproofness.

GONORRHOEA WITH PYREXIA AND CARDIAC SYMPTOMS.

PRACTITIONER writes: A sailor boy, complaining of little or nothing but a cold, had a temperature in the morning of 101.2°, which rose in the evening to 103.6°. He had a distinct systolic murmur at the apex and in the pulmonary area. Nothing abnormal was found in the lungs or elsewhere. Some five days afterwards—the temperature still remaining high—the murmur had completely gone, and some three days after this—the temperature falling to normal—a gonorrhoeal discharge appeared for the first time. Can the gonorrhoeal poison, which was apparently latent in the system, have given rise to the high temperature and the cardiac mischief, which was so very evident, although so amazingly transient? The boy had never suffered from "rheumatism" or "venereal disease."

BACTERIOLOGY AND BOOKS.

G. D. B. asks (1) for a good practical book on bacteriology for a medical man who has no opportunity of attending a class, and (2) to be recommended a medical lending library.

. (1) Our correspondent might get *Practical Bacteriology*, by Kanchack and Drysdale (Macmillan and Co., price 4s. 6d.), and would do well to use along with it the *Textbook of Bacteriology*, by Carl Fraenkel, M.D., translated and edited by J. H. Linsley, M.D. (New York: William Wood and Company).

(2) Particulars as to Lewis's Lending Library can be obtained on application to Mr. H. K. Lewis, Gower Street, London, W.C.

THE PUBLIC HEALTH ACTS.

M.O.H. asks whether there is an analysis of the Public Health Acts published, and by whom?

. The Acts themselves may be obtained from Eyre and Spottiswoode, East Harding Street, E.C. Annotated editions of the Public Health Acts are published by Knight and Co., 90, Fleet Street: The law of Public Health and Local Government, embracing the Public Health Consolidation Act of 1875 and all other Acts giving powers to local authorities (45s.). By Shaw and Sons, Fetter Lane: Lumley's Public Health Acts. There is a cheap edition of the Public Health Health Statutes, price 4s. 6d., published by Knight and Co., 90, Fleet Street.

BOOKS ON HYDRO-THERAPEUTICS.

L.R.C.P. asks for the names of one or two books on the "hydropathic treatment" of disease, mentioning, if possible, one which contains some information regarding Turkish baths and their management.

. On hydrotherapeutic treatment the following works may be consulted:—"Hydrotherapeutics," by W. Winternitz; English translation by F. W. Elsner in the 5th volume of Von Ziemssen's *Handbook of General Therapeutics* (Smith, Elder and Co.). *Quain's Dictionary of Medicine*; the articles on "Hydrotherapeutics" and "Baths" (which include Turkish baths, etc.). *Traité d'Hydrothérapie Médicale*, by F. Bottey. (Paris: Masson, 1895). *Leçons de Thérapie, Les Agents Physiques et Naturels*, by G. Hayem. (Paris, 1894). The subject will likewise be dealt with in Professor Clifford Allbutt's *System of Medicine*, vol. i, shortly to be published.

ANSWERS.

J. C. H.—We should recommend our correspondent to study Molière's *Malade Imaginaire*.

PALINURUS.—We think that the advice tendered to our correspondent was the best under the circumstances and the most likely to lead to a result satisfactory to him.

W. A. McL.—Paramé is a suburb of St. Malo (two miles E.N.E.). There are golf links on the other side of Dinard, a few miles distant. We are