

doctrine, and I have been all along sustained by the teachings of diabetes. Regardless of time, labour, or any other consideration than a conscientious desire to serve the interests of science and of the medical art, I have given the work of a lifetime to this subject. Notwithstanding the fact that the title of my book was *The Physiology of the Carbohydrates*, I am now charged, as I have already said in an earlier part of this "Rejoinder,"² with having by the omission of the consideration of the mass of contradictory material which is to be found recorded in literature on various points lying, in reality, outside the "great and central question at issue," with "dealing hardly fairly with the general medical reader," and am told that had I "published it as a contribution to the subject addressed to physiologists already familiar with both sides of the question such omissions might have been pardoned." What the material that has been adduced by Dr. Paton to overthrow my work is worth I have shown in my *Epicriticism*, and the successive portions of this "Rejoinder." The grounds upon which he based his attacks have been shown to be completely unsound, while the validity of my position has not been in the slightest degree shaken.

I have had to defend myself against a method of criticism for which, I apprehend, it would not be easy to find a parallel in scientific literature. I consider that I have had strong ground for complaint against the manner as well as the matter of my critic. As to manner, without being backed by experimental work of his own in this connection, except in the one particular concerning fat formation, he has thought fit to adopt towards me an authoritative and dogmatic tone which his experience on the subject can hardly be said to justify. As to matter, the multitude of missiles with which he assails me are gathered together from any available source, without an attempt on his part to discriminate their real soundness and worth. It appears to have been assumed that what was wanting in substantiality of material might be made up for by boldness of tone, and that a dialectic advantage might be gained by bold assertions too often founded on distorted versions of the arguments and facts of which he had made himself the self-appointed critic. For it must be said, and others will have recognised this with as much surprise and regret as myself, that during the course of this examination of Dr. Paton's criticisms his want of faithfulness in dealing with the matter at hand has been rendered apparent. I have felt called upon to say this in the interests of science and in justice to myself, for my critic's facile pen and tactical skill have given to his criticisms a fictitious appearance of force and soundness which I have now shown does not of right belong to them. Even when he says, in the much-quoted foot-note to his paper in the *Philosophical Transactions*, "The theory of Pavy, repeated in nearly every textbook, that the liver is a sugar-destroying and not a sugar-forming organ," he uses the expression "sugar-destroying" unfaithfully for "sugar-assimilating," and thereby gives an unjust colour to the matter. In the long run, however, truth and justice must prevail, and I for my part await with well-grounded confidence the judgment which the future will pronounce.

MEMORANDA:

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

THE USE OF PERMANGANATE OF POTASSIUM IN OPIUM POISONING.

ON March 18th I was called to see a man who, about half an hour before, whilst in drink, had taken laudanum. I gave him hypodermically gr. $\frac{1}{16}$ of hydrochlorate of apomorphine, and repeated the dose in ten minutes, but without procuring emesis. By this time the patient was profoundly narcotised; the pupils were contracted, and the conjunctival reflex lost; the face was livid, and covered with a cold sweat. The stomach was thoroughly washed out, and gr. 20 of potassium permanganate dissolved in a quantity of warm water left in it. The patient had now ceased breathing, and there was no pulse to be found at the wrist; gr. $\frac{1}{32}$ of strychnine sulphate

was given hypodermically, and coffee and a further gr. 10 of the permanganate by the rectum. This was repeated in half an hour's time, artificial respiration having been performed meanwhile, and maintained for an hour and a quarter. The pulse improved, and respiration continued automatically for about three-quarters of an hour; it then became slower, the expirations becoming markedly prolonged. I was obliged again to resort to artificial respiration, and as the pulse again failed at the wrist gr. $\frac{1}{16}$ of strychnine and also gr. 5 of the permanganate were injected hypodermically. After about a quarter of an hour the respirations again continued automatically.

In about five hours after taking the poison the conjunctival reflex returned, and the patient was so far recovered as to be able to be removed to the infirmary, where he could be conveniently watched. He could now be completely aroused by stimulation with the battery.

The patient was a slightly-built man, aged 27 years, and had taken 3vj of the tinctura opii, equivalent to nearly 25 grains of solid opium. This amount was verified by the two chemists from whom he obtained the drug. I attribute his recovery to the use of permanganate of potassium.

Newport (Mon.).

B. W. GOWRING, M.R.C.S., L.R.C.P.

UTERINE GESTATION COMPLICATED BY HÆMATOMA IN THE LEFT BROAD LIGAMENT.

M. J., aged 36 years, a healthy woman, had been married nine years without conception. The catamenia had always been regular and normal, the last being in March, 1895, followed at the end of April by only a slight appearance. She felt nothing unusual until June, when she was subjected to sudden strain in an effort to avoid falling from a plank. This was soon followed by pain and tenderness in the lower abdomen, and some faintness and nausea, which necessitated her going to bed on her return home in the evening.

When seen by me the next morning the pulse was small and quick, 120, temperature 101°. Abdominal pain was still present with much tenderness. The facial aspect was somewhat altered, the features appearing pinched. A well-defined, smooth, elastic swelling occupied the lower abdomen, having an arched superior border reaching nearly to the umbilicus, simulating five and a-half months' gestation. The mucous membrane of the vagina was congested, the cervix soft, uterus enlarged and displaced to the right by a tense swelling occupying the left pelvis. In the absence of any previous local trouble, the diagnosis strongly pointed either to a ruptured ectopic gestation into the broad ligament, or uterine gestation with simple hæmatoma. The examination, conducted with care, was not carried far in view of the danger of rupture into the peritoneal cavity. Absolute rest was the chief remedial measure observed for some time.

As there was not, nor had been, any hæmorrhagic discharge from the uterus, I was in favour of uterine gestation with hæmatoma in the left broad ligament; this happily proved the case, as though for a time the abdominal swelling diminished from the shrinkage and hardening of the exudation, which did not suppurate, yet the uterus gradually became larger, slowly regaining the normal position coincident with the absorption of the exudation. Uterine *souffle* became distinct at the end of July, and the foetal heart-sounds were first heard in the beginning of August, the patient being delivered at full time after a natural labour in the middle of December; the exudation having become entirely absorbed under local and general treatment, in which ichthyol and iodide of potassium formed the chief therapeutic measures.

JNO. A. LYCETT, M.D.,

Surgeon to the Wolverhampton and District Hospital for Women.

CEREBRAL APOPLEXY IN A LAD 16 YEARS OF AGE. The following case is, from its rarity, I think, worthy of record. C. W., aged 16 years of age, a carpenter's apprentice, who had always enjoyed good health, was taken suddenly ill whilst at his work at midday on November 29th, 1895, complaining of severe pains in his head. He walked with assistance into the house, becoming almost immediately convulsed, throwing his limbs about, foaming at the mouth, and presenting other symptoms of a severe epileptic attack. The bowels acted involuntarily. When seen by me at 5 P.M. the

² BRITISH MEDICAL JOURNAL, February 22nd, 1896, p. 454.

patient was unconscious, the breathing noisy and rapid, the pupils equal and somewhat contracted, the right arm and leg motionless, the left in a state of constant jactitation. At 10 P.M. the paresis of the right side had passed away, and though very restless the convulsive movement had subsided. It was found impossible to examine the retina. The temperature was 101.4°, the pulse 94, and the respiration 24. The patient sweated profusely. A small quantity of urine withdrawn by the catheter was found to contain a little albumen.

On the following day he was decidedly worse; respiration was 48, moist râles were heard all over his chest, and the pulse was rapidly failing. He died without recovering consciousness early in the morning of December 2nd, about forty hours from the commencement of his illness.

Post-mortem examination made thirty hours after death revealed the following: Rigor mortis well marked; surface of the brain greatly congested; a large hæmorrhage was found ploughing up the brain in the region of the right temporo-sphenoidal lobe, filling the right lateral ventricle with clot, the blood passing from thence into the left ventricle, and so on into the third and fourth, all of which were distended. The heart, which was the only other organ examined, was found to be healthy. The family history of this lad was very bad, both father and mother having died early of consumption.

Milverton, Somerset.

CHARLES RANDOLPH, M.R.C.S.

REPORTS

ON

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

THE MIDDLESEX HOSPITAL.

A CASE OF DISLOCATION OF THE HIP-JOINT IN A CHILD OF FOUR YEARS.

(Under the care of Mr. ANDREW CLARK.)

R. P., aged 4, was admitted on the afternoon of February 24th, with a history that two days previously he was opening the door of a shed, when a board lying against it fell, and struck him on the right knee, knocking him against the railings. He was taken indoors and put to bed, being unable to walk or move his leg. This was all the history that could be obtained. After waiting two days his mother brought him to the hospital, stating that he had injured his knee. She said he was a strong, healthy child, and previous to the accident was able to run about perfectly.

On admission the right hip and knee-joint were bent, but the knee could be easily straightened, and appeared normal; the foot was inverted, the thigh adducted and crossed over the left. There was two inches shortening; the top of the great trochanter was two inches above Nélaton's line, and it was obviously a dorsal dislocation. An anæsthetic was administered, and without any difficulty the dislocation was reduced by manipulation, the thigh being bent on the abdomen, and then abducted and rotated outwards. The limb was fixed in a Liston's splint, to keep the parts quiet for a few days.

REMARKS BY MR. ANDREW CLARK.—This case seems worth putting on record, as dislocations, particularly of the hip-joint, are rare in children, the violence that would produce dislocation in the adult resulting in them in fracture. It shows, too, the comparatively small amount of violence required when the limb is in a certain position; in this case as the boy fell he was struck on the side of the leg, and there is a case recorded by Sir Astley Cooper, in which a girl, aged 7, met with a similar accident in falling on her side from the shaft of a cart.

WE have received the *Register of Trained Nurses for 1896*, issued by the Royal British Nurses' Association. It is published at the offices of the Association, 15, Old Cavendish Street, London, W., price 3s. 6d. It gives the place of training of all the nurses registered with the Association, the present place of residence, and indicates those engaged in private nursing.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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

Tuesday, March 24th, 1896.

ANTISEPTICS IN INFANTILE DIARRHŒA.

DR. J. A. HAYWARD and Mr. C. BUTTAR read this paper. The object was to inquire into the part played by micro-organisms in the production or prolongation of infantile diarrhœa, and how far the administration of antiseptic drugs could claim to be a rational mode of treatment. The significance of micro-organisms in the healthy alimentary canal of infants and adults was discussed in the light of experimental researches (chiefly by Brieger, Escherich, and MacFadyen); and disturbance of the equilibrium between their activity and life-history and the normal digestive functions was suggested as a predisposing and exciting cause of diarrhœa. On the clinical side an attempt was made to justify the use of antiseptics in infantile diarrhœa, in spite of the incomplete though suggestive nature of bacteriological researches. Granting this justification, the necessity of forming some conception of the mode of action of bacteria as factors in the causation of diarrhœa was insisted upon, before antiseptics could be employed rationally in treatment; otherwise misapplication of the remedy and confusion in noting the results were likely to occur. As a working hypothesis it was suggested by the authors that the mode of action of micro-organisms in connection with diarrhœa might be arranged as (1) irritant, (2) toxic, (3) infective, the ultimate effect in each instance being brought about by the harmful products of their activity. In support of this classification reference was made to certain food-poisoning epidemics, and their analogy with summer diarrhœa and cholera infantum was pointed out. This classification was a help in deciding when antiseptics might be expected to be of service and when nothing could be expected from them. The best success was obtained by employing them in some of the acute forms of summer diarrhœa, and in chronic diarrhœa when bacterial agency might be suspected as a factor in the initiation or prolongation of the disease. The evidence of bacterial agency was briefly discussed from a clinical point of view, and, if present, how far it might be worth considering in treatment. The antiseptic treatment was discussed under two heads: (1) Diet; (2) Antiseptic drugs. Under (2) the object of their administration was considered; the requirements essential for an intestinal antiseptic; the drugs which in part fulfilled these requirements; certain points in their selection and mode of administration. Experimental researches by the authors as to the influence of some of these drugs on the growth in artificial cultivation of proteus, bacillus coli, and the bacillus isolated in the Portsmouth epidemic by Dr. Klein were brought forward. The paper concluded with some considerations which had been found useful by the authors in diagnosis, prognosis, and treatment in infantile diarrhœa.

DR. DAWSON WILLIAMS, though grateful for any attempt at classifying diarrhœa, did not think the arrangement suggested by the authors of much practical use, since 99 per cent. of cases were in Class 2. Pasteur's suggestion that digestion could not be carried out in an intestinal tract free from micro-organisms had recently been tested experimentally by Nuttall and Thierfelder. A guinea-pig removed from its mother by Cæsarean section had lived and gained weight on aseptic food and air, and when killed on the eighth day its intestines were found to be quite free from micro-organisms. But under ordinary conditions the intestines were never aseptic, and the form of treatment described in the paper had been perhaps somewhat discredited from the employment at one time of the term "intestinal antiseptics," a condition which was unattainable. He agreed with the authors in thinking that it was useless to treat acute summer diarrhœa by antiseptics; the patients were unable to absorb medicine and died of toxæmia. In chronic diarrhœa, on the other hand, this treatment was of great value. Carbolic acid and salol were perhaps the most useful. Carbolic acid, in his experience, was more effectual in cases of colitis than in those in

If general practitioners will try for themselves the salufer-iodoform treatment of the diseases usually included under the loose title of chronic otorrhoea I think the cases that require more drastic methods will be few indeed.—I am, etc.,
Coventry, March 18th. F. FAULDER WHITE, F.R.C.S.

OBITUARY.

SURGEON-GENERAL JOHN HENDLEY, C.B.

We regret to have to announce the death of Surgeon-General John Hendley, C.B., which took place at his house, The Croft, Wallingford, Berkshire, on March 17th. Surgeon-General Hendley, who was 68 years of age, was suddenly taken ill on the morning of the 16th, while he was reading family prayers. He had paroxysms of pain in the chest and throat. These continued with intervals of remission, during which he appeared to be quite himself, and without any anxiety as to his condition till the afternoon of the 17th, when, while in the act of raising himself up in bed, he fell forward dead.

Surgeon-General Hendley was born in 1827, and became a Member of the Royal College of Surgeons of England and a Licentiate of the Society of Apothecaries in 1848. In 1851 he was appointed an assistant-surgeon in the army, and saw much active service. In 1855 he was wounded in two places in an engagement between the British troops and the Mohammedans of Corubo in the Gambia region of West Africa. Later in the same year he served with the combined British and French forces when the town of Sabajee was destroyed. He also served in the Indian North-West Frontier war in 1863, receiving a medal with clasp at the end of the campaign.

The record of his successive promotions will be found in another column. He was Principal Medical Officer with the Western Afghanistan Field Force in the Afghan war of 1878-79, his services being rewarded with the Companionship of the Bath and a medal. In 1884 he became Surgeon-General, and from that year he was Principal Medical Officer at Aldershot till 1887, when he was placed on the retired list.

Surgeon-General Hendley's loss will be greatly felt by all who had the privilege of knowing him. He was one of the few men of the Army Medical Department who, having attained the highest rank, had the energy and public spirit to uphold against all opposition whatever he believed to be best for the service in general and for his own department in particular.

Those who knew him well loved him for his kindliness of disposition and his straightforward manliness, while those who were less intimate with him felt strongly drawn to him by the force of his personal magnetism. There can be no more striking proof of the esteem and affection in which he was universally held than the extraordinary regret for his death shown by all classes of people in the town of Wallingford, where he had been a resident for barely a year. A man strong and active both in mind and in body, he was mercifully spared the gradual decay of a lingering illness, which to one of his temperament would have been exceptionally distressing.

T. J. TSCHUDNOWSKY, M.D.,

Professor, St. Petersburg Military Medical Academy.

THE medical profession of Russia has suffered a heavy loss by the death of Dr. Tschudnowsky, Professor of General Therapeutics and Diagnosis in the St. Petersburg Military Medical Academy, at the age of 53. He had been in failing health for some time, and he was granted leave of absence on this account. He died suddenly in Vienna of a heart affection, the sequel of chronic nephritis. From the beginning of his professional career he had given special attention to the study of therapeutics and the investigation of internal diseases, and his contributions to medical literature in these fields were numerous and important.

His first work, entitled *Contributions to the Clinical Study of the Effect of Venesection* (St. Petersburg, 1869), brought him under the notice of the late Professor Botkin, whose clinical assistant he subsequently became. In 1872 he became Ordinator in Botkin's clinic, and in 1876 he succeeded to the

Assistant Professorship of General Therapeutics and Medicine in the St. Petersburg Military Medical Academy.

In 1884 he became Extraordinary, and three years later Ordinary Professor. For some time, and at different periods, he delivered lectures on medicine at the Medical School for Women, and he has bequeathed his library, containing nearly 4,000 volumes, to the Female Medical Institute in St. Petersburg. His widow, knowing the wish of her husband, has intimated her intention of leaving £3,500 to be invested for the benefit of the poorer students of the Military Medical Academy.

Tschudnowsky took much interest in sanitary work, and at the time of typhoid epidemics in St. Petersburg it was through his influence that a special hospital for typhoid patients was established, and on his suggestion being carried out he improved on it by having wards set apart for other infectious diseases.

Tschudnowsky was a man of great intellectual power, and had the highest reputation for his scientific knowledge and professional skill. He was also a most amiable and kind-hearted man, and very popular both with his colleagues and with patients.

WE regret to announce that Dr. LAUGHTON MCFARLANE, Professor of Surgery in the University of Toronto, died on February 29th of blood poisoning, contracted while he was amputating the toes of a patient in the General Hospital of that city. Professor McFarlane was 54 years of age.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. John Howard Ripley, sometime Clinical Professor of Diseases of Children in the Medical Department of the University of the City of New York, and afterwards in the Polyclinic of the same city, aged 59; Dr. D. Van Haren Noman, Professor of Dermatology in the University of Amsterdam; Dr. E. Giovanardi, Professor of Anatomy in the University of Modena; Dr. Max Hubrich, director of the Lunatic Asylum of Werneck in Bavaria, where he succeeded Dr. Gudden, whose attendance on King Ludwig had so tragic an ending for himself, aged 59; Dr. Paschalis Ritter von Ferro, Prosecutor to the Kaiserin Elizabeth Hospital, Vienna, aged 44; and Dr. Gustav Hermann Cantzler, for fifty-six years director of the Children's Hospital, St. Petersburg, one of the pioneers of percussion and auscultation in Russia and a leading clinician, aged 90.

MEDICO-LEGAL AND MEDICO-ETHICAL.

KITSON v. PLAYFAIR AND WIFE.

[SPECIALLY REPORTED FOR THE "BRITISH MEDICAL JOURNAL."]

THIS was an action brought by Mrs. Arthur Kitson against Dr. William S. Playfair and his wife for libel and slander. The action was commenced on March 20th, before Mr. Justice Hawkins and a special jury. Mr. Lawson Walton, Q.C., and Mr. Tindal Atkinson appeared for the plaintiff; Sir F. Lockwood, Q.C., and Mr. C. W. Mathews for the defendants; and Mr. Hugh Fraser and Mr. McDougal watched the case on behalf of other parties interested.

Mr. Lawson Walton, in opening the case, said it was an action brought by a married lady who sought to escape from a charge reflecting very gravely upon her honour. The plaintiff complained that after she had placed herself in the professional care of Dr. Playfair, he had broken the solemn seal of professional confidence by betraying to his wife knowledge which he had acquired in the course of his professional duties. Plaintiff complained not only of the communication of inferences which Dr. Playfair wrongly drew from her symptoms, but she complained that he communicated that information without affording her an opportunity of explanation notwithstanding her urgent entreaties. There was no suggestion that the lady had been guilty of adultery. That plea had not been set up by the defendants, but they had pleaded that the communications complained of were privileged. The short answer to that defence was that no communication made by a medical man in breach of the solemn obligations of confidence as between himself and his patient could be privileged. Mrs. Kitson, the plaintiff, was an Australian lady, the wife of Mr. Arthur Kitson, who was a brother of Sir James Kitson and Mrs. Playfair. Dr. Playfair was a well-known obstetric physician practising in the West End of London. Mr. Arthur Kitson acted in Australia as agent for his father, a well-known iron founder, and while in Australia married the plaintiff. At that period Mr. Arthur Kitson's life was undoubtedly

tion, and be entitled to not less pensions (if any) than they would have received or been entitled to if this Act had not passed; provided that any rearrangement of the duties and remuneration of existing medical officers holding office under the Poor Law (Scotland) Act, 1845, shall be subject to the approval of the Board."

The uncertainty of opinion consists in an interpretation of the meaning to be taken from that portion of the statement in italics. The Local Government Board evidently reserve to themselves a voice in two essential and important factors of each appointment. Can it be further inferred that they intended reserving the full right of dissolving it? If so, does any reservation of a council made by themselves, such as defining one's term of office as *during the pleasure of the parish council*, invalidate this right? Does the wording of the Act not literally imply a tenure of office entirely at the discretion of the Local Government Board and of that Board only? This interpretation is one of much consequence, and we await its decision with keen interest.

. The question is so difficult and technical that nothing short of a decision in a court of law would settle it definitively. The Local Government Board, however, have expressed the opinion that they have no control over the dismissal of medical officers by parish councils.

DR. D. many years ago was appointed a parochial medical officer under the Poor-Law Act. A few years ago Dr. D. was laid aside by illness, and the work was carried on by his partner, with the approval of the then parochial Board.

If the Parish Council disapprove of this arrangement have they the power to dismiss Dr. D., or is that power vested in the Local Government Board?

. Unfortunately, as the law at present stands, the parochial Board, or rather, Parish Council, have power to dismiss their medical officers without appeal to the Local Government Board.

DISTRICT MEDICAL OFFICER AND SPECIAL FEES FOR FRACTURES.

W. W. S. writes to ask (1) Whether he, as a district medical officer, is entitled to the special fee of £3 for attendance on a patient who had fractured his leg, and been under treatment in a general hospital for ten days and then discharged, with the fractured leg in a plaster splint. (2) Whether he is entitled to a fee of £5 for attendance on a case of fractured thigh, he having attended the patient immediately after the accident, and as he says, "set the fracture," and then sent the patient to the cottage hospital, where he attended him as one of the staff.

. (1) We think it very questionable whether under such circumstances our correspondent could claim the special fee, as it is probable that the patient required but little attention after the discharge from the hospital. (2) If the fracture was compound (which is not stated) £5 would be the proper fee, and if the cottage hospital in which the patient was treated was in the district of which our correspondent is medical officer, we should consider him entitled to the fee, if he reported the case in due course.

THE SANITATION OF A DWELLING HOUSE.

PRACTITIONER writes saying that circumstances have compelled him to enter into occupation of a house the sanitation of which is comparatively old and defective. He alludes to a number of defects which exist on the premises, and states that his landlord treats his complaints "with indignation," and adds that the sanitary inspector says he cannot move in the matter.

. The conditions alluded to are, for the [most part, such as would not be permitted in a new house, but even in a new one they can be dealt with if they render the premises "in such a state as to be a nuisance or injurious to health." Judging by "Practitioner's" description, some of the defects he refers to come within this category, and the proper course for him to adopt is to make formal complaint to the clerk of the authority having sanitary jurisdiction in the district with regard to the matter.

CERTIFICATION OF PAUPER LUNATICS.

T. W. S. L. writes saying A. and B. are neighbouring practitioners. A. holds the medical appointment to a works club and B. the union appointment, in connection with which appointment the following condition was understood, namely, "That all pauper lunatics sent to the asylum were to be certified by him." Notwithstanding this, A. has been called on by a justice of the peace to certify in two cases. We are asked whether this is correct or not.

. The condition mentioned cannot be binding, as the magistrate who signs the order for the patient's admission to the asylum can by law call upon A. to certify, and if he does so A. has a right to the fee. It is for B. under such circumstances to convince the magistrate, if he can, that it would be more equitable if in the future he (B) should be asked to certify.

SANITARY AUTHORITIES AND SCHOOL REOPENING.

QUIS CUSTODIET asks for an opinion on the following matter: Diphtheria breaks out among the children in a small isolated village. By the order of the medical officer of health the schools are closed. After a certain interval the school authorities ask the medical officer of health if he will examine the children and pronounce whether the schools can be reopened or not. He states that it is not his duty to do so.

. The regulations approved by the Lords of the Committee of Council on Education require the managers of a public elementary school to

"at once comply with any notice of the sanitary authority of the district in which the school is situated, requiring them for a specified time, with a view to preventing the spread of disease, either to close the school or to exclude any scholar from attendance, but after complying they may appeal to the Department, if they consider the notice to be unreasonable." It will be seen that the notice requires closure for a specified time; if it appears that the reopening of the school should be postponed beyond that time a further notice may be issued before the time expires. The medical officer of health from his observations with regard to the progress of the outbreak will be in a position to advise his authority as to whether such a further notice should be issued. If the sanitary authority does not deem it necessary to take further action the managers will be at liberty to reopen the school. A discussion of the considerations which should guide sanitary authorities in connection with school closure is contained in a Memorandum issued by the Local Government Board, which "Quis Custodiet" should consult if he has not already done so.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES.—At the congregation, on March 12th, the following medical degrees were conferred:

M.B. and B.C.—F. E. Appleyard, B.A., Emmanuel College.

B.C.—N. G. Bennett, B.A., St. John's College.

Mr. J. N. Langley, F.R.S., University Lecturer in Histology, was on the same day admitted to the degree of Sc.D.

EXAMINATIONS.—The third examination for Medical and Surgical Degrees (Easter Term) will commence on April 28th for both Parts I and II. Names must be sent to the Registrar on or before April 16th.

UNIVERSITY OF DURHAM.

PRELIMINARY EXAMINATION IN ARTS FOR GRADUATION IN MEDICINE AND SCIENCE.—The following have satisfied the examiners:

T. G. Adams, A. W. Ashton, A. H. Bell, W. H. Brown, J. R. Burn, Kate Coburn, J. D. Dodds, J. H. Graham, H. G. Harris, J. W. Heslop, C. H. Leeds, G. Mack, J. G. Owen, E. F. Palgrave, P. M. Perkins, F. W. Rowland, E. W. Sumpter, W. H. Warwick, S. Woodhead, R. Worth.

CONJOINT BOARD IN IRELAND.

Diploma in State Medicine.—The following candidates have obtained this Diploma:

E. Bowmaker, M.B., B.S. Durham; S. C. Smith, M.R.C.S.E., L.S.A.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, March, 1896.—The following candidates passed in:

Surgery.—F. L. Angior, Liverpool; H. Clapham, Sheffield; R. Goulden, Manchester and Middlesex Hospital; A. J. Hayes, Middlesex Hospital; T. Jones, Manchester; C. H. Nicholson, Middlesex Hospital; W. A. Pierce, Liverpool; W. J. Woodman, St. Mary's Hospital.

Medicine, Forensic Medicine, and Midwifery.—E. C. Hope, Melbourne and University College Hospital; S. Langton, St. Mary's Hospital; J. Winder, St. Mary's Hospital.

Medicine and Midwifery.—A. Hilton, Manchester; J. M. A. Lamb, London Hospital.

Forensic Medicine and Midwifery.—W. O. Piper, Westminster Hospital.

Medicine and Forensic Medicine.—F. L. Angior, Liverpool; P. C. Higgins, Guy's Hospital.

Medicine.—H. H. Monckton, King's College Hospital; A. Robinson, Leeds; D. D. Stewart, Liverpool; T. W. Wakem, Charing Cross Hospital; W. B. Welch, St. Bartholomew's Hospital.

Forensic Medicine.—R. Goulden, Manchester and Middlesex Hospital.

Midwifery.—D. A. Main, Belfast; S. E. H. Martin, Royal Free Hospital. To Messrs. Goulden, Jones, Lamb, Stewart, Welch, and Winder was granted the diploma of the Society.

HOSPITAL AND DISPENSARY MANAGEMENT.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.

At the annual meeting of the Chesterfield Hospital and Dispensary, held on March 12th, the report which was read referred to the satisfactory work which had been done during the year, and to the happy state of the finances, the amount contributed by the working men of the district showing how the services of the infirmary were valued by them. Among other business, a motion was brought forward in favour of provision being made for the reception of medical cases, which, however, was strongly opposed, on the grounds that the infirmary is now none too large for its purpose, that if medical cases were admitted it would be necessary to build new accommodation, and that they would not be justified in diverting into another channel money left for a specific purpose. An unnecessary amount of heat seems to have been imported into the discussion regarding the merits of which we need say no more than this, that if the Chesterfield Infirmary is limited to the reception of accidents alone, while the rule is easy to keep, the institution must often fail in rendering that service to the district which it might afford under a more elastic constitution; whereas, on the other hand, if "surgical" cases as distinct from accidents are admitted, as from the discussion seems to be the case, it must often be extremely difficult to interpret the rule without running the risk of being charged alternately with harshness, inconsistency, and partiality. It would, indeed, be difficult to say what

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

Camp Arrangements at Malta.—The Earl of BUCKINGHAMSHIRE asked the Secretary of State for War whether any inquiry had been recently instituted into the sanitary arrangements at Pembroke Camp at Malta; and if so, with what result; what amount of money had been spent there on sanitary arrangements since the last outbreak of enteric fever; to what cause were the deaths of Captain Carey, who died at Pembroke Camp on February 21st, and Private Lucas, who died about the middle of February, both of them belonging to the Royal Warwickshire Regiment, attributed. He remarked that he had received information to the effect that Pembroke Camp was in a shockingly insanitary condition. In consequence of deaths from enteric fever some time since the drains were opened and examined, and though they were found to be in a very foul condition and dangerous to the health of the troops, no prompt remedial measures were taken. The consequence was that the troops of the two regiments stationed at the camp had been obliged to turn out into the parade ground because of the insanitary condition of the barracks. He hoped the Secretary for War would be able to assure the House that the matter would be immediately attended to, and that the report of the joint civil and military committee as to the condition of the camp in question at Malta would be acted upon.—The MARQUIS of LANDSOWNE stated, in reply, that the last inquiry into the sanitary condition of Pembroke Camp, Malta, had been held by a joint civil and military committee early in 1894. This inquiry revealed grave defects in the sanitary arrangements of Pembroke Camp, the chief points requiring attention being the water supply, which was shown to be polluted, and the drainage, which required complete renovation. Suspicion had been also cast on the supply of mineral waters and milk by hawkers to the soldiers, and the attention of the General had been called to this point. In consequence of the report of the committee the polluted water supply had been cut off, and none but aqueduct water was now used. The question of renovating the drainage of the camp had proved a more difficult one, as a complete scheme for remodelling the drainage of the whole island had been under consideration, and a thorough reconstruction of the sewers of the camp could only be undertaken in connection with it. Much had, however, been done to improve the sanitation. The remodelling of the drainage of the upper half of the camp had been sanctioned in May last, and considerable progress had been made with the work. As to the second part of the question, he was afraid he could not say what amount had been spent on the drainage since the last outbreak of enteric fever, which he regretted to say occurred only a month or two ago, Captain Carey dying on February 21st and Private Lucas about the same time. During the year 1895 a sum of about £300 had been spent on improving the existing drains, but besides this a very considerable sum had been devoted to the partial remodelling to which he had already referred. As, however, this had been done in connection with the reconstruction of a part of the barracks and the specific expenditure on drainage had not been earmarked, he was afraid he could not state its exact amount. As to the last part of the question, he had not yet received the detailed reports as to the deaths of Captain Carey and Private Lucas, but there was, he believed, no doubt that enteric fever was the cause in both cases; and there was, he feared, good reason to suppose that the fever had been due to the unsatisfactory sanitary condition of the island if not of the barracks. He was obliged to the noble lord for calling his attention to the matter, which seemed to need further inquiry. He could promise him that it should have his special attention.

Public Health (Scotland) Bill.—On the motion of Lord BALFOUR, the following were appointed a Select Committee on the Bill:—The Duke of Richmond, the Marquis of Bredaibane, the Earl of Lauderdale, the Earl of Camperdown, Lord Balfour, the Marquis of Lothian, Earl of Erroll, the Earl of Kintore, Lord Reay, Lord Tweedmouth, and Lord Overtoun.

HOUSE OF COMMONS.

Small-pox at Gloucester.—In reply to Mr. RADCLIFFE COOKE, Mr. CHAPLIN said that during the outbreak of small-pox in the city of Gloucester 495 cases had been notified, of whom 93 had died and 300 remained under treatment. There was no evidence that railway carriages had been infected. The number of cases along the line of the Midland Railway was not large, and 3 cases which had occurred at Leominster could not be traced to Gloucester.

The Appointment of Mr. J. F. S. Fowler.—Dr. FARQUHARSON: I beg to ask the Secretary of State for the Colonies whether he has recently appointed Mr. J. F. S. Fowler, late Surgeon-Captain Army Medical Staff, to the post of Colonial Surgeon in British Guiana; if so, whether, at the time of making the appointment he was aware that Mr. Fowler had recently left the Army Medical Department, and of the circumstances under which he retired; and, whether, before making the appointment, he received any special recommendation of Mr. Fowler from the Army Medical Department.—Mr. CHAMBERLAIN: I have made the appointment in question, and with a knowledge of the circumstances referred to. Dr. Fowler's reputation in the service before the events which led to his retirement was excellent, and the military authorities were consulted before he was selected for employment under the Colonial Office.

The Public Health (Ireland) Bill.—This Bill was read a second time and referred to the Standing Committee on Law.

Enthelial Disease in India.—Colonel LOCKWOOD asked the Secretary of State for War whether he was in possession of facts confirming a statement from the Calcutta correspondent which appeared in the *Times* of March 18th that more than 3,000 British soldiers were constantly in hospital from venereal disease; that the rate of admission from this cause had risen in 1895 to 511 per 1,000; and that out of a force of 70,000 men only 26,000 had not suffered from it; and whether the Commander-in-Chief in India had made any representations on the subject.—Mr. BRODRICK said that the figures in the question were substantially accurate. The matter was one which had been the subject of representations at intervals by the Commander-in-Chief in India.

Nursing in Workhouse Infirmaries.—Sir WALTER FOSTER asked the President of the Local Government Board whether his attention had been

called to a case of cruelty in the Whitechurch Workhouse on the part of a pauper nurse, who in a fit of temper put a child into hot water and scalded one foot badly and the other slightly; whether he would have the case investigated; and whether he was taking any steps to press on Boards of Guardians the importance of establishing a system of trained nursing in workhouse infirmaries and abolishing the custom of relying on paupers as nurses.—Mr. CHAPLIN said he had made inquiry respecting the case referred to, and he found that in consequence of several cases of measles having occurred in the workhouse, mostly of a mild type, three inmates were directed to look after them, although under ordinary circumstances paupers were not employed to look after the sick. He was informed that on previous occasions, under similar circumstances, instructions were given by the guardians that an additional nurse should be employed. It was much to be regretted that these instructions were not carried out when these additional cases occurred. The conduct of the pauper referred to was no doubt most reprehensible, and the Guardians communicated with the police with a view to its being considered whether a prosecution should not be instituted against her. He was glad to learn, however, from a certificate of the medical officer that the injuries were not of a serious character, and that the child was now quite well. The Local Government Board, by a circular letter issued on January 29th, 1895, urged upon Boards of Guardians the importance of appointing only trained and experienced nurses, and at the same time clearly stated that "whilst the Board were not prepared to lay it down as a rule that in no case should pauper inmates act as attendants in sick wards, as clearly distinguished from nurses, they considered that their services should only be used with the approval of the medical officer, and under the closest supervision at all times of paid officers." The importance of attention to these matters was urged upon the guardians by the Board and their inspectors.

MEDICAL NEWS.

PRESENTATION.—Dr. Garland, of Leith, has been presented with an oak revolving study chair by the ladies who had attended a series of lectures which he had given.

A NATIONAL MILLENNIAL EXHIBITION will be opened at Budapest on May 1st, 1896. We are asked to state that the proprietors of the Franz Josef Spring will place at the disposal of the members of the medical profession a reading room to which letters and telegrams may be addressed.

PRECAUTIONS AGAINST CHOLERA.—A despatch has been received from Her Majesty's representative at Paris enclosing a copy of the *Journal Officiel* containing the sanitary measures to be enforced in future in the interests of public health during an epidemic of cholera. This document can be seen upon application at the Fisheries Department of the Board of Trade any day between 11 and 5.

THE foundation stone of the new infirmary to be erected in High Street, Homerton, for the accommodation of the sick of the Hackney Union was laid by Mr. J. Fenton Jones on March 25th. It was stated that the new building would cost £33,000, which would mean an annual charge on the rates of £1,500; but inasmuch as the Union was losing from the Common Poor Fund £2,000 a year through insufficient accommodation, it would really mean a saving to the ratepayers of £500.

THE ROYAL LANCASTER INFIRMARY.—On March 24th the Duke and Duchess of York visited Lancaster to open the new infirmary. The institution, which is situated in Springfield Park, has cost nearly £30,000. The Duke of York, in replying to the address which was presented to him, said the handsome buildings were to be devoted to the relief of sickness and suffering, and no nobler or higher duty could be assigned to them. He wished the institution a long career of success and usefulness, and had great pleasure in being able to announce that, on his application, the Queen had been graciously pleased to allow the infirmary to be named the Royal Lancaster Infirmary.

A JUDICIOUS CORONER.—An inquest was held at Seaforth a few days ago on the body of a child, aged 4, who had died with symptoms of poisoning after sucking some German novelty transfer pictures. Evidence was given that these were painted in oil, and therefore contained lead, to which the symptoms were to be attributed. The father of the child wanted to make an attack on the doctor for not having saved the life of his child, but the coroner interfered, pointing out that he had no proof whatever of his assertions, and the jury supported him by finding in their verdict that the father was partly to blame for having first sent to a chemist instead of at once calling in a doctor. As we have not infrequently to complain of the way in which medical men are treated by coroners, it is very satisfactory to note the exceptional courtesy shown by the coroner on this occasion.

DR. GEORGE E. WALKER, Medical Officer to Her Majesty's prison at Holloway and Newgate, has been appointed Governor and Medical Officer of Aylesbury Female Convict Prison, *vice* Dr. Richard Brayn, who has been elected to the post of Superintendent of the State Criminal Lunatic Asylum, Broadmoor, in the place of Dr. David Nicolson.

POISONING BY MISADVENTURE.—The Birmingham City Coroner held an inquiry on March 23rd concerning the death of Frederick Weatherall, aged 39, who died in Birmingham Workhouse Infirmary on Wednesday, March 18th, from morphine poisoning. The deceased became an inmate of the infirmary on March 11th. He was suffering from acute bronchitis and failure of the heart's action, and was attended every day by the physicians of the institution. An injection into the arm of a solution consisting of 1 grain of strychnine to 100 drops of water was prescribed. The nurse filled a syringe with a solution which she believed to be the solution of strychnine and injected it into the patient's arm. She found a few minutes later, however, that she had used a solution of morphine. She communicated her mistake to the physician on duty, and antidotes were administered, but death resulted in two hours. The jury returned a verdict of death by misadventure, and suggested that all poisons injected should be given under the superintendence of a medical officer.

MEDICAL VACANCIES.

The following vacancies are announced:

- ANCOATS HOSPITAL**, Manchester.—Resident Junior House-Surgeon. Salary, £50, with board and washing. Applications to Alex. Forrest, Honorary Secretary, by March 31st.
- BOROUGH OF SUNDERLAND.**—Medical Officer of Health for the Borough and Port and 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.
- BRADFORD INFIRMARY.**—Dispensary Surgeon and also Junior House-Surgeon. Salary for the former, £100 per annum, with board and residence; and for the latter £50, with board and residence. Candidates must be unmarried, and doubly qualified. Applications, endorsed "Dispensary Surgeon" and "Junior House-Surgeon," to Wm. Maw, Secretary, by March 30th.
- 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.
- CHELSEA HOSPITAL FOR WOMEN**, Fulham Road, S.W.—Surgeon. Applications to the Secretary by April 4th.
- CHICHESTER INFIRMARY.**—Honorary Medical Officer. Applications to the Secretary by April 9th.
- CITY OF BIRMINGHAM.**—Deputy Medical Superintendent for the City Hospital, Little Bromwich, under 40 years of age, unmarried, and doubly qualified. Salary, £175 per annum, with residence, rations, and attendance. Applications, endorsed "Deputy Medical Superintendent," to be sent to Mr. J. Keyte, Clerk to the Health Committee, Council House, Birmingham, by April 14th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST**, Victoria Park, E.—Assistant Physician; must be F. or M.R.C.P. Lond. Also Pathologist; salary, 100 guineas per annum. Applications to the Secretary, at the Hospital, by April 9th.
- COUNTY ASYLUM**, Lancaster.—Assistant Medical Officer for five or six months. Salary, £2 2s. per week, board, etc. Applications to the Medical Superintendent.
- DONEGAL DISTRICT LUNATIC ASYLUM**, Letterkenny.—Assistant Medical Officer; qualified in medicine, surgery, and midwifery; unmarried and not more than 30 years old. Salary, £100 per annum, with furnished apartments, rations, washing, fuel, light, and attendance, valued at £100 per annum. Applications to Dr. Moore, Resident Medical Superintendent, by May 9th.
- 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.
- EVELINA HOSPITAL FOR SICK CHILDREN**, Southwark, S.E.—Four qualified Clinical Assistants and eight Unqualified Clerks in the Out-patient Department. Applications to the Secretary by March 31st.
- HEREFORD COUNTY AND CITY ASYLUM.**—Medical Superintendent. Salary, £400 per annum, with furnished house, coals, gas, vegetables, and washing. Applications to the Chairman, Asylum Committee, Shirehall, Hereford, by April 28th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Brompton.—House-Physicians. Applications to the Secretary by April 8th. Also several Clinical Assistants to the Out-patient Department and Clinical Clerks to the In-patient Physicians. Forms of application and particulars can be obtained from the Secretary.

HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Resident Medical Officer. Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary at the Hospital by April 13th.

KESTEVEN AND GRANTHAM DISTRICT ASYLUM.—Medical Superintendent. Salary, £300 a year, with rations, coal, light, and washing. Must devote his whole time to the duties of the office. Applications to Jos. Phillips, Clerk to the Visitors, Stamford, by April 11th.

LIVERPOOL STANLEY HOSPITAL.—Honorary Assistant Physician. Applications to J. E. Bennett, Honorary Secretary, by April 7th.

LONDON LOCK HOSPITAL, Harrow Road, W.—House-Surgeon at the Male Hospital for twelve months. Salary, £50, with board, lodging, and washing. Assistant House-Surgeon at the Female Hospital. Board, lodging, and washing. Applications to the Secretary by March 31st.

MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.—Junior Resident Medical Officer. Appointment for six months, with prospect of re-election. Salary, £30 per annum, with board, attendance, and washing. Applications to the Honorary Secretary or Secretary by April 11th.

NATIONAL DENTAL HOSPITAL, Great Portland Street, W.—Anaesthetist. Applications to Ed. Almack, Secretary, by April 15th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Qualified Medical Woman as a Clinical Assistant in the Out-patient Department, and also Assistant Anaesthetist. Appointments for one year. Applications to the Secretary by April 8th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—House-Physician and House-Surgeon. Appointments for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by April 10th.

PARISH OF BIRMINGHAM WORKHOUSE INFIRMARY.—Resident Assistant Medical Officer of the Workhouse Infirmary. Salary, £100 per annum, with furnished apartments, rations (which do not include alcoholic liquors), coals, gas, washing, and attendance. Application on forms provided to be sent to Walter Bowen, Clerk to the Guardians, Parish Offices, Edmund Street, Birmingham, by April 4th.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Appointment for six months. No salary, but board, lodging, and washing provided. Applications to the House-Surgeon by April 3rd.

ROYAL COLLEGE OF PHYSICIANS.—Milroy Lecturer. Applications to the Registrar, Royal College of Physicians, Pall Mall East, by April 9th.

ROYAL ORTHOPÆDIC AND SPINAL HOSPITAL, Birmingham.—Honorary Assistant Surgeon. Applications to E. J. Abbott, Honorary Secretary, 9, Bennett's Hill, Birmingham, by April 18th.

ST. MARY'S HOSPITAL, Paddington, W.—Lecturer on Tropical Diseases in the Medical School. Applications to the Dean by March 30th.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington.—Bacteriologist. Applications to the Dean by April 11th.

SUNDERLAND INFIRMARY.—House-Surgeon; doubly qualified. Salary, £80, rising £10 annually to £100, with board and residence. Applications to the Chairman of the Medical Board by April 2nd.

UNIVERSITY COLLEGE, Bristol, Faculty of Medicine.—Medical Tutor. Salary, £125. Applications to the Dean by March 31st.

WANDSWORTH AND CLAPHAM UNION INFIRMARY, St. John's Hill, near Clapham Junction.—Junior Assistant Medical Officer. Appointment for twelve months. Board, lodging, and washing provided, and £35 at the end of each six months. Applications to the Medical Superintendent.

WORCESTER GENERAL INFIRMARY.—Assistant House-Surgeon and Dispenser; unmarried. Salary, £70 per annum, with board, residence, and washing. Appointment tenable for not more than two years. Applications to the Secretary by March 30th.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary £150 a year, with furnished apartments, coal, and gas. Applications to Mr. W. Draper, De Grey House, York, by March 31st.

MEDICAL APPOINTMENTS.

- BEHRENDT**, M. R. J., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health to the Scunthorpe Urban District Council.
- BRAYN**, Richard, L.R.C.P. Lond., M.R.C.S. Eng., appointed Superintendent to the State Criminal Lunatic Asylum, Broadmoor, *vice* David Nicolson, M.D. Aberd.
- BROWN**, W. Croumbie, B.A. Lond., M.B., Ch.B. Vict., appointed Junior Assistant Resident Surgeon to the New Somerset Hospital, Cape Town.
- CARRUTHERS**, J. F., M.B., C.M. Edin., reappointed Medical Officer for the Pelham's Lands District of the Boston Union.
- CILLIERS**, P. G., M.B., C.M., appointed Clinical Assistant to Chelsea Hospital for Women.
- DENING**, Edwin, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for the Stow-on-the-Wold Rural District.
- FINDLAY**, G., M.A. Aberd., M.B., C.M., appointed Medical Officer of Health for the Campden Urban District, *vice* Dr. Hitchins, resigned.
- GRAHAM**, Chas. W., L.F.P.S. Glasg., L.R.C.P., appointed Honorary Medical Officer to the Carlisle Dispensary.
- HALL**, C. B., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Chelsea Hospital for Women.
- HARRIS**, Spencer C., L.F.P.S. Glasg., L.S.A., reappointed Medical Officer of Health for the Ely Urban District.

HOUNSFIELD, S. C., M.R.C.S.Eng., L.R.C.P.Lond., appointed Second House-Surgeon to the East Suffolk Hospital, Ipswich.

JEFFERSON, Arthur, M.D. and B.S.Lond., M.R.C.S.Eng., appointed Honorary Medical Officer to the Rochdale Infirmary and Dispensary.

JOLLY, S. Aird, appointed Medical Officer to the Goldsmiths' Almshouses, Acton, *vice* Mr. T. Francis, resigned.

JONES, Rees Thomas, L.R.C.P., L.R.C.S.Édin., L.F.P.S.Glasg., appointed Deputy Medical Officer for the No. 1 District of the Llandovery Union.

JONES, W. Black, M.D., B.S.Lond., appointed Resident Physician at the Bathing Establishment at Llangammarch Wells, Central Wales.

KERR, W. J., M.D., Ch.B.Vict., M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Surgeon to the Rochdale Infirmary, *vice* H. Colley March, M.D.Lond., resigned.

KEYWORTH, Arthur F., M.R.C.S., L.R.C.P.I., L.M., reappointed Medical Officer of Health to the Marple Urban Sanitary Authority.

LAMPLOUGH, C., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Physician, City of London Hospital for Diseases of the Chest, Victoria Park.

MACKENZIE, Dr., appointed Medical Officer for the Fifteenth District of the Basford Union.

RHODES, James, M.R.C.S.Eng., reappointed Medical Officer of Health for the Glossop-Dale Rural District.

ROBINSON, W. W., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Parish of Hasland of the Chesterfield Union.

RUSSELL, J. Risien, M.D.Édin., M.R.C.P.Lond., appointed Pathologist to the National Hospital for the Paralyzed and Epileptic, Queen Square, *vice* Dr. W. S. Colman, appointed Assistant Physician.

SELLERS, A. E., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of Health for the Thornhill Urban District.

STEWART, Dr. J. H., appointed Medical Officer of Health for the Borough of Lostwithiel.

TOWNSEND, M., L.S.A., appointed Second Assistant Medical Officer to the St. Marylebone Infirmary, *vice* C. Lamplough, M.R.C.S., resigned.

WALKER, George Edward, L.R.C.P.Lond., M.R.C.S.Eng., appointed Governor and Medical Officer to the Aylesbury Female Convict Prison, *vice* Richard Brayn, L.R.C.P.Lond., M.R.C.S.

WOOD, W. J. H., L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer for the Skirbeck District of the Boston Union.

DIARY FOR NEXT WEEK.

TUESDAY.

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

WEDNESDAY.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Dr. Seymour Taylor:
Cases of Difficult Diagnosis (West London Post-Graduate Course).

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—
Specimens will be shown by Drs. Duncan, Spencer, Galabin, and others. Papers: Mr. J. Rutherford Morison (communicated by Mr. Alban Doran): Case of Decidua Malignum occurring in England. Dr. H. H. Spencer: A Case of Decidua Malignum. Dr. T. W. Eden: Decidua Malignum: a Criticism.

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.

DODSON.—On March 18th, at Hughenden, Earlsfield, S.W., the wife of Arthur E. Dodson, of a daughter.

HUGHES.—On March 15th, at Gwernllyn House, Dowlais, Glam., the wife of H. Lewis Hughes, L.R.C.P., etc., of a son.

MENZIES.—On March 23rd, at Cambrian Villa, Worksop, the wife of James Menzies, L.R.C.P.Édin., of a son.

PITT.—On March 13th, at 24, S. Thomas Street, S.E., the wife of G. Newton Pitt, M.D., F.R.C.P., of a daughter.

MARRIAGES.

ABRAHAM-SIMMONS.—On March 18th, by the Very Rev. the Chief Rabbi, assisted by the Revs. J. Samuel and R. Harris, Bertram Louis Abrahams, M.B., B.Sc., M.R.C.P., of 14, Welbeck Street, W., son of L. B. Abrahams, Esq., B.A., to Jane, daughter of A. J. Simmons, Esq., of 41, Gordon Square.

MAY—PRESTON.—On March 17th, at St. Jude's Church, Southsea, by the Rev. E. H. May, brother of the bridegroom, assisted by the Rev. J. Blake, Vicar of the Parish, Commander Charles Goodhart May, Royal Navy, third son of the late Rev. Edmund May, Rector of All Cannings, to Emily Daisy, only daughter of Surgeon-Colonel Preston, Army Medical Staff, P.M.O. Hong Kong.

DEATH.

WYNNE-JONES.—On March 20th, at 53, Port Hill Road, Shrewsbury, Thomas Joseph Wynne-Jones, L.R.C.P., L.R.C.S., etc., late of Murivance House, Shrewsbury, and of Hedingham, Southborough, Tunbridge Wells, aged 38.

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; S. 2.30; 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. F., 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., 2; 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; Dental, Th., 9. Operations.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 0.

ROYAL ORTHOPEDIC. Attendances.—Daily, 1. Operations.—M., 2.

ROYAL WESTMINSTER OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.

ST. BARTHOLOMEW'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Ophthalmic, 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; Orthopedic, 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., 9; Ear, M. Th., 2; Orthopedic, 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; (Orthopedic), 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; (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. S., 2; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electro, 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.