

rest had died—one of convulsions at  $1\frac{1}{2}$  year, one of scarlet fever at 8 years, another of meningitis at 5 months. Her mother's sister, aged 51, is an epileptic, and is afflicted with rheumatoid arthritis.

*History of Attack.*—The patient rode home outside an omnibus after a long walk, and caught a chill on the afternoon of September 14th, 1895. The following morning she shivered and felt ill, and in the afternoon complained of severe pain affecting the top, back, and front of the head, and also of pain in the eyes. The pain continued until the child was seen by me for the first time on September 17th. There was then slight photophobia, but no backache, and no history of any previous backache; nor was there a vestige of paralysis anywhere. The temperature was  $101^{\circ}$ , the pulse 112, and the respirations 22. A dose (gr. vi) of antifebrin was given, and the natural salicylate of soda in 5-gr. doses every four hours, was prescribed. On September 18th the headache was much better, and no pain was complained of. The temperature was  $101^{\circ}$ , pulse 104, and respiration 22. Some loss of power in the legs was noticed. In the evening the breathing became somewhat laboured. On September 19th the temperature was  $99.6^{\circ}$ , the pulse 96, and the respiration 22. There was almost complete paralysis of the lower extremities, though the first and second toes of each foot could be slightly flexed and extended. Sensation over the legs, abdomen, and chest was perfect. The patellar and abdominal reflexes were absent. The diaphragm was acting. The lower intercostal muscles were apparently not working. The upper extremities also were found to lack some power; the patient, for instance, could not feed herself, since she was unable to raise the elbows from the bed. There was perfect control of the bladder and rectum, and all the cranial nerves were acting and unaffected. There was an absence of pain, though the child instinctively shrank at the sight of anyone going near to the bed to disturb her, explaining that "she was afraid any jolting might stop her breathing and kill her." The optic discs were examined and found normal. Dr. Barrs kindly met me in consultation on her case on the afternoon of September 19th, and confirmed my diagnosis of "Landry's paralysis." A mixture containing 3-minim doses of liquor strychninæ was prescribed. On September 20th there was no improvement. The temperature was normal; dysphagia and diplopia were complained of, but no squint was visible. All the facial muscles were acting. Later in the day vision became indistinct, and finally it was obscured altogether. In the afternoon incontinence of urine and faeces set in, and severe backache was complained of. The head had to be supported in one position; her constant fear being that "her neck would break, and that her breathing would stop if her head fell forwards." She was unable to swallow anything. Breathing was irregular and laboured, and there was considerable cyanosis. The temperature was subnormal and the pulse intermittent. Death occurred the same night at 11.30 P.M., the heart as well as the respiration failing only six days after the onset of the illness. Though light-headed towards the end, she was conscious up to the last. Faradism was applied to the muscles of the chest on the afternoon and evening of September 20th, with apparently little or no benefit.

*Remarks.*—This case is interesting on account of its rarity, its sudden onset, and its rapid and fatal progress. Then, too, the affection of the eye is worthy of note, because I believe the disease rarely reaches the bulb before proving fatal. The case is also of particular import as regards diagnosis and prognosis.

**POOR-LAW MEDICAL OFFICERS AND THEIR SUBSTITUTES.**—Dr. Moorhead, of Cootehill, has brought an action against the guardians for £12, for four weeks' service as *locum tenens* during the illness of Dr. McQuaid. The guardians have resolved to take defence. The Committee, it appears, fixed upon two guineas as the remuneration, but that decision was never communicated to Dr. Moorhead.

**PRESENTATION.**—Dr. Wilson, the Medical Superintendent of the Croydon Infirmary, Thornton Heath, has been presented with a gold watch, suitably inscribed, from the united staff of past and present officers at the infirmary, as a token of respect and esteem.

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

**THYROID CYST IN A CHILD ELEVEN MONTHS OLD: OPERATION: RECOVERY.**  
THE patient, A. B., aged 11 months, was a female, very small and puny.

The mother noticed the enlargement when the child was 4 months old. From that time the growth increased rapidly, and latterly caused much difficulty in swallowing and occasional attacks of urgent dyspnoea, and violent fits of screaming, during which the child "went black in the face." These symptoms, I imagine, were due to pressure on the recurrent laryngeal nerve.

The cyst, about the size of a small chestnut, was easily removed. After the cyst wall was exposed by a vertical incision over its most prominent part, I dropped the scalpel and used two pairs of dressing forceps to strip off the adhesions right down to the sheath of the vessels. Here the adhesions were so intimate that I had to tie with fine cat-gut and divide with scissors. This was accomplished without opening the cyst. The little growth was completely enveloped in a thin covering of thyroid structure.

Subsequent to the operation everything has gone on well, and the child is now in much better health. The rarity of thyroid cysts in young subjects has induced me to report the case.

J. T. WILLIAMS.

Barrow-in-Furness.

Hon. Surgeon North Lonsdale Hospital.

### DIABETES MELLITUS AND ANTIPYRIN.

MRS. B., aged 42, who had had several children, was found in an epileptoid condition, foaming, and convulsed; this was followed by maniacal raving and struggling. Soon the patient became calmer, complaining of tremendous thirst and loss of sight. After a return of the epileptoid fit she gradually became comatose. Early in the evening she had complained of headache and severe pain in the eyes, and fell suddenly in convulsions. She remained somewhat comatose for about thirty-six hours; sometimes rambling faintly. The tongue was red, dry, and clammy. The temperature was  $103^{\circ}$ . She had had much trouble, and two severe shocks. She had not noticed herself passing much water until some days previously; she had suffered from persistent and aggravated eczema and boils. The catamenia had not ceased. Nothing had pointed specially to glycosuria beyond growing weakness and the above, and no trace of sugar was found, although on two occasions, when treating the eczema, I examined the urine. She was somewhat gouty, and crystals of urate of sodium were abundant. Eleven months previously I removed a large spindle-celled sarcoma from the thigh.

*The Urine.*—About 360 ounces of pale urine were drawn off the following day; specific gravity  $1035$ ; and by Fehling's method the sugar was estimated at about 32 grs. per ounce. Albumen appeared only as a trace. Urea was increased; further on repeated examinations with ferric chloride acetone appeared to be abundant, giving the dark red colour—the acetonæmia of diabetes mellitus. Nitro-prusside of sodium gave a red, fading to straw colour, and no change on addition of acid, as would happen in the presence of kreatin, aldehyde, or ethyl-di-acetic acid. This was at first; subsequently the ferric chloride reactions pointed to diacetic acid rather than acetone. This test failed after about three days—diacetic acid being, perhaps, the source of acetone, as suggested. I found no evidence of pancreatic abnormality.

*Treatment.*—Pilocarpin  $\frac{1}{2}$  gr. was injected, and a small dose of morphine afterwards. Compound jalap powder was used, and chloroform inhalation once with marked benefit. Next morning the patient was semicomatose, and the temperature  $102$ . The pilocarpin and morphine were repeated. Thirty-six hours from the onset the temperature was  $101^{\circ}$ , and the patient was sensible, complaining only of headache, great prostration, and inordinate thirst. The urine fell to about 290 to 300 ounces, but the specific gravity was  $1033$ , and the glucose about 29 grs. per ounce. She was fed on milk

mostly, and as she improved had eggs, minced meat, fish, butter, and coffee. Diabetic foods were given later. Codeine, with liquor arsenicalis and tincture of opium, were administered, but for the next four or five days there was little improvement. Gönner<sup>1</sup> mentions the value of antipyrin here, and as the temperature remained high (100° to 101°) on the eighth day I decided to try antipyrin. After administering 10 grs. thrice daily for three days the improvement was great, the temperature became normal, the quantity of urine came down steadily, and the glucose decreased. On the twelfth day the patient complained only of slight weakness and thirst. She was passing barely 100 ounces of water, and only 10 grs. sugar per ounce. In a month's time the glucose was only about  $1\frac{1}{2}$  to 2 grs. per ounce. When last heard of the symptoms had nearly disappeared with care in diet, and the urine was moderate in amount.

The case presents remarkable features of interest: the sudden onset, the maniacal raving, the uræmic nature of the epileptoid attacks, the presence of acetone, and the improvement and subsequent reduction of glucose from the urine on the continued administration of antipyrin.

FREDERICK GRAVES, L.R.C.P. and S., L.F.P.S.G.

Birmingham.

#### THE INCUBATION PERIOD OF SCARLET FEVER.

The duration of incubation of infectious diseases is hardly so well known that isolated examples partaking almost of the nature of exact experiment should prove uninteresting to your readers. Hence the following may be worth recording:

A., aged 9, female, was sent to Misterton from Burringham to spend the "feast" there among friends. She went on September 13th, 1895; was taken ill with scarlatina on September 17th; and returned home on October 4th, peeling freely.

B., aged 16 months, sister of A., fell ill on October 6th (sickness, sore throat, swollen glands of neck, rash in evening).

C., aged 8, brother of above; was ill during the night of October 9th, and the rash was seen next morning.

D., aged 27, mother of the others; on October 10th had sore throat, and looked ill; no rash.

Here, then, the incubation period varied in the members of the same family—A., four days; B., two days; C., five days; and D., 6 days (if this is to be included, and there is no history of previous scarlatina).

Regarding A., these facts should be known: She went to a house, next door to which there was scarlatina, though she says there was no communication with it. On Sunday, September 15th the "feast" would begin, and then she would come into contact with other people in the place. In this case there is doubt as to the exact date of infection.

The following remarks are necessary: There has not been a case of scarlatina in Burringham, or within half a mile of it, since October 11th, 1893; and my information is that there is scarlatina at Misterton.

In conclusion, I would ask: Has the age of the patient anything to do with lengthening the incubation? We know that the incidence of the disease decreases with age; are protracted incubation and decreased incidence due to the same cause?

On October 11th another case was seen by me. The history of the source of infection being precise makes it worth adding: E., aged 10 years, has, since closing of school some weeks ago, been employed in the fields potato picking, and has, therefore, not been, so far, in contact with any source of infection. On October 7th she was at Sunday school. A sat immediately behind her. In this case the duration of incubation therefore is five days.

Burringham.

M. R. J. BEHRENDT.

#### SYNOVIAL EXTRACT IN RHEUMATOID ARTHRITIS, ETC.

The recent records of the successful treatment of certain chronic forms of disease by the administration of extracts of various animal glands and tissues has induced me to put to the test a question which has long occupied my mind—

namely, whether the administration of a suitable extract made from the fresh articular cartilages and synovial membranes of healthy animals might be of use in rheumatoid arthritis and some other forms of chronic joint disease. It appeared to me that many of the degenerative changes characteristic of rheumatoid arthritis presented some analogy to morbid conditions which have been treated upon these principles with more or less success. I therefore asked Messrs. Willows, Francis, and Butler, High Holborn, to prepare me such an extract. This they did, and I am now using it in suitable cases.

It is at present too early to venture a definite opinion on the results, and my object in writing upon the subject now is to place the suggestion before the profession in order that other practitioners may have an opportunity of trying the new remedy in cases which prove intractable to other treatment and reporting their results. So far my own experience is so satisfactory that I am encouraged to give the extract a thorough trial. The preparation is a glycerine extract, one minim being equal to one grain of the fresh animal substance. It is palatable, and easily retained by the patient. I administer it by the mouth in doses of 15 to 30 minims two or three times a day.

Buxton.

SAMUEL HYDE, M.D.

#### ECZEMA CURED BY THYROID EXTRACT.

MRS. K., aged 65, mother of fifteen children, had been hale and active all her life. Between 1890 and 1895 she became very much stouter, and a very conspicuous bagginess developed under the chin. During the summer of 1895 her appetite failed, she became weak and lazy, and lost much of her recent accumulations of fat. In October eczema appeared over the whole surface, so that by November the scalp was very dry and scurfy, the hair lustreless and sparse; the trunk dry and rough all over, swollen and erythematous in parts, and much torn by scratching; the upper limbs dry and harsh, with erythematous patches in the bends of the elbows; the lower limbs red, greatly swollen, moist, and much excoriated, worse below than above the knees, and itching severely.

As the patient always felt cold, notwithstanding the mildness of the winter and her remaining in bed near a blazing fire night and day; and as she had this baggy myxœdematoid swelling under the chin, with some suspicion of similar masses above the clavicles in the lower part of the posterior triangles; and as the entire surface had by the middle of December become dry and harsh by a few weeks' local applications to the legs, she was put on a 5-grain thyroid tabloid daily for two weeks, and two tabloids daily in January, with the result that the chilliness vanished, the submental bagginess decreased, and the entire skin was rapidly losing its dryness, roughness, and itchiness, and becoming quite natural. She then discontinued the tabloids, when the eczema returned so badly as to be very little better in the latter half of January than in the previous November or early half of December. During February she was put on three, and afterwards four, tabloids daily, when the chilliness again disappeared, the submental bagginess decreased, and the whole surface rapidly lost its dryness, harshness, and itchiness, the skin becoming so fine and soft that the tabloids were discontinued in the beginning of March without any recurrence of the eczema during the six subsequent weeks that the patient was under observation.

There was no suspicion of true myxœdema beyond the bagginess, chilliness, and dry skin; the patient was garrulous, and her mind as clear as ever, except for a problematical blunting of memory. The thyroid extract was given more on account of these symptoms than for its reputed usefulness in psoriasis and eczema; and the total disappearance of the eczema under its administration was an agreeable surprise.

It should be added that the eczema rubrum of the legs was treated with lead lotions, calamine ointments, and bandaging; while quinine, strychnine, iron, and arsenic were given for the loss of appetite, weakness, and *malaise*; but no marked difference was observed on passing from one to another tonic at all corresponding to the obvious changes which kept pace with the variations in thyroid extract.

Kendal.

W.M. RUSHTON PARKER, M.A., M.D. Cantab.

<sup>1</sup> *Corresp. Blatt für Schweizer-Arzte*, 1887.

## CHARGES TO NURSES.

J. M. M. O. asks: Should I be acting correctly in charging a certified nurse for medical attendance? I have never seen the nurse before, and know nothing about her. I had to drive two miles each time, and she expects to pay, as she came into the country to recruit with an attack of bronchitis, leaving well?

\*\* Although there is no defined rule within our knowledge by which medical men are guided in the matter of fees for attendance on ordinary certified nurses, we are under the impression that they are more or less influenced by the nature and extent of their mutual relations as doctor and nurse, and in some cases assumes the character of the gratuitous services accorded to members of the profession; while in others personally unknown to the practitioner consulted, a "modified" fee, according to circumstances and class, is not infrequently charged. This would probably meet the case of our correspondent.

## DOUBLE NOTIFICATION.

PUBLIC HEALTH writes: I am called in to attend two cases of infectious disease on a relieving order from the relieving officer. Another medical man has been in attendance, and has notified the case. Presuming on a case which was decided in London recently very much similar, I notified the cases to the medical officer of health. He returned my certificate and informed me that they have already been notified to him, and that his Board refused to pay for them again. Am I justified in taking steps to enforce their payment?

\*\* The words of the Act are clear, that the local authority shall pay for every certificate duly sent in by a medical practitioner. The duty of sending in such certificates is also imposed on every medical practitioner called in to visit the patient. Public bodies often refuse in the first instance to pay money which they are legally bound to pay. If the creditor persists they have to pay in the end, and usually do so without being actually taken into court.

## A PROPOSED SIGNBOARD.

J. F.—The suggested procedure would not only constitute a breach of medical ethics, but would eventually militate against his true professional interests.

F. H. L.—If the suggested circular (preferably an autograph or a *fac-simile*) note be strictly limited to medical practitioners, we see no valid ethical objection to the contemplated procedure as defined in his communication.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF EDINBURGH.

THE following candidates have passed the Second Professional Examination under the Old Ordinance:

F. T. H. Adamson, H. S. Aptherp, A. B. Blair, E. L. Borthwick, C. W. Breeles, F. W. Broadbent, D. A. Cameron, M. N. Chaudhui, A. W. Clark, D. E. Dickson, D. L. Fisher, R. M. Gibson, T. R. Greenwood, J. Grieve, A. G. Hayden, A. L. de Jager, L. Kingsford, J. S. Lyle, B. A. M'Gregor, J. M'L. M'Gregor, R. Mudie, B. N. Mullan, S. K. Mullich, W. D. Osler, D. J. Pierson, G. M. Pratt, O. Raitt, C. R. Scott, D. C. Sethna, E. L. Stormer, W. A. C. Ussher, H. Waters, G. F. Waterston, M. B. Wright.

The following candidates have passed the Third Professional Examination under the New Ordinance:

B. C. R. Aldren, V. G. Alexander, F. R. W. Armour, E. P. Baumann, T. Biggarn, R. B. Black, H. T. Boland, W. Burns, R. C. Cunningham, D. Clow, C. M. Cooper (with distinction), L. W. Davies, J. Donaldson, G. L. Findlay, J. Forrest, J. S. Fraser, G. Gatenby, A. Gibson, W. Hamilton (with distinction), R. Hill, G. B. Hallings, P. Kinmont, A. B. M'Carthy, T. J. T. M'Hattie, J. L. M'Innes, J. Malcolm, W. Martin, J. D. S. Miln, T. W. More, R. G. Riddell, J. D. Sticht, W. M. A. Smith, W. R. Somerset, J. W. Struthers, G. A. Vincent, W. Wilson, A. G. Worrall.

Mr. A. J. T. Allan has passed in Pathology.

On April 11th the following gentlemen were formally admitted by the Vice-Chancellor to the degrees of M.B. and C.M.:

W. L. Lyall, A. T. Sampson, J. Stenhouse, F. W. Twidale, A. Wallace.

At the same time the degree of B.Sc. in the Department of Public Health was conferred on the following gentlemen:

W. Morrison, M.B., C.M.; G. W. Park, M.B., C.M.; G. Taylor, M.B., C.M.; G. P. Yule, M.B., C.M.; W. B. Bannerman, M.D.; G. H. Cock, M.B., C.M.

HONORARY DEGREES.—In presenting Dr. Douglas Argyll Robertson for the degree of LL.D., at the graduation ceremony on Saturday, April 11th, the Dean of the Faculty of Law (Professor Sir Ludovic Grant), addressing the Vice-Chancellor, said: There are none upon whom the University can more fittingly bestow its highest honour than those who have risen to pre-eminence in that noble profession for which the bulk of our students are occupied in equipping themselves. In the special department of Ophthalmology, Dr. Argyll Robertson—it is indeed superfluous to remind an Edinburgh audience—holds a unique position. Countless voices will bear grateful testimony to the skill of the practitioner whose healing hand has literally lightened the darkness of their lives. But his reputation rests, perhaps, in a greater degree on his work as an original investigator. He has examined with fruitful results the mode in which the eye accommodates itself to objects near and distant, and the effects of medicine on that adjustment: and, above all, he has discovered that certain symptoms of the pupil are indicative of a disease of the spinal cord. These symptoms have now in the medical world become associated with

Dr. Argyll Robertson's name. The regard in which he is held is testified to by his appointment to many distinguished offices. He was for several years lecturer on Ophthalmology in the University of Edinburgh, and it was with a lively regret that the University received last year his resignation of an office which he had discharged with such acceptance. He has enjoyed the rare distinction of acting as President of the International Ophthalmological Congress, and he is the only oculist not resident in London who has been called to fill the chair of the Ophthalmological Society of the United Kingdom. To these distinctions, sir, I now ask you to add that of Doctor of Laws in this University.

MEDICAL PRELIMINARY.—The following candidates have passed the Medical Preliminary Examination:

J. A. Adair, Mary Anderson, V. C. de Boinville, O. C. Bradley, E. S. Brett, F. H. Bridgeman, A. Brown, Golfinia Maud Brown, D. E. A. Buchanan, G. C. Burgess, R. V. Clark, A. P. Cosky, G. Cowan, M. C. Cowper, Barbara M. Cunningham, Elizabeth J. Cunningham, B. W. Dakers, T. G. B. Dodds, H. J. Dunbar, J. M. Dupont, J. R. Edwards, May Elliot, E. G. Fraenkl, G. H. G. Gard, Margaret G. Gordon, M. H. Graham, Mabel D. Gulland, A. L. Gurney, A. R. Hallam, J. Halliday, Eleanor R. Henderson, C. W. Howe, J. B. Howie, A. Hunter, D. W. Inglis, C. Jamieson, E. Jones, T. S. M. Lumsden, H. A. M'Laren, D. M. Maclean, J. M'Turk, M. Malcolm, W. Miller, J. Morison, J. Orr, D. E. S. Park, R. S. Park, W. S. Patton, L. W. Pale, E. T. Potts, E. C. Pritchard, Christina Purves, R. A. C. Rigby, J. A. D. Rome, F. E. Ross, L. Rundall, C. W. V. Rutherford, A. Sharp, I. Y. Small, M. W. Smart, A. Smith, Margaret M. Smith, C. W. Somerville, H. L. Spark, J. P. Steven, Maud M. Stevenson, J. S. Stewart, H. P. Thompson, E. J. Tyrrell, W. C. P. White, J. P. Williams, W. de L. Williams.

GENERAL COUNCIL.—The statutory half-yearly meeting of the General Council of the University of Edinburgh will be held in the Examination Hall on Tuesday, April 21st, at 3 P.M. Various ordinances and draft ordinances are to be considered; the reports of the Business, Ordinances, and Finance Committees to be received; and the Standing Committees elected.

*Report of the Business Committee.*—In February the Convener of the Business Committee received, through the University Court, a proof of a Statement and Appeal by the Committee of the Association for the Better Endowment of the University of Edinburgh, soliciting subscriptions for establishment of capital funds for the Endowment of Research and for the maintenance of the University Library. A joint meeting of the Business Committee and the Standing Committee of Finance was held on February 10th. It was resolved to inform the Association, through the University Court, that as the Business Committee has no executive power it was not in a position to express any opinion on the Draft "Statement and Appeal" without the authority of the General Council, especially as the Council had taken strong objection to the ordinances of the Commissioners dealing with both the matters referred to—research and the library. While in full sympathy, on general grounds, with the aims of the Association, the Committees felt that they had no right to commit the General Council to approval of an appeal for subscriptions for objects to be carried out under ordinances which the Council had expressly disapproved. The Committees were confirmed in this resolution by information given by several of their number regarding the unsatisfactory arrangements for the conduct of research within the University, and the small extent to which these arrangements are taken advantage of, in comparison with the facilities offered, and the results achieved, in the Extra-mural Laboratories. The Committee accordingly resolved to report the whole matter to the General Council at the next statutory meeting, and to leave it in their hands.

*Library.*—It is stated that the University Library requires and deserves increased pecuniary assistance, and regret is expressed that the Commissioners have disregarded the claims of the General Council, and have ignored their suggestions for giving effect to these claims. At their statutory meeting in October, 1894, the General Council recommended that members of Council should have the use of the library, in the same way as professors, lecturers, and assistants, without the payment of an annual fee, and suggested that they might be required in fairness to deposit a sum of money as security for books borrowed. But the Commissioners in their final ordinance disregarded these suggestions, and required members of the General Council "to pay such subscription as the University Court shall fix from time to time."

*Report of the Finance Committee.*—Communication with the other bodies in the University, with the view to co-operation on a general scheme for the better endowment of the University, have been opened, but the Committee are not yet able to report. The grant by the trustees of the late Earl of Moray to the University Court as a capital endowment fund for the promotion of original research in the University of the munificent sum of £50,000 is mentioned with gratitude, but it is added that this grant, large as it is, is quite inadequate by itself to equip the University for original research, as that expression is now understood in kindred institutions; and there are no other funds at the disposal of the University to supplement it. The Finance Committee believe, however, that the grant might be productive of great good were a plan of co-operation for original research devised between the University and the Royal Colleges of Physicians and Surgeons of Edinburgh, so that the laboratories and endowments of the three bodies might work with, and not be in competition with, one another. The Committee venture to think that by a combination of the present resources, Edinburgh, with its many other advantages, might take the first place as a school for original research. The capital of the general University Fund stands practically at the figure of the previous year, and is just under £70,000. The Finance Committee regret very much that this fund, the only one under the free control of the University Court to meet new and ever-increasing requirements in the development of the University, should make no progress. It has too long been the fashion for the benevolent to earmark or appropriate to special purposes moneys given by them to the University. The revenue of the General University Fund has fallen by nearly £5,000, which is accounted for by a nominal drop in the Government grant of nearly £4,000, the previous year having included an extra quarter's grant. The Fee Fund has fallen by about £1,850, while the income from investments has

risen by nearly £1,000. The general expenditure has increased by £1,000, or, excluding the special sum of £2,000 in the previous year devoted to the athletic field, £3,000, of which £550 is for administration, £660 for laboratories and class expenses, and £2,000 for lecturers and assistants. The Finance Committee again feel it to be their duty to call attention to the system which appears to be continued by the University Court of grants to professors and others for laboratory and class expenses, as being in their view neither economical nor efficient. Now that the professors are independent of fees, and are relieved of the responsibility of these expenses, it is hardly to be supposed that they will actively resist the tendency to increase expense. The Finance Committee suggest that the University Court would have a firmer control by undertaking the full and direct management of this as well as of every other branch of expenditure.

The total capital funds amount to £619,044 17s. 1d. The revenue was £83,310 8s. 6d.; the expenditure £77,641 18s. 6d.; the surplus revenue £5,668 10s.

The General University shows a revenue of £44,010 7s. 2d., and an expenditure of £43,497 0s. 1d., giving a surplus of £513 7s. 1d.

The total number of students in all the Faculties and in Medicine stand thus:

	All Faculties.	Medicine.
1891-92	...	3,488
1892-93	...	3,227
1893-94	...	3,064
1894-95	...	2,939
		1,951
		1,736
		1,560
		1,512

#### MEDICAL CHAIRS AT ST. ANDREWS.

THE Scottish Universities Commissioners having intimated that they do not deem it expedient to found chairs of Anatomy and Materia Medica in the University of St. Andrews, the University Court, by the casting vote of the Marquis of Bute, have carried a resolution declaring that Lectureships in Anatomy and Materia Medica should be instituted.

#### CONJOINT BOARD IN ENGLAND.

THE following have passed the First Examination of the Board in the subjects indicated under the "Four Years" Regulations at the April quarterly meeting of the Examiners:

**PART I. Chemistry, including Chemical Physics.**—H. J. Gould, Middlesex Hospital; F. Parlett, private study.

**PART II. Materia Medica.**—H. W. Abbott, Charing Cross Hospital; F. M. Aldred, University College, Liverpool; W. Beck, Aberdeen and Edinburgh Universities; G. Beley, St. Thomas's Hospital; V. K. Blackburn, Firth College, Sheffield; W. A. Blackstone, University College, London; A. Campbell, Sydney and Edinburgh Universities; P. D. Cogswell, St. Mary's Hospital; S. E. Dunkin, Charing Cross Hospital; G. K. Dury, Owens College, Manchester; W. Dutton, Owens College, Manchester; G. M. Foster, University College, London; R. N. Geach, St. Bartholomew's Hospital; A. R. Henchley, Middlesex Hospital; A. F. Millar, St. Thomas's Hospital; E. Moore, Guy's Hospital; C. J. L. Palmer, University College, Liverpool; J. A. Preston, Queen's College, Belfast; C. H. R. Provis, St. Bartholomew's Hospital; H. T. Roberts, Charing Cross Hospital; F. J. F. Rooke, Middlesex Hospital; C. A. C. Salmon, Guy's Hospital; R. B. Stamford, Guy's Hospital; J. B. A. Treusch, Guy's Hospital; W. H. Tucker, St. Thomas's Hospital; H. S. E. Williams, St. Thomas's Hospital; G. L. J. Wilson, St. George's Hospital; C. C. Worts, Guy's Hospital; B. M. Young, St. Thomas's Hospital.

**PART III. Elementary Physiology.**—R. Alliott, Oxford University and St. Thomas's Hospital; T. L. Butler, St. Mary's Hospital; J. R. Clemens, St. Thomas's Hospital; J. M. S. Duncan, London Hospital; W. H. Edwards, Guy's Hospital; A. N. Leatham, Charing Cross Hospital; B. N. Molineux, St. Thomas's Hospital; E. A. Nicholls, London Hospital; B. A. Nicol, Charing Cross Hospital; C. W. Pilcher, Oxford University; G. E. Seville, Owens College, Manchester; A. Thompson, St. Bartholomew's Hospital; M. W. E. Widgeon, St. Thomas's Hospital.

The following have passed the First Examination of the Board in the subjects indicated, under the Five Years Regulations at the Quarterly Meeting of the Examiners on April 3rd.

**PART I. Chemistry and Physics.**—E. F. Ackery, private study; T. Adam, Firth College, Sheffield; B. S. Bartlett, St. Paul's School, West Kensington, and University College, London; F. G. Bennett, Cambridge University and University College, London; H. G. Clark, University College, Bristol; E. Cohen, Guy's Hospital; W. F. H. Coke, St. George's Hospital; S. L. Compton, University College, Bristol; H. R. Coombes, Westminster Hospital; G. B. Dixon, Charing Cross Hospital; S. Donaldson, St. Mary's Hospital; C. C. Drabble, Firth College, Sheffield; G. P. Duprey, Middlesex Hospital; H. C. J. Fegan, St. Paul's School, West Kensington; T. G. Fenton, St. Thomas's Hospital; W. H. Forshaw, Firth College, Sheffield; M. F. Foulds, Owens College, Manchester; R. Griffith, London Hospital; E. J. F. Hardenberg, Guy's Hospital; A. R. Hobbs, St. Mary's Hospital; B. Holroyd, Yorkshire College, Leeds; J. Hoyle, Owens College, Manchester; H. James, Merchant Venturers' School, Bristol; R. Jaques, University College, Liverpool; S. C. Jellicoe, Middlesex Hospital; E. G. Jones, Owens College, Manchester; T. T. Kelly, Middlesex Hospital; J. A. Kilpatrick, University College of South Wales, Cardiff; V. R. F. Krenig, King's College, London; J. W. Lawson, Charing Cross Hospital; H. Leach, Yorkshire College, Leeds; W. Lister, Yorkshire College, Leeds; E. S. Littlejohn, St. Paul's School, West Kensington; S. M. W. Meadows, Middlesex Hospital; W. Nicholson, Owens College, Manchester; A. G. Pitts, Charing Cross Hospital; J. M. Pooley, St. Mary's Hospital; G. R. Potter, Yorkshire College, Leeds; A. F. Reardon, St. Thomas's Hospital; D. H. Reid, Otago University and St. Thomas's Hospital; J. F. Robinson, Birkbeck Institute and Guy's Hospital; E. N. T. Rogers, Middlesex Hospital; T. Sayer, Yorkshire College, Leeds; F. R. Seager, Mason College, Birmingham; A. V. W. Sly, University College, London; J. E. Soderberg,

Westminster Hospital; H. E. Staniforth, Firth College, Sheffield; F. D. Stevenson, St. George's Hospital; R. H. Terry, Guy's Hospital; A. B. Thomson, King's College, London; C. P. Vores, Westminster Hospital; W. Wakefield, Mason College, Birmingham; M. D. Wood, Guy's Hospital; G. S. A. S. Wynne, St. Bartholomew's Hospital; W. J. Young, University College, Liverpool.

**PART II. Practical Pharmacy.**—W. M. Anderson, Charing Cross Hospital; W. B. Bannerman, London Hospital; W. H. Carzaly, St. Bartholomew's Hospital; H. A. Chaplin, St. George's Hospital; E. Cohen, Guy's Hospital; S. H. G. Cory, St. Mary's Hospital; R. R. Cruise, St. Mary's Hospital; P. C. Douglas, St. Mary's Hospital; T. A. Douse, Charing Cross Hospital; F. H. Evans, King's College Hospital; E. S. G. Fowler, Yorkshire College, Leeds; C. H. Francis-Williams, St. George's Hospital; A. G. Graham, St. Thomas's Hospital; G. H. L. Hammerton, Firth College, Sheffield; W. W. Harrison, Guy's Hospital; R. Hughes, Owens College, Manchester; A. W. D. Hunt, Middlesex Hospital; R. A. Jones, Charing Cross Hospital; E. B. Kirkconnell, Owens College, Manchester; A. D. Lewis, Guy's Hospital; C. H. Mossop, Guy's Hospital; H. B. G. Newham, St. Thomas's Hospital; H. T. Newling, St. Mary's Hospital; C. D. Outred, Guy's Hospital; T. Pearson, Charing Cross Hospital; J. E. Powell, Guy's Hospital; W. S. Richardson, Guy's Hospital; A. L. Scott, St. Bartholomew's Hospital; J. O. Skevington, St. Mary's Hospital; M. E. Smallwood, University College, Liverpool; E. G. Smith, St. Bartholomew's Hospital; M. A. Smith, Charing Cross Hospital; E. Symes, University College, Bristol, and St. Mary's Hospital; H. J. Walker, King's College Hospital; H. B. G. Walton, St. Mary's Hospital; J. G. Watt, Guy's Hospital; B. F. Wingate, St. Mary's Hospital; T. York, Westminster Hospital; W. J. Young, University College, Liverpool.

**PART III. Elementary Biology.**—E. B. D. Adams, St. Bartholomew's Hospital; H. C. Adams, St. Bartholomew's Hospital; T. Adam, Firth College, Sheffield; H. C. Alderman, Yorkshire College, Leeds; W. M. Anderson, Charing Cross Hospital; A. J. Arch, Mason College, Birmingham; M. T. Ascough, Owens College, Manchester; H. E. Ashley, St. Bartholomew's Hospital; R. D. Attwood, Guy's Hospital; A. J. Awdry, Mason College, Birmingham; E. V. Aylen, London Hospital; J. C. Baggs, St. Thomas's Hospital; H. E. Barrett, St. Mary's Hospital; C. E. Bartlett, Guy's Hospital; J. A. Bartlett, University College, Bristol; T. R. Beale-Browne, Guy's Hospital; K. H. Bennett, University College, London; F. M. Bishop, St. Bartholomew's Hospital; W. H. S. Blizzard, Mason College, Birmingham; T. M. Body, St. Bartholomew's Hospital; C. W. Bond, St. Mary's Hospital; A. H. Bostock, St. Bartholomew's Hospital; H. A. B. Bransbury, St. George's Hospital; J. E. Breeze, Mason College, Birmingham; B. C. Broomhall, London Hospital; R. S. Burd, Mason College, Birmingham; A. Butler, St. Bartholomew's Hospital; C. L. Chalk, St. Bartholomew's Hospital; F. Chaliot, London Hospital; H. A. Chaplin, St. George's Hospital; J. W. H. Clark, London Hospital; A. A. F. Clarke, St. Thomas's Hospital; J. Coates, St. Thomas's Hospital; E. Cohen, Guy's Hospital; W. F. H. Coke, St. George's Hospital; A. T. Compton, St. Bartholomew's Hospital; H. M. Cory, Mason College, Birmingham; G. R. Cox, St. Mary's Hospital; F. G. Cross, Guy's Hospital; A. D. M. Cruickshank, London Hospital; F. Curtis, Guy's Hospital; J. C. Da Silva, Guy's Hospital; J. Davey, London Hospital; W. H. Davidson, London Hospital; S. De Carteret, St. Bartholomew's Hospital; E. A. Donaldson-Sim, St. Bartholomew's Hospital; A. S. Downton, London Hospital; V. J. Duigan, St. Bartholomew's Hospital; E. H. G. Duncan, St. Bartholomew's Hospital; R. Dunstan, London Hospital; A. B. Edwards, St. Bartholomew's Hospital; T. H. Edwards, St. Thomas's Hospital; F. H. Ellis, St. Bartholomew's Hospital; T. S. D. Enderby, St. Thomas's Hospital; H. S. Faber, St. George's Hospital; E. H. Felton, Guy's Hospital; F. Forrest, Owens College, Manchester; P. R. Fort, St. Mary's Hospital; E. C. Foster, University College, London; S. N. Foulkes, London Hospital; G. F. Furley, St. Bartholomew's Hospital; C. E. Gaitskill, Guy's Hospital; R. H. W. Garle, St. Thomas's Hospital; W. Garstang, Owens College, Manchester; O. B. Gauntlett, St. Thomas's Hospital; W. R. Gilbert, St. Thomas's Hospital; C. A. Gill, University College, London; P. N. Gleig, Charing Cross Hospital; P. H. Goodair, St. Thomas's Hospital; A. C. Gould, St. Mary's Hospital; C. I. Graham, St. Mary's Hospital; E. W. Greaves, St. George's Hospital; A. L. B. Green, St. Bartholomew's Hospital; G. Griffin, London Hospital; C. R. A. Grimshaw, St. Bartholomew's Hospital; R. L. Hagger, University College, London; L. F. Hanbury, St. Thomas's Hospital; R. J. Hanbury, St. Bartholomew's Hospital; E. J. F. Hardenberg, Guy's Hospital; M. B. Hay, University College, London; M. W. Haydon, St. Thomas's Hospital; W. T. Haydon, St. Thomas's Hospital; P. A. Hayne, St. George's Hospital; E. C. Hepper, St. Bartholomew's Hospital; L. E. Hertslet, London Hospital; V. G. Heseltine, St. Bartholomew's Hospital; C. A. F. Hingston, Middlesex Hospital; B. S. Hollick, Mason College, Birmingham; B. Holroyd, Yorkshire College, Leeds; F. S. Horsey, St. Mary's Hospital; A. S. Hosford, University College, London; J. Hoyle, Owens College, Manchester; L. E. Hughes, St. Bartholomew's Hospital; G. J. Humphreys, St. Bartholomew's Hospital; T. Hutchinson, Mason College, Birmingham; W. J. D. Inness, St. Mary's Hospital; H. James, Merchant Venturers' College, Bristol; W. W. James, Middlesex Hospital; H. Jaques, University College, Liverpool; S. C. Jellicoe, Middlesex Hospital; E. G. Johnson, Westminster Hospital; W. G. G. Johnson, St. Bartholomew's Hospital; E. G. Jones, Owens College, Manchester; J. P. Jones, University College of South Wales, Cardiff; R. T. Jupp, Mason College, Birmingham; G. J. W. Keigwin, London Hospital; H. D. Kempthorne, Guy's Hospital; D. H. Kirton, Mason College, Birmingham; V. R. F. Kroenig, King's College Hospital; H. Leach, Yorkshire College, Leeds; F. A. Leah, Owens College, Manchester; N. Leonard, St. Bartholomew's Hospital; W. S. Lewis, Owens College, Manchester; N. Lipscomb, St. Bartholomew's Hospital; R. A. Lloyd, St. Bartholomew's Hospital; C. G. McBride, St. Thomas's Hospital; V. G. Maitland, Mason College, Birmingham;

C. A. Marsh, London Hospital; H. N. Marrett, St. Bartholomew's Hospital; E. P. Mead, London Hospital; S. M. W. Meadows, Middlesex Hospital; W. C. Mence, St. Thomas's Hospital; T. G. Miles, Guy's Hospital; W. P. Miles, St. Bartholomew's Hospital; T. C. Mitchell, Yorkshire College, Leeds; T. W. Morcom, London Hospital; L. A. Moore, University College, Bristol; C. W. Muter, King's College Hospital; H. MacG. Newport, Charing Cross Hospital; W. Nicholson, Owens College, Manchester; J. C. Norton, University College, Bristol; G. S. Oades, Merchant Venturers' College, Bristol; W. G. Paget, St. Bartholomew's Hospital; C. A. Palmer, St. Thomas's Hospital; C. Parker, London Hospital; H. A. Parker, St. Thomas's Hospital; J. S. Pascoe, Charing Cross Hospital; S. J. Peake, King's College Hospital; E. McL. Perkins, London Hospital; P. M. Perkins, St. Bartholomew's Hospital; L. Pern, Guy's Hospital; J. B. Petty, Charing Cross Hospital; A. K. H. Pollock, St. Bartholomew's Hospital; C. R. Porter, London Hospital; G. R. Potter, Yorkshire College, Leeds; D. H. Reid, St. Thomas's Hospital; P. G. Reilly, London Hospital; W. C. Renshaw, Owens College, Manchester; F. M. P. Rice, St. Bartholomew's Hospital; R. C. Richards, University College Hospital; E. M. Ridge, London Hospital; T. H. F. Roberts, Guy's Hospital; J. F. Robertson, St. Bartholomew's Hospital; E. N. T. Rogers, Middlesex Hospital; L. D. Saunders, St. George's Hospital; T. Sayer, Yorkshire College, Leeds; H. H. Scurr, St. Bartholomew's Hospital; G. M. Seagrove, St. Bartholomew's Hospital; H. H. Sich, St. George's Hospital; F. W. Sime, Guy's Hospital; D. S. Skelton, London Hospital; H. Smale, St. Mary's Hospital; R. Small, St. Thomas's Hospital; E. G. Smith, St. Bartholomew's Hospital; G. P. Smith, Mason College, Birmingham; R. H. N. Smith, London Hospital; M. S. Sodhi, London Hospital; G. M. Soper, St. Mary's Hospital; H. R. D. Spitta, St. George's Hospital; H. E. Staniforth, Firth College, Sheffield; W. L. Steele, University College, London; W. A. Steen, London Hospital; H. V. Swindale, Middlesex Hospital; A. N. Symons, London Hospital; F. E. Taylor, St. Bartholomew's Hospital; R. H. Terry, Guy's Hospital; F. W. Thomson, Firth College, Sheffield; R. T. Thorne, St. Bartholomew's Hospital; R. Tilbury, Guy's Hospital; A. H. Tovey, St. George's Hospital; A. M. S. Tordiffe, University College, Bristol; J. E. Turle, University College, London; D. D. Turner, St. Thomas's Hospital; A. R. Tweedie, St. Bartholomew's Hospital; G. A. Upcott-Gill, University College, London; J. C. Wadmore, University College, Bristol; E. Walker, Charing Cross Hospital; F. G. Walker, St. George's Hospital; V. M. Wallis, Guy's Hospital; C. F. Walters, University College, Bristol; J. Walters, University College of South Wales, Cardiff; L. Webb, Guy's Hospital; F. D. Welch, London Hospital; A. R. Wellington, St. Mary's Hospital; R. H. R. Whitaker, St. Bartholomew's Hospital; E. L. Willett, Owens College, Manchester; F. Willey, Yorkshire College, Leeds; A. H. Williams, London Hospital; F. E. Wilson, University College, London, and Guy's Hospital; R. E. Wilson, London Hospital; M. G. Winder, St. Bartholomew's Hospital; T. Young, St. Bartholomew's Hospital; W. J. Young, University College, Liverpool.

## SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, MARCH 31ST, APRIL 1ST AND 2ND, 1896.—The following candidates passed:

*Anatomy and Physiology.*—G. Aldridge, London; J. Cater, King's; J. G. Glasgow, St. Thomas's; T. B. Haig, St. Bartholomew's; J. H. Harrison, Sheffield; H. C. Jones, St. Mary's; W. R. Murison, Edinburgh; F. Rowland, Birmingham; G. E. H. Sargent, London; R. Storrs, St. Bartholomew's; L. E. Whitaker, St. Bartholomew's; E. D. Wortley, St. Bartholomew's; T. L. Wyndham, St. Bartholomew's.

*Anatomy.*—E. Q. Ambrose, London; C. H. Bennett, Edinburgh; F. E. Bissell, Birmingham; K. Datta, Paris and Glasgow; R. F. Ellery, St. Bartholomew's; C. H. Farquharson, St. Mary's; A. Farrington, St. Bartholomew's; R. J. De G. Ferguson, University College; P. T. Goodman, St. Thomas's; S. J. Welch, London.

*Physiology.*—A. L. Bartram, Cambridge and Westminster; G. F. Beacher, Sheffield; O. C. Y. Carter, Charing Cross; G. W. H. Edgerton, London; H. D. Everington, St. Bartholomew's; W. W. Forbes, Aberdeen; S. J. B. Fox, Sheffield; J. G. Gowland, St. George's; T. E. Holman, Guy's; R. O. Jones, Guy's; E. W. Lowry, St. Bartholomew's; E. A. Le Maistre, London; C. Purdon, Belfast; J. H. Rhodes, St. Bartholomew's; C. G. Suddien, Cambridge and Leeds; H. W. B. Walling, Guy's; H. Whittaker, Cambridge.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

## HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,451 births and 4,164 deaths were registered during the week ending Saturday, April 11th. The annual rate of mortality in these towns, which had declined from 20.7 to 18.3 per 1,000 in the five preceding weeks, rose again to 20.0 last week. The rates in the several towns ranged from 13.0 in Brighton, 13.3 in Croydon and in Derby, and 14.2 in West Ham to 24.7 Oldham and in Bolton, 25.1 in Manchester, and 27.5 in Sunderland. In the thirty-two provincial towns the mean death-rate was 19.8 per 1,000, and was 0.5 below the rate recorded in London, which was 20.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.2 per 1,000; in London the rate was equal to 4.1, while it averaged 2.6 per 1,000 in the thirty-two provincial towns, and was highest in Birkenhead, Bolton, Oldham, and Sunderland. Measles caused a death-rate of 1.9 in London, 2.7 in Bristol, 3.6 in Oldham, 4.3 in Birkenhead, and 4.8 in Sunderland; scarlet fever of 1.0 in Salford and 1.3 in Bolton; whooping-cough of 1.4

in London, 1.7 in Salford, 1.8 in Leeds, and 2.0 in Derby; and "fever" of 1.8 in Wolverhampton. The 76 deaths from diphtheria included 45 in London, 4 in Birmingham, 3 in West Ham, and 3 in Bolton. Two fatal cases of small-pox were registered in Bristol, but not one in London or in any other of the thirty-three towns. There were 21 cases of small-pox in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, April 11th, against 43, 33, and 23 at the end of the three preceding weeks; 5 new cases were admitted during the week, against 9, 2, and 2 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 2,773, 2,744, and 2,676 at the end of the three preceding weeks, had further declined to 2,587 on Saturday last; 226 new cases were admitted during the week, against 277, 224, and 186 in the three preceding weeks.

## HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 11th, 1,041 births and 576 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 19.6 to 18.7 per 1,000 in the three preceding weeks, rose again to 19.7 last week, but was slightly below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.1 in Paisley to 27.4 in Perth. The zymotic death-rates in these towns averaged 3.1 per 1,000, the highest rates being recorded in Paisley and Greenock. The 291 deaths registered in Glasgow included 18 from whooping-cough, 9 from measles, 7 from "fever," and 3 from diphtheria. Three fatal cases of scarlet fever were recorded in Edinburgh, and 5 of measles in Dundee.

## NOTIFICATION OF MEASLES.

THE diminished prevalence of most of the diseases the spread of which it has been the endeavour of health authorities to check by isolation and disinfection has served to give increasing prominence to a malady like measles, which continues to maintain its hold upon the child population of large communities, but which has not hitherto been the subject of the amount of attention which has been bestowed upon other forms of zymotic disease. The question of the desirability of adding measles to the list of notifiable diseases has been mooted from time to time, and the Local Government Board is, it has been stated, now engaged in an inquiry as to the measures by which the spread of measles can be checked, and such inquiry will no doubt have regard to the results which have been obtained in those localities in which a trial of the system of notifying measles has been made. It has been always felt that the good effect of notifying cases of measles would be likely to be less apparent by reason of the fact that the malady is already communicable before the appearance of the rash, and therefore before it is possible to make the necessary diagnosis. Again, the feasibility of attempting isolation in hospital on a large scale has been questioned, and it has been argued that it is not worth while to incur the large cost of a system of notification if that system cannot be followed up by isolation. Without entering, however, upon the larger question as to whether or not it is desirable at the present time to declare measles to be a "dangerous infectious disease," and to place it upon an equal footing with scarlet fever, for example, in regard to notification and isolation, it may be pointed out that there is good reason for urging that some step should be taken with a view to securing the advantages of hospital treatment for children who cannot be properly cared for in their own homes. As a case in point the facts detailed at an inquest recently held at the Westminster Coroner's Court concerning the death of a child of poor parents living in Pimlico may be referred to.

The mother stated that four days prior to the child's death she took it to the hospital, but as it had measles the doctor there said he could do nothing for it. The house-physician who saw the child explained that he could not undertake the treatment of measles, and that cases of that disease were not admitted at the fever hospitals. The coroner asked: "Is there no provision for a child with measles?" and the witness replied: "None whatever." It appeared that the child died from pneumonia following upon measles, and the jury returned a verdict accordingly.

If every case of measles which presented itself at a general hospital were admitted the wards would be blocked with patients suffering from the malady, and, on the other hand, it is not possible, inasmuch as the children cannot be brought to and from the hospital, to keep cases of measles under observation and admit them if the disease does not progress favourably. Again, there are obvious objections to admitting severe cases of measles to the wards of a general hospital. Under these circumstances it often happens that the mother is told "to take the child home again and keep it warm." If the home is a one- or two-roomed tenement, in which it is impossible to secure proper isolation, this is a course attended with danger to the public, and if the malady proves intractable the child itself loses the advantage of the hospital treatment which it would receive were it not for the fact that it is the subject of an infectious disease. The question is no doubt a difficult one, but it seems hard to believe that it is not possible to devise some system which, without contemplating the isolation in hospital of cases of measles on any very large scale, shall secure the benefit of hospital treatment for severe forms of illness occurring in children of the poorest class, and more especially shall meet those cases in which a member of a family occupying only one or two rooms is attacked by the disease.

## NOTIFICATION FEES.

"FAIR PLAY" notified two cases of infectious disease in persons in receipt of relief, but obtaining such relief within a district other than that for which he is Poor-law medical officer. His fee of 2s. 6d. is contested on the ground that, whether occurring in his private practice or otherwise, only 1s. a case can be allowed for certificates relating to paupers.

\* \* Section IV (2) of the Infectious Disease (Notification) Act, 1889, distinctly names the higher fee to a certifier of a case in his "private practice," and allows only the lower fee in respect of cases "in his

practice as medical officer." The certificate in question did not emanate from "Fair Play" as medical officer. The local ruling would seem, therefore, to be illegal.

## MEDICAL NEWS.

SIR JAMES CRICTON BROWNE will give a lecture on Facial Expression, with lantern illustrations, to the Royal British Nurses' Association, at 8 p.m. on April 23rd, at 17, Old Cavendish Street, W.

MR. CHARLES MACPHERSON, M.D., parochial medical officer, Bonar Bridge, Sutherlandshire, has been appointed by Lord Balfour of Burleigh, Secretary for Scotland, a Deputy Commissioner in Lunacy for Scotland, in the room of Mr. Robert Lawson, M.D., deceased.

At an examination held by the Sanitary Institute at Birmingham on April 10th and 11th 31 candidates presented themselves, and 11 were certified as regards their sanitary knowledge competent to discharge the duties of inspectors of nuisances.

A FESTIVAL dinner in aid of the funds of the Royal National Hospital for Consumption and Diseases of the Chest on the Separate Principle, Ventnor, will be held at the Whitehall Rooms, Hôtel Métropole, on Wednesday, April 29th. The Attorney-General, Sir Richard E. Webster, G.C.M.G., Q.C., M.P., will preside.

A MEETING of the Epidemiological Society will be held this day (Friday, April 17th) at 8 p.m., at 11, Chandos Street, Cavendish Square, W., when a paper will be read by Dr. Arnold Evans, Medical Officer of Health for Bradford, on Mortality and Sickness in Artisans' Dwellings, with special reference to back-to-back houses in Bradford.

TRANSVAAL AMBULANCE CORPS.—On March 6th the Executive Council of Pretoria received the report of the temporarily formed Ambulance Corps Committee, and warmly thanked the Committee for the much-needed aid the State had received during the Jameson incursion. The proposal to maintain a permanent ambulance corps was warmly approved of by the Government, and the Commandant-General was forthwith instructed to request the Committee to forward to him a detailed scheme for the organisation of a permanent ambulance staff to be paid for by the State, and to be capable on an emergency of being expanded into a sufficient number of bearer companies for the needs of a field force of 25,000 men.

THE CLINICAL RESEARCH ASSOCIATION.—The first annual report of the Clinical Research Association, which has just been issued, shows that the organisation is well appreciated by the medical profession. The number of members now exceeds 2,150, and the specimens received for examination were far more numerous than last year. The Association makes examinations of all pathological fluids and specimens, of milk, of water, of organs in cases of suspected poison, and bacteriological examinations. The membership fee is one guinea. Further particulars can be obtained from the Secretary, Mr. C. H. Wells, 1, Southwark Street, London Bridge, S.E.

ATMOSPHERIC DUST.—At the meeting of the Royal Meteorological Society on April 15th a paper was read by Mr. E. D. Fridlander, B.Sc., on the amount of dust in the atmosphere under various circumstances founded on observations made during a voyage round the world with Aitken's pocket dust counter. Great variations were found within very short periods of time. Dust was found, not only in inhabited countries, over water surfaces near land, and to an altitude of 6,000 to 7,000 feet, but also up to a height of more than 13,000 feet and in the open ocean so far from land as to preclude the possibility of artificial pollution.

THE SOCIETY OF CHARTERED NURSES.—The Royal British Nurses' Association, under the presidency of Princess Christian, is making good progress, and branches are being started in different centres. It has been thought that a Society on co-operative principles might with advantage be formed, and a strong honorary Committee of medical men and matrons has been formed to further this scheme. Suitable premises have been taken at 24, Princes Street,

Cavendish Square, and already a considerable number of highly-trained nurses have joined the Society. Although the Committee is mainly comprised of members of the Royal British Nurses' Association, and the members of the Society of Chartered Nurses are themselves registered members of the Association, there is no official connection, it being considered advisable that the new Society should be entirely independent and self-supporting. Miss E. Jackson is the Secretary.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the directors of the Society was held on April 8th at 11, Chandos Street, W.; Mr. Christopher Heath, Vice-President, in the chair. The deaths of two widows were reported, one having been in receipt of grants since May, 1860, and had received £1,798, her husband subscribing 36 guineas. Fresh applications for grants were read from four widows and four orphans, and a sum of £80 10s. given among them. Applications for further assistance were made from forty-eight widows and seven orphans, and a sum of £1,141 10s. recommended to be distributed at the July court. Four members were elected and the deaths of four announced. A further sum of £215 had been received from the executors of Miss Carpue, making in all £3,215 paid. The following gentlemen were nominated for election as directors at the annual general meeting to fill the vacancies caused by the death of Mr. Rouse and the retirement of the six senior, namely: Mr. W. H. Bennett, Dr. Wilks, Dr. Frederick Roberts, Dr. Sylvester, Mr. Malcolm Morris, Mr. Fountaine, and Mr. Butlin. The annual general meeting was fixed to be held on May 20th, at 5 p.m.

## MEDICAL VACANCIES.

The following vacancies are announced:

BATH URBAN SANITARY AUTHORITY.—Medical Officer of Health. Appointment for one year. Salary, £200 per annum. Applications addressed to the Chairman of the Sanitary Committee to be sent to F. H. Moger, Clerk, 3, Wood Street, Bath, by April 22nd.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Two Clinical Assistants. Posts tenable for three months on payment of £5 5s. Further particulars of the Secretary.

CHORLTON-UPON-MEDLOCK DISPENSARY.—Two Honorary Medical Officers, doubly qualified. Applications to Robert Bardsley, Honorary Secretary, by April 20th.

DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Lecturer on Mechanical Dentistry. Applications to Morton Smale, Dean, by May 11th.

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.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House Governor, by April 25th.

HALIFAX INFIRMARY AND DISPENSARY.—Assistant House-Surgeon; unmarried; doubly qualified and registered. Salary, £50 per annum, with residence, board, and washing. Applications to Oates Webster, Secretary, by April 22nd.

HASTINGS, ST. LEONARD'S, AND EAST SUSSEX HOSPITAL.—Honorary Ophthalmic Surgeon. Applications to the Secretary at the Hospital, White Rock, Hastings, by May 2nd.

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 SICK CHILDREN, Great Ormond Street, Bloomsbury.—Surgical Registrar. Appointment for one year. Honorarium, £40.—Also House-Physician; unmarried. Appointment for six months Salary, £20, with board and residence in the hospital. Applications to the Secretary by April 28th.

HUDDERSFIELD INFIRMARY.—Junior House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Appointment for one year. Applications to Mr. J. Bate, Secretary, Infirmary, Huddersfield, by April 27th.

HUNSLET UNION.—Medical Officer for the Workhouse. Salary, £80 per annum, exclusive of extra medical and surgical fees. Applications, endorsed "Medical Officer" to T. Schofield, Clerk, Union Offices, Hunslet, Leeds, by April 18th.

LEICESTER INFIRMARY.—Assistant House-Surgeon. Appointment for six months subject to re-election. Honorarium of £22 for the six months, with board, residence, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by April 27th.—Also Honorary Ophthalmic Surgeon. Applications to the Secretary by May 4th.

LLANTRISSANT AND LLANTWIT VARDRE RURAL DISTRICT COUNCIL.—Medical Officer. Salary, £30 per annum. Applications to E. C. Spickett, Clerk to the Council, by April 27th.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon; doubly qualified. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by April 30th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointment for six months. Salary at the rate of £50 per annum attached to the senior post. Applications to Alfred Craske, Secretary, by May 2nd.

OWENS COLLEGE, Manchester.—Junior Demonstrator in Anatomy and Junior Demonstrator of Physiology. Applications to the Registrar by April 27th.

ST. MARY'S HOSPITAL, Quay Street, Manchester.—Resident Medical Officer. Appointment for six months, subject to re-election. Salary, £70 per annum, with board and residence. Applications to the Chairman of the Board of Management by April 24th.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Assistant House-Surgeon. Appointment for six months subject to re-election. Board and residence provided, and an honorarium of £10. Applications to Hemsley H. Shanks, R.N., Honorary Secretary, by April 30th.

SUNDERLAND BOROUGH ASYLUM, Ryhope, Sunderland.—Resident Clinical Clerk. Board and lodgings provided, with a nominal salary. Applications to Dr. Elkins, Medical Superintendent.

SUSSEX COUNTY HOSPITAL, Brighton.—Fourth Resident Medical Officer; unmarried, and under 30 years of age. Emoluments are a salary not exceeding £30 per annum, with board, washing, and residence. Applications to the Secretary by April 22nd.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Surgical Registrar; must be F. or M.R.C.S. Eng. Appointment for twelve months. Salary, £40 per annum. Applications to Sidney M. Quennell, Secretary, by April 25th.

WREXHAM INFIRMARY AND DISPENSARY.—House-Surgeon. Salary, £80 per annum, with board, furnished rooms, gas, coal, and attendance. Applications, upon forms to be obtained from the Secretary, to be addressed to Mr. George Whitehouse, 27, Regent Street, Wrexham, by April 24th.

#### MEDICAL APPOINTMENTS.

ADDENBROOKE, E. H., M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Wolverley District of the Kidderminster Union.

ARROL, Charles, M.D., C.M.Glasg., appointed Medical Officer of Health for the Borough of Queensborough.

BENNETT, C. H. W., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of Health for the Congleton Rural District.

BERRY, H. Poole, M.B. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Grantham Town Council.

BIRD, J. W., M.R.C.S. Eng., L.R.C.P. Lond., appointed Junior Assistant House-Surgeon to Hull Royal Infirmary.

COOMBS, S. Wellesley, F.R.C.S. Eng., L.R.C.P. Eng., appointed Medical Officer for the Claines District of the Droitwich Union.

CUNLIFFE, Thomas Varley, M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Manchester Southern Hospital for Women and Children, and to the Maternity Hospital in connection with it.

DE BUTTS, Stanley B., M.D. Brux., M.R.C.S., etc., appointed Anæsthetist to the Grosvenor Hospital for Women and Children, Westminster.

DURRANT, Thos. A., M.R.C.S., L.R.C.P. Lond., reappointed Medical Officer of Health to the Market Harborough Urban District Council.

EVES, Hugh M., M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

GAYLOR, E., L.R.C.P. Eng., L.F.P.S. Glasg., reappointed Medical Officer of Health to the Alfreton Urban District Council.

GIBBS, Charles, F.R.C.S., appointed Assistant Surgeon to the Charing Cross Hospital, vice Archie T. Collum, M.D. Lond., F.R.C.S., deceased.

GOODING, Matthew R., L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Bideford Town Council.

HALL, Alfred, M.R.C.S. Eng., reappointed Medical Officer of Health for the Mayfield Rural District.

HANNAH, William Tweed, M.B., C.M.Glasg., D.P.H.Camb., appointed Medical Officer and Public Vaccinator for the Buxton District of the Chapel-en-le-Frith Union.

HASWELL, John F., M.B. Edin., reappointed Medical Officer of Health to the Penrith Rural District Council.

HEALEY, J., M.B., Ch.B. Vict., appointed Medical Officer of Health for Mossley, Lancashire.

KENNY, M. E., B.A. Dubl. M.B., B.Ch., appointed Medical Officer for the Carrick Workhouse, vice A. O'Ryan, L.R.C.S.I., resigned.

LIMRICK, Wm. S., L.R.C.P., L.R.C.S. Eng., appointed Medical Officer of Health to the Waterloo-with-Seaforth Urban District Council.

LITTLE, E. G. Graham, B.A., M.D., M.R.C.P., appointed Assistant Curator of the Museum at St. George's Hospital.

MACDONALD, William, L.R.C.P., L.R.C.S. Eng., appointed Junior House-Surgeon to the Royal Albert Edward Infirmary, Wigan.

MACPHERSON, Charles, M.D., appointed Deputy Commissioner in Lunacy for Scotland, vice Robert Lawson, M.D., deceased.

MAW, H. S., L.S.A. Lond., appointed House-Surgeon to the Teignmouth Hospital.

MILROY, W. Cunningham, M.A., M.D. Edin., appointed Senior House-Surgeon to the Royal Albert Edward Infirmary, Wigan.

MOORE, E. C., M.B., M.S. Eng., appointed Junior House-Surgeon to the Birmingham and Midland Eye Hospital.

PAULL, Henry C., appointed one of the Medical Officers of the Bute Hospital, Luton, Bedfordshire.

POLLOCK, E. S., B.A. M.B. Dubl., B.Ch., appointed Medical Officer for the No. 6 District of the South Molton Union.

REID, Geo. A., M.B., C.M. Aberd., appointed Junior Medical Assistant to the Cumberland and Westmorland Asylum, Carlisle.

ROBERTS, Llewellyn W., M.B. Melbourne, etc., appointed House-Surgeon to the Victoria Hospital, Folkestone.

SANKEY, Julius Ivor, L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Brenchley District of the Tonbridge Union.

SAVAGE, Geo. H., M.D. Lond., appointed Physician for Mental Diseases to Guy's Hospital.

SCURFIELD, Harold, M.D. Edin., D.P.H. Camb., appointed Medical Officer of Health for Sunderland, vice — Wood.

SNOW, Lionel M., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Second District of the Horsham Union, vice T. Kiropp, resigned.

VAWDYR, G., L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer of Health to the Farnborough Town Council.

WALKER, Duncan, M.B., C.M. Aberd., appointed Junior Assistant Medical Officer to the Cornwall County Asylum.

#### DIARY FOR NEXT WEEK.

**TUESDAY.**  
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.—A discussion on the Anatomical Results of the Radical Cure of Hernia. Specimens will be shown by the President, Messrs. Golding-Bird, Berry, and Hutchinson, jun. Dr. Lawrie (Weymouth): Stricture of the Sac of a Femoral Hernia. Mr. Shattock: (1) Calculi of Calcium Oxalate from a Pancreatic Cyst; (2) Chondro-sarcoma of Humerus following Fracture. Card specimens will be shown by Mr. Jackson Clarke, Mr. Lunn, Dr. Morrice (Salisbury), Dr. Fisher (Clifton), Mr. Bilton Pollard, Mr. Gurney (Plymouth).

**WEDNESDAY.**  
HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8.30 P.M.—Discussion on Joint Affections in Nervous Diseases. Demonstration by Mr. Targett. Drs. Beevor, Buzzard, Ord, and Turner will speak.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, W., 5 P.M.—Dr. Abraham: Case of Lichen Ruber Accumulatus. Dr. Eddowes: Xeroderma Cured by Thyroid Feeding; and other cases.

**FRIDAY.**  
CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.—Dr. Dundas Grant: The Modern Methods of Operating on the Tympanic Attic and Mastoid Process.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Clinical evening. Mr. J. Bland Sutton: Excision of the Upper Two-thirds of the Fibula for Sarcoma. Mr. Gordon Brodie: Deficient Development of the Lower End of the Tibia after Transverse Fracture. Mr. F. C. Wallis: Sequel to Acute Swellings over the Cranium in an Infant. Mr. R. Stanley Thomas (introduced by Mr. Pearce Gould): Deficiency in the Lower ribs.

#### BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

**BIRTHS.**  
EDWARDS.—On April 12th, at 23, Brunswick Square, W.C., the wife of Robert Edwards, M.D. (Brux.), M.R.C.S., L.R.C.P., of a son.

STEELE.—On April 10th, at Underleigh, Darwen, the wife of William F. Steele, M.B., B.S. Dunelm., of a son.

**MARRIAGES.**  
BELL—SCARTH.—At Binscarth, Orkney, on April 7th, by the Rev. D. W. Yair, Walter Leonard Bell, M.D., Lowestoft, Suffolk, to Margaret Lendrum, youngest daughter of the late Robert Scarth, of Binscarth.

BERRY—BARRACLOUGH.—At St. Paul's Church, Manningham, by the Rev. S. M. Ransom, M.A., Rector of Kirkley, Suffolk, and the Rev. A. A. Williams, Vicar of St. Paul's, Manningham, Bradford. Walter Berry, M.D., of Richmond House, Kirkley, Lowestoft, to Mabel Frances, daughter of the late John Barracough, of Bradford, and Mrs. Barracough, of Kensington.

MACKAY—MCARDY.—On April 8th, at the Cathedral Church of St. Mary, Edinburgh, by the Right Rev. the Bishop of Edinburgh, assisted by the Rev. Irvine K. Anderson, Rector of Tavy St. Mary, Devon, uncle of the bride, George Mackay, M.D., F.R.C.S.E., eldest son of Deputy Surgeon-General George Mackay, M.D., to Elise Marjory, younger daughter of Lieutenant-Colonel Alex. Burness McHardy, R.E., one of H.M. Prison Commissioners for Scotland.

**DEATHS.**  
MCNICOLL.—On April 14th, 1896, at 15, Manchester Road, Southport, Edward Day McNicoll, F.R.C.S. Ed., L.R.C.P. Ed., aged 51 years, second son of the late David Hudson McNicoll, M.D. No cards.

ROPER.—On April 13th, at Arundel House, London Road, Croydon, Alfred George Roper, F.R.C.S. Eng., aged 77 years.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*—Daily, 2. *Operations*—Tu. F. S. 2.  
 CENTRAL LONDON OPHTHALMIC. *Operations*—Daily, 2.  
 CHARING CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F. 1.30; Skin, M. 1.30; Dental, M. W. F., 9; Throat and Ear, F. 9.30. *Operations*—W. Th. F. 3.  
 CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. F. 2.  
 CITY ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—M. 4.  
 EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—F. 2.  
 GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F. 2.30 Skin, W., 2.30; Dental, W., 2. *Operations*—W.  
 GUY'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu.; Skin, Tu.; 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. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W.; 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, 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; (Ophthalmic), 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; Orthopedic, 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., 8; females, W., 9.45. *Operations*—M., 2; Tu., 2.30.  
 ST. MARY'S. *Attendances*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F., 9; Ear, M. Th., 3; 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., 10; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*—M. W. Tu. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.  
 SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1.30. *Operations*—W., 2.30.  
 THROAT, Golden Square. *Attendances*—Daily, 1.30; Tu. F., 6.30. *Operations*—Th., 2.  
 UNIVERSITY COLLEGE. *Attendances*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*—Tu. W. Th., 2.  
 WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 2; Skin, F., 2; Throat and Nose, S., 10. *Operations*—Tu. F., 2.30.  
 WESTMINSTER. *Attendances*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operations*—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with *duplicate copies*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

"BICYCLIST" asks for information from readers who have recently passed the F.R.C.S.Edin. or F.R.C.S.I., in regard to the examinations—what books to read.

MEMBER writes: Please recommend me a book for a well-kept garden (fruit and flower) such as is usually observed with a country doctor.

\* \* \* We have referred this request to Mr. W. Robinson, the eminent authority on English gardening, and in his opinion probably the best work for the purpose is Hobday's *Villa Gardening*, published by Macmillan and Co.

A. M. H. writes that he is desirous of finding an institution into which two imbecile girls, aged 8 to 10 years, could be received. The parents are in poor circumstances, and would be prepared to pay £12 annually towards their support.

\* \* \* As the two imbecile girls live in Lancashire an attempt should be made to gain admission for them into the Royal Albert Asylum for Idiots and Imbeciles, which admits children of that class from the northern counties of England.

### THE NAUHEIM TREATMENT OF HEART DISEASE.

C. J. W. writes: In Dr. Saundby's paper on the Nauheim Treatment of Heart Disease in the BRITISH MEDICAL JOURNAL, November 2nd, 1895, he speaks of Sandow's effervescent tablets as a convenient substitute for the sodium bicarbonate and hydrochloric acid ingredients of the saline baths, and remarks that they are thus used by Dr. Thorne. Can you tell me what these tablets are precisely, and where they can be obtained?

\* \* \* Sandow's effervescent tablets can be obtained from K. Hebbeler, 149, Houndsditch, E.C. They consist of large blocks of carbonate of soda and tartaric acid. The cost is about 1s. per bath.

### THE THERAPEUTIC USE OF ALCOHOL.

M.B., C.M. writes: In the BRITISH MEDICAL JOURNAL of April 4th an account is given of a death under chloroform at Charing Cross Hospital. A detailed account is given of the symptoms, and then the medicinal treatment is given—namely, 3v brandy every twenty-four hours, which is afterwards increased to 3vij. The next sentence in your report goes on to say: "She became so weak towards the end that she could not speak beyond a whisper, and had not enough strength to cough up the foul purulent matter which blocked up her air tubes."

I think it would be of some assistance to the profession to know if brandy was the only medicinal remedy used, and if the percentage of alcohol it contained was known. Also if it acted as a stimulant (not simply making the heart beat faster) or as a narcotic.

### ANSWERS.

SUBSCRIBER.—If "Subscriber" will state the points on which he wishes for information or advice, we shall be glad to give him all the assistance in our power.

J. S. W.—The person referred to was struck off the *Medical Register* some time ago, and it would be well for our correspondent to call the attention of the General Medical Council and of the Colleges to the fact that the diplomas of which he has been deprived are still being advertised, and they will probably take action in the matter.

J. S. will find in Davidson's *Hygiene and Diseases of Warm Climates*, under Oriental Sore, an account, as well as reference to the best literature on the subject, of Bagdad, Busreh, or date boils. Since that article was written we do not think that any information on the subject of an important character has appeared.

### QUARANTINE MEDICAL SERVICE.

OUR correspondent should write to Dr. Dickson, the Representative of Her Britannic Majesty, Conseil Supérieur de Santé, Constantinople.

### REMOVAL OF LEAD FROM WATER.

W.M.—There are a number of filters in the market which undoubtedly remove lead from water, and it is quite possible, in fact probable, that the filter mentioned will do the work required, but we have no practical experience of its use. Mr. Jarman's testimonial is very greatly in its favour, as he is a thoroughly scientific and reliable man, and has had a very wide experience in working with water containing lead.

### MUMPS IN ADULTS.

DR. JOHN R. HAMILTON (Hawick, N.B.) writes: In answer to "A. W.'s" query regarding mumps in persons over 35 years, I may state that this year I had two cases over that age—one in a lady aged 42, the other in a gentleman aged 37; the latter had measles at 10, and the former (an Australian) had not been in contact with mumps until her children were seized this year.

DR. G. A. C. MAHON (Boxmoor, Herts) writes: I contracted mumps in February, 1883, caught from a patient I was attending (a female), who had them very badly. I was then 41, and they were followed by an attack of conjunctivitis. A brother and sister of mine, whom I saw every day, and who were aged 35 and 37, caught them from me, and their attack was also followed by conjunctivitis, which, in my brother's case, was so bad that he had to be confined in a darkened room for ten days or a fortnight. These attacks were, I think unique, inasmuch as I never before or since saw, nor is it so far as I know mentioned in books, that conjunctivitis is one of the sequelæ of mumps.