

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, ETC.

A CASE OF HATPIN IN THE URETHRA.

THE use of a long hatpin as a urethral bougie is evidently not unknown amongst ignorant men suffering from stricture. A man came to me in precisely the same predicament as in the case reported in the *BRITISH MEDICAL JOURNAL* of April 25th by Mr. Ancrum. The whole pin had slipped into the urethra, the knob being felt in the perineum, and the point protruding through the side of the penis. To remove it I exerted pressure on the knob through the perineum until it reached a stricture in the membranous portion of the urethra, by which means the point was further protruded through the penis; I now seized the projecting pin, and withdrew it until the knob lay in the urethra immediately under the puncture, then rotated the point towards the root of the penis, and pushed towards the meatus. This ejected the knob through the meatus, thus enabling me to withdraw the pin without the use of an instrument and with very little discomfort to the patient.

J. BERNARD GARMAN,
Late House-Surgeon to the Queen's Hospital,
Birmingham.

Wednesbury.

INFANTILE PARALYSIS IN A NEUROPATH'S FAMILY.

FAGGE says (vol. i, pp. 493, 494): "In acute atrophic paralysis (infantile paralysis) the so-called neuropathic family tendency seems seldom to be present. Duchenne says that he has never seen a case of this affection befalling two children in the same family, and the few cases that have been published are probably mere coincidences."

Taken in connection with the above quotation the following family history is interesting.

I lately saw a child of 14 months which had been ailing, cross, and feverish for four days. The child was evidently suffering from a catarrhal condition, but on examination the left arm was found quite powerless and flaccid, the left leg being in a similar condition, though to a less marked degree. The diagnosis was quite plain, and the case cleared up to a certain extent under treatment. The mother of this child was sister to a man whose child I had seen previously for infantile paralysis. The attack came on some years ago, and in this case also the left arm and left leg were affected, but while the arm had recovered with only slight shortening, the foot presents a condition of talipes equino-varus. The grandfather of both children suffers from paralysis agitans in an early stage. He has a daughter a well-marked hypochondriac. The other members of the family are, so far as can be ascertained, perfectly healthy.

Newmilns, Ayrshire.

JAMES THOMSON, M.A., M.D.

NOCTURNAL INCONTINENCE OF URINE.

QUITE lately I had under my care a grocer's assistant, who two or three times a week, and perhaps oftener, "wetted the bed." His life had become miserable, and his employer found it impossible to keep him in his service unless something could be done for him. Having satisfied myself that his kidneys and bladder were healthy, I adopted the following treatment with the most satisfactory results. I ordered him to pass water the last thing before getting into bed, and to time himself for three hours by an alarm clock, when he was to get up and again void his urine. Cold morning baths and a mixture of iron, strychnine, and dilute phosphoric acid were also ordered. The patient has informed me that since he came under treatment, some six weeks since, he has only once, and that in the first week of treatment, passed water during sleep. The alarm for a time did good service, and got him up in the nick of time; now he feels so well and confident that he sleeps on oblivious of its whirring. I think I can look on this case as being cured. The case was a simple one, and was cured by simple means, but it may interest some who have had similar cases, and which did not respond to more elaborate treatment.

Dublin.

T. O'CONNELL REDMOND.

SUBCUTANEOUS WIRING OF THE PATELLA.

I READ with great interest in the *BRITISH MEDICAL JOURNAL* of April 18th Mr. Barker's notes on the permanent subcutaneous wiring of fractured patella. Within the past eighteen months I have operated upon two cases by his method, the excellent results of which in comparatively unskilful hands fully testify to the simplicity and practical value of the operation.

CASE I.—A delicate strumous male, aged 34 years, who, whilst looking at a launch, fell with the knee flexed on the sharp-pointed projecting apex of a rock. I saw him twenty minutes after the accident, when there was wide separation of the fragments, extensive effusion into the joint, and a lacerated contused wound in the skin. After a forced delay of forty-eight hours I operated, and although the operation was followed by a good deal of synovitis, six weeks afterwards the patient was walking about with a perfectly movable joint.

CASE II.—A young lady, aged 22 years, fractured her patella by muscular contraction whilst playing tennis. The accident happened about 7.30 P.M., and I wired the fragments about 11 A.M. the following day. Owing to her highly nervous condition I was unable to employ anything like massage until a fortnight after the operation. However, she made a rapid recovery, and now has a perfectly movable joint with no trace of a limp in walking, and has even been able to attend dances.

I may say that the only inconvenience I experienced was the shallowness of the groove in the needle compared with the thickness of the wire, and the extremely awkward-shaped handle—two objections which have now been entirely removed by the new needle which Mr. Barker has introduced.

Pembroke Dock. RICHARD H. WILLIAMS, L.R.C.P., M.R.C.S.

IDIOSYNCRASY TO OPIUM.

MR. POLLOCK, in his address on "Idiosyncrasies," quotes a case of Sir Russell Reynolds to illustrate the power of even a small dose of opium to produce vomiting and purging. Another remarkable case of idiosyncrasy is an old gentleman, aged 76, who has always been careful to warn me against giving him opium. Even a small dose in any form causes him to squirm with violent pain like cramp in the abdomen; the application of cold to the spine then gives him partial relief. Nearly all his life he has been subject to chronic gastric catarrh, often involving the bowel and often accompanied by pain; this may have something to do with the peculiarity. He bears pain well. A year ago he had some very large piles removed by operation, before which they used to cause great pain, as they were accompanied by fissure. For this he once consented to try a suppository of $\frac{1}{4}$ gr. morphine. Pain in the abdomen soon came on, which doubled him up and caused him to cry out. Various measures were tried, but cold to the spine alone gave any relief. He thinks he has had morphine hypodermically with a like result, which is probable, as it is excreted by the stomach. There does not seem to be any satisfactory explanation. Morphine is said to have first of all a stimulating action, and through caffeine and brucine to be related to strychnine.

Hamilton, N.B.

JAMES ADAM, M.A., M.B.

NECROSIS OF LOWER END OF RIGHT TIBIA, AND REMOVAL OF SEQUESTRUM WITHIN FOURTEEN DAYS OF FIRST SYMPTOM.

W. K., a hale and hearty man, was seized on August 20th, 1895, with symptoms of influenza. On September 4th he left for the Isle of Man, for change of air. Two days afterwards he walked seven or eight miles with ease. In the evening, however, he had pain extending from the knee to the ankle, with redness, heat, and swelling about the ankle. During the night pain and swelling rapidly increased, and he returned home.

On the fourth day after the walk I saw him. Pus was then discharging from a small opening about 2 inches above the joint in front. A probe came at once on rough and movable bone. As the man was very ill I took him to the North Lonsdale Hospital, and a few days afterwards removed the sequestrum, about 1 inch long, $\frac{3}{4}$ inch wide, and $\frac{1}{2}$ a line in thickness. There was a very large cavity in the head of tibia,

discharging ill-smelling pus. I cleared out the cavity thoroughly, and packed it with iodoform gauze, subsequently filling it daily with iodoform emulsion.

The cavity is now (November 4th) almost filled in, and movement in the ankle-joint normal. The extraordinary rapidity of the destructive inflammation of the bone and necrosis is so remarkable that I thought it well to place the case on record.

Barrow-in-Furness,

J. T. WILLIAMS, M.R.C.S.,
Hon. Surgeon North Lonsdale Hospital.

REPORTS

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

MACCLESFIELD INFIRMARY.

SENILE TUBERCULOSIS.

(By J. H. MARSH, M.R.C.S., L.R.C.P., Senior House-Surgeon.)

INSTANCES of tuberculous diseases appearing in old age being somewhat rare, the following cases which have come under my notice may be of interest:

CASE I.—This was a case of lupus in a woman, aged 63. There was no history of previous tuberculous disease. The patch, which was about the size of a five-shilling piece, had commenced eighteen months previously as a small nodule on the back of the wrist. The granulation-like tissue had in places undergone atrophy and in other parts was ulcerating, resembling the condition described as "hypertrophic lupus." At the slowly-spreading margin there were a few well-marked "apple jelly" like nodules. The patch was well scraped with a Volkmann's spoon and dressed with iodoform. Cod-liver oil and iron were given internally. Healing was rapid, with very little scarring.

CASES II AND III.—Two cases of tuberculous dactylitis occurred in men between 60 and 70 years of age. In neither case was there a history of syphilis nor any evidence thereof. In one of the cases there were old depressed cicatrices in the neck, but otherwise there was no previous history of tuberculous disease. The mischief had commenced some six or nine months previously as a slow, painless enlargement of the proximal phalanges of the first and third fingers respectively. The tuberculous deposit in and around the bones had broken down and ulcerated, discharging a thin, oily liquid. The disease, which resisted all treatment, went on to complete destruction of the fingers, and ultimately necessitated amputation at the metacarpo-phalangeal joint.

REMARKS.—Sir James Paget has shown that after 60 years of age those tissues which in the young appear to be specially prone to tuberculous deposits again become liable to a similar affection. In its local manifestations senile tuberculosis resembles that of early life with this difference, that the tendency to break down and suppurate is increased, whilst the power of repair is much diminished.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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

Tuesday, April 28th, 1896.

SPONTANEOUS DISLOCATION OF THE HIP.

MR. R. BARWELL read a paper on spontaneous dislocation of the hip, with some remarks on a class of case often mistaken for rheumatism. The case was that of a gentleman who, on account of an obscure affection of the hip, had been sent from St. Leonards by Dr. Fennings for the author's opinion. Mr. R., a naval officer, and for the last three years in Chinese waters, during the homeward voyage was greatly troubled with boils; these culminated in erysipelas of the face while he was passing through the Red Sea. He was landed at Malta, and went into hospital, where several sores and some abscesses formed about the face, accompanied with high temperature. One night he was attacked with severe pain in the

right hip and thigh, and when he left his bed was very lame. This pain was ascribed to sciatica, and was treated accordingly. He came under Dr. Fennings's care on October 8th, still suffering from pain and lameness, his temperature ranging to about 100° F. A striking feature in the case was that the pain was felt in the anterior crural nerves as much as in the sciatic nerve. The author on first seeing him noticed the peculiar and uneven step indicative of hip mischief. As the patient stood on the left foot he placed the right one a good deal in front, keeping the knee bent and the body bowed; when standing on the right foot the other heel did not reach the ground by a considerable distance; the prominence of the trochanter was absent from its normal place. Dislocation of the head of the femur being diagnosed, it was decided to make an attempt to reduce the deformity by Bigelow's method. This was successfully accomplished under full anæsthesia. When internal rotation and adduction had been carried pretty far the head of the bone re-entered the acetabulum with an audible and perceptible snap. The limbs then became of the same length. Three days later the patient walked without any limp; all his pain had disappeared. On February 22nd, 1896, he walked perfectly straight and without a limp. Occasionally he had a little vague pain in the upper third of the outside of the thigh. He had been examined at the Admiralty and passed again to active service.

DR. JOHN HARLEY remembered a young woman with gonorrhoeal rheumatism, in whom the right shoulder became dislocated. She was treated by bandaging as if for fractured clavicle, and complete recovery followed without any further surgical interference. He drew attention to the reparative powers of Nature, and stated his belief that in pyæmia pus might become absorbed from inflamed joints.

DR. NORMAN MOORE thought spontaneous dislocation of the hip in enteric fever must be very rare. He had never seen it clinically, and in examining the *post-mortem* records of St. Bartholomew's Hospital since 1867 had never met with an instance. He would ask what evidence there was that dislocation did occur in enteric fever. Possibly some of the cases which were regarded as enteric fever were really obscure suppurative conditions.

MR. BARWELL, in reply, said that Dr. Harley's case was not analogous to the class he was referring to, inasmuch as there was distinct suppuration in the joint. He had seen four cases of spontaneous dislocation of the hip in the course of enteric fever. In a very severe example of typhoid fever, a girl aged 16 years, who was seen by the late Dr. Murchison, the hip was found to be dislocated after prolonged stupor. Reduction was attempted four months later but failed. In these cases there was no distinct synovitis, the head of the bone merely slipped out of place. In typhoid fever it was dislocated on to the dorsum ilii. He regarded the pains in the limbs occurring after some of the exanthemata as due, not to rheumatism but to the absorption of poisons.

A METHOD OF OBTAINING A COMPLETE SKIN COVERING AFTER ABLATION OF THE BREAST.

MR. MAYO ROBSON in this paper remarked that in complete ablation of the breast, and of the skin covering it, a difficulty frequently arose when the effort was made to obtain a skin covering, this being, as a rule, impossible without further operative treatment. So far as he could ascertain, the general practice among surgeons had been to draw the parts together as far as possible, and then to leave the remainder to granulate, or to cover the remaining surface by Thiersch's skin grafts, the former being a tedious and the latter an uncertain and not always successful method. He showed that by means of one or two single incisions with sliding of the flaps, the whole of a very extensive wound might be closed, and that primary union might thus be secured. Although some tension was necessarily present, the observance of antiseptic precautions had prevented sloughing, and in a number of cases on which he had operated he had not experienced any trouble. The paper was illustrated by photographs of cases and by diagrams, and Mr. Robson concluded his remarks by saying that he believed it would be found that the adoption of the method portrayed, or some modification of it which would carry out the principle of completely recovering the large wound surface, would not only render these exten-

After graduation he went to Paris and continued his studies under Trousseau, Claude Bernard, and others. In 1855 he read a paper at the French Institute in which he demonstrated for the first time the presence of glucose in the sweat; in the same year he also read a paper on the varieties of renal hæmaturia. He was appointed in 1864 Ordinary Professor of Materia Medica at the Naples University and Chief Physician to the Hospital for Incurables as well as Consulting Physician to two or three other institutions. In 1866 he was elected a member of the Royal Commission appointed to formulate new sanitary laws for Italy, and in 1874 he represented the Italian Government at the International Sanitary Conference held at Vienna for the purpose of revising the protocols of the Constantinople Conference, and drawing up international regulations in reference to the spread of cholera.

At the International Medical Congress in Amsterdam, in 1879, he read a paper on the curability of hepatic cirrhosis in its early stages, and at the London meeting, held in 1881, he communicated for the first time the existence of histological lesions in the central sympathetic system in Addison's disease without histological changes in the suprarenal capsules. In 1885 he was one of the delegates nominated by the King of Italy to the International Sanitary Conference held in Rome for the purpose of completing the discussion which had taken place at the Vienna Conference in reference to cholera. He officially represented Italy at the various International Medical Congresses, to which he contributed several valuable papers. He was also an occasional attendant at the meetings of the British Medical Association.

After the cholera epidemic at Naples in 1884 the King of Italy *motu proprio* decorated him with a gold medal for the excellent work he had done in reference to public health, and also with the Grand Cross of the Crown of Italy. The Municipality of Rio de Janeiro presented him with a gold medal specially coined and an address for his treatment of the Emperor Don Pedro of Brazil. He was for some time a deputy in the Italian House of Parliament, and in 1886 was made Senator of the Kingdom.

He edited, in collaboration with Professor Concato, *L'Archivio Medico Italiano*; and solely *La Medicina Contemporanea* and *Il Progresso Medico*. Notwithstanding all these occupations, he was a very prolific writer. Amongst his principal works are *Le Lezioni di Terapia Empirica e Scientifica*; *La Medicina Vecchia e Nuova*; and *Prolegomeni di Farmacologia e Terapia Clinica*.

WE regret to have to announce the death of Dr. GEORGE F. STAINTHORPE, of Newcastle, who succumbed after a long illness on April 10th. George Farbridge Stainthorpe, who was a native of Hexham, where his family was long established, received his medical education at the Newcastle-on-Tyne School of Medicine, and for some time held the post of Demonstrator of Anatomy. He obtained the diploma of M.R.C.S.Eng. in 1854, and that of L.R.C.P.Edin. in 1859. He first began practice in the west part of Newcastle, near the Cattle Market, and after attaining great success as a practitioner in that district, removed some ten years ago to Eldon Square. Two years ago, when in his 72nd year, he retired from practice, carrying with him the regard and esteem of his patients and brother practitioners.

THE death is reported, at the age of 79, of Mr. CHARLES HOLTUM, of Canterbury. He qualified as M.R.C.S.Eng. and L.S.A. in 1840, and took the F.R.C.S.Eng. in 1855. He was honorary surgeon to the Kent and Canterbury Hospital, and a justice of the peace for the city of Canterbury.

MR. ANDREW HAMILTON, L.F.P.S.Glasg., died at his residence in Battlefield on April 23rd. The deceased was 76 years of age, and practised at Thornliebank until ten years ago, when paralysis incapacitated him.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Luton, Director of the Medical School of Rheims, and author of numerous works on hypodermic

medication, etc.; Dr. Giuseppe Galli, of Piacenza, founder and editor of the *Rivista Italiana di Terapia e Igiene*, aged 44; Dr. Wilhelm Baum, chief surgeon of the Municipal Hospital, Danzig, aged 60; Dr. Pietro Gamberini, of Bologna, the oldest and one of the most distinguished of Italian dermatologists, aged 81; and Professor Hugo Fleck, of Dresden, sometime Director of the Central Public Health Office of Saxony.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

PUBLIC HEALTH BILL.

IN the House of Lords the second reading of the Public Health Bill has been fixed for Friday, May 8th. Lord Harris has taken charge of the measure, its sponsor in the Commons having been Mr. T. W. Russell.

METROPOLITAN COUNTIES WATER BOARD BILL.

THE EARL OF WEMYSS, who is the champion in the Upper House of the Liberty and Property Defence League, has intimated that on the second reading of the Metropolitan Counties Water Board Bill he will move "that inasmuch as the Royal Commission appointed to inquire into the water supply of the metropolis unanimously reported in 1893 that the water supplied to London by the water companies was of a very high quality for domestic purposes, and that the present and readily available sources were sufficient to supply 35 gallons a head to a population of 12,000,000 persons, legislation such as is proposed in the Bill is uncalled for and impolitic." Lord Tweedmouth proposes to meet the Bill with a more sharp and incisive negative. He will move on the motion for the second reading "that it be read a second time that day six months."

PUBLIC HEALTH (SEWERS AND DRAINS) BILL.

ON Thursday, April 23rd, this Bill, the object of which is to amend the Public Health Acts with regard to sewers and drains, was presented by Lord Amthill (for Earl Beauchamp). It was read a first time.

INFANT LIFE PROTECTION.

THE House of Lords Committee upon this Bill held a further sitting on April 27th, under the presidency of Lord Belper. Mr. Babey, an inspector under the London County Council to carry out the provisions of the Act, was under examination the greater part of the day. He dealt with the difficulty of effectively dealing with the various lying-in houses. They had no power of inspection over such houses, and were often refused, and given wrong information. He strongly urged that the powers of the inspectors in this respect should be considerably enlarged under the present Bill. His experience had been that in numbers of cases in which people advertised for the adoption of children for a sum of money, the children were kept by the advertisers only for a very short time and were afterwards farmed out. In such cases false names and addresses were invariably given, and it therefore became impossible to trace the parentage of the children. He thought there would be very great objection on the part of the respectable working classes to having their houses registered, although, from various circumstances, they frequently took children to nurse. Out of 9,795 cases he had inquired into, there had been only 205 cases of infringement of the Act. Of these, 116 had not been prosecuted, but had promised to comply with the Act in future. The number of advertisements for the adoption of infants had considerably decreased, and this he thought was owing to the fact the newspapers, which he was pleased to say acted very cordially with him, refused to insert such information. Mr. Braxton Hicks, Coroner for the South-Western Division, was the next witness called, and he was under examination when the Committee adjourned.

HOUSE OF COMMONS.

THE REPORT OF THE VACCINATION COMMITTEE.

ON Thursday, April 23rd, Mr. BATHURST asked the President of the Local Government Board if he could state when the Royal Commission on Vaccination was likely to make a report.—MR. CHAPLIN: I am afraid I can add nothing to the reply which I have frequently given before in the House this session. I have communicated with the Commissioners, and am informed that they are considering their report, and that it will be presented very shortly.

SUICIDES AT SEA.

MR. BROADHURST asked the President of the Board of Trade whether his attention had been called to the memorandum in the *Board of Trade Journal* for April by the Registrar-General of Shipping and Seamen dealing with the question of suicides in the engine-room staff of the mercantile marine, in which he said that suicides in the foreign-going vessels were prevalent to a degree calling for serious attention; and whether he would order an inquiry into the question with a view to the application of remedies?—MR. AKERS DOUGLAS: The attention of the Board of Trade has been called to the large number of suicides that have occurred among firemen and trimmers in the mercantile marine, and my right hon. colleague has directed steps to be taken to elicit further information on the subject. When he is in possession of all the facts he will further consider the matter.

MINERS' NYSTAGMUS.

MR. JOHN WILSON (Durham) asked the Secretary of State for the Home Department whether it was part of the duties of an inspector of mines to inquire into the action of the safety lamp as a cause of miners' nystagmus; and whether it would be competent for an inspector to prohibit the use of any class of safety lamps if it were proven that such lamp caused nystagmus.—THE HOME SECRETARY: The answer to both parts of the question is in the negative; but I may add that Dr. Snell, of Sheffield, who has written a work on miners' nystagmus and is still carrying on his investigations into its causes, is afforded such assistance as is in his power by the inspector of the district. The conclusions so far obtained point, I understand, to other causes than the use of safety lamps.

WITH regard to the card bearing the name of Dr. Hutchinson which was printed in the BRITISH MEDICAL JOURNAL of January 11th, p. 120, and referred to further in the JOURNAL of February 8th, p. 378, Dr. Hutchinson asks us to state that the card was not circulated, but was given away to a class of poorer patients inquiring for him at his house.

STAMPS ON AGREEMENTS WITH ASSISTANTS.

T. H. J. wishes to know of what value the stamp required for an assistant's bond not to practise should be, and whether it can be affixed to an ordinary sheet of paper upon which the agreement is written.

. We are advised that if the agreement is in the form of an ordinary agreement, and is not under seal, a 6d. stamp is sufficient, and this can be an ordinary 6d. Inland Revenue stamp, to be cancelled by the person first signing the document by writing his name or initials across the stamp, together with the true date of his so writing. If sent to Somerset House, the impressed stamp must be affixed within fourteen days after the agreement has been signed. If the bond takes the ordinary form of a bond, the stamp duty varies in proportion to the amount limited to be recovered as liquidated damages—from 3d. for £10, 7s. 6d. for £300, above that 10s.

GRATUITOUS PAMPHLETS.

D. M. S. asks whether the sending of a pamphlet or small book written by a medical man, who is also a specialist, to members of the profession and also to laymen would be deemed unprofessional conduct.

. To forward the pamphlet referred to to medical practitioners would be a perfectly legitimate proceeding; but to include laymen therewith would justly subject the author to severe criticism and professional reproof.

LUNACY CERTIFICATES.

MENTAL writes: The responsible relatives of a certifiable patient are willing and anxious to get him removed under certificates; but the wife, herself very weak-minded, raises most unreasonable objections. Would it be necessary to obtain her consent to obviate any after unpleasant risks?

. "The petition shall be presented, if possible, by the husband or wife, or by the relative, of an alleged lunatic," are the words of the Act. The petitioner must be prepared to prove that he or she acted with good faith and reasonable care, and that the petition was presented on behalf of the true interests and welfare of the alleged lunatic. "Risks" must always be run in putting a lunatic under care and control. The Act does not provide for composing the differences of opinion between the friends of lunatics as to their treatment.

COVERING.

CURIOSITY.—The fact that the person "covered" happens to be the son makes no difference in the offence. The matter should be reported to the General Medical Council either direct or through the Medical Defence Union.

ILLEGAL USE OF MEDICAL TITLES.

THERE was no legal proof of the possession of any diploma from any recognised university in the case mentioned. The degree mentioned is not a registrable qualification under the Medical Act, and therefore the magistrates were right in inflicting a penalty for the unlawful assumption of the title "Dr."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MEDICAL EXAMINATIONS.—The following dates in reference to the examinations for medical and surgical degrees are announced:

First M.B.:	Names sent in.	Certificates sent in.	Examination begins.
Chemistry, etc. ...	May 22nd ...	June 3rd ...	June 6th.
Biology ...	" ...	" 5th ...	" 11th.
Second M.B.:			
Pharmacy ...	May 22nd ...	" 3rd ...	" 9th.
Anatomy, etc. ...	" ...	" 9th ...	" 15th.

SANITARY SCIENCE.—The following have satisfied the Examiners in both parts of this Examination, and are entitled to the University Diploma in Public Health:

H. W. Beach, J. J. G. Blandford, G. F. Collins, J. N. Cook, F. J. Crawford, J. Entrican, A. E. Evans, C. A. Kent, A. M. Mitchell, F. W. Bell, A. J. Sharp, H. Thompson, W. B. Vance, C. L. Williams.

PATHOLOGY.—Owing to the illness of Professor Roy, Dr. A. A. Kanthack, of St. John's College, has been appointed Deputy Professor of Pathology, and will give the usual courses of instruction during the present term.

UNIVERSITY OF DURHAM.

At a meeting of Convocation of this University, held on April 25th, at the College of Medicine, Newcastle-on-Tyne, by virtue of a recent supplementary charter (the Warden, Dean Kitchen, presiding), the honorary degree of D.C.L. was conferred on Professor Arnison and Dr. Dallinger.

The following degrees were also conferred:

M.D. (ad eundem).—D. B. Lees.
M.D. (Practitioners).—E. Blacker, F. W. Brown, J. Davies, B. J. Lowne, R. Mackinlay, C. E. Matthews, W. S. Mayor.
M.D.—B. Cox, H. F. Dawson, E. W. Diver, F. Hawthorn, J. W. Leech, C. W. Lovely, H. J. Matthews, R. W. Morgan, O. W. Ogden, S. S. Whillis.

M.B.—V. Burrow, E. H. Sutcliff, T. Streatfield, G. H. Tomlinson, F. Laughton-Smith, T. B. Poole, F. W. Rowland, E. W. Joscelyne, P. L. Armstrong, L. Davidson, C. H. Dickens, W. T. Harkness, C. H. Joy, H. M. Meyrick-Jones, H. Newsome, W. H. Richards, L. W. Richards, J. D. Shapland, W. H. Whitehouse.

B.S.—P. L. Armstrong, L. Davidson, V. Burrow, W. T. Harkness, C. H. Joy, F. Laughton-Smith, H. M. Meyrick-Jones, H. Newsome, T. B. Poole, L. W. Richards, W. H. Richards, F. W. Rowland, T. Streatfield, J. D. Shapland, G. H. Tomlinson, W. H. Whitehouse.

B.Hy.—A. E. Thompson.

Dipl. Public Health.—W. R. Brunton.

A.Sc.—W. A. Warriner.

THE UNION OF ST. ANDREWS UNIVERSITY AND DUNDEE COLLEGE.

A CORRESPONDENCE, extending to three columns of the *Dundee Advertiser*, relating to the union between the University of St. Andrews and University College, Dundee, has just been published. The correspondence lies between the Chairman of the Council of Dundee College, the Universities' Commissioners, and the Secretary for Scotland. It will be remembered that the union between the University and the College was provided for in the Universities (Scotland) Act, 1889, Clause 16, S. 1, which runs thus:

"Without prejudice to any of the powers hereinbefore conferred, the Commissioners shall, with respect to the University of St. Andrews and the University College of Dundee, have power (1) to affiliate the said University College to, and make it form part of the said University, with the consent of the University Court of St. Andrews, and also of the said College, with the object, *inter alia*, of establishing a fully equipped conjoint University School of Medicine, having due regard to existing interests, and to the aims and constitution of the said College, as set forth in its deed of endowment and trust."

On February 15th, 1890, an agreement for union was signed, and on March 21st of the same year the Commissioners issued an order declaring the union effected in terms of the agreement. In the course of the next few years a desire to modify the original agreement and to provide for a closer union having arisen, a supplementary agreement, which it was intended should be embodied in an Act of Parliament, was mutually drawn up. The supplementary agreement, known as Schedule B, was unanimously adopted by the governors of the College, and was finally considered by St. Andrews Court on December 9th, 1893, and adopted by 9 votes to 6. It was not proceeded with, however, as, immediately after the decision of the Court, legal proceedings directed against the validity of the order of the Commissioners and of the original agreement were commenced in the Court of Session. The order of the Commissioners was set aside by the House of Lords on April 8th, 1895, on the ground of error in procedure, but foreseeing the possibility of this result, the Commissioners, while the case was pending, prepared an ordinance reaffirming the union on the basis of the original agreement, and this ordinance now lies before the Privy Council, its final consideration having been delayed until the termination of legal proceedings. The validity of the agreement is at present being contested in the law courts.

The Council of Dundee College, in this correspondence, has taken the initiative in an effort to bring litigation to an end. It has made concessions of the most reasonable kind to St. Andrews, which concessions pretty much represent the feeling of the Senators of St. Andrews as well as that of the Universities Commissioners. It is to be hoped that St. Andrews will now reciprocate the advances of Dundee, and that a satisfactory solution of this long and somewhat fruitless controversy will be found. Meanwhile the matter really lies in the hands of Lord Balfour of Burleigh, in his dual capacity as Secretary for Scotland, and as a member of the Universities Committee of the Privy Council.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,783 births and 4,062 deaths were registered during the week ending Saturday, April 25th. The annual rate of mortality in these towns, which had been 20.0 and 19.0 per 1,000 in the two preceding weeks, rose again to 19.5 last week. The rates in the several towns ranged from 11.6 in Swansea, 13.5 in Cardiff and in Huddersfield, and 13.6 in Leicester to 25.6 in Preston, 26.2 in Salford, and 27.8 in Manchester. In the thirty-two provincial towns the mean death-rate was 19.7 per 1,000, and exceeded by 0.4 the rate recorded in London, which was 19.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.4 per 1,000; in London the death-rate was equal to 4.3, while it averaged 2.7 per 1,000 in the thirty-two provincial towns, and was highest in Birkenhead, Manchester, and Sunderland. Measles caused a death-rate of 2.0 in London, 2.0 in Oldham, 3.1 in Manchester, and 4.8 in Sunderland; whooping-cough of 1.6 in London, 1.8 in Manchester, and 2.2 in Bolton; and "fever" of 1.6 in Swansea. The mortality from scarlet fever showed no marked excess in any of the large towns. The 64 deaths from diphtheria in the thirty-three towns included 41 in London, 5 in Birmingham, 3 in Liverpool, 3 in Manchester, and 3 in Leeds. One fatal case of small-pox was registered in Bristol, but not one in London or in any other of the thirty-three large towns. There were 16 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, April 25th, against 23, 21, and 16 at the end of the three preceding weeks; 8 new cases were admitted during the week, against 2, 5, and 4 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 2,676, 2,587, and 2,527 at the end of the three preceding weeks, had risen again to 2,534 on Saturday last; 236 new cases were admitted during the week, against 186, 226, and 201 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 25th, 1,030 births and 580 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.7 and 19.0 per 1,000 in the two preceding weeks, rose again to 19.9 last week, and exceeded by 0.4 per 1,000 the mean rate during the same period in thirty-three of the largest English towns. Among these Scotch towns the death-rates ranged from 16.1 in Aberdeen to 22.5 in Leith. The zymotic death-rates in these towns averaged 2.3 per 1,000, the highest rates being recorded in Paisley and Greenock. The 280 deaths registered in Glasgow included 21 from whooping-cough, 5 from measles, and 4 from scarlet fever.

THE VACCINATION QUESTION AT EASTBOURNE.

OUR attention has been drawn to the fact that the Eastbourne Board of Guardians have quite lately had once again under their notice the question of the arrears in the returns of the vaccination officer, this time in respect of last year, the children born during which have escaped vaccination to the extent of 81 per cent. of the total births. It appears that in the previous year the amount of default had reached the figure of 90 per cent. One of the lady members asked what the guardians were proposing to do in the way of enforcing the Vaccination Acts, seeing that small-pox was raging at Gloucester. Dr. Willoughby, the medical officer, put down the somewhat improved returns of 1895 to the fright of that year presumably occasioned by small-pox, and Eastbourne was a town depending largely on visitors. Should small-pox even to the thousandth part of that prevailing at Gloucester reach Eastbourne the town would be ruined. Seemingly the guardians intend to do nothing, as the question was speedily nipped before discussion arose upon it. And yet we can only congratulate the lady guardian on her outspoken attempt to save her town from that which may at any time overtake it in much the same way as Gloucester has been smitten. The attitude of the place towards the Vaccination Acts is matter of general knowledge, and it will be well for the health resort if its name remain free from notoriety as a small-pox-smitten town. It is going the right way to work to secure for itself a fair share of the disease just now being carried in ever-widening circles from Gloucester.

PLUMBERS' WORK.

At a court of the Worshipful Company of Plumbers, held at Guildhall, on Saturday, April 25th, it was reported by Dr. Farquharson, M.P., that the district councils for Edinburgh, Glasgow, Dundee, Aberdeen, Dumfries, and Inverness, had combined to promote an amendment to include in the Public Health (Scotland) Bills now before a Select Committee of the House of Lords, a set of regulations prepared by a joint committee of plumbers and public health authorities in Scotland to secure the efficiency of plumbers' work and drainage of houses, precedent for the inclusion of such regulations being found in the Burgh Police (Scotland) Act, 1892. It was stated that the regulations represented the best opinion up to date of those actually engaged in sanitary work, and were at the same time in conformity with the spirit of the most recent legislation bearing upon the subject.

NOTIFICATION PROBLEMS.

DR. A. is attending several patients ill with scarlatina in the same house, and calls in Dr. B. to see the cases in consultation. Should Dr. B. notify the cases, Dr. A. having already done so?

* * Section III (1) (b) sets forth that "every medical practitioner attending on or called into visit the patient" shall notify. Hence it would seem to be the duty of Dr. B. equally with Dr. A. to notify the cases. This is but one of the many anomalies in the Act, Section III (1) (a) of which requires under certain circumstances notification of a case by "every person in charge of or in attendance on the patient." The statutory duty in these instances and the absolute necessity seem to us to be two very different things.

PUBLIC VACCINATORS AND THE NATIONAL VACCINE ESTABLISHMENT.

A PUBLIC VACCINATOR writes to ask us if it is compulsory for him to return to Whitehall the schedule which is forwarded to him every time he is furnished with a few points of calf lymph, such schedule to show the results of operations performed with the lymph, he "having received three notices for not complying with the request, the last one being in pretty sharp terms."

* * Other practitioners, chagrined at the same request, have from time to time put the identical question to us. We can only say of it that the regulation is one of official character. It appears to be a condition of supply.

ALTERATION OF MEDICAL OFFICER'S DISTRICT.

LEX CIVILIS says that the council of a parish in the district of which he is medical officer has applied to the Local Government Board to have a fresh medical officer appointed for this one parish on the ground that the distance (two miles) which the patients now have to send for medical attendance entails a hardship on them. The Local Government Board have referred this question to the guardians, and our correspondent asks whether any part of his district can be taken from him, and, if so, what the effect of this change would be in reference to his salary.

* * By Art. 5 of Local Government Board Order dated May 25th, 1857, the guardians may (when a change in the district of a medical officer is deemed necessary for the better medical relief of the poor) with the consent of the Local Government Board, and after six months' notice, "determine his office." Should the guardians in this case decide on altering the district (which we think highly improbable) a new district

would be formed; and if our correspondent has under the new arrangement a smaller area assigned to him, his salary would doubtless be less than at the present time.

MEDICAL OFFICER OF HEALTH AND PRIVATE PRACTICE.

INCERTUS writes saying that, owing to the high infantile mortality and the prevalence of typhoid fever in an urban district, he has been asked by the district council to draw up a pamphlet, giving simple instructions on the nursing, etc., of infants and the domestic means of averting typhoid fever, for distribution from house to house in the district. He asks whether there is any ethical objection to his doing so, and appending his signature as medical officer of health.

* * It may be assumed that "Incertus" is in practice in the district referred to, and, under these circumstances, he might obviate any possible objection by arranging for the pamphlet to be issued by the district council, and for the signature appended being that of the clerk or of the chairman, or other member of the council.

MEDICAL NEWS.

PROFESSOR SILVANUS THOMPSON, F.R.S., will give a Friday evening discourse at the Royal Institution on May 8th, the subject being "Electric Shadows and Luminescence."

SIR MATTHEW WHITE RIDLEY has approved the appointment of Miss May Abraham, the senior lady inspector of factories, to the rank of superintending inspector.

THE Governors of Charing Cross Hospital have decided to pull down Toole's Theatre and the Beefsteak Club above it, and add the space to the hospital.

GEORGE J. JENKINS, M.B., C.M., assistant at the Argyle and Bute Asylum, has been appointed resident medical officer at Craiglockhart Poorhouse under the Edinburgh Parish Council.

A DINNER in aid of the funds of the Royal Eye Hospital (the Royal South London Ophthalmic Hospital, Southwark) was held on April 21st, in the Whitehall Rooms of the Hôtel Métropole, under the presidency of Mr. James Bailey, M.P. Donations to the amount of £2,059 were announced.

The current number of the *Pharmaceutical Journal* contains an interesting account of an investigation by Dr. Roos and Professor Baumann (of Freiburg), in which they claim to have isolated the active principle of the thyroid gland, to which the therapeutic action of the gland is attributable.

A *Practical Treatise on Traumatic Separation of the Epiphysis*, by Mr. John Poland, F.R.C.S., will be published shortly by Messrs. Smith, Elder, and Co. It will form an octavo volume of some of some 800 or 900 pages, and will contain numerous original woodcuts.

THE issue of *Nature* for next week (May 7th) will contain as an addition to the "Science Worthies Series" a life of Sir Joseph Lister, and an appreciation by Professor Tillmanns, of Leipzig. A photogravure portrait will accompany the number, which will be issued from the offices of *Nature* (29, Bedford Street, Strand), price 6d.

THE lectures on Wednesday afternoons at the National Hospital for the Paralysed and Epileptic, Queen Square, will be resumed on May 6th, when Dr. Gowers will deliver the first lecture of the summer course at the usual hour, 3 p.m. The subsequent lectures of the course will be delivered by various members of the staff of the hospital at the same hour.

At the request of his colleagues on the staff of the Brompton Hospital for Consumption, Dr. Theodore Williams will give the introductory lecture of a course on Pulmonary Tuberculosis to be given on each Wednesday in May and June at 4 p.m. The subject of Dr. Williams's lecture on May 6th will be the Arrest of Pulmonary Tuberculosis. The course of lectures is open to all medical practitioners inscribing their names.

PRESENTATION.—Mr. James Leslie Callaghan, L.R.C.P. Edin. & L.R.C.S.I., has been presented with an illuminated address and gold watch by his patients and friends as a token of respect and esteem on the occasion of his leaving Colyton. He was also presented with a barometer, with silver plate suitably inscribed from the members of the Colyton Social Club, in recognition of his services as president.

WE have received from Mr. H. K. Lewis, 136, Gower Street, specimens of a nursing chart published by him. They are suitable for the use of a nurse in attendance upon a severe case, and contain spaces for hourly notes both with regard to the condition of the patient and the stimulant, medicine, or nutriment administered. They are sold at the rate of 3s. 6d. a hundred, or twenty for 1s., in either case post free.

THREE prominent West End clubs, the Bachelors', the Turf, and White's, have each contributed £1,000 towards endowing a bed to bear the name of the club, in Guy's Hospital. A whip is now going round the Carlton and the Reform with the same object. As the Prince of Wales has for a long time taken a special interest in Guy's, it is not improbable that the members of the Marlborough, His Royal Highness's favourite club, will also soon subscribe their quota.

AT St. Thomas's Hospital Medical School the Tite Scholarship for the session 1895-96 has been awarded to Mr. C. F. Selous, the Peacock Scholarship to Mr. J. Gaff, the Musgrave Scholarship (second tenure with First College Prize) to Mr. H. E. Hewitt, the Mead Medal for Practical Medicine to Mr. A. W. Sikes, and the Cheselden Medal for Surgery and Surgical Anatomy to Mr. J. P. Scatchard, who receives also the Treasurer's Gold Medal.

THE VICTORIA HOSPITAL FOR CHILDREN, CHELSEA.—We are informed that the medical and surgical staff of the Victoria Hospital for Children will give a course of lectures during the summer session upon the Diseases of Children. The first lecture upon Meningitis in its Surgical Aspects, by Mr. D'Arcy Power, will be delivered in the Board-room of the hospital, at 4 p.m. on Thursday, May 14th. A lecture will be given every subsequent Thursday, at the same time and place, each being followed by a demonstration of cases in the wards. Practitioners and students of medicine are invited to attend.

TESTIMONIAL TO SIR JOSEPH FAYRER.—The Committee of the testimonial fund have invited Sir Joseph Fayrer, Bart., K.C.S.I., to sit for his portrait to Mr. Sydney Hall, and it is hoped that the picture may be ready to be placed in the officers' mess at Netley in July. The portrait has been subscribed for by Sir Joseph Fayrer's brother officers of the medical services and other friends and admirers, as a recognition of the great services he has rendered by his writings and by his official life to the army and to the Army Medical School, of the Senate of which he was an active member for many years.

THE festival dinner of the Royal National Hospital for Consumption, Ventnor, which was held at the Hôtel Métropole, London, on April 20th, was to have been presided over by the late Prince Henry of Battenberg, who had given a promise to do so before undertaking his fatal journey to Ashanti. The Queen telegraphed from Cimiez that she would contribute fifty guineas to the funds of the hospital. The chair was taken by Sir Richard Webster, who, after a sympathetic reference to the death of Prince Henry, described the arrangements of the hospital, where, he said, the plan of treatment pursued was the most perfect that science could suggest to make the cure of consumption as effective as possible. During its career since its establishment in 1868 owing to the efforts of Dr. Hill Hassall, over 16,000 patients had been received within its walls and treated on the separate system, with the result that many useful lives had been prolonged. Contributions amounting to £1,753 10s. were acknowledged, and it was announced that Messrs. Erard had presented a grand piano and Messrs. Burroughs and Watts a billiard table for the use of the patients.

MEDICAL VACANCIES.

The following vacancies are announced:

BULUWAYO HOSPITAL.—Resident House-Surgeon; unmarried. Salary, £400 per annum, with free board and lodging. Applications to be addressed to "The Chairman, Hospital Board, Bulawayo, Rhodesia," to reach not later than June 30th.

BURGH OF LEITH.—Resident Physician to the Public Health Hospital, doubly qualified. Salary, 50 guineas. Applications to T. B. Laing, Town Clerk, Town Clerk's Office, Leith, by May 9th.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.—Anaesthetist and Assistant Anaesthetist, must be duly-qualified medical practitioners. Applications to J. Francis Pink, Secretary, by May 11th.

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.

GLAMORGAN COUNTY ASYLUM, Bridgend.—Junior Assistant Medical Officer. Salary, £130, rising £10 a year to £150 per annum, if approved, with board (no beer or wine), lodging, and washing. Applications to the Medical Superintendent by May 12th.

HOSPITAL FOR SICK CHILDREN, Newcastle-on-Tyne.—Resident Medical Officer, doubly qualified. Salary, £60, with board, lodging, and laundry. Applications to Robert J. Gibson, Secretary, 18, Royal Arcade, Newcastle-on-Tyne, by May 4th.

HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician, doubly qualified. Appointment for six months. Salary, £30. Applications to David Cannon, Secretary, by May 6th.

KENT COUNTY OPHTHALMIC HOSPITAL, Maidstone.—House-Surgeon. Salary, for the first year £125 and £150 after the first year, with furnished apartments and attendance in the hospital, but without board. Applications to Matthew A. Adams, Surgeon to the Hospital.

LEICESTER INFIRMARY.—Assistant House-Surgeon. Appointment for six months subject to re-election. Honorarium of £21 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.

LIVERPOOL INFIRMARY FOR CHILDREN, Myrtle Street, Liverpool.—House-Surgeon. Salary, £85 per annum, with board and lodging. Applications to C. W. Carver, Honorary Secretary, by May 9th.

METROPOLITAN ASYLUMS BOARD.—Medical Superintendent of the South-Eastern Hospital, Hatfield Street, Old Kent Road, S.E.: doubly qualified. Salary, £400 per annum, increasing by £25 yearly to £500, with partially-furnished house, attendance, coals, gas, and washing. Applications, on forms to be obtained at the office of the Board, Norfolk House, Norfolk Street, W.C., to be sent to T. Duncombe Mann, Clerk to the Board by May 7th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Surgeon and an Assistant Surgeon, must be F.R.C.S. Eng. Applications to C. H. Byers, Secretary, by May 4th.

MONMOUTH HOSPITAL.—Resident Dispenser; certified, not under 40 years. Salary, £80, with board. Applications to F. G. Prosser, Surgeon, Monmouth.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, Soho Square.—Resident Medical Officer; doubly qualified. Appointment for six months. Board, residence, laundry, and honorarium of 10 guineas. Applications to the Secretary by May 11th.

PLYMOUTH ROYAL EYE INFIRMARY.—Honorary Surgeon. Applications to the Secretary by May 9th.

RANGOON MUNICIPALITY.—Health Officer for the Municipality. Salary, Rs. 600 per mensem, rising to Rs. 1,000 per mensem by annual increments of Rs. 50 per mensem. The Health Officer also appointed *Ex-officio* Inspector of Factories, and receives as such Rs. 150 per mensem. Passage to Rangoon will be paid. Applications to Messrs. Ogilvy, Gillanders, and Co., Sun Court, 67, Cornhill, E.C.

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Assistant House-Surgeon. Appointment for six months. Gratuity, £10. Applications to T. A. Fisher Hall, Secretary, by May 15th.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square, W.—Assistant Resident Medical Officer. Doubly qualified. Appointment for six months. Salary at the rate of £50 per annum, with furnished apartments, attendance, coal, and light. Applications to the Secretary by May 4th.

ST. THOMAS'S HOSPITAL.—Assistant Obstetric Physician; must be M.R.C.P. Lond. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by May 2nd.

SHEFFIELD ROYAL HOSPITAL.—House-Physician; unmarried. Appointment for one year. Board (exclusive of wine and beer), lodging, and an honorarium of 25 guineas. Applications to Dr. Sinclair White, Secretary to the Honorary Medical Staff, by May 7th.

STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon. Appointment for six months, with board and residence. Honorarium of £10. Applications to the Secretary by May 5th.

STRETTON HOUSE PRIVATE ASYLUM.—Resident Medical Officer; unmarried. Applications to Campbell Hyslop, Stretton House, Church Stretton, Salop.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician for In-patients. Honorarium, £50 per annum, with board and lodging. Appointment for twelve months. Assistant Physician to Out-patients. Appointment for five years, but eligible for re-election. Applications to the Secretary by May 16th.

MEDICAL APPOINTMENTS.

ANDERSON, John, C.I.E., F.R.C.P., appointed Lecturer on Tropical Diseases at St. Mary's Hospital Medical School.

BEAUMONT, J. C. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer to the Infirmary and the Gordon Road Workhouse of the Camberwell Parish, *vice* H. Chabot, M.R.C.S. Eng., resigned.

BURT, D. J. S., M.B., C.M. Edin., appointed House-Surgeon to the Brighton, Hove, and Sussex Throat and Ear Hospital, Brighton.

CLARK, R. L., M.B., C.M. Edin., appointed Medical Officer for the Maryport District of the Cockermouth Union, *vice* J. Little, M.D. Edin., resigned.

CLARK, W. T. M., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer of Health to the Twickenham District Council.

DUNCAN, R. B., M.D.Durh., appointed Medical Officer for the Bradninch District of the Tiverton Union, *vice* C.H. Hallett, M.B., C.M.Glasg., resigned.

EDMONDS, Henry A., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Nettleden District of the Henley Union, *vice* O. Roberts, L.R.C.P.Edin., resigned.

FERNIE, Edward, M.D.St.And., reappointed Medical Officer of Health to the Stone Urban District Council.

FLUX, George B., M.D.Bru., L.R.C.P., M.R.C.S., L.S.A., appointed Ames-
thetist to the National Dental Hospital.

FLYNN, Robert A., F.R.C.P., L.R.C.S.I., appointed Gynaecologist to the Drumcondra Hospital, Dublin.

GARSTANG, T., M.R.C.S.Eng., appointed Medical Officer of Health to the Middlewick Urban District Council.

GILL, Samuel E., M.B.Lond., L.R.C.P., M.R.C.S., appointed Resident Medical Officer to the Royal Hospital for Diseases of the Chest, City Road.

HAMMOND, William, L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer for the No. 6 District of the Liskeard Union.

HILL, A. Bostock, M.D., L.R.C.P.Edin., reappointed Public Analyst to the Leamington Town Council.

JONES, Henry T., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Second District of the Pembroke Union, *vice* J. W. Morison, L.R.C.P.Edin., M.R.C.S.Eng., resigned.

JONES, Samuel E., L.R.C.P., L.R.C.S., appointed Medical Officer for the Shocklack District of the Tarvin Union.

LANDOWN, C. E., M.R.C.S., L.R.C.P.Lond., appointed Resident Medical Officer to the Royal York Dispensary.

MACAULAY, Bryce J., L.R.C.P., L.R.C.S.Eng., L.F.P. & S.Glasg., appointed Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

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

MUNRO, J. D. R., M.D.Edin., appointed Medical Officer of Health to the Nantwich Urban District.

PEARSON, R. S., M.R.C.S., L.R.C.P., appointed Medical Officer of Health for the Wigan Rural District, *vice* J. A. Marsden, M.R.C.S.Eng., resigned.

PLIMMER, H. G., M.R.C.S., L.S.A., appointed Bacteriologist at St. Mary's Hospital Medical School.

SCATTERTY, William, M.A., M.D.Aberd., appointed Medical Officer of Health for the Borough of Keighley.

SHANNON, Robert Alexander, L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer for the No. 2 District of the Bromley Union.

WALSHAM, Hugh, M.A., M.B.Cantab., M.R.C.P.Lond., appointed Assistant Physician to the City of London Hospital.

WILLIAMSON, W. W., M.B., C.M.Edin., appointed Medical Officer of Health to the Lynn Urban District.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Clinical Examination of the Eye. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. H. R. Stewart: Examination of the Ear.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Discussion on Early Treatment of Crowded Mouths to be opened by Mr. J. F. Colyer. Casual communication by Mr. G. Brunton.

TUESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth.

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.—Papers: Drs. Norman Moore and Kanthack: Malarial Haematocytosis in Asiatic Fever. Mr. Johnson Smith: Lymph Scrotum with Filaria. Drs. Arkle and Hinds (Worthing): Pneumocystosis. Mr. Shattock: Healing of Incisions in Vegetable Tissues. Card specimens by Mr. Sydney Jones, Mr. J. R. Lunn, Dr. H. C. Sharp (Truro), Mr. St. Clair Thomson, Mr. Targett, and Dr. Rolleston.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Erythema. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Diseases of Choroid, with cases.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. C. Theodore Williams: The Arrest of Pulmonary Tuberculosis.

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

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Dr. Lewers, Mr. Doran, Dr. Handfield Jones, and others. Papers: Adjourned discussion on Mr. Morrison's and Drs. Spencer and Eden's papers on Decidua Maligna. Mr. Alban Doran: Cases of

Fibroma of the Ovary and Ovarian Ligament Removed by Operation, with a series of after-histories of cases reported in the *Transactions* since 1879. Dr. John Phillips: Anterior Colpotomy.

THURSDAY.

LONDON POST-GRADUATE COURSE, British Institute of Preventive Medicine, Great Russell Street, W.C., 3.30 P.M.—Dr. Allan Macfadyen and Mr. A. G. Foulerton: More Important Constituents of Normal Urine. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M. Mr. John Hopkins: Clinical Lecture.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Clinical evening: Mr. Anderson Critchett: (1) Restoration to Normal Vision after Sympathetic Ophthalmitis. (2) Extraction of Dislocated Lens with Good Result. Dr. R. D. Batten: Optic Nerve Disease in a Mother and Three Children. Mr. Holmes Spicer: Case of Spurious Optic Neuritis. Mr. Henry Power: Case of Lightning Stroke of Face without Permanent Lesion of the Eyes. Dr. D. Mowat: Lymphangiectasis of Eyelids. Mr. Maclellan: One-sided Paralysis of Sixth Nerve; Contraction of Orbicularis and Retraction of Globe on Rotation Inwards. Dr. Bell Taylor: Transplantation of Skin to Surface of Eyeball for Cure of Symblepharon. Mr. Cartwright: Posterior Lentil Opacity, Remains of Hyaloid Artery, and Coloboma of Lens. Mr. F. Eve: Case of Detachment of Retina Treated by Drainage.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, 8.30 P.M.—Dr. A. T. Schofield: On Mental Therapeutics.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: The Microscope and Methods of Cultivation. 4 to 5 P.M.—Examinations of Cultivations.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. L. Hudson: A case of Malignancy in a boy aged 12. Mr. E. Ward: Three cases of Laryngectomy. Mr. W. A. Lane: A case illustrating a Condition of Partial Congenital Dislocation of both Hip-joints Forward and Upwards. Mr. Raymond Johnson: Fracture of the Neck of the Femur in a Young Subject resulting from Dry Caries of the Bone. Mr. Makins: A case of Division and Immediate Suture of the Left Vagus.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.—Mr. Wyatt Wingrave: On Malignant Disease of the Throat and Larynx.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTH.

BROCKWAY.—On March 17th, at Southport, Queensland, the wife of Dr. A. B. Brockway, M.O.H., of a daughter.

MARRIAGES.

HAIG—WHITTON.—On April 21st, at St. Cuthbert's, Philbeach Gardens, by the Rev. C. Hatt, Surgeon-Lieutenant-Colonel Percy de Haga Haig, I.M.S., 1st Punjaub Cavalry, to Eleanor Beatrice (Norah), eldest daughter of Brigade-Surgeon G. E. Whitton, M.B., of 32, Kensington Mansions, S.W.

OVEREND—PAYNE.—On April 22nd, at All Saints, Edmonton, by the Rev. R. S. Gregory, M.A., Vicar, assisted by the Rev. L. G. Fry, M.A., Vicar of St. James's, Upper Edmonton, Wilkinson Overend, Esq., M.B., B.A.Oxon., of Sheffield, younger son of the late Thomas Overend, Esq., of Keighley, to Elizabeth Russell, eldest daughter of William Francis and Jane Willton Payne, of Brighthelm, Bush Kill Park, Enfield.

PRINGLE—WILKIE.—On April 28th, at St. George's Church, Charlotte Square, Edinburgh, by the Rev. H. M. Hamilton, D.D., Hamilton, assisted by the Rev. T. L. Ritchie, Brechin, G. L. Kerr Pringle, M.B. Edin., Bridgwater, Somerset, only son of John Pringle, M.D., Deputy-Inspector-General of Hospitals, late Madras Army, to Millie, youngest daughter of the late William Wilkie of Gartferry, Lanarkshire, and Mrs. Wilkie, 23, Dean Park Crescent, Edinburgh.

SUTHERLAND—BARWELL.—On April 30th, at St. John's, Hollington, St. Leonard's, by the Rev. W. H. Green, M.A., Vicar, and the Rev. E. N. Powell, M.A., Henry Sutherland, M.D., of Richmond Terrace, Whitehall, to Meta Prescott, second daughter of Captain William Blunt Barwell, formerly 16th Bengal Lancers, and granddaughter of the late General William Prescott.

URQUHART—LESLIE.—On April 27th, at St. Andrew's Episcopal Church, Aberdeen, by the Very Rev. J. M. Danson, D.D., Aberdeen, assisted by the Rev. W. Walker, D.D., Dean of Aberdeen and Orkney, Charles Thistleton Dyer Urquhart, M.B., Aberdeen, to Blanche, fourth daughter of the late Rev. Alexander Leslie, Folla-Rule. No cards. At home 8th, 9th, and 10th June.

WILLIAMS—SWIRE.—On April 16th, at St. Andrew's Church, Southport, by the Rev. Henry Evans, B.D., Vicar of Pembrey, assisted by the Rev. Grantley C. Martin, M.A., Vicar of St. Andrew's, and the Rev. Robert Williams, M.A., Vicar of Dolyddelen, Walter Ebner Williams, M.B., C.M.Glasg., of Portmadoc, to Maud, fifth daughter of the late John Swire, A.K.C., Pembrey, South Wales, and niece of Mrs. Hardy and the late Frederick Hardy, M.D., F.R.C.P., Southport.

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.

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 ORTHOPÆDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.

EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—F., 2.

GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30. Skin, W., 2.30; Dental, W., 2. *Operations*.—W., 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., M. Tu. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*.—M. F. S., 2.

LONDON. *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.

LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.

METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 3.

MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Th., 2.

NATIONAL ORTHOPÆDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.

NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.

NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.

ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.

ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.

ROYAL ORTHOPÆDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.

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

ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., W. S., 9; Eye, W. Th., S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. *Attendances*.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operations*.—M. Tu. Th. F. S., 1.

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; o.p., Eye, Tu. F., 1.30; Eye, Tu. F., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 3.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.

ST. PETER'S. *Attendances*.—M. F., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—M., 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., 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., 9.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.

WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 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.

H. W. asks for information as to a lunatic asylum for clergymen, graduates of the University of Oxford, which he believes exists.

DR. W. P. WARREN (Enfield, Middlesex) wishes to know of a school suitable for a boy of weak intellect. He is 11 years old, and clean in habits. His father can afford to pay £20 a year.

R. H. asks for a good book on vegetable gardening.

* * We have referred this query to Mr. Robinson, the Editor of the *Garden*, who thinks that the *Vegetable Garden*, published by John Murray, will answer our correspondent's purpose.

MEMBER would be glad to know whether he can legally make charges for attendance extending over six weeks in case of complications, "puerperal peritonitis," following confinement, and, if so, from what period after the said confinement he can make such charges. The actual cause could not be definitely be ascertained. The case was instrumental, but "Member" is positive no septic matter was introduced, and special precautions were adopted before leaving the room.

ORDERING HOSPITAL INSTRUMENTS.

T. A. W. asks what rule (if any) obtains in ordering hospital instruments for the use of a hospital.

DISINFECTION OF WATER BEDS.

R. J. C. asks (1) whether it is possible to disinfect a water bed used for a typhoid fever case. The bed, which was only used for one day, consists practically of one large india-rubber bottle. (2) Whether it is advisable under any circumstances to give a certificate that the water bed has been disinfected and may be used in non-infectious cases.

IRREGULAR HEART.

CEYLON asks for an explanation of the following case: A man, aged 30, suffers from slight irregularity of the heart's action. He is spare in build, and of a nervous temperament. No murmur can be detected. He is able to ride, drive, climb hills, and walk a distance of over five miles. Has always been a total abstainer, of moral habits, and not addicted to excessive indulgence in tea, coffee, etc., and is not a dyspeptic. The heart appears to miss a beat after two, nine, eleven beats, etc., and when there is no intermission the force of the beat varies. Digitalis has been tried with little or hardly any benefit. Preparations containing strychnine make the pulse almost regular. He never had any attack of acute rheumatism, but suffers from bronchitis now and then, as the result of exposure.

BOAT RACING.

MEMBER wishes to know if statistics have been collected of the after-life histories of men who have rowed in the annual Oxford and Cambridge boat race since its inception. If so, where can these statistics be seen? Has training for boat racing ever been proved to cause phthisis?

* * Our correspondent might consult *University Oars*, by J. E. Morgan, M.D. (Macmillan, 1873), for the information he seeks. There is also a book dealing with the after-history of interuniversity crews which was written by the Rev. W. F. Macmichael a few years subsequently to the above. The names of all the crews up to the year 1881 were published in the report of the jubilee dinner of the boat race held that year in London; and from it our correspondent could find how many were dead at that date, but he would get no information as to the cause of death. We have never heard it suggested that training for boat racing was a cause of phthisis.

A CASE FOR DIAGNOSIS.

AN ANXIOUS INQUIRER asks for a hint for the treatment of the following case:—A woman, aged 65, of abstemious habits, living a life of quiet ease, well nourished, and, except for the troubles described, in excellent health. Her right leg is slightly swollen about the instep and ankle, and some of the veins on the dorsum of the foot are varicose but not to a marked extent, yet she complains of a feeling of coldness in the limb from the knee downwards, and she feels a strong desire to rub it. The leg from the knee downwards is wrapped in surgical wool, unmedicated, and over this a warm woollen stocking is worn. The left leg is to all appearances healthy, yet from time to time she suffers from violent spasm of the extensor of the great toe; the toe is very suddenly pulled up to a right angle with the foot, and the extensor tendon and muscle stand out like a ridge of bone. During this time the pain is dreadful. Occasionally the spasms are repeated at short intervals: they usually last one or two minutes, especially at night; in the early part of the day spasms seldom occur. Rest in bed seems to prevent their occurrence, and when a series of the attacks (which may run to ten or twelve) commences, full doses of Battley's solution of opium stop them. Trinitrine was of no use; placing the foot on a splint and binding down the toe intensified the pain.

ANSWERS.

L.—We regret that we have no information on the subject referred to.

W.G.P.—There is no reason to think that any possible connection may exist between the effect and the alleged cause.

SURGEON-CAPTAIN.—We have placed the matter of which our correspondent so justly complains in the hands of the Medical Defence Union. Only one of the persons named is registered; the attention of his licensing corporation will probably be called to the unethical conduct. The other, it is hoped, will be prosecuted under the Medical Act.