

occurred externally. Therefore in this case, if in any, one would expect to find the placental tissue as vital and unaltered as it could be five months after its function and foetal circulation ceased. The drawing shows a villus from this placenta which can hardly be described, so complete is its disintegration. Compressed by organised blood clot and separated from its fellows, it is, indeed, but a wreck of a villus.

I believe that after the foetal circulation has ceased no constructive process continues in the foetal elements of the placenta. I find no trace of division in either epiblastic or mesoblastic foetal cells of a placenta whose embryo has been dead any length of time; while karyomitotic figures are common in growing villi hardened immediately after the death of the ovum. The foetal tissues may increase in size, but only through the swelling of degenerative processes. The maternal blood occupying the intervillous spaces clots and becomes organised, rendering firm and tough the originally spongy placenta. Indeed, the villi in a placental relic play a part comparable to that of a sponge graft, and afford a structure round which new connective tissue is formed, just like the fibres of a dead sponge would do. Young villi degenerate more quickly than mature villi, but their epithelium is more distinct and perfect than that of old villi. Therefore in determining the length of time a placenta has been retained, one should judge by the degree of organisation that has occurred in the blood clot between the villi, rather than by the condition of the villi themselves. Now the time occupied by the transformation of blood clot into fibrous tissue is fairly well known, so that there should be no difficulty in deciding whether any placenta has been retained for days, weeks, or months; though after fibrous tissue is once formed it doubtless undergoes very little further alteration.

The placenta has been supposed to grow after the death of the foetus in ectopic gestation. But recent work has shown that all progressive changes that occur are in the blood clot, and that none but degenerative processes occur in the villi.¹

In the present discussion on deciduoma malignum it is urged by some that foetal epiblast lives and grows in the maternal tissues, while others hold that the origin of the new growths in question is decidual cells, which are simply connective tissue cells of the uterine mucosa. It is, however, far from proved that foetal cells play any part in the matter, so that deciduoma malignum at present affords no argument against the above conclusions.

A CASE OF FATAL PERNICIOUS ANÆMIA IN A GIRL AGED 20.

By J. BROOKE RIDLEY, M.D. EDIN.,
Woking, Surrey.

THE following case of this interesting disease appears to be worthy of record, owing to the early age, the sudden onset after mental strain and worry, and the fatal course:

M. A., aged 20, single, a school teacher, had always been strong and in robust health, and gave no history of any recent illness or blood loss.

At the end of December, 1895, she was noticed to be getting pale. This was attributed to mental strain and worry she had recently had. As she got worse, I saw her on January 29th, 1896. She looked very ill, complained of vomiting, dyspnoea, anorexia, dimness of vision, severe headache, extreme debility, and fainting. There was intense pallor, the skin being of a transparent waxen hue, with a lemon yellow tint. The mucous membranes of the lips and eyelids were quite colourless. There were no submucous or retinal hæmorrhages, but there was pallor of retinae and optic discs. There was no emaciation; no cedema of lower extremities; no osseous pains; no hepatic or splenic enlargement; no bleeding from any passage. The area of cardiac dulness was normal. A loud systolic murmur was heard at the apex and base, and a continuous venous hum in the vessels of the neck. No evidence whatever of any thoracic or abdominal disease, or of intestinal parasites was afforded. The patient was slightly constipated; menstruation was normal; the

tongue clean, but pale; the urine clear, of a dark colour, specific gravity 1011; it contained no albumen nor sugar, but gave a deposit of bright urates. The blood was pale and watery; the discs greatly reduced, and did not form rouleaux, but varied in size and shape, some large, others distorted, a few small and deeply coloured; granular masses were present. I regret I had not the appliances for estimating the hæmoglobin or hæmocytes.

The usual line of treatment was adopted—arsenic, iron, salol, etc.—with marked improvement for a few days. Then ensued an aggravation of all the symptoms, incessant vomiting of greenish fluid without blood. There was no epigastric pain. Suffice it to say that in spite of every care she went from bad to worse; the temperature, normal at first, now varied from 100° to 101° F., with slight delirium and cadaveric odour of the breath. The heart's action was more feeble, so that she became comatose and died on February 14th. No *post-mortem* examination was allowed. The home surroundings were good, and the other members of the family were strong and healthy.

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

CHRONIC HYDROCEPHALUS, WITH DEATH IN THE TWENTY-THIRD YEAR.

A CASE of hydrocephalus, lasting from infancy well into manhood, is sufficiently rare to deserve recording. The following is such a case:

B., a male, died on April 13th, 1896, aged 22 years and 1 week. He is said to have had "water in the head" when a year old, but was supposed to have recovered from this, though the head remained large. He grew up a bright, intelligent child till his 7th year, when the head symptoms recurred and rapidly developed. Very soon he became blind, and a few years afterwards his speech also was lost, though hearing remained unaffected till death. During the course of the disease he was subject to infrequent and very slight convulsions.

At death the measurements of the head were: Circumference at the level of the occipital protuberance 26 inches (this had been the measurement for some years); length over the surface from root of nose to occipital protuberance, 16 inches; from mastoid process to mastoid over the vertex, 19 inches. The skull was completely ossified, the face infantile in size and appearance, the teeth decayed.

The spine was sharply curved, the convexity to the left; the left thorax flattened, the right prominent and reaching down over the pelvis. All the joints were strongly flexed, the feet extended; the head of the left femur lay upon the ilium. The body and limbs were shrunken to the skeleton, and of boardlike rigidity. Only the shoulder and fingers of the right side were movable, voluntary movement being accompanied with tremors. A straight line from vertex to great toe measured 40 inches. The genitals were well developed, and covered with hair. For fifteen years he had been nursed in the arms like an infant, constantly whining and crying out. Death was preceded by coma of about four hours' duration.

Both parents are alive and healthy; two sisters are healthy young women. The mother had one stillbirth. This was all her family.

Glasgow.

JOHN LINDSAY, M.A., M.B.

CEREBRAL MENINGITIS FOLLOWING INFLUENZA. WHEN I first saw the patient, a boy aged 14½, he presented the following symptoms: Severe frontal headache, excessive lachrymation, together with pain on pressing over the eyeballs, aching pain in the lumbar region and legs, furred tongue, anorexia, somewhat scanty and high-coloured urine, and constipation. The temperature was 104.2° F. and the pulse 117.

From what the boy's mother told me, I came to the conclusion that the illness had commenced with a rigor and some

¹ See D. Berry Hart, *American Journ. Obstet.*, vol. xxv, 1892; and Webster's *Ectopic Pregnancy*, Edin., 1895, p. 101; also Alban Doran on Placental Polypus, vol. xxxvii, *Trans. Obs. Soc.*

sickness, but apparently no actual vomiting. There seemed to be no doubt whatever that the boy was suffering from influenza, and I ordered pulv. phenacetin gr. viij to be taken at once, and a mixture containing sulphate of quinine and liquor ammoniæ acetatis.

The next day I found the patient in a much more comfortable condition. The temperature was 100.8° F., the pulse 100, pains better, tongue slightly less furred, and he could be induced to take a little milk pudding.

This improved condition continued for a week, but his temperature never fell below 100° F. At the end of this period he began to lack interest in what was going on about him. He had a dull, almost stupid, expression; did not seem to understand what was said to him, and at times he talked incoherently and picked at the bedclothes.

The ophthalmoscope revealed optic neuritis; there was intolerance of light, the head was slightly retracted, *tâche cérébrale* could be demonstrated, but there was no distinct boat-shaped abdomen. The evidence certainly pointed to cerebral meningitis. This had been going on just three days, when I was called in great haste to see the boy, "as he was in a fit."

I found the patient seized with tonic contractions of nearly every muscle of the body; there was opisthotonos, and both sides of the body seemed about equally affected. He soon relapsed into a comatose condition, and died about ten and a-half hours after the onset of the spasmodic contractions, notwithstanding the fact that he had constant care and frequent liquid nourishment and stimulants, to say nothing of numerous drugs. Potassium bromide, quinine sulphate, liquor ammoniæ acetatis, phenacetin, and sodium salicylate were alike of no avail.

No *post-mortem* examination could be obtained, but there seemed to be no doubt that it had been a case of cerebral meningitis. A careful examination revealed no condition likely to give rise to the disease, and the question seems to be—Is meningitis to be added to the list of sequelæ of influenza? It may be that this was but a coincidence, and that lowered vitality was alike the predisposing cause of both.

WILFRED R. KINGDON, M.B. Durh.,
Late Junior Medical Officer at the Stoke
Newington Dispensary, London.

Queen's Crescent, N.W.

A CASE OF PUERPERAL ECLAMPSIA.

THE perusal of Dr. Swayne's contribution on Puerperal Eclampsia has induced me to place on record an extremely severe case of that disease treated successfully by me in the month of May, 1894.

Mrs. R. was suddenly seized with "fits" late one evening. I found her in a semi-comatose condition, with symptoms of an epileptiform convulsive character, that is, tonic spasm succeeded by clonic alternating with a few minutes' interval between each form of convulsion. Forceful rousing enabled her to answer simple questions, but in an incoherent monosyllabic fashion. The spasms were chiefly confined to the head and arms, and their tonic and clonic nature were especially marked in the latter situation. The legs were moved about in a restless manner, but were not spasmodically affected. There was no disturbance of sensation of the affected areas. The conjunctivæ were quite sensitive both to light and touch, and equally so. The mouth was frothy, but the tongue was not bitten during the attack. The sphincters were under full control. During the attack the urine was not albuminous, but became so afterwards. Respiration was difficult, and both tactile and vocal fremitus being increased suggested a temporary hyperæmia. The pulse was tense and accelerated. The reflexes were normal.

The patient, aged 25 years, was about eight months advanced in her second pregnancy, and there was a history of slight hysteria before marriage. The family history, so far as I could ascertain, was good, and cross-examination failed to elicit any history of nervous disorder. The first child was about two years old, and healthy.

During the present pregnancy the patient had been treated for acid dyspepsia. The morning sickness was never very troublesome, and ceased entirely at the fifth month. Latterly the urine had become thick, scanty, and high coloured, and deposited a copious brick-red sediment of urates, but no

albumen. At times, especially when left to herself, she had been subject to languor and nervousness.

I at once gave 30 grains of bromide of potassium, with πiij of chloroform in mixture, which caused cessation of the fits and a night's sleep. The fits, however, returned with greater intensity on the following afternoon and evening, and so on; until on the fourth day I considered it dangerous to mother and child to temporise longer, and set about the induction of premature labour. This I effected, but with great difficulty, by means of the *British Pharmacopœia* liquid extract of ergot, together with digital dilatation of the os, which was extremely rigid. However, I could not persuade myself to procure chloroform anæsthesia, as the patient was in an extremely weak condition, and the relatives would not have allowed it. During the dilating process the fits again returned, but were of short duration. The presentation was O. L. P., and high up in the pelvis. The membranes protruded in a sausage-shaped manner, but did not aid in the dilatation of the os to any appreciable extent. After waiting two hours, and after dilating the os to three-quarters of its normal extent, as the patient was becoming weaker, and especially as the high presentation and sausage-shaped protrusion of membranes suggested a pelvic contraction, with some difficulty I managed to get the blades of Stephenson's forceps past the os; and, after a good deal of traction, combined and alternated with manœuvres of flexion and rotation on my part, the patient was delivered of a male child. She made a very tardy recovery, but had no more fits.

After careful consideration of the literature of, and my own experience in, puerperal eclampsia, I am inclined to think that the disease originates from a renal insufficiency causing a high arterial pressure, this again reacting on the motor areas of the brain, producing the characteristic epileptic form manifestations in the parts of the body presided over by the centres which are subject to the abnormal blood pressure.

R. MAXWELL-TROTTER, M.B., C.M. (Aberd.).
Cramlington, Northumberland.

REPORTS

ON

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

LEWISHAM INFIRMARY.

A CASE OF PREGNANCY COMPLICATED WITH A PAROVARIAN CYST SIMULATING EXTRAUTERINE FETATION.

(Under the care of F. S. TOOGOOD, M.D. Lond., Medical
Superintendent.)

S. T., aged 26, married, no previous pregnancy, was admitted on February 13th, 1896, complaining of abdominal pain. She brought with her a letter from the obstetric physician of one of the large London hospitals, stated that he regarded her case as one of extrauterine foetation. She regarded herself as being four months pregnant, but stated that there had been some slight discharge at each of the missed periods; there was constant abdominal pain, which had increased in severity during the last month.

The left part of the lower abdomen was occupied by a soft elastic tumour reaching almost to the level of the umbilicus, which yielded no sounds whatever when examined by the stethoscope and phonendoscope. By the vagina, a rounded elastic swelling was found to occupy the whole of the pouch of Douglas, while the cervix, which was pushed forwards and upwards, was firm, and the os, whilst rather large, was not patulous.

It could not be demonstrated that the tumour felt through the abdominal walls was not the pregnant uterus, nor that there was any connection between the above tumour and that felt in the pouch of Douglas.

The patient was, however, anxious for operation, and on February 20th the abdomen was opened in the middle line, and there was found a pregnant uterus and a parovarian cyst about the size of a cocoanut, which was incarcerated in the pelvis and was pushing up the lower segment of the uterus. The cyst was removed without difficulty, the pedicle being

and Therapeutics; on the Action of Convallaria, of Strontium Salts, of Nervous Transfusion; on the Therapeutic Uses of Oxygen; on the Physical and Physiological Properties of Podophyllin; on the Value of Ergot in Metrorrhagia, etc. Constantin Paul was greatly respected as a teacher and valued as a consultant. He was also highly esteemed by all who knew him for the frankness and integrity of his character. He had a cultivated taste for art, and was an assiduous collector, especially of Oriental art work.

WE regret to have to announce the death of Mr. ROBERT INNES NISBETT, M.R.C.S., L.S.A., on March 18th, at Overcliffe. He was born at Forbes, Morayshire, in 1826, and when 21 years of age he came to London and studied at the Royal College of Chemistry. Subsequently in 1851 he went out to Calcutta as analytical chemist. The study of surgery and medicine proving more attractive to him, he returned to England in 1855 and entered Guy's Hospital. Three years later he became M.R.C.S. Eng. and L.S.A. At Guy's he was clinical clerk to Sir William Gull. He was a member of the British Medical Association. Shortly after settling at Gravesend he became Surgeon to the infirmary, which he attended for eighteen years, and when it became an enlarged hospital he was elected Consulting Surgeon. With the first day of 1894 came the severe attack of illness from which, though rallying from time to time, he never recovered. He was at once compelled to resign his practice, and lingered only as a confirmed invalid.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died are Dr. Jeannel, formerly Professor of Therapeutics in the Catholic Faculty of Medicine, Lille, aged 82; Dr. Eduardo Talegon, Professor of Pharmacology in the University of Madrid; Dr. Isidoro Casulleras, a retired officer of the medical department of the Spanish army, and a poet of considerable reputation; Dr. Ramakers, Professor in the Medical School of Algiers; Dr. Alfred Boiffin, Professor of Clinical Surgery in the Medical School of Nantes, aged 39; Dr. Joaquim Theotónio da Silva, Emeritus Professor of Obstetric Medicine in the Escola Medico-Cirurgica of Lisbon, aged 79; and Dr. Paul Wulffius, Director and Chief Physician of the St. Wladimir Children's Hospital of Moscow, aged 66.

MEDICO-LEGAL AND MEDICO-ETHICAL.

ETIQUETTE AND SUBSTITUTES.

TOBY.—Rule 9, Chapter I, Section 3, of the *Code of Medical Ethics*, states clearly the patient's right to change his medical adviser. The ethical duties of the second man called in are laid down in Chapter II, Section 5, Rule 9, which is as follows:

"When a practitioner is called in to, or consulted by a patient who has recently been, or still may be, under the care of another for the same illness, he should on no account interfere in the case, except in an emergency,—having provided for which, he should request a consultation with the gentleman in previous attendance, and decline further direction of the case except in consultation with him. If, however, the latter refuse this, or has relinquished the case, or if the patient insist on dispensing with his services, and a communication to that effect be made to him, the practitioner last consulted will be justified in taking charge of the case—ere assuming which, however, he should satisfy himself that such intimation has been given by the patient or family. Under such circumstances, no unjust or illiberal insinuations should be thrown out in reference to the conduct or practice previously pursued—which, as far as candour and regard for truth and probity will permit, should not only be justified, but, if right, honourably persisted in; for it often happens that when patients (capricious ones especially) do not experience immediate relief from the treatment, they become dissatisfied, and, under the impression that their case is not understood by the 'doctor,' unjustly impute the blame to him; many diseases, moreover, are *per se* of so protracted a nature that the want of success in the early stage of treatment affords no evidence of a lack of skilled professional knowledge."

COTTAGE HOSPITAL OFFICERS AND CORONERS' INQUIRIES.

H. J. I. writes to ask if, as honorary non-resident medical officer to a cottage hospital, he is entitled to claim fees for giving evidence at coroners' inquests concerning the death of a patient dying in the said institution, and whether he would be justified in declining to make a *post-mortem* examination if ordered by the coroner.

"* We have often answered this question before in the *BRITISH MEDICAL JOURNAL*, and we would now refer our correspondent to Clause 22 of the Coroners' Act, 1887, paragraph 2, by which it is enacted: "Where an inquest is held on the body of a person who has died in a county or other lunatic asylum, or in a public hospital, infirmary, or

other medical institution, or in a building or place belonging thereto, or used for the reception of the patients thereof, whether the same be supported by endowments or by voluntary subscriptions, the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid, shall not be entitled to such fee or remuneration."

From the above paragraph it appears that if our correspondent was the medical officer to the cottage hospital, and that it was his duty as such to attend the deceased person dying in the hospital and upon whom an inquest was held, he is on the summons of the coroner bound to give evidence without claim for fee or remuneration.

With regard to the question of declining to obey the order of the coroner we would refer him to Section 23 of the same Act, which says: "Where a medical practitioner fails to obey a summons of a coroner issued in pursuance of this Act, he shall, unless he shows a good and sufficient cause for not having obeyed the same, be liable on summary conviction on the prosecution of the coroner or of any two of the jury to a fine not exceeding five pounds."

PROFESSIONAL PRIVILEGE.

W. G. N. writes: A servant suffering from phthisis consults a doctor, who tells her mistress the nature of her illness. In consequence of this the servant is discharged. Is it likely she would be successful in an action for damages against the doctor? Also, if the servant was seen at her mistress's request, would it make any difference to the case?

"* We are advised that it is contrary to the law for a doctor who is consulted by a servant to inform her mistress without her consent of any secret knowledge he obtains, whether it reflects upon her moral character, or merely upon her physical fitness for work. Where the information given does not fall within the technical definition of "defamation of character"—for example, where the statement is merely that the girl has the misfortune to suffer from such a complaint as phthisis—it is clear that an action for slander would not lie, even where, as in the case supposed, serious damage has resulted to the girl. It is quite possible, however, that an action might be framed to meet that case also, and that the girl might get damages. As we have already remarked, the fact that the girl was seen at her mistress's request would make the case worse and not better, unless the girl herself expressly consented that the doctor's opinion upon her condition, whatever it might turn out to be, might be communicated to her mistress. There is no safe rule in this class of cases except the broad rule that the professional secret is the secret of the patient, and that the doctor holds it in all ordinary circumstances in trust for the patient alone.

LUNACY CERTIFICATES AND MAGISTRATES.

M. B. writes: Will you kindly inform me as to the usual method of procedure of magistrates requested to sign an order in the case of private lunatics? In the borough in which I practise a justice of the peace visits the patient, attended by the clerk to the justices' clerk. Both see the patient. A fee of 2 guineas is charged. They expect one at least of the certifying doctors to be present. I can find no mention in the Lunacy Act of 1890 of a fee due to the justice or to his clerk; nor can I find that the presence of the latter is required. If the fee is an imposition, what is the remedy? If the presence of the clerk to the justices' clerk is an intrusion, who is to exclude him?

"* The practice is understood to vary in different places. There does not appear to be any provision in the Act for the attendance of a justices' clerk in the case of a private lunatic, nor does the Act require or provide for his presence at the consideration of the "petition" by the justice. But the justice "shall be assisted, if he so requires, by the same officers as if he were" acting in the exercise of his ordinary jurisdiction, "and their assistance under this Act shall be considered in fixing their remuneration" (Lunacy Act, 1890). These words of the Act seem to show that if, in a case such as is referred to by M. B., the justice has the assistance of a justices' clerk, such duty on the part of the latter is to be paid for in (and is to be considered in fixing) the fixed remuneration of such clerk. But as regards any expenses not covered by those words of the Act, the Home Secretary apprehended that such must be met by the person presenting the petition. (House of Commons, August 1st, 1890.) The justice therefore appears to have the right to have the clerk present, but it does not appear that a fee for the clerk can be exacted from the petitioner.

A QUESTION OF CONTRACT.

M. inquires what proportion of the expense he ought to bear under the following circumstances. M. is a doctor living in the same town as B., one week's journey from England. M. is not B.'s medical attendant. In October, M. and B. find that in the spring of the ensuing year they will need a maternity nurse, M. for the first time, B. for the third. They agreed to engage one in England, and share the expense. M. offers to make the arrangements, but B. asks to be allowed to do this under circumstances which have no bearing on the question. M. reckons he will want the nurse the last day in February or early in March; B. reckons the end of the third week of April. In November, B. informs M. that the nurse will leave England on February 8th. M. replied, "Don't let her leave so soon; the first week in March will be sufficient." B. agrees to write to this effect. M. hears no more till February 15th, when he

Brigade-Surgeon-Lieutenant-Colonel G. J. H. EVATT, M.D., is promoted to be Surgeon-Colonel, *vice* A. F. Preston, M.B., March 30th.
Surgeon-Lieutenant-Colonel J. D. EDGE, M.D., F.R.C.S.I., is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* J. H. Reynolds, V.C., M.D., retired, January 8th.
Surgeon-Lieutenant-Colonel C. E. DWYER is also promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* G. J. H. Evatt, M.D., March 30th.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN DAVID THOMSON, M.D., is promoted to be Surgeon-Major, May 6th.

INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT A. E. J. WARD, Bengal Establishment, who entered the service January 29th, 1895, is permitted to resign from April 1st.

THE YEOMANRY AND OTHER VOLUNTEERS.

SURGEON-CAPTAIN J. F. D. WILLOUGHBY, Southern Nottinghamshire Yeomanry, has resigned his commission, April 15th.

Mr. HENRY WILLIAMS is appointed Surgeon-Lieutenant in the Southern Nottinghamshire Yeomanry, May 2nd.

The appointment of M. E. F. ELLIOT as Surgeon-Lieutenant in the 1st Hampshire Artillery (Southern Division Royal Artillery), which appeared in the *London Gazette* of April 10th, is cancelled at his own request.

Surgeon-Lieutenant-Colonel G. BANKS, M.D., 1st Caithness Artillery, has resigned his commission, retaining his rank and uniform, May 2nd. Surgeon-Captain C. W. PHILPOT, M.D., 1st Volunteer Battalion the Queen's (Royal West Surrey Regiment), and Surgeon-Lieutenant A. HOOD, M.B., 2nd Glamorganshire Artillery, have also resigned their commissions, May 2nd.

DIPHTHERIA ANTITOXIN.

SINCE the introduction of antitoxin into general use a large number of specimens from affected throats for examination by the Professor of Pathology at Netley has been received, so much so that it has now been decided to issue a number of microscopes to station hospitals and districts not already in possession of these, so that medical officers may be enabled to make diagnoses locally.

THE SANITARY STATE OF THE NETLEY HOSPITAL.

CASES of scarlet fever and diphtheria still continue to occur among patients in the Victoria Hospital, and attention has been directed to the drains, etc., in connection with the wards. It is understood that leakages have been discovered in the waste pipes. Something is clearly wrong with the sanitary arrangements. Most of the fittings at the Royal Victoria Hospital are of a somewhat primitive kind, and have from time to time been patched up. The interior of the hospital has been renovated recently in the case of flooring, latrines, etc., but a great deal yet remains to be done to make Netley Hospital up to date in sanitation. Material improvement is needed in the quarters for married families, for, as at present occupied, both hygiene as well as decency are set at defiance. These quarters were originally built to accommodate the families of invalids who only occupied them temporarily—say for two or three weeks. They are, however, now appropriated for married members of the Netley garrison—for example, Medical Staff Corps men. For those married couples who occupy only one room it is particularly hard, especially in the summer, when cooking, etc., has to be done. In short, eating, sleeping, and cooking has to be carried on in the one room. There is no reason why at a small outlay each quarter should not have a kitchen attached. Each room may fulfil military requirements as to cubic space, but the elements of hygiene require more than this.

THE LATE DIRECTOR-GENERAL A.M.S.

A TRIBUTE of great respect to the memory of the late Sir Thomas Crawford, K.C.B., was paid by H.R.H. the Duke of Cambridge at the recent annual meeting of those interested in the Royal School for Officers' Daughters, Bath, held at the Royal United Service Institution. He said that he had "lost a great friend, and one he had highly prized." In the several reports of the meeting that have appeared no mention is made of this tribute, which will be gladly read by the late Director-General's friends. Sir Thomas as Chairman of the Committee of the school did much to improve and utilise the institution.

PROPOSED CHANGES IN THE ARMY MEDICAL SERVICE IN INDIA.

A WELL-INFORMED correspondent writes: A word of timely warning to the profession and the schools is needed, and a demand on their *esprit de corps* solicited on behalf of their brethren in the army, against whom the most severe and insidious attack is about to be made by the authorities. It is not necessary now to enter into the proposal that is hatching, but suffice it to say that the authorities, in making an attempt to injure the British Medical Service in India, will certainly fail to meet the difficulties which at present beset them. The Secretary of State for War would be well advised to look with suspicion on any apparently plausible scheme put before him by his military advisers, whose action hitherto has only intensified discontent and rendered the administration of the military medical department most difficult. The Army Medical Staff, whose officers in every campaign have done so much to raise the prestige of the profession, is not likely at a critical moment to be forsaken by the influential Association, that numbers some 17,000 members.

The proposal to which I allude has received publicity in the *Army and Navy Gazette* of April 11th, and the comments of our military contemporaries are worth the consideration of the Secretary of State for War. If the military advisers of the Secretary of State for War feel that they are strong enough to combat the profession and the schools by making proposals of a revolutionary nature to meet their present difficulties, I predict failure for the authorities in the struggle.

THE CASE OF SURGEON-CAPTAIN FOWLER.

A CORRESPONDENT writes that the recent exposure of the treatment of Surgeon-Captain Fowler by the military authorities in the *BRITISH MEDICAL JOURNAL* illustrates only too well the wretched policy adopted towards the Army Medical Department. It has only one aim, "to keep the doctors down." He says, no medical officer can obtain an investigation (except a hole-and-corner one) into any charge made against him. The public imagine, when they see a medical officer's career suddenly ended, and his prospects and reputation perhaps ruined, that some due and open examination of the matter against him had taken place; and that if a mistake had been made, some care at least had been taken to prevent it. But that is not so. A medical officer accused is presumed to be guilty, and the presumption acted on, without even a drumhead kind of court-martial; never, even subsequently to a decision, does he get an opportunity of a hearing, lest, having lost his position, he should at least retain his reputation. The War Office seem to want to impress the medical officer with the conviction "we have you body and soul in our hands." Of course, he may state his case, or get others to state it in a sort of begging memorial, but the outcome is always a polite refusal to reopen the matter; they see "no reason" to reopen it. It is in vain to quote regulations; or even to prove the case up to the hilt; the fixed policy is "thumbs down." The fact is, justice is not to be got. The Director-General in such cases is ignored; and in the burden of the old song, "it's a way they have in the army" towards medical officers. An officer, on retiring at twenty years' service, was once asked his reason why, and his answer was that, having weathered a score of years without accident, the risk of remaining on was too great. The question should be pressed, Why was there no open investigation into the filthy case into which poor Fowler was unwittingly and accidentally entangled? The medical schools and profession have the remedy for these scandals in their own hands by "stopping supplies."

ANOTHER CORRESPONDENT writes: Your late article shows plainly the risks to which medical officers are daily exposed, as well as the injustice to which they may be subjected. Surgeon-Captain Fowler was absolutely innocent of any known crime; without the least semblance of trial he was condemned and ruined by mere arbitrary military fiat. In avoiding the scandal likely to arise from the public trial of the case the military authorities have created a greater by their hardness and palpable unfairness. Fowler was more severely punished than the offenders themselves. It is simply incredible that such monstrous injustice should be defended in the face of Parliament. In this case the Director-General seems to have been treated with studied discourtesy, and it would be interesting to know his action in the matter. The "still small voice of conscience" may yet accuse those privy to this injustice, and even make itself heard within the portals of the War Office.

MEDICAL OFFICERS ON PARADE.

INDIAN MEDICAL SERVICE asks our opinion whether, in the case of a native infantry regiment on parade to be photographed, all the officers of the regiment—British or native—being in position in front of the first line, the medical officer should draw his sword in common with the others. On a late occasion he was told by the second in command not to do so, being non-combatant.

. We have no authority on which to decide this recondit question. If the medical officer wears a sword, we think he should be allowed to draw it on such show occasions; otherwise, why should he wear one? The combatant jealousy of the medical officer and his sword we look upon as sheer puerility, unworthy of grown men, much more of soldiers.

INDIAN MEDICAL SERVICE.

A WRITER in a recent issue of the *Pioneer* says: Indian medical officers of any standing, it is well known, will do anything to escape from the false and humiliating position they hold in regiments—junior at mess, whatever their rank or age, to the latest joined subaltern. But if they escape into civil employ they find themselves in an exactly similar inferior position to the rawest young magistrate, who even reports on their efficiency.

. We are afraid the medical officer is thus continually between the devil and the deep sea. In the public services he is considered an inferior being, and this is no doubt the main reason why he now gives these services a wide berth.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

UNIVERSITY FINANCE.—In consideration of the heavy and continuous fall in the incomes of the Colleges, the Chancellor has reduced by £3,000 the amount of the annual contribution to be paid by them to the University for the three years 1896, 1897, 1898.

AFFILIATION.—The Universities of Toronto and Bombay are to be admitted to the privileges of affiliation.

LORD KELVIN'S JUBILEE.—Sir George Stokes, F.R.S., Dr. Forsyth, F.R.S., and Professor J. J. Thomson, F.R.S., will represent the University at the celebration to be held next month in Glasgow of Lord Kelvin's jubilee as Professor of Natural Philosophy.

MEDICAL DEGREE.—G. F. Still, M.A., M.B., of Caius College, was on April 30th admitted to the degree of M.D.

THIRD M.B. EXAMINATION, EASTER TERM, 1896.—PART I. *Surgery and Midwifery*.—Examined and Approved:

Baird, B.A., Gonv. and Cai.; Barraclough, B.A., Christ's; A. P. Beddard, B.A., Trin.; W. L. Brown, B.A., Joh.; Bumsted, B.A., Joh.; Butler, B.A., Joh.; W. B. Dove, B.A., Christ's; Duckworth, M.A., Jes.; J. N.

Gardiner, B.A., Trin. H.; Haslam, B.A., Gonv. and Cai.; W. B. Heywood, B.A., Emm.; Houseman, B.A., Cla.; Hughes, B.A., Gonv. and Cai.; G. H. Hunt, B.A., Cla.; G. C. Jackson, B.A., Joh.; Jerrard, B.A., Gonv. and Cai.; Langdon, B.A., Gon. and Cai.; C. F. Lillie, B.A., Joh.; G. M. MacDonald, B.A., Christ's; Macnamara, B.A., Pet.; J. M. Martin, B.A., Pet.; F. A. Mills, B.A., Cla.; Molesworth, B.A., Gonv. and Cai.; P. L. Moore, B.A., Joh.; Muriel, B.A., Down; F. H. Pearce, B.A., Trin.; A. S. J. Pearce, M.A., Trin.; Petyt, M.A., Christ's; Shoyer, B.A., Trin. H.; Townsend, B.A., Cla.; Twigg, B.A., Christ's; Tyrrell, B.A., Cla.; Wakefield, M.A., Trin.; F. F. Ward, B.A., H. Selw.; Watson, B.A., Pet.; O. K. Williamson, M.A., Trin.; Williamson, B.A., Joh.; H. W. P. Young, B.A., Gonv. and Cai.

UNIVERSITY OF LONDON.

A MEETING of Convocation is to be held on Tuesday, May 12th. It will be proposed that a Special Committee of thirteen members be nominated to prepare for presentation to the Statutory Commission when appointed, a memorandum of points in the scheme of the Royal Commission, in which notification is desirable, and that this Special Committee have power to confer with the Statutory Commission, and with the Senate or any committee thereof, and if the Special Committee thinks fit, to prepare amendments to the London University Commission Bill, to be proposed in either House of Parliament on behalf of Convocation. The Committee on the Standing Orders of Convocation will present its report. New standing orders to limit the duration of speeches to fifteen minutes, and for applying the closure, will be proposed. A third annual ordinary meeting of Convocation will be recommended to be held on the last Tuesday in October. It will be proposed to constitute a Standing Committee in place of the Annual Committee, such Standing Committee to consist of 36 elected members, 9 belonging to each of the Faculties of Arts, Laws, Medicine, and Science (including music), to be elected for a period of three years, one-third retiring annually, but being eligible for re-election. There will thus be twelve vacancies to fill up every year. If this resolution be carried it will be proposed that such Standing Committee be elected at the ordinary meeting of Convocation in May, 1897, each member of Convocation having at that election nine votes. On Tuesday next the Annual Committee for the coming year will be elected.

UNIVERSITY OF EDINBURGH.

THE examinations in Clinical Surgery for the Final Professional for the Degrees of M.B. and C.M. began on Monday, May 4th, and those in Clinical Medicine on May 5th.

The Summer Session in the University and Extra-Mural Medical Classes was opened on Tuesday, May 5th.

EDINBURGH AND ST. ANDREWS UNIVERSITIES.

In consequence of the appointment of Sir Charles John Pearson, Lord Advocate for Scotland, to the Scottish Bench, in the room of Lord Rutherford Clark, resigned, a vacancy is created in the Parliamentary representation of Edinburgh and St. Andrews Universities, which together return one member to the House of Commons. In response to representations made on behalf of many medical graduates of the two Universities, Sir William Overend Priestley, M.D. Edin., LL.D., F.R.C.P., has decided to accept nomination as Unionist candidate for the seat. The last contest was in 1885, when the Right Honourable J. H. A. Macdonald (C.) polled 2,840 votes, and Sir J. E. Erichsen (L.) 2,453. Mr. Macdonald was returned unopposed in 1886; Mr. M. T. S. Darling (C.) was unopposed at a by-election in 1888, and Sir C. J. Pearson, Q.C. (C.), was unopposed at a by-election in 1890, and was again returned unopposed at the general elections of 1892 and 1895.

UNIVERSITY OF DUBLIN.

At the Previous Summer Commencements, held in Trinity Term on April 18th, 1896, the following Degree in Medicine was conferred by the University Caput in the presence of the Senate:
Doctor in Medicinæ.—F. A. de T. Mouillot.

UNIVERSITY OF DURHAM.

At the Convocation held on Saturday, April 25th, 1896, the following gentlemen were recommended for the undermentioned degrees.

Doctor in Medicine for Practitioners of Fifteen Years' Standing.—E. Blacker, M.R.C.S., L.R.C.P.; F. W. Brown, M.R.C.S., L.S.A.; J. Davies, M.R.C.S., L.S.A.; B. T. Lowne, F.R.C.S., L.S.A.; R. Mackinlay, L.R.C.P. Edin., L.F.P.S. Glasg.; C. E. Matthews, M.R.C.S., L.R.C.P.; W. S. Mavor, M.R.C.S., L.R.C.P.

Doctor in Medicine.—B. Cox, M.B., B.S. Durh.; H. K. Dawson, M.B., B.S. Durh.; E. W. Diver, M.B. Durh.; F. Hawthorn, M.B., B.S. Durh.; J. W. Leech, M.B., B.S. Durh.; C. N. Lovely, M.B., B.S. Durh.; H. J. Mathews, M.B. Durh.; R. W. Morgan, M.B., B.S. Durh.; O. W. Ogden, M.B., B.S. Durh.; S. S. Whillis, M.B., B.S. Durh.

Bachelor in Medicine (M.B.).—Honours, Second Class: V. Burrow, M.R.C.S., L.R.C.P., St. Mary's Hospital; E. H. Sutcliffe, St. Thomas's Hospital; T. Streatfield, M.R.C.S., L.R.C.P., University College Hospital; G. H. Tomlinson, M.R.C.S., L.R.C.P., Mason College, Birmingham; F. Laughton-Smith, M.R.C.S., L.R.C.P., Mason College, Birmingham; T. B. Poole, M.R.C.S., L.R.C.P., Guy's Hospital; F. W. Rowland, M.R.C.S., L.R.C.P., Guy's Hospital. Pass List: P. L. Armstrong, College of Medicine, Newcastle-upon-Tyne; L. Davidson, College of Medicine, Newcastle-upon-Tyne; C. H. Dickens, St. Thomas's Hospital; W. T. Harkness, College of Medicine, Newcastle-upon-Tyne; E. W. Joscelyne, L.S.A., St. Mary's Hospital; C. H. Joy, Mason College, Birmingham; H. M. Meyrick-Jones, M.R.C.S., L.R.C.P., College of Medicine, Newcastle-upon-Tyne; L. W. Richards, M.R.C.S., L.R.C.P., St. Thomas's Hospital; W. H. Richards, College of Medicine, Newcastle-upon-Tyne; J. D. Shapland, B.A. Cantab., University College Hospital; W. H. Whitehouse, Mason College, Birmingham.

Bachelor in Surgery (B.S.).—P. L. Armstrong, College of Medicine, Newcastle-upon-Tyne; V. Burrow, M.R.C.S., L.R.C.P., St. Mary's Hospital; L. Davidson, College of Medicine, Newcastle-upon-Tyne; W. T. Harkness, College of Medicine, Newcastle-upon-Tyne; C. H. Joy, Mason College, Birmingham; F. Laughton-Smith, M.R.C.S., L.R.C.P., Mason College, Birmingham; H. M. Meyrick-Jones, M.R.C.S., L.R.C.S., College of Medicine, Newcastle-upon-Tyne; H. Newsome, College of Medicine, Newcastle-upon-Tyne; T. B. Poole, M.R.C.S., L.R.C.P., Guy's Hospital; L. W. Richards, M.R.C.S., L.R.C.P., St. Thomas's Hospital; F. W. Rowland, M.R.C.S., L.R.C.P., Guy's Hospital; W. H. Richards, College of Medicine, Newcastle-upon-Tyne; T. Streatfield, M.R.C.S., L.R.C.P., University College Hospital; J. D. Shapland, B.A. Cantab., University College Hospital; G. H. Tomlinson, M.R.C.S., L.R.C.P., Mason College, Birmingham; W. H. Whitehouse, Mason College, Birmingham.

Bachelor in Hygiene.—A. E. Thompson, M.B., B.S. Durh.
Diploma in Public Health (D.P.H.).—W. R. Brunton, M.B., M.R.C.S., L.R.C.P.

THIRD EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE (NEW REGULATIONS).—The following candidates have satisfied the examiners:

Second Class Honours.—A. G. W. Pearson, College of Medicine, Newcastle-upon-Tyne.

Pass List.—P. Holgate, College of Medicine, Newcastle-upon-Tyne; W. H. Lister, College of Medicine, Newcastle-upon-Tyne; J. Lowry, College of Medicine, Newcastle-upon-Tyne; W. Simpson, College of Medicine, Newcastle-upon-Tyne.

ROYAL UNIVERSITY OF IRELAND.

The examiners have recommended that the following candidates be adjudged to have passed the Third Examination in Medicine.

Upper Pass.—N. J. Blaney, Catholic University School of Medicine; *E. J. Butler, Queen's College, Cork; *G. E. Charles, B.A., Queen's College, Cork; *M. Henry, Queen's College, Galway; *G. M. Keating, Catholic University School of Medicine; *T. McKelvey, Queen's College, Galway; A. Montgomery, Queen's College, Belfast.

Pass List.—R. Ahern, Queen's College, Cork, and Catholic University School of Medicine; W. L. Armstrong, Queen's College, Belfast; J. P. Barry, Queen's College, Cork; W. J. Cousins, Queen's College, Belfast; T. F. Dillon, Queen's College, Cork; D. Finnegan, Queen's College, Belfast; T. P. Flynn, Queen's College, Cork; A. Grahame, Queen's College, Belfast; T. K. Greenfield, Queen's College, Belfast; G. C. R. Harbinson, Queen's College, Belfast; Isabel W. Harper, Royal College of Surgeons in Ireland; J. C. B. Hayes, Queen's College, Cork; J. J. Hill, Queen's College, Cork; S. Hill, Queen's College, Belfast; G. A. Hogg, Queen's College, Belfast; J. Keogh, Catholic University School of Medicine; C. Kidd, Queen's College, Galway; H. J. F. Nugent, Catholic University School of Medicine; R. Officer, Queen's College, Belfast; P. E. O'Flaherty, Queen's Colleges, Belfast and Galway; P. M. O'Meara, B.A., Catholic University School of Medicine; R. S. Ryce, B.A., Queen's College, Cork; J. R. Sinton, Catholic University School of Medicine; J. Sloane, Queen's College, Galway; G. K. Smiley, Queen's College, Belfast; R. B. Threlfall, Queen's College, Galway.

* Candidates marked thus (*) may present themselves for the further Examination for Honours.

CONJOINT BOARD IN SCOTLAND.

At the April sittings of the Conjoint Board, held in Glasgow, the following candidates passed the respective examinations. Those marked with an asterisk (*) passed with distinction:

First Examination.—Five Years' Course.—*J. C. Douglas, J. B. Conner, W. A. Ogilvy, C. M'Donnell, E. M. M'Swiney, J. T. Bradley, P. J. Bateman, G. S. Coghlan, J. G. Grant, and *D. M. Donovan.

First Examination.—Four Years' Course.—F. G. Henderson, L. R. St. Romaine, A. E. Crabbe, J. R. Dodds, and C. K. Darnell.

Second Examination.—Five Years' Course.—*H. S. Anderson, A. M'Gregor, W. Hutton, J. Dick, W. Jubb, *R. Staward, W. M. Inverarity, J. Dunlop, W. Carey, T. D. Bird, H. G. Ogilvie, W. J. Aiken, J. T. O'Connor, and E. H. Harrison.

Second Examination.—Four Years' Course.—C. F. Spinkes, R. M. Quin, T. J. Lumley, R. E. Roberts, F. Lilley, J. H. Stewart, Mary Ann Handson, J. Boyd, M. L. Neylen, F. N. Jaboor, J. G. Gibson, Y. M'Kechnie, E. O. Jones, J. H. Fleming, C. R. White, and J. L. M. Govan.

Third Examination.—A. M'Credie and J. M'Glynn.

Final Examination (and admitted Licentiate of the three co-operating Colleges).—G. Henderson, E. E. Crowther, D. S. Henderson, J. Morrison, P. J. Calnan, M. O'Brien, Annie Christina Sutherland, W. H. Richardson, C. A. Marrett, D. Villesid, D. Morrissey, A. J. Pollard, and A. Hamman.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

ELECTION OF EXAMINERS.—The following gentlemen have been elected Examiners of the College:—*Anatomy*: John Barton, Alexander Fraser. *Surgery*: Arthur Chance, William Stoker. *Physiology and Histology*: J. Alfred Scott, Charles Coppinger. *Biology*: J. Alfred Scott, George Burbridge White. *Pathology*: Thomas Myles, Edward H. Taylor. *Midwifery and Gynaecology*: E. Winifred Dickson. *Ophthalmology*: Patrick William Maxwell, John Benjamin Story. *Dental Surgery and Pathology*: Arthur W. W. Baker, R. Theodore Stack. *Mechanical Dentistry*: Shenstone J. Bishop, Charles Wall. *Chemistry and Physics*: J. Dallas Pratt, Edwin Lapper. *Sanitary Law and Vital Statistics*: D. Edgar Flinn. *Bacteriology*: J. Alfred Scott. *Engineering and Architecture*: J. Charles Wilmot. *Languages*: Robert John Montgomery. *Mathematics, Physics, Dictation, and English Essay*: Robert Morton.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following candidates having conformed to the By-laws and Regulations, and passed the required Examinations, have been admitted Licentiates of the College:

Acland, J. M., University College
Adams, W. F., London
Alford, C. W., Middlesex.
Allen, W. H., Birmingham
Anderson, J. S., St. Bartholomew's
Anstey-Chave, T. St. Bartholomew's
Barclay, H. C., New Zealand
Barker, E. M., Cambridge and St. Thomas's
Barlow, T. W. N., Liverpool
*Bayley, J. H., Edinburgh and Middlesex
Behramjee, D. B., Bombay and Charing Cross
Bell, W. B., King's College
Bennetts, F., St. Mary's
Benson, J. R., King's College
Bets, L. B., Westminster
Bickford, N. S., Charing Cross
Black, L. P., Cambridge and Middlesex
Blagden, J. J., St. Bartholomew's
Bonney, W. F. V., Middlesex
Branwell, C., King's College
Briggs, J. A. O., St. Bartholomew's
Broadbent, J., Manchester
Brook, J., St. Bartholomew's
Browne-Mason, H. O. B., St. Mary's
Bullmore, F. G., St. Mary's
Cameron, M., London
Cann, F. J. H., Guy's
Christopherson, J. B., Cambridge and St. Bartholomew's
Clark, H. C., Middlesex
Clarke, A. V., Cambridge and Guy's
Collis, E. L., Oxford and St. Thomas's
Cooper, H. M., St. George's
Coventry, C., Manchester and Guy's
Culmer, J. W., Guy's
Dashwood, C. E., Cambridge and London
Davies, W. L. B., Guy's
Douglas, A. R. J., St. Bartholomew's
Douglas, S. R., St. Bartholomew's
Draper, R. A., Cambridge and St. Mary's
Druitt, C. F., Bristol
Drury, E. G. D., St. Bartholomew's
Edington, G. H., Glasgow
Eley, N. W., Birmingham
Ellacombe, G. H. W., St. Bartholomew's
Ellis, H. R., St. Bartholomew's
Emms, H. R., University College
Evans, H. W., London
Evans, R. J., Liverpool
Farndale, J. W., Birmingham
Fenwick, S. C. C., St. Mary's
Fisk, E., Guy's
Flory, C. H., Guy's
Folliott, E., St. Bartholomew's
Forman, G. H., St. Bartholomew's
Foster, J. J., Guy's
Francisco, S. A., King's College
Fry, A. B., London
Fryer, H. E., St. Mary's
Gardiner, J., Middlesex
Garner, W. L., Cambridge and Guy's
Godwin, F. J., Charing Cross
Goulden, H. E., Middlesex
Grant, A. S., London
Grazebrook, E. R., Liverpool and King's College
Gross, S., Leeds
Gunson, J. B., Adelaide, London, and Paris
Hackney, A. C. J. H., University College
Hallam, H., Sheffield and University College
Ham, B. B., Melbourne and Guy's
Hamilton, R. K., London
Hanwell, G. L., St. Thomas's
Haymes, H. E., St. Thomas's
Heard, J., Westminster
Hedden, R., Guy's
Henly, A. W., Charing Cross
* These candidates have not presented themselves under the regulations of the Examining Board.

Heywood, W. B., Cambridge and London
Hill, R. A. L., St. Thomas's
Hitchfield, A. R., Guy's
Holliday, W. H., Leeds
*Hope, E. C., Melbourne and University College
Hopkins, C. H., St. Bartholomew's
Horder, T. J., St. Bartholomew's
Hutton, A. E., Leeds
Infield, S., Guy's
Innes, H., London
Johnson, H. H. P., Charing Cross
Johnson, M. B., Cambridge and St. Mary's
Knowles, R., Manchester
Latchmore, A. T., Leeds
Leicester, J. C. H., University College
Lowe, H., Birmingham
McCarthy, R. P., Camb. and St. Mary's
Maurice, W. B., St. Mary's
Milbank-Smith, H. J. M., Guy's
Moon, E. G., St. Mary's
Muriel, G. B., Cambridge and Guy's
Murphy, J. J., St. Bartholomew's
Murray, W. B., King's College
Nash, E. H. T., St. Thomas's
Noble, H. P., Middlesex
Parsons, C. C., St. Mary's
Pendred, B. F., Guy's
Phillips, C. A., Leeds
Pierson, A. C. B., Leeds
Plummer, W. E., Guy's
Powell, J. C., St. Bartholomew's
Pratt, E., St. Bartholomew's
Preston, C. C., Manchester and St. Mary's
Price, H. J., University College
Price, T. H., Birmingham
Pridmore, J. W., University College and Birmingham
Prior, J. R., King's College
Reid, E. S., Edinburgh
Richards, L. W., St. Thomas's
Richmond, B. A., Guy's
Ridgeway-Macauley, W. G., St. Thomas's
Roberts, R. L., Guy's
Rowlands, W. H., Birmingham
Savage, E. S., Oxford and London
Sealy, G. O. F., Bombay
Shepherd, H. B., Middlesex
Simmonds, E. G., St. Bartholomew's
Sloccock, R., St. Thomas's
Smith, E. A., Leeds and Liverpool
Smith, M. H., Cambridge and Guy's
Smith, S. F., St. George's
Spark, P. C., Charing Cross
Spear, J. A., St. Bartholomew's
Spicer, A. H., Guy's
Stanton, T. W., Guy's
Stead, C. C., Cambridge and Guy's
Stephens, S., St. Mary's
Sturdee, F. H., St. Thomas's
Sutcliffe, E. H., St. Thomas's
Sweet, E. H., St. Mary's
Sworder, E. G., St. Mary's
Tahmisian, B. B., St. George's
Taylor, G. E. O., St. Thomas's
Teale, M. A., St. Thomas's
Thomas, W. G., Birmingham
Tipper, E. H., Guy's
Vellacott, P. N., Guy's
Vise, J. N. B., Westminster
Walter, A. E., Middlesex
Ward, A. B., Cambridge and St. Bartholomew's
Warner, A., St. Thomas's
Welburn, C. M., St. Bartholomew's
Whitelaw, F., St. Mary's
Williams, C. E., King's College
Williams, R. P., King's College
Williams, S. W., Liverpool
Wimble, H. C., St. Bartholomew's
Woods, W. J., Belfast
Wright, S. R., Charing Cross

HOSPITAL AND DISPENSARY MANAGEMENT.

THE PROPOSED MATERNITY HOSPITAL AT DUNDEE.

A MEETING of the directors of the Dundee Royal Infirmary was held on April 23rd to consider the proposal to undertake the erection, equipment, maintenance, and management of a maternity hospital, provided they had handed over to them the £5,000 allocated by the Cobb Trustees, along with other sums promised to the Forfarshire Medical Association for the object. After full consideration it was decided to approve of the following report of the House Committee: "The Committee, having fully considered the question of providing and working a maternity hospital in connection with and under the management of the infirmary, are of opinion that it would be desirable, before undertaking the responsibility of this new department of work, that the directors should have the prospect of obtaining initial support to the extent of £10,000. The Committee estimate that a minimum annual expenditure of £500 would be incurred for the efficient working of such an institution, including the outside department, even on the small scale that they would contemplate as a commencement. The erection and furnishing of a suitable hospital would cost not less than £2,000. Deducting this sum from the £10,000 above referred to, there remains £8,000 for investment, which at the current rate of 3 per cent. would only yield an annual income of £240, leaving a deficiency unprovided for of £260 per annum."

ST. MARK'S HOSPITAL FOR FISTULA.

THE buildings of this hospital have recently been converted and remodelled and a new block built to provide accommodation for the out-patient department wards, and on the third floor an operating theatre. The sanitary arrangements have been overhauled and renewed throughout the building and a special system of heating and ventilating introduced. The air is taken at a suitable elevation and admitted into a chamber where it is warmed, filtered, and moistened, and is thence carried by flues to the wards and corridors. Extraction flues are provided to ensure a thorough current of air without draught. The alterations have been carried out from the designs of Mr. Rowland Plumble, F.R.I.B.A.

THE LONDON LOCK HOSPITAL.

THE annual meeting of this institution was held on April 30th, the chair being taken by Mr. E. Parker Young. It appeared from the report that wards containing about 40 beds had been for several years unoccupied, and that they still remain so for want of funds. The financial prospects of the charity have, however, assumed a more hopeful aspect, the debt upon it having been considerably reduced, partly from the receipt of various legacies, and partly as the result of economies in management. Upwards of 700 patients had been admitted during the year into the female hospital, many of them being very young girls, and in addition to the more purely medical treatment in the hospital proper, a considerable amount of "rescue" work had been done in the Home which is attached to it.

INDIA AND THE COLONIES.

INDIA.

ENTERIC FEVER AND VENEREAL DISEASE.—The annual report of the Sanitary Commissioners with the Government of India shows that in one year, 1894, enteric fever accounted for 36 per cent. of deaths among British troops. The ravages of venereal diseases are still rapidly mounting, the admissions to hospital rising to over 511 per 1,000, as compared with 166 in the previous year. Sixty-three per cent. of the whole garrison, over 70,000 strong, are declared to have been infected, and over 3,000 men daily were ineffective from this cause alone.

DR. HAFKINE'S ANTICHOLOERA INOCULATIONS.—Dr. Haffkine has had placed at his disposal the services of two surgeons and an assistant-surgeon in Calcutta, in order to carry out the anticholera inoculation of the tea garden coolies. No difficulty is being experienced in the work, as the coolies willingly submit to the process. The results of this experiment will be closely watched. Some thousands of persons will be on Dr. Haffkine's list, and it will be easy to trace them hereafter in the gardens, as the Tea Association and the planters are anxious to give every assistance in the matter. To say nothing of the general interests of humanity, the success of the Haffkine process would mean a good deal to the Assam tea trade, for the constantly recurring epidemics amongst the imported coolies are the greatest difficulties it has to contend against.

HOSPITALS AND DISPENSARIES.—The *Madras Weekly Mail* of April 2nd contains an article showing the aid given to patients in hospitals and dispensaries either conducted or administered by the Indian Medical Service. In 1895 no fewer than 18,893,231 patients received treatment, equal to a total of 8.22 per cent. of the population of the areas in which the hospitals and dispensaries were situated. The relief afforded varies greatly in the different Governments and administrations. It would appear that Mohammedans resort more to European medical treatment than Hindus. Statistics of operations, major and minor, are given, but on these is founded a fallacious argument as to the advantages of the training in operative surgery for Indian Medical Service officers forming the "civil" reserve for war.

POISONING BY COBRA VENOM.—In the *Madras Weekly Mail* an extract appears from a report by the Chemical Examiner, Bombay, regarding the method of administering cobra poison. The procedure is as follows: A cobra is caught and put into an earthen chattle (a vessel used for storing water) along with a plantain (fruit). A fire is then lighted round the chattle, and the snake, finding his quarters growing uncomfortable, gets angry and, for want of something better to bite, strikes at the plantain. After a while the snake is removed, and the plantain containing the poison is mashed up to form a sort of paste, and the paste applied to a rag, which is then introduced into the rectum of the animal which it is intended should be poisoned.

THE fourth Congress of Criminal Anthropology will be held at Geneva on August 24th and four following days. The previous Congresses were held in Rome in 1885, in Paris in 1889, and in Brussels in 1892.

MEDICAL NEWS.

THE Royal Chest Hospital, City Road, London, has received from Messrs. Rothschild a donation of fifty guineas towards its funds in connection with the annual dinner to be held at the Hôtel Métropole on May 26th.

AMONG the gentlemen called to the Bar at the Middle Temple last week were three members of the medical profession—Dr. F. J. Waldo, Medical Officer of Health for the Middle and Inner Temple, and for St. George, Southwark; Dr. William M. Leslie, and Dr. Sidney R. Dyer.

At the meeting of the Medical Society of London on Monday next (May 11th), at 8.30 P.M., Dr. Allan McLane Hamilton, of New York, a corresponding Fellow of the Society, will read a paper on "The Connection of Autotoxis with certain Common Forms of Insanity."

THE 42nd dinner in aid of the funds of the City of London Hospital for Diseases of the Chest, Victoria Park, E., was held at the Whitehall Rooms of the Hôtel Métropole on May 5th under the chairmanship of Lord Wolverton. Donations to the amount of about £2,000, inclusive of 100 guineas from the chairman, were announced.

Two sites, one at Grantham and the other at Sleaford, are under consideration for the new asylum for the Kesteven Division of Lincolnshire. Meantime the patients will be housed in temporary buildings, and Dr. J. A. Ewan, Senior Assistant Medical Officer of the Dorset County Asylum, has been appointed Medical Superintendent.

THE National Aid Society for the Sick and Wounded in time of War have sent to the Cape Drs. Sutcliffe and Redpath, who will proceed to the front, on the arrival of the *Moor*, to report themselves to Earl Grey. It is proposed to form ambulance classes, on leaving Madeira, under the charge of Drs. Sutcliffe and Redpath, when several volunteers for the front will be instructed in bandaging and stretcher drill.

THE Prince of Wales paid an unexpected visit to Guy's Hospital on May 5th, and spent an hour and a-half in inspecting the wards, museums, and residential college, with the medical and dental schools. His Royal Highness was received by Lord Aldenham (the President), Mr. E. H. Lushington (the Treasurer), Dr. Pye-Smith (the Senior Physician), Mr. Howse (the Senior Surgeon), Dr. Perry (the Superintendent), Mr. A. Fripp (the Senior Demonstrator of Anatomy), and Dr. Shaw (the Dean of the Medical School). He expressed himself much gratified by the report made to him of the satisfactory progress of the fund to be announced by him at the festival dinner.

SIR JAMES CRICHTON BROWNE presided on May 1st over the annual meeting of the Royal Institution of Great Britain. The annual report of the Committee of Visitors, testifying to continued prosperity and efficient management, was read and adopted. The real and funded property now amounts to above £100,000, entirely derived from the contributions and donations of the members and of others appreciating the value of the work of the institution. Seventy-two new members were elected. Among the officers unanimously chosen for the ensuing year were:—*President*: The Duke of Northumberland; *Treasurer*: Sir James Crichton Browne; *Secretary*: Sir Frederick Bramwell.

CHOLERA IN EGYPT.—Owing to the great difficulty which has been experienced in obtaining early notification of cases of cholera occurring among the native population in Egypt, which has no doubt been largely due to the objections felt by the lower classes to the removal of their sick to hospitals and to the malicious rumours which have been spread by disaffected persons as to the treatment of the patients by the sanitary and medical authorities, Rogers Pasha has issued a report on the prophylactic measures taken against cholera. He shows that a very careful surveillance is constantly exercised over the ambulance service to prevent the exhibition of any harshness in their proceedings, and states that as a fact the sick are always treated with the utmost regard. In regard to the recrudescence of cholera which took place during the first few days in April, it is said that this is to be

attributed partly to the preceding prevalence of mild cases which were not reported to the sanitary authorities, and partly to an assemblage in Alexandria of Soudanese and tribesmen which took place about that time, in relation to which it is to be noted that these people furnished almost two-thirds of the patients who were attacked by the disease at that time.

UNIVERSITY COLLEGE HOSPITAL.—The festival dinner in aid of the funds of University College Hospital was held at the Holborn Restaurant on May 6th, the chair being taken by H.R.H. the Duke of Cambridge. In proposing "Prosperity to the Hospital," the Chairman alluded to the loss which the institution had suffered by the death of Sir Julian Goldsmid, Bart., M.P., and of Sir George Buchanan, M.D., F.R.S., both of whom had been long connected with the management of the hospital; and by the resignation of the position of Treasurer by Sir Douglas Galton. He referred to the gratifying increase in the People's Contribution Fund. The great decrease in the permanent sources of income rendered it necessary to secure the widest possible co-operation. Donations to the amount of £1,444 were afterwards announced by the Secretary.

MEDICAL VACANCIES.

The following vacancies are announced:

- BUCKS COUNTY LUNATIC ASYLUM, Stone, near Aylesbury.—Assistant Medical Officer, unmarried. Salary, £100 per annum, with board and furnished apartments in the asylum. Applications to Mr. Wm. Crouch, Clerk to the Visiting Committee, County Hall, Aylesbury, by May 16th.
- BULUWAYO HOSPITAL.—Resident House-Surgeon; unmarried. Salary, £400 per annum, with free board and lodging. Applications to be addressed to "The Chairman, Hospital Board, Buluwayo, Rhodesia," to reach not later than June 30th.
- BRISTOL EYE HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board and residence. Applications to Mr. T. Hampton, Secretary, by May 19th.
- CHICHESTER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by May 18th.
- COUNTY ASYLUM, Dorchester.—Senior Assistant Medical Officer. Age not under 26, and unmarried. Salary, £150, rising to £200 per annum. Applications to the Medical Superintendent before May 20th.
- COUNTY BOROUGH OF GATESHEAD.—Medical Officer of Health. Salary, £300 per annum, rising £25 yearly to £350. Candidate elected will also be appointed Medical Officer of the Corporation Hospital for Infectious Diseases, for which an additional salary of £50 per annum will be paid. Must be doubly qualified, and must reside in the Borough. Appointment for twelve months, but eligible for re-election. Applications to W. Swinburne, Town Clerk, Town Hall, Gateshead, by May 16th.
- DENTAL HOSPITAL OF LONDON, Leicester Square, W.—Anæsthetist and Assistant Anæsthetist, must be duly-qualified medical practitioners. Applications to J. Francis Pink, Secretary, by May 17th.
- DENTAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Demonstrator. Honorarium, £50 per annum. Also Lecturer on Mechanical Dentistry. Applications to Morton Smale, Dean, for the former post by May 25th, and for the latter by May 17th.
- GENERAL HOSPITAL, Barbadoes.—Junior Resident Surgeon. Appointment for three years. Salary, £200 per annum, payable monthly, with unfurnished quarters. Passage paid. Applications to the Secretary, Barbadoes General Hospital, by July 8th.
- 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.
- HORNCASTLE URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £50 per annum. Appointment for one year. Applications to be sent sealed to Mr. John Day, J.P., Chairman of the Council, by May 18th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident Assistant Medical Officer. Salary, £50 per annum, with board and residence. Applications to the Secretary by May 27th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—House-Surgeon, unmarried. Appointment for six months. Salary, £20, with board and residence in the hospital. Resident Medical Superintendent. Appointment for one year subject to re-election. Salary, £105 per annum, with board and residence in the hospital. Applications, on forms to be provided, to be sent to the Secretary by May 25th.
- LONDON THROAT HOSPITAL, 204, Great Portland Street, W.—Non-resident House-Surgeon. Appointment for six months. Salary at the rate of 25 guineas per annum. Applications to the Honorary Secretary of the Medical Committee by May 20th.
- 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 17th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Two qualified Medical Women as House-Surgeons; and a Lady Dispenser. Applications to the Secretary for the former by May 27th, and for the latter by May 23rd.

QUEEN'S JUBILEE HOSPITAL, Earl's Court, S.W.—Surgeon. Applications to the Secretary by May 9th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months from June 1st. Salary at the rate of £40 per annum, with board, lodging, and laundry. Applications to the Secretary by May 11th.

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

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—House-Surgeon and Clinical Assistant. Applications to T. Beattie Campbell, Secretary, by May 30th.

ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES, Northampton.—Junior Assistant Medical Officer, unmarried, doubly qualified. Salary, £150 per annum, with board, furnished apartments, and washing. Applications to the Medical Superintendent by May 18th.

VICTORIA CHILDREN'S HOSPITAL, Park Street, Hull.—Resident House-Surgeon. Ladies eligible. Salary, £50 per annum, with board and laundry. Applications to the Honorary Secretaries by May 18th.

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.

BENSON, J. R., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to King's College Hospital.

BOND, Charles S., B.A.Camb., M.B., B.C., appointed Assistant Medical Officer to the Chelsea Infirmary.

BURRIDGE, H. A., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to King's College Hospital.

CODD, A. F. G., M.B.Durh., F.R.C.S.Eng., reappointed Medical Officer of Health to the Bromley Urban District Council.

COOK, Dr., appointed Consulting Physician to the Pembrokeshire County Infirmary.

DALE, Frederic, M.D.Cantab., F.R.C.S.Eng., appointed Honorary Ophthalmic and Aural Surgeon to the Scarborough Hospital and Dispensary.

ERHARDT, C. C. J., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to King's College Hospital.

EVANS, Arthur H., appointed Senior House-Physician to the Westminster Hospital.

EWAN, John Alfred, M.D.Edin., appointed Medical Officer to the Kesteven and Grantham Asylum.

GREY, T. T., Campbell, F.R.C.S.Eng., L.R.C.P.Lond., appointed Surgeon to the Great Northern Railway Co.

GRIFFITH, W. M. B., C.M.Edin., appointed Consulting Physician to the Pembrokeshire County Infirmary.

HARGREAVES, W. H., M.R.C.S., L.R.C.P., appointed Obstetric House-Physician to Middlesex Hospital.

HAVARD, David, M.D.St.And., L.R.C.P., M.R.C.S., appointed Consulting Physician to the Pembrokeshire County Infirmary.

JACOB, F. H., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Physician to King's College Hospital.

JENKINS, George J., M.B., C.M., appointed Medical Officer to the Craiglockhart Poorhouse of the Edinburgh Parish Council.

JOLLY, S. A., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the Acton District of the Brentford Union.

LANDSOWN, G. H., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Physician to King's College Hospital.

MCNALE, Dr., appointed Medical Officer for the Laharvane District of the Castlebar Union.

PAPILLON, T. A., F.R.C.S.Eng., appointed Ophthalmic Surgeon to the Hastings, St. Leonard's, and East Sussex Hospital.

PLAYFAIR, E., M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Accoucheur to King's College Hospital.

PRICE, H. P. J., M.R.C.S.Eng., L.S.A., appointed Consulting Physician to the Pembrokeshire County Infirmary.

REID, D. A., M.D.Edin., M.R.C.S., appointed Consulting Physician to the Pembrokeshire County Infirmary.

SAUNDERS, E. A., M.R.C.S.Eng., L.S.A., appointed Consulting Physician to the Pembrokeshire County Infirmary.

SCOTT, W. R., M.D., M.Ch.R.U.I., L.A.H.Dubl., appointed Medical Officer of Health for Bloemfontein Orange Free State.

SINIGAR, H., M.B.Lond., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Birmingham Workhouse Infirmary.

STANLEY, Arthur, M.D.Lond., M.R.C.S., L.R.C.P., late Resident Medical Officer, Sussex County Hospital, appointed Assistant Medical Officer at the North Western Hospital of the Metropolitan Asylums Board.

SYMONS, W. H., D.P.H.Oxon., F.I.C., appointed Medical Officer of Health to the Bath Urban Sanitary Authority, *vice* Dr. Brabazon, deceased.

THOMAS, Robert Stanley, M.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to the Exmouth Dispensary.

TRIBE, P. C. E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Accoucheur to King's College Hospital.

WILLIAMS, Dr., appointed Consulting Physician to the Pembrokeshire County Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Lachrymal Affections. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Law: Examination of the Throat and Nose.

MEDICAL SOCIETY OF LONDON, 8 P.M.—General meeting for election of Officers and Council. 8.30 P.M., Ordinary Meeting.—Dr. McTane Hamilton (New York): "On the Connection of Autotoxis with Certain Common Forms of Insanity."

TUESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth: Lecture II: Construction of Dwelling Houses.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Messrs. W. Edmunds and C. A. Ballance: Observations and Experiments on Intestinal and Gastro-Intestinal Anastomosis. The paper will be illustrated by lantern slides.

WEDNESDAY.

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

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Habershon: Mitral Stenosis.

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

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Cases and specimens will be shown by Dr. Barclay Barron, Dr. Felix Semon, Dr. Bond, Dr. H. Lambert Lack, Dr. Herbert Tilley, Dr. Scanes Spicer, and Dr. Brady (Sydney).

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: Proteid Substances found in Urine in Disease. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Stephen Mackenzie: Clinical Lecture.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Specimen:—Dr. Schacht: Unruptured Tubal Gestation containing Fœtus. Papers:—Dr. Bell (Glasgow): The Treatment of Carcinoma of the Uterus, Certain Forms of Ovarian Disease, and Fibroids of the Uterus, by means of Thyroid, Parotid, and Mammary Gland Therapeutics. Mr. Bowreman Jessett: The Early Diagnosis of Malignant Disease of the Body of the Uterus, illustrated by Museum Specimens.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, Chelsea, 4 P.M.—Mr. D'Arcy Power: On Meningitis in its Surgical Aspects.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Examination of Air, Soil, and Water. 4 to 5 P.M.—Plate Cultivations.

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

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, 8 P.M.—Dr. George Reid: On Infectious Sore Throat and Diphtheria.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

GRANT.—On April 30th, at 8, Upper Wimpole Street, W., the wife of Dundas Grant, M.A., M.D., F.R.C.S., of a son.

HURRY.—On April 29th, at Abbotsbrook, Reading, the wife of Jamieson B. Hurry, M.A., M.D., of a daughter.

JOHNS.—On April 25th, at Hornsea, E. R. Yorks., the wife of Henry Douglas Johns, M.B., etc., of a daughter.

LATTER.—On May 6th, at 10, Earl's Avenue, Folkestone, the wife of Cecil Latter, M.D., B.C.Cantab., of a son.

MARRIAGE.

DAVID—WILLIAMS.—On April 28th, at Llanwonno Parish Church, by the Rev. Llewellyn Lloyd Davies, M.A., W. Washington David, M.R.C.S., Tonyppandy, to Annie Williams, daughter of the late Thomas Williams, Y-Clog, Llanwonno.

DEATHS.

DARLING.—At The Hawthorns, 13, Merchiston Place, Edinburgh, on the 1st inst., after a short and severe illness, Janet A. Walker, beloved wife of T. Brown Darling, M.D.

ROBERTSON.—At Benview, Dumbarton, on the 17th ult., Allan McLean Robertson, M.B., C.M., aged 23 years, second son of John Robertson, M.D., J.P., Dumbarton.

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.,
GUY'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye,
 M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1.
Operations.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily,
 1.30; o.p. Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear,
 Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*.—M. F. S., 2.
LONDON. *Attendances*.—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric,
 M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu.,
 9. *Operations*.—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Opera-*
tions.—M. Th., 4.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Opera-*
tions.—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; (Obstetrical), 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. *Opera-*
tions.—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2;
 Eye, W., 2; 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. Th., 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. M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat,
 Tu. F., 3.0; 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., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children),
 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30;
 Obstetric, Tu. F., 2; o.p. W. S., 1.30; Eye, Tu. F., 2; o.p. daily, exc. S., 1.30; Ear,
 M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeu-
 tics, 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. *Opera-*
tions.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M.
 W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9;
 Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye,
 Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric,
 Tu., 10; F., 4; Skin, F., 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. TELE-
GRAMS 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.

ANDREW asks what are the best books to read up for the M.D. St. Andrews
for practitioners over 40 years of age.

J. T. asks whether there is in England any semi-private institution in
which a boy suffering from spastic paraplegia could be received at a
moderate payment. The boy's parents reside in a British colony.

G. O. asks to be recommended a short book on the examination of meat
supposed to be diseased or unfit for human consumption.

* * A *Practical Guide to Meat Inspection*, by Thomas Walley, M.R.C.V.S.
(Edinburgh and London: Young J. Pentland), will probably meet our
correspondent's requirements.

CLINICAL THERMOMETERS.

R. N. asks for information as to whether the statement is true that
clinical thermometers alter after two years as a rule, that is, register
higher than they ought to do.

INCOME TAX DEDUCTIONS.

IN DOUBT asks what expenses a medical practitioner can deduct in
making out returns for assessment of income tax?

* * We find that the expenses of horses and carriages, if used entirely
for professional work, such portion of rent as would refer to consulting
and visiting rooms, cost of medicine bottles, etc.—in other words, what-
ever working expenses that might be charged to the firm in case of a
partnership—may be deducted from income tax.

THE QUESTION OF MEDICAL TITLES.

DR. L. CAMPBELL BLACK (Glasgow) writes: Am I to infer that the para-
graph under "Medico-Legal and Medico-Ethical" in *re* (x) the "Illegal
use of Medical Titles" is a reply to the question addressed you by me?
May I ask, further, if it is your opinion that (2) no one, unless in posses-
sion of some diploma from a recognised university, or other registrable
qualification under the Medical Act, can either append the letters
"M.D." to his name or prefix the title "Dr.?" (3) If a Canadian M.D.,
for example, cannot use the M.D. title, as not being registrable, can he
use the prefix "Dr.?" Kindly give your opinion categorically. (4) Can
any legally qualified medical man use the title "Dr.?"

* * (1) Yes. (2) Yes. (3) No, if he intend to practise. (4) Yes, without
fear of prosecution.

ANSWERS.

MR. RICHMOND ALLEN.—It is quite impossible to reply to this question
without having full particulars of the practice in question.

SUFFER.—The opinion that it is not possible for typhoid fever to be con-
tracted from sewer gas from defective drains is certainly not universally
entertained.

AUSTRAL.—The *Australasian Medical Gazette*, which is published monthly,
can be consulted in the Library of the British Medical Association. It
can be purchased in this country from Messrs. Baillière, Tindall and
Cox, 20, King William Street, Strand, London, W.C.

J. H. M.—We think that the list of diplomas and degrees might very well
have been omitted from the letter to a lay paper upon a non-medical
subject; it is, to say the least, a bit of ostentation likely to excite un-
favourable comment.

T. C. A. writes: The asylum for the insane inquired for by "H. W."
(BRITISH MEDICAL JOURNAL, May and, p. 1130) is Warneford Asylum,
Oxford, an institution doing admirable work, charitable and other-
wise, under the superintendence of Dr. Bywater Ward. The advan-
tages of the asylum are not confined to graduates of Oxford, or,
indeed, to the clergy.

E. M.—It is uncertain how the advertiser can be dealt with; the Apothe-
caries Act, under which so many prosecutions are successfully con-
ducted in Great Britain, would not have effect in Ireland, and there is
no breach of the Medical Acts as far as we can see. We will hand the
papers over to the Medical Defence Union. If any further information
should reach our correspondent he will perhaps be good enough to com-
municate with the Secretary of the Union, 20, King William Street, W.C.

ASYLUM FOR IDIOT CHILD.

M. J. B.—We know of no charitable institution that receives idiot children
as young as 3½ years old. The Royal Albert Asylum for Idiots and Imbe-
ciles of the Northern Counties receives patients from Manchester, and
on application to the Medical Superintendent the medical man or
parents would learn how soon the child could be admitted.

TREATMENT OF CRAMPS.

DR. ALICE KER (Birkenhead) writes: In answer to "D. P. H." asking
advice for cramps in the legs in advanced pregnancy, I would suggest a
regular rest for one hour at least in the middle of the day, by which I
mean lying down and sleeping if possible; a warm bath before retiring
to bed containing one teaspoonful of (foreign) oil of rosemary to an
ordinary plunge bath; and gentle massage of the legs in bed just before
going to sleep. "D. P. H." might also ascertain whether his patient
wears high-heeled shoes or garters, and prohibit them if she does.
Probably no one who has not worn feminine articles of attire can real-
ise how much discomfort can be caused by a comparatively slight
cause. He has doubtless already eliminated the pressure of a corset,
which, of course, interferes with the venous return from the lower
limbs.