

showed the uterus firmly contracted. The foetus, slightly smaller than its uterine fellow, lay in an adventitious sac behind the left broad ligament, to the posterior surface of which the placenta was attached. The peritoneum was full of blood-stained amniotic fluid, which escaped immediately the peritoneum was opened at the level of the umbilicus.

I think there is no doubt that an *ante-mortem* rupture resulting from the tugging of the uterine contractions had occurred. The position of the placenta anterior to the foetus demonstrated the almost inevitable death from hæmorrhage, which must have preceded any delivery by laparotomy.

Although the *souffle* heard in pregnancy is held to be uterine and not placental, it was certainly heard in this case over the region of the placenta in an extrauterine sac. The accessible position of the foetal head in the pouch of Douglas suggests the possibility that in this case the foetus might have been removed by the vagina.

I think the foetation most probably was primarily tubal, and that the rupture of the tube occurred on Christmas Day, although the absence of collapse and symptoms of hæmatocele or peritonitis go far to negative this view.

MEMORANDA:

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

HYPERPYREXIA WITH COMA.

M. R., a female, aged 3 years, was out playing on May 13th, a very hot day. In the evening, she complained of headache, and vomited several times. I saw her on May 14th; she was then comatose; eyes deviated to the left; pupils fixed and contracted; carpopedal tonic contractions; temperature 106° F.

On the following day, the ocular deviation had disappeared; the pupils were contracted, fixed. Cheyne-Stokes respiration; pulse rapid, irregular; urine suppressed; skin hot and dry; temperature 107° F. She died the same day, having been ill forty-eight hours. Half an hour after death, the rectal temperature was 105°.

The case presents the history and symptoms of hyperpyrexial insolation, a disease rare in this country, but common amongst children abroad. I am at a loss to what other cause to attribute the attack. The child had for a few days previously been "seedy" and out of sorts, an increased susceptibility to the sun's action being thus present; but she had presented no symptoms which might have pointed to meningitis. Cerebral hæmorrhage, to which some of the symptoms seemed to point, is so rare in healthy children that I think it may be dismissed as very improbable. Unfortunately, no *post-mortem* examination was allowed.

R. MILBOURNE WEST, M.R.C.S., L.R.C.P.Lond.

Leicester.

DR. MACGREGOR's case published on May 16th reminds me of one which occurred at sea. The child had had two convulsions the previous day, and was taken to see a medical man in Kingston, Jamaica, who said that she was teething. It embarked at 2 P.M., January 10th, 1896, then being to all appearances in perfect health.

I was called at 4.30 P.M., and found a female child, aged 1 year, lying on her back, deeply comatose, the pupils semi-dilated, eyes wide open, the limbs cool and limp, the body hot and sweating, the head hot, and face pallid. The temperature was 108°. This was taken in both axillæ, and with four different thermometers. The respirations were 78. The pulse very rapid, weak, and uncountable. There was no eruption and no diarrhoea. I gave hydrarg. subchlor. gr. iij on the back of the tongue, and applied ice to the head and chest. At 6 P.M. the temperature was 101°, respiration 54, pulse 130. The bowels were opened. The temperature gradually rose again, and at 7.30 was 107°, the patient having slight general convulsions and stertorous breathing. She died at 8 P.M. No *post-mortem* examination was allowed.

Here, however, a suspicion of either malaria or sunstroke arises, as she came from Costa Rica, and the temperature at Kingston, where the family had stayed the week previous, was from 86° to 89°.

Caversham Road, N.W.

W. D. BETENSON, L.R.C.P.Lond.

NEURITIS OF THE PNEUMOGASTRICUS.

In the beginning of November, 1893, J. H., aged 52, a man who had frequently been subject to attacks of gout, began to be sick after his meals, and to complain of gastric pain and discomfort after taking any kind of food. The sickness became frequent, and the flatulence and discomfort so marked and prolonged that he soon was unable to leave his bed. None of the ordinary remedies relieved him, and the most careful dieting had little effect in diminishing the sickness. There was extreme superficial tenderness over the epigastric region, but no tumour could be felt. He then began to have attacks of coughing, incessant, long continued, and most distressing. At intervals he had attacks of laryngeal spasm, which caused choking and much difficulty in inspiration. His heart action, which had throughout been rapid, became extremely so, and then he had attacks of heart failure, with a tendency to faintness, and the pulse became irregular, intermittent, and very feeble. On December 27th heart failure and tendency to syncope were so marked that he constantly required subcutaneous injections of ether or inhalations of nitrite of amyl. The sickness had continued.

The case being then supposed to be hopeless, and probably one of malignant disease of the pylorus, all other treatment was given up, and he was kept well under the influence of opium, which up to that time had not been pushed but only used in small doses. The sickness ceased. By slow degrees he recovered his strength and was able to take food, and by the beginning of March was able to go out and resume his business. Two other cases presenting much the same symptoms had previously been noted in patients who frequently had gout. During the influenza epidemics of 1893, 1894, and 1895, other cases also markedly similar were observed by myself and Dr. Plummer. In some, the gastric symptoms predominated; in others, the laryngeal (not only laryngismus and extremely violent and prolonged fits of coughing were noticed—some had true expiratory asthma). In all, the heart's action was rapid, and there was tendency to faintness and prostration. Opium seemed to be the only efficacious remedy. Strychnine was injurious at any stage of the disease. In all cases there was prolonged illness and tendency to relapse. Restricting the amount of fluids to 30 or 40 ounces a-day seemed to relieve the gastric discomfort.¹ Stimulants were used sparingly and carefully. From the various symptoms described, one may fairly infer that the lesion present was a neuritis of the pneumogastric, but whether of one or both nerves one cannot say. Marked tenderness on pressure was noted in some of the cases over the course of the nerve in the neck.

West Bromwich.

H. LANGLEY BROWNE.

DEFORMITY DUE TO PERIOSTITIS OF THE RIBS.

W. M., aged 16, a grocer's assistant, consulted me January, 1889, about a protrusion of the left side of his chest, which occurred since a fall he had while playing football about four months previous to our interview. For two months he had been suffering from pain at the junction of the fourth rib with its cartilage, he describing it as sharp, shooting, and intermittent, not worse at any particular time in the twenty-four hours. About a month after the pain started he noticed a small prominence at the spot indicated, which slowly became more noticeable. With the appearance of the pain he noticed that his heart began to palpitate. His family history was good.

The patient was muscular, but rather anæmic; he stood with the left shoulder at a lower level than the right. There was no curvature of the spine. The left pectoral muscles were much atrophied, and there was a distinct bulging of the left side of the chest between the mammary and parasternal lines; the prominence was most marked at the junction of the fourth costal cartilage with the rib. The fourth, fifth, sixth, and seventh left ribs were much broader than those of the opposite side, and widely separated from each other over the convexity of the prominence, the space between the fifth and sixth costo-chondral junction admitting two fingers. From this point they converged and almost touched one another in the mid-axillary line. The apex beat was appa-

¹ A palatable and nutritious form of beef-tea can be made by adding a teaspoonful of bovril to 6 ounces of hot milk. Flavour with celery salt.

rently displaced downwards, beating in the left seventh intercostal space immediately below its normal position; there was also visible pulsation in the epigastrium. There was dulness all over the area above indicated, extending outwards as far as the left mammary line. A systolic pulmonary murmur and occasional reduplication of the heart sounds were also present, but no respiration was audible over the dull area. The radial pulse (130) was equal in volume and synchronous in both wrists. With rest in bed his heart steadied down to its normal action, the murmur disappeared, the pain ceased gradually, the respiratory murmur came back to its normal area, and expansion of the chest became freer. He gained in weight $7\frac{1}{2}$ lbs. in two months; after which date he came to see me now and then for one year. The protrusion never disappeared, but became less noticeable as the pectoral muscles increased in size.

The interpretation I venture to put on this case is that the fall caused periostitis of the ribs, the periosteal effusion separated the ribs and cartilages, vital ankylosis of the affected side caused the ribs affected to occupy a position of expiration, while the costal cartilages still moved with respiration of the right lung; when the effusion disappeared the ribs united to the cartilages at an abnormal angle, so that as vital ankylosis disappeared and the ribs were elevated again for respiratory purposes a protrusion at the costochondral junctions was the result.

Monkstown, co. Dublin.

ARMSTRONG TODD, M.B., B.Ch.

REPORTS

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

CASHEL UNION HOSPITAL.

EXCISION OF THE HIP-JOINT: RECOVERY.

(Under the care of Dr. LAFFAN.)

J. K., a male, aged 7, was admitted on May 3rd, 1895. He had suffered from the disease for two and a-half years. The usual treatment by rest and extension had been ordered, but had not been perseveringly carried out, so that the disease gained ground, and, the constitutional symptoms having become grave, an operation was proposed. This was not suggested until, in addition to an abscess in the joint, the probe made it plain that the head of the bone was deeply engaged.

The patient was operated on on May 11th. Dr. Hourigan administered chloroform. Drs. O'Connell and Heffernan assisted at the operation. There is nothing to chronicle in the operation itself. Two inches of the femur were removed. The periosteum was so altered as to be quite unrecognisable. The acetabulum was quite filled up and no diseased bone could be detected there.

The patient bore the operation well, and went on satisfactorily for some days. He was on May 15th attacked with erysipelas, and for eight days life hung in the balance. After that he gradually improved, and left the hospital on July 31st. The wounds continued to discharge for some time, and his general health was delicate in proportion.

The wounds have long since healed. His general health is good. The limb is 2 inches shorter than the other. A contrivance has been adapted by which he is enabled to put his foot to the ground, and he is constantly going about with the aid of a crutch and stick. These now can be soon discarded.

In this case excision has plainly saved the life of the patient, whose best hope without it would have been to succumb after prolonged suffering. With the aid of the new rays we shall be able to differentiate the cases which call for excision from those which will permit a milder treatment. The exactitude which this aid promises will, of course, prevent on the one hand those losses which are the outcome of over-caution, and, on the other, save patients from the knife where the local conditions promise us relief by means of less heroic measures.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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

Tuesday, May 26th, 1896.

THE USE OF GUAIAIACUM IN THE TREATMENT OF CHRONIC GOUTY AFFECTIONS, AND ITS VALUE IN WARDING OFF ACUTE ATTACKS.

SIR ALFRED B. GARROD read this paper. He first alluded to a communication to the Royal Medical and Chirurgical Society on February 8th, 1848, entitled, Observations on the Pathological Condition of the Blood and Urine in Gout, Rheumatism, and Bright's Disease, in which he had the privilege of demonstrating the presence of uric acid in the blood, and also the relation between uric acid and gout, and many other points; these were referred to as they bore upon the present paper, the chief object of which was to direct the attention of the Society to the value of guaiacum in the treatment and prevention of gout. The name guaiacum was given to the resin of a tree called *Guaiacum officinale*, the wood of which was termed *lignum vitæ*. After speaking of numerous observations carried on for very many years among both hospital and private patients with guaiacum, both in the form of a powder and as ammoniated tincture of guaiacum, he thought he had been successful in establishing the following points in regard to the action of guaiacum: (1) Guaiacum is innocuous, and may be taken for an indefinite period of time, and looked upon as a condiment rather than a drug—as harmless as ginger or any other condiment. (2) Guaiacum possesses a considerable power (but less than colchicum) in directly relieving patients suffering from gouty inflammation of any part; it may be given whenever there is but little fever. (3) Guaiacum taken in the intervals of gouty attacks has a considerable power of averting their recurrence; in fact, it is a very powerful prophylactic. (4) Guaiacum does not appear to lose its prophylactic power by long-continued use. (5) There are a few persons who cannot readily continue the use of guaiacum; for such cases there are other drugs whose action as prophylactics is in some respects similar; perhaps serpentary is one of the most powerful of these. The author gave a short account of serpentary, and mentioned the fact that he had given it successfully in gouty inflammation in the elderly subject; as a prophylactic he had less personal experience, but he did not doubt that it was possessed of considerable power. Before attempting to explain the mode of action of guaiacum in the treatment of gout, he gave his view of the origin of uric acid in the animal economy; instead of supposing that it was formed in the system by the metabolism of the nitrogenised tissues and then thrown out by the kidneys, he was of opinion that it was produced from urea and other nitrogenised bodies in the blood by the direct action of the kidney, and that when uric acid was contained in the blood, this arose from the absorption from the kidney structures of the urate of ammonium, depending on the want of sufficient throwing-off powers from these tissues. The author was aware that it was from his own discovery of uric acid in the blood that the opposite view of the formation of uric acid arose. To explain the prophylactic action of guaiacum the author did not think that it affected the formation of uric acid, but that it acted directly on the kidney itself as a stimulant, and enabled it to get rid of any accumulation in the tubules, and thus prevented absorption from them into the blood. In confirmation of this view it was found that patients, when taking guaiacum, often had unusual deposits of urates in their urine. The paper closed with the following remarks: "If the statements contained in this communication have the effect of inducing my medical brethren to direct their attention to the value of guaiacum in the treatment and prevention of gout, I feel I shall have conferred some benefit on the profession, and through them on the public at large."

Dr. NORMAN MOORE said that it was seldom that they were able to hear the *viva-voce* opinions of one who had absolutely established the morbid anatomy of such an ancient disease as gout. At St. Bartholomew's Hospital—perhaps from the proximity of the meat market—gout was very common. He

himself to believe that the apparent misconduct of the wife was in reality a case of rape.

Another correspondent, under the heading "Is it the Patient's Secret?" raises a new phase of the question—namely, whether a doctor ought to keep silence in face of the fact that he believes perjury to be committed for the purpose of damaging an innocent person? In this direction, curious and difficult questions may obviously arise; but in the particular case put by our correspondent (the circumstances of which he details more fully in a private note) it is quite clear that the material evidence which he can give to defeat the alleged perjury is not in reality a part of the medical secret at all. The medical secret in the case stated appears to us to be confined to the circumstances of the pregnancy and labour, which are in no way in dispute. Statements made at the time of the doctor's attendance, either by the patient herself or, as in the present case, by a relative of the patient, are not necessarily within the medical secret. In a case like the present we see no reason why a doctor should not give evidence about them as an ordinary witness, and we believe, in fact, that the right and duty of our correspondent in the matter are not different from the duties of any other bystander who may have happened to be in the room.

A MIDWIFE'S OFFENCE.

A MIDWIFE was summoned recently at the South-Western Police Court, for making a false statement as to a child that was born alive being still-born. Mr. A. Braxton Hicks, coroner, prosecuted, and stated that the child, on whose body he held an inquest, had lived for nine hours after birth, although the defendant gave a certificate of stillbirth. There was no registration of stillbirths, and consequently such an evasion might conceal some serious crime. The defendant pleaded guilty, and urged in mitigation that she was persuaded by the parents to give a false certificate so as to save the expense of a funeral. Defendant was fined 40s., or in default ten days' imprisonment.

CONSULTATIONS IN CLUB PRACTICE.

MR. GEO. H. DYSON, Secretary to the Prince of Wales Lodge, No. 62 K. U., writes: With the permission of our medical officer I am requested to ask you to kindly answer the following question in your next issue—namely, Is the medical officer to a lodge entitled legally to claim a fee for having met a consultant in consultation over a brother member's case?

*.*The medical officer to a friendly society, unless in his contract with the same it is specially stipulated to the contrary, can legally claim a fee for having met a consultant in consultation over a member; or, to put it another way, he is fully within his rights in refusing to meet a consultant unless such fee is guaranteed. In the ordinary contract between a medical man and a club, the former is bound to afford all the members entitled to the services of the doctor necessary medical attendance, or to provide a qualified deputy in his place; in many cases, too, he is required to provide necessary medicines, but in no case is he expected of right to consult with another medical practitioner about a member's case; indeed, if a member calls in another practitioner, he *ipso facto* loses his right to be attended by the club doctor.

FOREIGN DEGREES: TURKISH DIPLOMA.

A CORRESPONDENT encloses a copy of the wording of the diploma which he states the Turkish Government gives after a fairly comprehensive *vivâ voce* examination to all foreigners wishing to practise in the Ottoman Empire. The diploma is handsomely got up on parchment, and is half in Turkish and half in French. Our correspondent desires our opinion for himself and other holders of this diploma on the following points. The diploma is headed (in French) "Permit to practise as a doctor in medicine and surgery"—

1. If the recipients of this diploma are entitled to the title of "Dr." in the Turkish Empire if they have no university degree?
2. In the event of their returning to England, would they have a right to call themselves "Dr."?
3. Would "M.D. Constantinople," which some holders of this diploma have put in the *Medical Directory*, be a fair description of what they had obtained?

Our correspondent adds that the chief reasons why some of his colleagues are tempted to make much of the diploma in the direction indicated above is because all the other foreign doctors—Americans, Germans, French, and even natives—have M.D. to their names as a necessary part of their medical equipment. Then our correspondent compares the degree with that of "M.D. Brussels," but we do not propose to discuss the relative merits of foreign degrees.

. In reply to our correspondent's questions:

1. We think the holder of the diploma would in the Ottoman Empire be entitled to style himself "Dr.," assuming, of course, that there is no express or implied legal regulation in force there to the contrary.
2. We think that in this country a registered medical practitioner holding in addition the Turkish diploma would have no greater right to style himself "Dr." than any other registered medical practitioner not possessing a university degree.
3. "M.D. Constantinople" does not appear to be an improper or unfair designation.

A QUESTION OF MEDICAL ETHICS.

ON the facts stated by A. in relation to the question between himself and G. as to the attendance on O., there can, in our opinion, be no reasonable doubt that A. was justified in retaining the case.

The application of the prescribed rules of medical ethics is not restricted to this country, and should be strictly regarded by all members of the profession wherever they may happen to carry on practice.

Any member of an English college, although practising abroad, would be liable to censure on a breach of these rules being established.

CERTIFICATES OF DEATH.

M.C. writes giving particulars of a case in which he was called to see a newly-born child supposed to be suffering from convulsions, and asks whether he would have been justified in giving a certificate of the cause of death.

. As our correspondent never attended the deceased child during life, and only saw the body after death, we consider that he acted wisely in declining to certify to the cause of death, which he could only have done on the statements of other people. He should explain to the parents of the child that the law only permits him to give a certificate of the cause of death in cases where he has attended the deceased persons during their last illness, and that in referring the case to the coroner no other alternative was open to him.

EMPLOYER'S LIABILITY.

W. M. writes: I will be much obliged if you will answer the following question: A. is an employer of labour, B. his brother and working foreman, C. one of A.'s workmen. C. met with a severe accident. Another of A.'s workmen was asked to get the first doctor he met. After calling on several doctors, who were all out, the workman in question came running up to my trap, and said that an accident had happened to one of A.'s men by a scaffold falling, and asked me to see him at once. I went to the place stated but found that the injured man had been removed home, which was close to, on a door. I then went to his house and found the man suffering from a spinal injury. B. was present when I made the examination and told him its serious nature, and further that it would be unwise to remove him to the infirmary, which was three and a half to four miles distant, and that the prospect of his recovery was very slight. I then asked, still in B.'s presence, if they had a family doctor. Being told that they had not, I asked if they wished me to attend. Both husband and wife said they would be glad if I would. I am attending at present. C. unfortunately did not send in a claim within the six weeks. At the quarter end I sent in a bill of £12s. 12s. to A. for attendance on C. A. returned the bill to me and said he would not pay it as it was a pure accident, and that he was not responsible. Employers of labour have on all previous occasions paid me for accidents which happened to an employee. Can I make A. pay?

. The person responsible now for the fees due is the patient, as the account should have been forwarded with the claim by C. under the Employers' Liability Act within six weeks to A., who would then have had to pay the amount together with the liquidated damages. As the time for claiming compensation has unfortunately been allowed to lapse owing to C.'s inaction, it is purely a question of law which should be decided by a county court action against C., when the point at issue could be raised. If our correspondent is a member of the Medical Defence Union, he should refer the matter to that body, as the question is one of professional principle and not a mere debt-collecting case. Probably if the legal advisers of the Union were to write to A. the cost of a legal action might be avoided, and reasonable remuneration be paid for the medical services rendered.

SPECIALITY.—Exception might reasonably be taken to such an inscription as being opposed to professional ethics, and it would certainly be objected to by the other practitioners in the neighbourhood.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

BOTH the First and Second Examinations for the degree of Bachelor of Medicine will commence in the Examination Schools on Monday, June 2nd. The names of candidates will be received by the Secretary to the Boards of Faculties not later than 10.30 A.M. on Monday, June 8th, 1896. The examination for the degree of Master in Surgery will commence on Monday, June 29th. Notice must be given to the Secretary to the Board not later than 10.30 A.M. on June 15th.

UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS FOR M.B.—The date of beginning of the Second M.B. Examination has been changed from June 9th to June 11th. The examination in Anatomy and Physiology will extend from June 13th to June 20th.

SCHOLARSHIPS AND EXHIBITIONS IN NATURAL SCIENCE.—The College examinations for entrance scholarships in Natural Science during the current academical year will be held as follows: St. John's and Trinity, November 3rd; Pembroke, Caius, King's, Jesus, Christ's, Emmanuel, November 17th; Peterhouse and Sidney, Clare and Trinity Hall, December 8th; Downing, April 20th, 1897.

The First Examination for the degree of M.B., Part I (Chemistry and Physics), will commence on Tuesday, June 9th; Part II (Elementary Biology) on Thursday, June 11th. The Second Examination, Part I (Pharmaceutical Chemistry), on June 11th, and Part II (Human Anatomy and Physiology) on June 13th. Names of candidates must be sent to the Registry on or before May 22nd.

READER LECTURE.—This will be given on June 10th at noon in the Anatomy and Physiology Theatre by Professor J. J. Thomson, F.R.S. The subject for the present year is Roentgen's Rays.

NEW STATUTES.—The Queen in Council has approved the statutes authorising the University to confer the B.A. or LL.B. degree on "ad-

vanced students" after two years' residence. A guide to the courses of advanced study and research in Cambridge open to graduates of other Universities has been prepared by Dr. Donald MacAlister, Tutor of St. John's College, and will be published by the University Press as soon as the arrangements for the ensuing academical year are completed. Another statute, approved at the same sitting of the Privy Council, gives power to the University to deprive of their degrees and privileges graduates of the University who have been convicted of crimes for which they have been sentenced to penal servitude or imprisonment. This extension of the University's disciplinary authority is in the direction of that which has been repeatedly desiderated by the General Medical Council.

WOMEN'S DEGREES.—The Council of the Senate have nominated a new syndicate to consider this question, that first nominated having been "non-placeted" by the Senate. The proposed syndicate is not open to the accusations brought against its predecessors, in that it contains only three members of the Council, and a large proportion of the others are of less than twenty years' standing as graduates. More care also appears to have been taken to represent the various shades of opinion current in the University on the subject. It remains to be seen whether any further opposition will be offered to the Council's action.

DEGREES.—At the congregation held on May 21st the following medical degrees were conferred:

M.D.—H. T. Maw, M.A., Christ's College; G. W. Thompson, B.A., Christ's College.

M.B. and B.C.—E. G. Sworder, B.A., King's College.

THRUSTON PRIZE.—The triennial Thruston Prize of £54 will be awarded in the current year to the member of Gonville and Caius College who has published in the course of the last three years the best original investigations in Physiology, Pathology, or Practical Medicine. The prizeman is required to give an account of his investigations in the form of a lecture to be delivered in the College. The names of candidates are to be sent to the Master by the last day of July, 1896.

UNIVERSITY OF EDINBURGH.

STUDENTS' HANDBOOK.—At a meeting of the Edinburgh Students' Representative Council held on May 15th, it was resolved that a Students' Handbook to the University should be prepared, and, if possible, published early next session.

UNIVERSITY COURT.—At the last meeting of this Court on Monday, May 18th, intimation was made of a bequest by the late Mrs. Jane Allan, 5, Magdala Crescent, of £1,500 for the foundation of a Fellowship in the Faculty of Medicine in memory of her late husband, John Allan, M.D., H.E.I.C.S. The fee for the class of advanced practical physiology was, on a statement and recommendation of the Faculty of Medicine, fixed at £4 4s. in future. Certain suggested alterations in the constitution of the Students' Representative Council were approved of.

UNIVERSITY OF LONDON.

M.B. PASS EXAMINATION, May, 1896.

Pass List.—First Division: J. A. O. Briggs, St. Bartholomew's Hospital; G. G. Genge, St. Thomas's Hospital; A. Heath, St. Bartholomew's Hospital; T. P. Legg, St. Bartholomew's Hospital; J. C. H. Leicester, B.Sc., University College; F. T. Waldron, London Hospital; T. H. Wells, Middlesex Hospital. Second Division: J. A. Clough, Leeds Medical School; J. E. P. Davies, B.Sc., St. Mary's Hospital; A. D. Ducat, St. Bartholomew's Hospital; J. Ganner, Mason College; A. H. Gerrard, University College; J. A. K. Griffiths, University College; A. G. Gullan, University College, Liverpool; J. C. Hibbert, University College; J. H. Hugo, St. Bartholomew's Hospital; N. Instone, Guy's Hospital; R. M. Johnston, University College; J. T. Leon, B.Sc., St. Mary's Hospital; Amelia Maitland Le Pelley, London School of Medicine for Women; H. W. Lyle, King's College; Rachel Elizabeth W. Mackenzie, London School of Medicine for Women; J. Maughan, Royal Infirmary, Liverpool, and University College, London; J. H. Murray, University College; H. Nolan, Guy's Hospital; J. W. F. Rait, University College; A. R. H. Skeay, St. Bartholomew's Hospital; G. U. Smith, King's College Hospital; T. H. C. Stevenson, University College; E. Thomas, University College; R. H. Townend, London Hospital; W. B. Warde, St. Bartholomew's Hospital; F. K. Wilson, Westminster Hospital; H. M. Wise, Guy's Hospital.

SCIENCE DEGREES IN THE SCOTCH UNIVERSITIES.

The Scotch Universities Commissioners have just issued a supplementary ordinance relating to degrees in science. Candidates for the degree of B.Sc. in Pure Science or in Public Health, may in their preliminary examination offer themselves for examination in mathematics on the lower instead of on the higher standard; provided that, in addition to the ancient or modern language already taken, they also offer themselves for examination in a modern language as a fifth subject, such further examination to be on the standard prescribed by the Joint Board of Examiners for the Preliminary Examination under the provisions of ordinances already issued.

SCOTTISH UNIVERSITY PRELIMINARY EXAMINATIONS.

The statistics of passes and failures in the preliminary examination in Arts and Science and in Medicine (March-April) of the four Scottish universities, issued by the Joint Board of Examiners, show that at St. Andrews, in Arts and Science, 155 entered, 58 failed, 56 passed, 23 passed on the lower standard, 1 on the intermediate standard, and 17 on the higher standard; while in Medicine 8 entered, 4 failed and 4 passed. At Glasgow, in Arts and Science, 404 entered, 122 failed, 183 passed, 42 passed on the lower standard, 12 on the intermediate standard, and 45 on the higher standard; while in Medicine 82 entered, 30 failed, 52 passed, 12 passed in one subject, and 21 in two subjects. At Aberdeen, in Arts, 157 entered, 54 failed, 70 passed, 17 passed on the lower standard, 3 on the intermediate standard, and 13 on the higher standard; in Science, 11 entered, 3 failed, and 8 passed; and in Medicine, 40 entered, 16 failed, and 24 passed. In Arts and Science, at Edinburgh, 452 entered, 152 failed, 200

passed, 54 passed on the lower standard, 15 on the intermediate standard, and 31 on the higher standard; while in Medicine, 124 entered, 52 failed, and 72 passed.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen having passed the necessary examinations and having conformed to the by-laws and regulations, have been admitted Members of the College:

Acland, J. M., L.R.C.P.Lond.
Adams, W. F., L.R.C.P.Lond.
Alford, C. W., L.R.C.P.Lond.
Allen, W. H., L.R.C.P.Lond.
Anderson, J. S., L.R.C.P.Lond.
Anstey-Chave, T. L.R.C.P.Lond.
Barclay, E. C., L.R.C.P.Lond.
Barker, E. M., L.R.C.P.Lond.
Barklow, T. W. N., L.R.C.P.Lond.
Behrmann, D. B., L.R.C.P.Lond.
Bell, W. B., L.R.C.P.Lond.
Bennetts, F., L.R.C.P.Lond.
Benson, J. R., L.R.C.P.Lond.
Betts, L. B., L.R.C.P.Lond.
Bickford, N. S., L.R.C.P.Lond.
Black, L. P., L.R.C.P.Lond.
Blagden, J. J., L.R.C.P.Lond.
Bonney, W. F. V., L.R.C.P.Lond.
Bramwell, C., L.R.C.P.Lond.
Briggs, J. A. O., L.R.C.P.Lond.
Broadbent, J., L.R.C.P.Lond.
Brock, J., L.R.C.P.Lond.
Browne-Mason, H. O. B., L.R.C.P.Lond.
Bullmore, F. G., L.R.C.P.Lond.
Cameron, M., L.R.C.P.Lond.
Cann, F. J. H., L.R.C.P.Lond.
Clark, H. C., L.R.C.P.Lond.
Clarke, A. V., L.R.C.P.Lond.
Collis, E. L., L.R.C.P.Lond.
Cooper, H. M., L.R.C.P.Lond.
Coventry, C., L.R.C.P.Lond.
Culmer, J. W., L.R.C.P.Lond.
Dashwood, C. E., L.R.C.P.Lond.
Davies, W. L. B., L.R.C.P.Lond.
Douglas, A. R. J., L.R.C.P.Lond.
Douglas, S. R., L.R.C.P.Lond.
Draper, R. A., L.R.C.P.Lond.
Bruitt, C. F., L.R.C.P.Lond.
Drury, E. G. D., L.R.C.P.Lond.
Edington, G. H., L.R.C.P.Lond.
Eley, N. W., L.R.C.P.Lond.
Ellacombe, G. H. W., L.R.C.P.Lond.
Ellis, H. R., L.R.C.P.Lond.
Emms, H. R., L.R.C.P.Lond.
Evans, H. W., L.R.C.P.Lond.
Evans, R. J., L.R.C.P.Lond.
Farndale, J. W., L.R.C.P.Lond.
Farnwick, S. C. C., L.R.C.P.Lond.
Fisk, E., L.R.C.P.Lond.
Flory, C. H., L.R.C.P.Lond.
Folliott, E., L.R.C.P.Lond.
Forman, G. H., L.R.C.P.Lond.
Foster, J. J., L.R.C.P.Lond.
Francisco, S. A., L.R.C.P.Lond.
Fry, A. B., L.R.C.P.Lond.
Fryer, H. E., L.R.C.P.Lond.
Gardiner, J., L.R.C.P.Lond.
Garner, W. L., L.R.C.P.Lond.
Godwin, F. J., L.R.C.P.Lond.
Goulden, H. E., L.R.C.P.Lond.
Grant, A. S., L.R.C.P.Lond.
Grazebrook, E. R., L.R.C.P.Lond.
Greene, W. A., L.A.H.Dub.
Gross, S., L.R.C.P.Lond.
Gunson, J. B., L.R.C.P.Lond.
Hackney, A. C. J. H., L.R.C.P.Lond.
Hallam, H., L.R.C.P.Lond.
Ham, B., L.R.C.P.Lond.
Hamilton, R. K., L.R.C.P.Lond.
Hanwell, G. L., L.R.C.P.Lond.
Haymes, H. E., L.R.C.P.Lond.
Heard, J., L.R.C.P.Lond.
Hedden, R., L.R.C.P.Lond.
Henly, A. W., L.R.C.P.Lond.
Heywood, W. B., L.R.C.P.Lond.
Hill, R. A. L., L.R.C.P.Lond.
Hitchfield, A. R., L.R.C.P.Lond.
Holliday, W. H., L.R.C.P.Lond.
Hope, E. C., L.R.C.P.Lond.
Hopkins, C. H., L.R.C.P.Lond.
Horder, T. J., L.R.C.P.Lond.
Hutton, A. E., L.R.C.P.Lond.
Infield, S., L.R.C.P.Lond.
Innes, H., L.R.C.P.Lond.
Johnson, H. H. F., L.R.C.P.Lond.
Johnson, M. B., L.R.C.P.Lond.
Jones, T., L.S.A.Lond.
Knowles, K., L.R.C.P.Lond.
Lachmore, A. T., L.R.C.P.Lond.
Leicester, J. C. H., L.R.C.P.Lond.
Lowe, H., L.R.C.P.Lond.
McCarthy, R. P., L.R.C.P.Lond.
Maurice, W. B., L.R.C.P.Lond.
Milbank-Smith, H. J. M., L.R.C.P.Lond.
Moon, E. G., L.R.C.P.Lond.
Muriel, G. B., L.R.C.P.Lond.
Murphy, J. B., L.R.C.P.Lond.
Murray, W. B., L.R.C.P.Lond.
Nash, E. H. T., L.R.C.P.Lond.
Noble, H. P., L.R.C.P.Lond.
Parsons, C. C., L.R.C.P.Lond.
Pendred, B. F., L.R.C.P.Lond.
Phillips, C. A., L.R.C.P.Lond.
Pierson, A. C. B., L.R.C.P.Lond.
Plummer, W. E., L.R.C.P.Lond.
Powell, J. C., L.R.C.P.Lond.
Pratt, E., L.R.C.P.Lond.
Preston, C. C., L.R.C.P.Lond.
Price, H. J., L.R.C.P.Lond.
Price, T. H., L.R.C.P.Lond.
Pridmore, J. W., L.R.C.P.Lond.
Prior, J. R., L.R.C.P.Lond.
Reid, E. S., L.R.C.P.Lond.
Richards, L. W., L.R.C.P.Lond.
Richmond, B. A., L.R.C.P.Lond.
Ridgeway-Macauley, W. G., L.R.C.P.Lond.
Roberts, R. L., L.R.C.P.Lond.
Robinson, A. M. B., C.M. Edin.
Rowlands, W. H., L.R.C.P.Lond.
Savage, E. S., L.R.C.P.Lond.
Sealy, G. O. F., L.R.C.P.Lond.
Shepherd, H. B., L.R.C.P.Lond.
Simmonds, E. G., L.R.C.P.Lond.
Sloccock, R., L.R.C.P.Lond.
Smith, E. A., L.R.C.P.Lond.
Smith, M. H., L.R.C.P.Lond.
Smith, S. F., L.R.C.P.Lond.
Spark, P. C., L.R.C.P.Lond.
Spear, J. A., L.R.C.P.Lond.
Spicer, A. H., L.R.C.P.Lond.
Stanton, T. W., L.R.C.P.Lond.
Stead, C. C., L.R.C.P.Lond.
Stephens, S., L.R.C.P.Lond.
Sturdee, F. H., L.R.C.P.Lond.
Sutcliffe, E. H., L.R.C.P.Lond.
Sweet, E. H., L.R.C.P.Lond.
Sworder, E. G., L.R.C.P.Lond.
Tahmisian, B. B., L.R.C.P.Lond.
Taylor, G. E. O., L.R.C.P.Lond.
Teale, M. A., L.R.C.P.Lond.
Thomas, W. G., L.R.C.P.Lond.
Tipper, E. H., L.R.C.P.Lond.
Vellacott, P. N., L.R.C.P.Lond.
Vise, J. N. B., L.R.C.P.Lond.
Walter, A. E., L.R.C.P.Lond.
Ward, A. B., L.R.C.P.Lond.
Warner, A., L.R.C.P.Lond.
Welburn, C. M., L.R.C.P.Lond.
Whitelaw, F., L.R.C.P.Lond.
Williams, C. E., L.R.C.P.Lond.
Williams, R. P., L.R.C.P.Lond.
Williams, S. W., L.R.C.P.Lond.
Wimble, H. C., L.R.C.P.Lond.
Woods, W. J., L.R.C.P.Lond.
Wright, S. R., L.R.C.P.Lond.

The following gentlemen passed the First Professional Examination in Anatomy and Physiology for the Diploma of Fellow.

Wednesday, May 13th:

R. H. Castellet, M.R.C.S.Eng., L.R.C.P.Lond., of University College, London; F. J. Stewart, M.R.C.S.Eng., L.R.C.P.Lond., of Guy's Hospital; V. Pendred, M.R.C.S.Eng., L.R.C.P.Lond., of Durham University and Guy's Hospital; E. C. Taylor, M.D.Lond., M.R.C.S.Eng., L.R.C.P.Lond., of Cambridge University and Guy's Hospital; N. R. Howe, M.R.C.S.Eng., L.R.C.P.Lond., of London Hospital; E. H. E. Stack, M.B., B.C.Camb., M.R.C.S.Eng., L.R.C.P.Lond., of Cambridge University and St. Bartholomew's Hospital; W. C. G. Ashdowne, M.R.C.S.Eng., L.R.C.P.Lond., of St. Mary's Hospital; A. F. MacCallan, of Cambridge University and St. Mary's Hospital.

Eight gentlemen were referred back to their professional studies for six months.

Thursday, May 14th:

H. E. Harris, M.B.Camb., M.R.C.S.Eng., L.R.C.P.Lond., of Cambridge University and St. Bartholomew's Hospital; W. H. Quick, M.D. Brux., M.R.C.S.Eng., L.S.A., Surgeon-Major I.M.S., of Westminster Hospital and King's College, London; A. R. C. Parsons, of King's College, London; J. A. Barnes, of St. Thomas's Hospital; T. P. Berry, of Guy's Hospital; C. R. Pike, of London Hospital; and E. E. Glynn, of Cambridge University.

Nine gentlemen were referred back to their professional studies for six months.

Friday, May 15th:

G. T. James, M.R.C.S.Eng., L.R.C.P.Lond., of Westminster Hospital; W. L. Griffiths, of University College, London; G. H. Herbert, of London Hospital; E. M. Corner, of Cambridge University and St. Thomas's Hospital; A. H. Godson, of Cambridge University, Owens College, Manchester, and Guy's Hospital; L. H. McGavin, of Guy's Hospital; and S. M. Smith, of St. Mary's Hospital.

Nine gentlemen were referred back to their professional studies for six months.

Monday, May 18th:

A. Robinson, M.B.Edin., M.R.C.S., of Edinburgh University; F. B. W. Phillips, M.B.Oxon., M.R.C.S.Eng., P. N. Vellacott, M.R.C.S.Eng., L.R.C.P.Lond., S. A. Ruzzark, and W. H. M. Telling, of Guy's Hospital; H. S. Barwell, of St. George's Hospital; H. F. N. Hine, of Middlesex Hospital; F. C. Madden, M.B.Melb., of Melbourne University and St. Mary's Hospital; A. Martin-Leake, of University College, London; and I. W. W. Hunter, of Otago University, New Zealand, and London Hospital.

Ten gentlemen were referred back to their professional studies for six months.

Tuesday, May 19th:

F. V. Milward, M.B., B.C.Camb., M.R.C.S.Eng., L.R.C.P.Lond., of Cambridge University and St. Thomas's Hospital; M. Takayasu, M.R.C.S.Eng., L.R.C.P.Lond., of St. Thomas's Hospital; J. W. G. Grant, M.R.C.S.Eng., L.R.C.P.Lond., of St. Thomas's Hospital and Newcastle-on-Tyne College of Medicine; and F. E. Walker, of Guy's Hospital.

Eleven gentlemen were referred back to their professional studies for six months.

One hundred and nineteen gentlemen presented themselves for this examination, of whom 49 passed and 70 were referred.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the May Sessional Examinations for the Licences of the College, the undermentioned registered medical practitioners have been successful:

Licence to Practise Medicine.—E. H. Blake, L.S.A.Lond.; H. Jellett, M.B., B.Ch.Univ.Dub.; F. J. McDonogh, L.R.C.S.I., L.A.H.D.

Licence to Practise Midwifery.—J. T. R. Miller, L.S.A.Lond.

At a stated meeting of the President and Fellows held on Friday, May 8th, 1896, the undermentioned candidates who had passed the Final Professional Examination under the Conjoint Scheme with the Royal College of Surgeons in Ireland, were duly admitted by the Vice-President Licentiates in Medicine and in Midwifery of the College:

W. McA. Cummins, G. G. Delap, W. J. Healey, H. E. W. Kinsella, B. McCaul, W. M. MacCormack, S. J. Scott, A. H. O. Young.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

The following gentlemen, having passed the necessary examinations, have been elected Fellows of the College:

G. Bidie, L.R.C.S.E., Surgeon-Captain, Indian Medical Service; A. Cook, L.F.P. & S.G., Medical Inspector of Seamen for the Board of Trade, Cardiff; H. P. D'A. Benson, M.B., C.M.; G. Hardyman, M.B., C.M.Edin.; R. Hartley, L.R.C.S.E., Surgeon to Lambart Memorial Hospital; T. H. Pope, M.D., C.M.Edin., Surgeon-Major, Indian Medical Service.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—The following gentlemen having passed the necessary examination have been admitted Fellows of the College:

J. Davison, G. W. Dawson, S. Deane, J. D. McFeely, and J. I. Moore.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—F. J. Ayre, St. Mary's Hospital; R. A. Cooper, St. George's Hospital; M. P. Gabe, Middlesex Hospital; D. C. Kemp, University College Hospital; E. S. Langworthy, St. George's Hospital; J. R. McKinlay, Westminster Hospital; M. Orange, Royal Free Hospital; V. A. Settle, Middlesex Hospital; W. V. P. Teague, London Hospital; C. H. Thomas, London Hospital; G. S. Thompson, St. George's Hospital.

Medicine, Forensic Medicine, and Midwifery.—F. J. Ayre, St. Mary's Hospital; E. M. Henwood, Royal Free Hospital; J. W. F. Rait, University College Hospital; L. St. J. Reilly, London Hospital.

Medicine and Forensic Medicine.—D. C. Kemp, University College Hospital.

Medicine and Midwifery.—A. M. St. J. Wright, Madras.

Medicine.—G. R. Smith, Manchester.

Forensic Medicine and Midwifery.—A. P. Murtz, King's College Hospital.

Forensic Medicine.—C. G. Schultz, St. Mary's Hospital; V. A. Settle, Middlesex Hospital.

Midwifery.—C. H. Nicholson, Middlesex Hospital.

The diploma of the Society was granted to the following candidates, entitling them to practise Medicine, Surgery, and Midwifery: Miss F. J. Ayre, E. M. Henwood, D. C. Kemp, J. R. McKinlay, C. H. Nicholson, M. Orange, G. R. Smith, A. M. St. J. Wright.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

INFANT LIFE PROTECTION.

THE Select Committee of the House of Lords, engaged in considering the Bills bearing on the protection of infant life, on resuming their inquiry on May 15th had before them Mrs. HARDY, Honorary Secretary to the Ladies' Health Society of Manchester. She stated that her Society worked in harmony with the Corporation of Manchester, and were partly paid by them. They visited houses of people in the poorest districts, took with them disinfecting powder, and so forth, and circulated papers on sanitation and the care of children. They were never refused admission, and the people were generally glad to see them again. She did not believe that baby-farming was practised in Manchester as in London, the people in the former town being very fond of their children, and when they placed them out to nurse, most frequently putting them under the charge of a grandmother or some other relative. The deaths which occurred amongst the children of these poor people, whether the infants were legitimate or illegitimate, were most frequently caused by ignorance or overfeeding than by neglect. She attributed the high rate of infant mortality in Lancashire to the early marriages of people of 16 or 17 years of age, and to the intemperance which prevailed amongst the poor, though these remarks did not apply to the respectable working classes. She believed that the inspection of the ladies of the Society to which she belonged was more readily welcomed than official inspection would be, though the class she referred to were not over-sensitive.—Mrs. BOSTOCK, another lady from the Society, gave additional details, after which Mrs. WETHERED, of several rescue societies, gave evidence. She declared that all rescue workers were opposed to Clause 2 of Lord Denbigh's Bill, requiring that every house where a child was received for a fee or reward should be registered. Child murders and suicides would increase if the mothers of illegitimate children found difficulty in securing nurse-mothers for their babies. The shame of these persons should be cloaked as much as possible, and they should be kept in touch with their children. Parliament should confine itself to dealing with cases where a lump sum was paid for the adoption of a child. There was no objection to inspection, but all inspection should be done by women.—Miss STEER, superintendent of the "Bridge of Hope" in the Ratcliffe Highway, considered that poverty was at the bottom of the evil to be dealt with. The Committee then adjourned, without fixing a date for their next meeting.

PUBLIC HEALTH BILLS.

The Public Health (Scotland) (No. 2) Bill, of which Lord BALFOUR OF BURLEIGH has been in charge, passed its final stage on May 18th, on which day also Lord HARRIS obtained the second reading of his Public Health Bill—explaining that its main object was to enable the Government to get rid of two special quarantine hospitals near Portsmouth reserved for plague and typhoid fever, such diseases to be treated for the future in the ordinary quarantine hospitals for contagious diseases. A further object of the Bill is to remedy a defect in the law under which the powers of port sanitary authorities for dealing with the infectious diseases on board ship are unduly.

HOUSE OF COMMONS.

THE NAVAL MEDICAL VOTE.

In the Commons during the past week the vote for the expenses of the Medical Service in the Navy has been taken. It came on somewhat unexpectedly, and did not receive the share of criticism that a vote of such magnitude—£156,200—usually evokes. It was reached at the dinner hour when the House was empty, and as a result was disposed of in a few minutes. Admiral FIELD took the Admiralty to task for neglecting to appoint a head nursing sister, and asked for an assurance that this would be remedied.—Mr. MACARTNEY agreed as to the valuable services rendered by the nursing sisters, but said that he understood that there was a head nursing sister at Malta.

POOR-LAW OFFICERS' SUPERANNUATION BILL.

On consideration of this Bill as amended Mr. HORACE PLUNKETT intends to move an amendment to apply the measure to Ireland, with the modifications and exceptions rendered necessary by the difference of the Poor Law in England and Ireland. The same hon. member has also given notice of the following addition to Clause 10: "Provided that where there are two medical officers for the same district holding respectively the offices of 'registrar' and 'assistant registrar' of births and deaths for such district, the deduction from the salary and emoluments of each such officer for the purposes of this Act shall include a moiety of the registration fees for such district, and each such officer shall be entitled to a superannuation allowance in respect thereof. And for this purpose 'assistant registrars,' who are also medical officers for their respective registration districts, shall be deemed to be in the service of the guardians of the union in which such registration districts are situated."

BARRACK SCHOOLS.

On the motion of Lord WARKWORTH, a return has been ordered "showing the number of male and female inmates of metropolitan workhouses and infirmaries on June 1st, 1896, who had been educated wholly or in part in metropolitan separate or district Poor-law schools during the past thirty years, distinguishing those who had been inmates of such schools respectively for less than one year, for more than one year but less than three, for more than three but less than five years, and for more than five years; and further distinguishing those who have become chargeable through sickness or permanent mental or bodily infirmity from those who have become chargeable by their own default."

Mr. MUNDELLA, chairman of the Poor Law Schools Committee of the Local Government Board, on May 21st addressed a letter in reply to a communication from the Howard Association, in which he declares that the Government proposal for dealing with Poor-law Schools is too crude to be adopted without further consideration. He adds: "I should regret

MEDICAL NEWS.

THE Ingleby Lectures will be given by Mr. Priestley Smith at Mason College, Birmingham, on Wednesday, June 10th and 17th, at 4 P.M. The subject will be The Mechanism of Binocular Vision and the Causes of Strabismus.

WE are asked to call attention to a slight alteration in the subject of the essay for the Heath Scholarship in the University of Durham College of Medicine. The subject of the essay should be "Congenital Deformities, their Pathology and Treatment."

THE PASTEUR MEMORIAL.—Professor Podwissotzky, the editor of the *Russky Archiv*, has formed a committee for the collection of contributions towards the Pasteur Memorial. Among the members of this committee are Professor Bobretzky, S. T. Brodsky, Professor Bunge, Professor Heibel, and others.

THE annual general meeting of St. George's Hospital Graphic Society will be held at the hospital on Tuesday, June 2nd, at 2.30 P.M. The annual exhibition, which is strictly limited to the works of members, will be held in the Board room of the hospital. It will be opened immediately after the meeting, and will remain open until the end of the week.

THE JENNER CENTENARY IN RUSSIA.—We learn from *Vratch* that a further postponement of the thanksgiving festival organised by the National Health Society of Russia in honour of Jenner's discovery has been made. It is now fixed for the end of November. Dr. W. O. Hubert, in recognition of the works he has done in relation to vaccination, has been elected by a large majority Honorary Secretary of the Society.

WE are asked to state that the annual meeting of the Incorporated Medical Practitioners' Association was held on May 14th at the Holborn Restaurant. The annual report showed a rapidly increasing membership, and the formation of important branches in Devon and Cornwall and in Lancashire and Cheshire during the past year. A number of new by-laws providing for an extended organisation of the Association were passed. Dr. Bedford Fenwick was elected President, and the Council and their officers were appointed for 1896-97. A considerable number of their friends dined together in the evening, under the chairmanship of the late President, Mr. George Jackson, F.R.C.S., of Plymouth.

THE twentieth annual meeting of the British Medical Temperance Association was held on May 21st at the Wilfrid Lawson Temperance Hotel, Woodford Green, Essex. Sir B. W. Richardson presided, and the report read by the Honorary Secretary, Dr. J. J. Ridge, showed that 24 new members and 41 student associates had been enrolled during the year, making a total of 430 members, 96 student associates, and 2 (lay) associates. The *Medical Pioneer*, the official organ of the Association, besides having been sent to every member and associate and to a large number of subscribers, had been sent gratuitously, to the number of upwards of 15,000 copies, to medical men and to medical schools and libraries. It was reported that a Continental Medical Temperance Association had been formed on similar lines. A prize of £3 offered to medical students for an essay on the Action of Alcohol on the Nervous and Circulatory Systems had been awarded to Mr. J. Phillips, jun., of the Bristol Medical School.

THE annual general meeting of the Society for the Relief of Widows and Orphans of Medical Men was held on May 20th, Sir James Paget in the chair. From the report read by the secretary, it appeared that during the year 7 new members had been elected, 11 had died, and 6 resigned, leaving 296 at the end of the year. Three widows had been added to the 49 on the funds, and 4 had died. The number of orphans receiving assistance had been reduced by one, leaving 8. The receipts available for payments had been £3,280 and the grants and expenses had been £3,223, including a sum of £452 given at Christmas as a present to the widows and orphans on the books. The funded property had been increased by the purchase of £500 stock. The funded property being now over £95,000, an additional amount of £500 had been received

from the executors of Miss Carpue. A grant of £26 under Law 78 was made to a widow. A vote of thanks to the editors of the medical journals for their great kindness in making known the objects of the Society was proposed by Mr. Christopher Heath and carried unanimously. The following gentlemen were elected directors to fill the vacancies caused by death and retirement—namely, Mr. Bennett, Dr. Wilks, Dr. Frederick Roberts, Dr. Sylvester, Mr. Fountaine, Mr. Malcolm Morris, and Mr. Butlin. A vote of thanks was passed to the President, Sir James Paget, for his kindness in presiding at the meeting.

MEDICAL VACANCIES.

The following vacancies are announced:

ADLINGTON URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary at the rate of £20 per annum. Applications to John Stanton, Clerk, Chorley, by June 1st.

BEDFORD GENERAL INFIRMARY AND FEVER HOSPITAL.—House-Surgeon, doubly qualified. Salary, £100 per annum, with apartments, board, lodging, and washing. Appointment for one year, but eligible for re-election. Applications to the Secretary by June 5th.

BOROUGH HOSPITAL, Birkenhead.—Junior House-Surgeon, doubly qualified. Salary, £60 per annum, with board and lodging, but no wine, spirits, or beer. A further sum of from £20 to £25 per annum is usually obtained in fees. Applications to the Chairman of the Weekly Board by June 5th.

BOROUGH OF CHESTERFIELD.—Medical Officer of Health. Appointment for one year. Salary, £300 per annum. Applications endorsed "Medical Officer," to be sent to Jno. Middleton, Town Clerk, by June 1st.

BRENTFORD UNION.—Medical Superintendent of Infirmary and Medical Officer of Workhouse and Schools. Salary, £250 per annum, with furnished residence in the infirmary, rations, washing, etc., or £300 with furnished residence, washing, etc., but without rations. Must be not less than 28 nor more than 40 years of age, and doubly qualified. Also Assistant Medical Officer. Salary, £100 per annum, with furnished apartments in the infirmary, rations, washing, etc.; unmarried, doubly qualified. Applications on forms provided to be sent to William Stephens, Clerk to the Guardians, Union Office, Isleworth, W., by June 16th.

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 Wm. Crouch, Clerk to the Visiting Committee, County Hall, Aylesbury, by June 5th.

CANCER HOSPITAL (FREE), Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by June 6th.

CHARING CROSS HOSPITAL.—Surgical Registrar. Salary, £40 per annum. Applications to Arthur E. Reade, Secretary, by June 8th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Appointment for six months from July 1st. Board and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary by June 11th.

CRICHTON ROYAL INSTITUTION, Dumfries. Third Assistant Medical Officer. Salary, £100 per annum, with board and residence. Applications to the Medical Superintendent.

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.

GOVAN DISTRICT LUNACY BOARD.—Assistant to the Medical Superintendent at the Asylum at Hawkhead, near Paisley. Salary, £100, with board and apartments, unmarried, and not more than 30 years of age. Applications to Andrew Wallace, clerk, 7, Carlton Place, Glasgow, by June 10th.

HAMBLEDON UNION.—Medical Officer for the Workhouse. Salary, £70 per annum, with certain extra fees for midwifery cases and vaccination. Applications to Ferdinand Smallpeice, clerk, Clerk's Office, Guildford, by June 2nd.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House Surgeon to Out-patients, non-resident. Appointment for six months, but eligible for re-election for a second term of office. Salary, 25 guineas. Applications to the Secretary by June 16th.

LONDON HOSPITAL, Whitechapel, E.—Medical Registrar. Salary, £100 per annum. Assistant Physician, must be M.R.C.P.Lond. Applications to G. Q. Roberts, Secretary and House Governor, by June 11th.

MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN, Park Place, Cheetham Hill Road.—Honorary Assistant Physician. The selected candidate will not be allowed to hold any other hospital appointments. Applications to Mr. Hubert Teague, Secretary, 38, Barton Arcade, Manchester, by June 6th.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer at the Fountain Fever Hospital, Lower Tooting, S.W. Unmarried, not more than 35 years of age, and doubly qualified. Salary, £160 during the first year, £180 during the second year, and £200 during the third and subsequent years of service. Applications, on forms to be obtained at the offices of the Board, to be sent to T. Duncombe Mann, Clerk to the Board, Norfolk House, Norfolk Street, Strand, W.C., by June 1st.

MIDDLESEX HOSPITAL, W.—Assistant Surgeon. Applications to F. Clare Melhado, Secretary-Superintendent, by June 8th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shore-ditch, N.E.—House-Physician. Appointment for six months, at the

expiration of which he will be required, if eligible, to serve as House-Surgeon for six months. Salary as House-Physician at the rate of £60 per annum; as a House-Surgeon (the senior post) at the rate of £80 per annum. Must be doubly qualified. Junior House-Physician; doubly qualified. Appointment for six months. No salary, but board and lodging (including washing) provided. Applications to the Secretary at the City Office, 27, Clement's Lane, E.C., by June 8th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.—Physician to Out-patients; must be F. or M.R.C.P.Lond. Applications to T. Glenton-Kerr, Secretary, at the Office, 27, Clement Lane, E.C., by June 10th.

PARISH OF CREICH, Sutherland.—Medical Officer and Vaccinator. Salary as Medical Officer, £45 per annum; as Vaccinator, statutory fees and allowance of £5 in addition. Applications to David Ross, Inspector of Poor, Bonar Bridge, Sutherland, by June 19th.

PARISH OF GLENELG.—Medical Officer for the Northern Division of Parish. Salary, £110 per annum with free house and garden. Gaelic a recommendation. Applications to D. McLure, Inspector of Poor, by June 30th.

PARISH OF KINCARDINE, Ross.—Medical Officer and Vaccinator. Salary as Medical Officer, £42 10s. per annum; as Vaccinator, the statutory fees with an allowance of £5 in addition. Applications to Mr. G. G. Macleod, Chairman of the Parish Council, by June 19th.

PARISH OF LAMBETH.—Assistant Medical Officer and Dispenser for the Workhouse, Renfrew Road, Lower Kennington Lane; doubly qualified; must reside in the workhouse. Salary, £100 per annum, rising after two years' service to a maximum of £125 per annum, with board, apartments, and washing. Applications on printed forms provided to be sent to W. B. Wilmot, Clerk, Guardians' Board Room and Offices, Brook Street, Kennington Road, S.E., by May 30th.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Resident Medical Officer. Appointment for four months. Salary at the rate of £60 per annum, with board and residence. Applications to the Secretary by June 1st.

ROYAL BERKSHIRE HOSPITAL, Reading.—Assistant Medical Officer. Board, lodging, and washing provided. Honorarium of ten guineas will be awarded if the duties are performed satisfactorily. Appointment for six months from July 1st. Applications to the Secretary before June 5th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Hunterian Professors, Erasmus Wilson Lecturer, and Arris and Gale Lecturer for the ensuing years. Applications to Edward Trimmer, Secretary, by June 2nd.

ROYAL EYE HOSPITAL, Southwark.—Surgeons and Assistant Surgeons and Clinical Assistants. Applications to the Secretary at the Hospital by June 8th.

STAMFORD HILL, STOKE NEWINGTON, CLAPTON, ETC., DISPENSARY, 189, High Street, Stoke Newington, N.—Junior Resident Medical Officer. Salary at the rate of £50 per annum during the first quarter, afterwards at the rate of £75 per annum, with board and lodging. Applications to the Senior Resident Medical Officer by June 3rd.

SUSSEX COUNTY HOSPITAL, Brighton.—House-Physician, doubly qualified, unmarried, and under 30 years of age. Salary commencing at £50 per annum, with board and residence in the hospital, and washing. Applications to the Secretary by June 3rd.

TOW LAW URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £200 per annum. Applications to Edward Milburn, Clerk to the Council, High Street, Tow Law, County Durham, by June 2nd.

UNIVERSITY COURT OF ST. ANDREWS.—Lecturers on (1) Anatomy; Salary, £300 per annum, with class fees. (2) Materia Medica; salary, £200, with class fees. (3) History; salary, £200, with class fees. Applications to Mr. Stuart Grace, Secretary to the University Court, by June 1st.

MEDICAL APPOINTMENTS.

ADAMS, J., M.D., appointed Medical Officer of the Workhouse of the Eastbourne Union.

ARCHIBALD, A., M.B., C.M.Aberd., appointed Assistant Medical Officer to the Gordon Road Workhouse and the Infirmary of the Camberwell Parish.

BOSTOCK, R. H. F., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Norton District of the Malton Union.

BUCKELL, Francis, M.R.C.S.Eng., L.R.C.P., appointed Medical Officer of Health to the Borough of Romsey.

CRAWFORD, Raymond, M.A., M.B.Oxon., M.R.C.P., appointed Physician to Out-patients at the Victoria Hospital for Sick Children, Chelsea.

ESKRIDGE, R. B., L.R.C.P.Edin., M.R.C.S., appointed Medical Officer of Health to the Royston Urban District Council.

EVERS, Charles J., M.D.Durh., M.R.C.S.Eng., reappointed Medical Officer of Health to the Faversham Urban Town Council and the Port Sanitary Authority.

FINDLAY, Dr., appointed Medical Officer to the Aberdeen Dispensary, *vice* G. M. Edmond, M.D.Aberd., resigned.

HOGG, F. S. D., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Bradwell District of the Maldon Union.

HUGHES, A. E. R., M.R.C.S.Eng., appointed Assistant Medical Officer to the Gordon Road Workhouse and the Infirmary of the Camberwell Parish.

JUCKES, F. A., M.B., C.M.Edin., appointed Medical Officer for the Workhouse of the Horsham Union.

KAY, J. G., M.B., C.M.Edin., appointed Medical Officer for the Tintern District of the Chepstow Union.

LAMBERT, P., M.R.C.S., L.R.C.P., appointed Medical Officer for the No. 3 District of the Newbury Union.

LYDDON, Richard, M.R.C.S.Eng., L.S.A.Lond., appointed Medical Officer of Health to the Urban and Port Sanitary Authorities, Deal, *vice* A. Bruce Payne, deceased.

MEYER, W. R., L.S.A., appointed Medical Officer for the No. 4 (Hurstpierpoint) District of the Cuckfield Union.

MORRISON, A. T., M.B. R.U.I., B.Ch., appointed District Medical Officer of the Aylesbury Union.

PARTRIDGE, Thomas, M.R.C.P.I., M.R.C.S.Eng., appointed Medical Officer to the Stroud Joint Hospital Board, and reappointed Medical Officer of Health to the Stroud Rural and Urban Sanitary Districts.

POLLARD, Geo. W., M.B.Edin., appointed Senior House-Surgeon, Myrtle Street Children's Hospital, Liverpool.

SANDALL, T. Edward, B.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer of Health to the Alford Urban District Council.

THOMSON, J. A. M., L.R.C.P., L.R.C.S.I., reappointed Medical Officer of Health to the Bradford-on-Avon Rural District Council.

WOODFORD, Dr., appointed Medical Officer of Health to the Easthampstead District Council.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, Great Portland Street, W., 8 P.M.—Mr. George Stoker: Chronic Glandular Diseases of the Nose and Naso-Pharynx.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Annual general meeting. Dr. Washbourn: Some points in connection with the Bacteria of the Mouth, to be illustrated with lantern slides.

TUESDAY.

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

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. George Oliver: A Contribution to the Study of the Blood and of the Circulation. Croonian Lecture I.

WEDNESDAY

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Acne.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Wethered: Types of Pulmonary Tuberculosis.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown. Papers: 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. Mr. T. H. Morse: A case of Impacted Ovarian Dermoid Cyst removed during the ninth month of Pregnancy.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Mr. S. Paget: Surgical Cases.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3 P.M.—Lecture by Dr. Tooth (Paralysis of the Cranial Nerves).

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: Quantitative Tests for Sugar and Acetone in Urine. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Thomas Bryant: Clinical Lecture.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. George Oliver: A Contribution to the Study of the Blood and of the Circulation. Croonian Lecture II.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, Chelsea 4 P.M.—Dr. Rolleston: Hepatic Disease in Children.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 4 P.M.—Lecture by Dr. Barlow.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Actinomycosis and Glanders. 4 to 5 P.M.—Staining Sections and Cultivations.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W. 8.30 P.M.—Clinical evening. Dr. Clemow: Rodent Ulcer excised and grafted. Mr. S. Edwards: Curious Anal Affection. Dr. Dockrell and Dr. Abraham: Skin Affections and other cases by Dr. Chapman, Messrs. Keetley, Eccles and Bidwell.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths 2s. 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.

DEATHS.

HARKNESS.—On May 22nd, at his residence, Fairlight House, Hampton Hill, Dr. Alex. Harkness, aged 45 years.

HODDER.—At Kingwilliamstown, South Africa, on 22nd May, from disease due to active service in Pondoland, Eric Andaman Hodder, Cape Mounted Riflemen, aged 21, eldest son of Brigade-Surgeon-Lieutenant-Colonel F. W. L. Hodder, M.B., Army Medical Staff, R.P., and Louisa Ellen, his wife.

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.
CHLSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. F., 2.
CITY ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—F., 2.
GREAT NORTHERN CENTRAL. *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30. Skin, W., 2.30; Dental, W., 2. *Operations*.—W., 2.
GUY'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 1; Skin, Tu. F., 1; Dental, daily, 9; Throat, F., 1. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p. Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*.—M. F. S., 2.
LONDON. *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.
METROPOLITAN. *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 9.
MIDDLESEX. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Th., 2.
NATIONAL ORTHOPEDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
ROYAL ORTHOPEDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p. W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
ST. GEORGE'S. *Attendances*.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, M. Th., 2; o.p. Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopedic, 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., 8; females; W., 9.45. *Operations*.—M., 2; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p. 1.30; Obstetric, Tu. F., 1.45; o.p. M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopedic, 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., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p. daily, 1.30; Obstetric, Tu. F., 2; o.p. W. S., 1.30; Eye, Tu. F., 2; o.p. daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p. Th., 2; Mental Diseases, o.p. Th., 2; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 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.

BIRDSEYE would be glad to hear of any literature on the injurious effects of tobacco in the young.

PEGASUS asks for information as to the best method for the hypodermic administration of quinine.

R. MCC. S. asks for information respecting the action of carbon-bisulphide (CS₂) or hydrogen sulphide (H₂S) on the system. He wishes especially to know whether either produces permanent or temporary insanity or any nervous derangement.

MEMBERSHIP OF THE ROYAL COLLEGE OF PHYSICIANS EXAMINATION. ESCULAPIUS asks: Will some member who has recently passed this examination or who can advise as to its scope kindly let inquirer know the best medical works to read for the examination and give any hint that may be useful to an intending candidate?

CYCLE SADDLES FOR LADIES.

J. H. asks: What is the best cycling saddle for a lady?

“We have referred the question to Mr. E. B. Turner, who writes: There is no perfect cycle saddle for a lady that I have come across as yet. The best appears to me to be the “Brookes's B. 30,” but every one requires the greatest care in adjustment. I am trying several others, and hope to report on them all when I write on saddles in a few weeks.

PROFESSIONAL SECRECY.

YOUNG PRACTITIONER asks for help with regard to the following circumstances. A few days ago he was called in to see a young unmarried woman who had recently miscarried. On inquiring if any instrument had been used, she admitted that it was so. For some days the patient was in a very critical condition, but she is now going on all right. Ought he, seeing that the attempt to procure abortion is in itself a criminal offence, to report the case to the police?

“We have already discussed this question, but we apprehend that it has not been finally decided, especially in view of the opinion stated to have been given to the College of Physicians by their legal adviser, as to which, however, no further authentic information has up to now been forthcoming.

ANSWERS.

E. H. M.—Chemists who prescribe either evade or break the law, and are frequently punished on the prosecution of the Apothecaries' Society or the Medical Defence Union.

BETA.—Up to the present time the invitation has not been accepted, and consequently no such arrangements as those asked about have yet been determined.

J. R. B.—We have no information confirming that our correspondent. He might apply to the Minister of War for France, who may be able to give any official information which exists.

INQUIRER.—It is possible that the brown coloration of the condensed milk, described by our correspondent, may be due to corrosion of the tinned iron of which the pots are made, but it is not safe to give an opinion without examination.

H. D.—No additional information is forthcoming about Thomas Green: Jackson's *Guide to the Literature of Botany* merely states that he was the author of the *Herbal*, and that he flourished 1816-1820, whilst Britten and Boulger, in their *British and Irish Botanists*, copy Jackson's statements.

MEMBER.—The A. B. C. liniment is usually made with equal proportions of the liniments of aconite, belladonna, and chloroform. The liniment sprinkled on impermeable piline or the textile side of American oiled cloth, and applied constantly has been used to relieve lumbago. It is also used for neuralgia. Junker's inhaler is very generally used for the administration of chloroform. A very convenient drop-bottle for chloroform is one having a stopper with two opposite grooves. When it is desired to allow the liquid to run from the bottle the stopper is turned so that a connection is made between the groove in the neck of the bottle, terminating in the lip and that of the stopper. The opposite groove in the stopper is brought at the same time opposite a small hole, and thus air enters as the liquid leaves the bottle. By placing the finger over this hole the flow of liquid can be regulated either as a stream or in drops.

VILLAGE WATER SUPPLIES.

MEMBER asks to be referred to any books on village water supply. It is proposed to erect an hydraulic ram in his village, with reservoir, and he is anxious for any information on this or other schemes.

“We have referred this query to Mr. E. Bailey Denton, who replies as follows: There are several small pamphlets on village water supply which can be obtained at Messrs. Spon's, the engineering publishers of the Strand. Their cost is trifling, and they embrace consideration of all the various motive powers, including the ram. Of course in this instance the advice of an engineer should be obtained before a ram is adopted, for the question as to whether it would be sufficient for the object in view would have to be considered. A ram raises comparatively speaking a very small supply of water when the lift is great; and during the last few years many motive powers have sprung up, such as the oil engine, etc., which might be better than the ram.