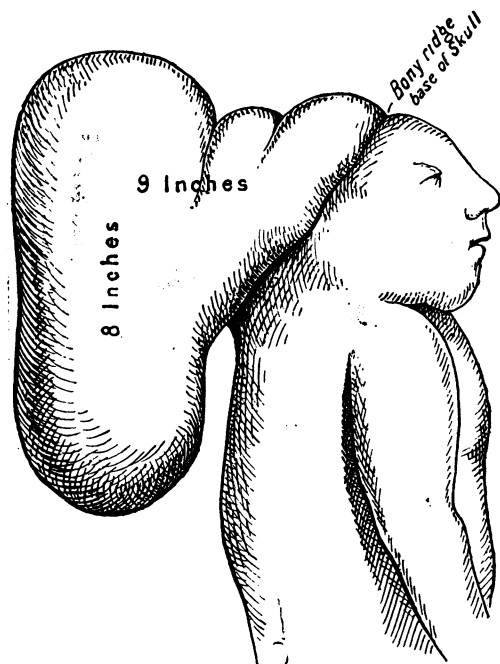


MEMORANDA:

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

UNUSUAL SUCCESSION OF MONSTERS.

THE following history of a patient of mine is, I think, worth recording. Mrs. S., a labourer's wife, was about 23 when married in August, 1889. A seven months' anencephalic foetus was born on July 21st, 1891. On January 22nd, 1893, was born a full-term living child, also anencephalus, but with a cystic tumour extending from the edges of the bones of the base of skull. This tumour started from the top of the forehead, forming three folds, and hanging



Cystic anencephalus, born January 22nd, 1893. From a sketch taken at the time.

down the back to the middle of the dorsal region; it was covered with fine hair, and was soft. The child, a male, lived two days. The patient had a miscarriage on September 23rd, 1894, of a foetus about 5 inches long. It did not appear to be malformed. She next had a seven-weeks' miscarriage in October, 1895; and lastly, on November 6th, 1896, she had another anencephalic foetus of between the seventh and eighth month. It was born with membranes and placenta complete; there was a marked spina bifida. Previous to this last birth the abdomen was very tense, the uterine outline very irregular, with raised and very tender prominences of the size of a small saucer in three different places. Ovarian tenderness was marked. When labour set in an immense quantity of liquor amnii was slowly discharged for twenty-four hours, then the birth took place. Immediately after the birth the uterus was very much larger than usual, and on the left side a floating hard mass about the size of an egg could be felt. The woman is progressing favourably, and the tenderness is lessened. I can obtain very little family history. Her mother's sister was married, but childless; and her step-sister is married and healthy, but childless.

Drogheda.

W. BRADLEY.

HEAT APOPLEXY: HYPERPYREXIA: ICE PACKING: RECOVERY.

SURGEON-MAJOR GUNNING's memorandum on a case of heat apoplexy, published in BRITISH MEDICAL JOURNAL, November 28th, 1896, suggests to me that notes on two similar cases

which occurred in my practice when surgeon in the Orient Line on my first voyage through the Red Sea in September, 1889, might be worthy of record.

CASE I.—A male steerage passenger, aged 32, when I visited at 11 A.M., was in an unconscious state; the skin was hot and dry, the face and neck congested, the pulse very rapid, and there was an extreme amount of precordial pulsation; the temperature in the axilla was 107.5°. He was removed to the hospital, where the temperature was 94° F., but the coolest part of the ship at the time. He had a violent attack of convulsions, my assistants being obliged to hold him on to the couch. Taking off all clothing, I covered him with a sheet wrung out in iced water; I then put a second iced sheet on, and placed small blocks of ice between them. I also applied ice to the neck, and put an ice-bag on the head. In ten minutes the convulsions ceased; he became conscious, and in half an hour the temperature was down to 103°C. I then gave antipyrin, 15 grains, and repeated the dose every fifth hour till 4 A.M. the following morning, when I went to bed, leaving my patient fairly comfortable, and his temperature still about 100°C. At 5 A.M. the attendant called me to say the convulsions had returned. On taking the temperature I found it was 108°C. I adopted the same treatment as before, but continued applying ice for about an hour, when the temperature fell to normal. The patient made an excellent recovery, the temperature not again going above normal, and a week later, being in cooler weather, he stated he felt quite well.

CASE II.—A delicate young married woman, aged 26, was unconscious and convulsed, and presented similar symptoms to the previous case. The temperature was 107.2°C. The treatment adopted was the same. The temperature was reduced to normal within the hour. Antipyrin, 15 grains, was given every fourth hour for four doses, when, there being no further evidence of temperature rising, it was discontinued. The patient made an excellent recovery, and was walking about in five days.

These two cases were the most serious of forty which occurred during the four days' passage through the Red Sea, and that we had no deaths is, I think, in a great measure due to the unlimited supply of ice which is always at the disposal of the surgeons of the Orient Line.—I am, etc.,

Tavistock.

THOS. E. SMYTH, M.D., etc.,
Late R.M.S. Liguria.

ON NON-VENEREAL BUBO.

THE publication in the BRITISH MEDICAL JOURNAL of September 26th, 1896, of a paper entitled On Non-Venereal Bubo, by Fleet-Surgeon C. G. Godding, R.N., induces me to forward the following remarks on apparently similar cases which have been under my observation for some two years past in the Presidency District of Bengal.

On examining the medical history sheets of the regiment quartered at Fort William I find that up to the end of September last they record 79 admissions for inflammation of lymph glands; of these, after rejecting such cases as looked suspiciously like being, or were noted in the "remarks" as being, due to venereal disease and irritation, 42 cases remained which were variously ascribed to the following causes: Climate, constitutional, malarial, uncertain, and unknown.

Of the battery stationed in the same fort for two years there were (up to the end of September) 11 men who have had inflammation of lymph glands, of which 7 cases show origin "unknown," of these, 3 occurred in this district, 2 in Allahabad (their previous station), and 2 in England.

Of the 42 cases in the regiment noted above, 13 occurred in Hong Kong, 25 in Calcutta, 2 in Malta, and 2 in England. The preponderance of cases in Calcutta is of course due to the fact that the regiment had been here one year and nine months, and consequently many of the men who had had a similar complaint in Hong Kong, and more still of those who had had it in Malta had left.

There is no doubt that some of these cases could be traced, if a careful and searching investigation were made, to a previous attack of boils, the boils being probably small, and the patients not reporting sick until the trouble in the groin interfered with locomotion. Another cause, which is not noted in any of these cases, and a fairly frequent cause in

my experience is "Dhobi's itch," which is very severe out here, especially when situated between the scrotum and the thigh. Still, when every possible source of local irritation has been eliminated, there remain cases for which no other origin can be assigned but malaria or sepsis from intestinal glands.

These more obscure cases are usually preceded by fever, sometimes of prolonged duration (considered frequently to be remittent fever); the patients are cachectic in many cases, and have had previous admissions for malarial fever; the buboes sometimes come on while the patients are under treatment for "climatic" fever, and even dysentery. I examined the blood of 5 or 6 of these cases for the plasmodium but without success. As the buboes invariably occurred in the inguinal glands, and as the patients nearly always had irregular bowels (the temperature even in some cases being sent up by the administration of laxatives), with dyspeptic symptoms, and sometimes dysentery, the possibility of their being due to secondary infection from the mesenteric lymph glands then occurred to me. Considering the possibilities of infection along a long line of intestine, which need not necessarily be ulcerated, but may be sufficiently disordered in some way to allow of bacteria finding their way through to the mesenteric or lumbar glands, then to the inguinal glands, such an origin appears to me extremely probable, especially in tropical climates, where bowel troubles, often very obscure, are so frequently suffered from.

Calcutta.

B. M. SKINNER,
Surgeon-Major, A.M.S.

A COMPLICATION OF POTT'S FRACTURE PRODUCED BY A STIRRUP.

In the interior of the River Plate Republics, where one may almost say that the sons of the country are hardly ever out of the saddle, it is not to be wondered at that peculiar fractures caused by falls from horseback should occasionally be met with.

In the case I am about to refer to my patient was galloping along on rather slippery ground, when on suddenly trying to turn his horse fell sideways, the whole weight of the body of the animal crushing the right leg of the rider. Being close by when the accident happened I was able to make a diagnosis before any swelling of the parts had taken place. I discovered on careful examination that a complicated Pott's fracture had occurred, for not only was the external malleolus fractured transversely, but it was likewise parted vertically in two distinct portions, the vertical fracture of the malleolus being directly due to the force with which the stirrup had been buried in the outer side of the ankle-joint as a consequence of the weight of the body of the horse falling upon the rider's leg. The great difficulty I experienced was to draw together the two vertically divided fragments and to keep them in position.

I have thought this case deserved publication, as it showed a peculiar feature very rarely met with in an ordinary Pott's fracture.

HERBERT J. WALKER, M.B., C.M. Edin. Univ.
Durazno, Central Uruguay, South America.

MASSAGE IN SKIN DISEASES.

THERE can be little doubt as to the value of massage in the treatment of skin diseases; it encourages the circulation, induces a more active nutrition, and materially assists in the removal of diseased tissues, infiltrations and effusions, by increasing molecular changes in the skin by means of mechanical stimulation. Massage as usually performed is, however, in many cases an unpleasant duty, which is in consequence seldom carried out so regularly or so thoroughly as it ought to be. I have found that in a great many cases the massage can be sufficiently well performed by using an india-rubber roller instead of the hand; thus avoiding unpleasant contact with the skin. I have now recommended this method in skin cases for some time, and find it answer admirably. It is easy of application, and can be applied largely by the patient, though the back must be massaged by some other person. The roller I usually recommend is the ordinary roller used in photographic work, and there are others made which act equally well.

Another method of stimulating the skin in isolated patches is by the use of a blunted Volkmann's spoon or by a

curette, both of which instruments I have used with benefit. This method, however, is best applied to the face and neck, and can only be performed by the surgeon. I have found it of great value in obstinate cases of acne and psoriasis and localised indurations.

Nottingham.

WILLIAM TIBBLES, L.R.C.P., M.R.C.S.

THE PHONENDOSCOPE AS AN AID IN THE DETECTION OF STONE IN THE BLADDER.

ON December 10th, 1896, I was called to attend a man whose symptoms led me to suspect the presence of a vesical calculus.

On passing an ordinary Thompson's sound it at once came in contact with a stone lying on the right side of the neck of the bladder. Tapping with the beak of the sound, however, gave no aural evidence as to the nature of the substance with which it came in contact. Taking my phonendoscope I removed the outer disc, and held the flat handle of the sound in close contact with the more sensitive inner disc. On tapping again the distinctness of the sound produced astonished me. To avoid error I tapped in other directions, but only on returning to the same spot was the sound reproduced.

Why should not an instrument similar to Thompson's sound be made with a screw at the top of the flat handle to fit into the outer disc of the phonendoscope? It could then be used with or without the latter. If such has been made why is so useful an addition not advertised and sold with the phonendoscope?

Brigg, Lincolnshire.

GODFREY GOODMAN.

BELLADONNA IN BRONCHITIS.

THE importance of the communications of Drs. Sidney Ringer and Murrell on this matter is very great. The use of belladonna in a closely allied condition may be of interest.

In the summer of 1893 a girl, aged 14, had a very severe attack of pharyngeal diphtheria. In spite of most active treatment six weeks elapsed before the membrane had absolutely disappeared. Then followed a very marked and generally distributed paralysis—pharynx, larynx, and both extremities being involved. Feeding was wholly carried on by the nasal tube or by the rectum. Emaciation was extreme. The right lung was completely collapsed, so that the cardiac apex was beating just internal to the right nipple, and the liver dulness was drawn up. Liq. strychninæ (7½ m) was given at first four times a day, and then every four hours, to stimulate the cardiac and respiratory centres.

After a week of this treatment I found the patient, on the night of August 9th, in a state of extreme weakness. All day long there had been a perpetual cough, and this had quite exhausted her. She was ever trying to clear her throat, but her attempts were like the labours of Sisyphus. There was a constant moist tracheal rale, audible throughout the room, and the only difference between it and a death rattle was that the tracheal sensation and reflex were still perfect. There seemed no further room for hope, and it was difficult to see how she was to live through the night. In my despair I thought of the physiological effects of belladonna, and ordered 10 drops of the tincture every four hours. Next morning I found the patient had passed a better night; the tracheal rale had largely cleared, and the cough was much less troublesome. From this point improvement, at first slow, was continuous, yet three weeks elapsed before cough and expectoration had entirely ceased. The patient is now quite strong and well.

Struck by this case, I have used belladonna in the case of a young child with very sudden development of capillary bronchitis and universal moist râles, where the heart tended to fail before the right ventricle had got accustomed to the impediment in the lungs, and with admirable effect. I always use belladonna liniment as an application in cases of bronchitis with moist râles.—I am, etc.,

Paisley

FRANK SHEARER, M.B., C.M.,
Physician, Paisley Infirmary.

EICHHORST'S CORPUSCLES.

DURING last October I was engaged in counting the corpuscles of several specimens of blood with a Gowers's hæmocytometer, the blood being mixed in the usual proportion with a solution of common salt in distilled water of specific gravity 1025. In

this solution, at the ordinary daily temperature of Bombay at that time, the red corpuscles kept alive on a slide for considerably over twenty-four hours. The official daily minimum of temperature was about 81° and the maximum 91° . But instead of retaining their disc-like shape, all the corpuscles, except quite a few that became broken up, tended to change into spheres. Their volume remaining the same, the spheres were much smaller in diameter than the discs, and, being thicker, their colouring appeared deeper. In other words, they became Eichhorst's corpuscles. Within an hour a few had undergone the change, and the number of spheres was slowly and steadily added to, until in twenty-four hours there were scarcely any normal discs left—though there were still a number of cells in a transition stage, that is, contracted and thickened discs, with small deep central cupping instead of the normal broad shallow depression. It was curious that within an hour some corpuscles should have completely changed, while in others the transformation did not begin till many hours later. I examined a few specimens of normal blood from different individuals, and the change was the same in all; but I have not attempted to extend the observation in any way with other fluids and at other temperatures. The examination of blood is quite apart from my work; and my apology for sending this note is that the incomplete observation may be made use of by others if there be anything new in it. In Hamilton's *Textbook of Pathology* Eichhorst's corpuscles are described only in connection with pernicious anemia. But I fully realise that some years have passed since the publication of this book, and during the interval much may have been learned on the subject of which I am ignorant.

Bombay.

H. HERBERT, F.R.C.S. Eng.,
Surgeon-Captain I.M.S.

REPORTS

ON

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

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF TIC DOULOUREUX RESISTING TREATMENT BY DRUGS:
NERVE STRETCHING: GREAT RELIEF.(By SAMUEL WEST, M.D., Assistant-Physician to the Hospital;
Senior Physician Royal Free Hospital, etc.)

E. G., aged 33, was an out-patient of the hospital under my care suffering from tic douloureux. She gave the following history: She was healthy as a child and was married at the age of 17. At about 18 she had a severe blow across the nose and infraorbital region, and six months later had her first attack of pain: this consisted of very sharp twinges at intervals of about an hour, and the attack made the side of the face jump. She was given medicine which relieved the pain. She was then free from suffering for six months, when the pain returned again more intensely, but it was again removed by drugs. Two months after this she had her third attack. This was the first very bad attack. It lasted twenty minutes, and had to be relieved by the subcutaneous injection of morphia. This attack came on very suddenly in the street, and was so severe that she had to sit down, and was taken by a policeman into a doctor's house.

After this the attacks became more frequent sometimes lasting, on and off, all day at intervals of about half an hour. The average number of attacks for the last six or seven years has been one or two a day. Eight years ago she was advised to have some teeth extracted, and several were removed from the lower jaw without any relief to the pain.

Up to the time that she came to the hospital (December, 1894) the attacks became worse and worse, lasting longer and with shorter intervals until she was never free from pain for more than a quarter of an hour. In August, 1894, a few months before she was seen by me she had something removed from the nose; the doctor told her it was a growth, and that some bone came away with it, but of this nothing more is known. After this operation she was free for nearly nine

months, and it was when the pain returned that she came again to the hospital in December, 1894.

When seen then the attacks of pain were very frequent and very severe. The pains were referred chiefly to the malar region, from which it appeared to start, but it radiated upwards over the temple, and forwards beneath the eye and middle part of the face; the muscles twitched and the eye was tightly closed. The agony was extreme, and often caused her to groan and cry. The skin over the malar bone and for some distance round was exquisitely sensitive, so that the slightest touch caused flinching, and she said often brought on an attack of pain.

After a time the pain became more diffuse; it was not so limited to the malar bone, but extended along the cheek nearer to the nose. The eye and orbit were examined, as also was the antrum and the nose, but no lesion could be found there, nor any cause for the attacks of pain. The patient seemed to be, except for the pain, a perfectly healthy woman, and except for an attack of so-called rheumatic fever at the age of 22, her previous history was negative.

The patient remained under treatment in the out-patient department for about four months. All sorts of remedies were tried, both internally and locally; for example, chloral hydrate and camphor, belladonna and aconite were all applied locally. Chloride of ammonium, salicylate of soda, strychnine and iron, phenacetine, antipyrin, arsenic, bromide of potassium, chloral, tincture of gelsemium and several other drugs were all tried in turn without material effect.

The patient was then admitted into Elizabeth Ward in June, 1895. She was placed under the action of bromides without material effect. Full doses of quinine were given, and also of salicylate of soda. This latter drug eased the patient for a time, but produced very troublesome toxic symptoms, and had to be given up. Arsenic, cannabis indica, and quinine alone and in combination were given. Besides this leeches were applied from time to time behind the mastoid process and to the temples. Bromidia, chloral, butyl chloral, and injections of morphia were administered from time to time, especially with the view of giving sleep. The ethyl-chloride spray was also used locally, and this gave a little relief for the moment, but the pain returned as soon as the skin thawed.

After a stay in the hospital of about two months she improved greatly, though I do not think in consequence of the drugs that had been administered, but rather because she was at rest and got better sleep. She was then feeling so much better that she was able to go to the convalescent home at Swanley, and had no severe attack there for six weeks, and after her return, though she had short slight attacks, she was not troubled with any severe paroxysms till the end of October. She then became an out-patient again until the end of the month, when she was again admitted, for the pain was extreme and could not be relieved by any remedies that we could find. During the next fourteen days in the wards she endured the greatest suffering. Doses of antipyrin were tried, salicylate of soda, quinine, opium and morphia, aconite, menthol, and a variety of other remedies locally, but none of them gave relief; even morphia relieved the pain for but a short time. It was evident that drugs had failed, and the question of operation was then entertained. After very careful consideration it was decided to do no more at first than to have a small incision made over the intra-orbital foramen, and to stretch that branch of the fifth nerve.

This was accordingly done on November 14th, 1895, by Mr. Harrison Cripps. When the nerve was exposed a hook was placed under it, and it was pulled with very considerable violence. There was nothing special to note about the operation; the wound healed by first intention, and in a few days everything was perfectly sound again. After coming round from the anæsthetic in the course of the evening the patient had several slight twinges of pain, but nothing of any great severity, and it was not until about three days afterwards that she had the first bad attack. From this time forward for several months she had no more bad attacks at all. The pains recurred, it is true, but they were hardly more than twinges, and came with diminishing intensity and at longer intervals, so that she slept well, and was in no great discomfort even during the whole day. She regarded herself as being marvellously improved.

It is now thirteen months since the operation was per-

medical officer in the Cunard Line, and later on became resident surgeon at Leith Hospital. In 1874 he settled down at Silloth, and remained there until the end. For many years Dr. Leitch was medical officer to the Silloth Convalescent Institution, and amongst other interests he took an active part as chairman of the School Board. His great hobby was botany, and he spent the whole of his spare time, both as a student and afterwards, in the pursuit of botanical researches. Dr. Leitch married a daughter of the late Rev. J. Redford. Seven children survive him, the youngest being 2 years of age.

WE regret to have to announce the death on New Year's day of Mr. J. B. CARTER, of Chapel Allerton, Leeds. Mr. Carter qualified in 1849, and was therefore one of the oldest practitioners in Leeds. He was born in Beverley, his father having retired there after serving under Lord Nelson as a naval surgeon. For nearly fifty years Mr. Carter carried on an extensive practice in North Leeds, and his loss will be keenly felt by all classes of patients. His long hours of professional work sat but lightly upon him, and did not prevent his keeping up a close acquaintance with the classical authors with which he was very familiar in his earlier days. Mr. Carter was an ardent Conservative. A widow, three daughters, and three sons survive him. Two of his sons were associated with him in practice, and one, also a medical man, is in practice at Shipley.

THE death is reported of Mr. ISAAC N. JAKINS in his 87th year. He obtained the diploma of L.S.A. in 1841 and that of M.R.C.S. in 1850. He practised in Osnaburgh Street, Regent's Park. From 1868 to 1888 he held the post of divisional surgeon to the Albany Street Police Station. Mr. Jakins retired from practice some few years ago, taking up his residence at Acton.

DR. THOMAS JAMESON, eldest brother of Dr. Leander Starr Jameson, died on New Year's day at his residence in Knollys Road, Streatham. He was 59 years of age. He graduated M.D. at Edinburgh University in 1858, in which year he also obtained the licence of the Royal College of Surgeons, Edinburgh. He became a surgeon in the Royal Navy on August 20th, 1858; was promoted to be Staff-Surgeon on November 29th, 1869, and retired on April 10th, 1872. Dr. Jameson was in receipt of a pension for wounds.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Franz Zillner, the last survivor of the professors in the extinct medical school of Salzburg, aged 81; Dr. P. Binet, for some time *Privat-docent* and lately Deputy Professor of Therapeutics in the University of Geneva, author of numerous researches on the action of drugs, aged 41; Dr. Ferdinand Morawitz, a well-known practitioner of St. Petersburg, and founder of the Entomological Society of that city, aged 68; Dr. Modest Galanin, editor of the *St. Petersburg Journal of Public Hygiene*, aged 44; and Dr. J. E. Gaspar Gomes, Medical Director of the Children's Department of the Hospital Estephania, Lisbon, formerly President of the Sociedade das Ciencias Medicas of that city, aged 74.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 8s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A SURGEON-CAPTAIN expecting to be for foreign service during the present relief (Indian) is anxious to exchange with an officer with a good roster position. A good bonus will be given. Full particulars as to bonus, etc., to "Roster," BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

THE NAVY.

THE following appointments have been made at the Admiralty:—CHARLES H. UPHAM, Surgeon, to the *Torch*, January 14th; BASSET C. E. F. GUNN,

Staff-Surgeon, to the *Flora*, for duty on the way home, undated; ROBERT F. BOWIE, Surgeon, to the *Flora*, for duty on passage, January 14th, and to the *Tauranga*, undated; EDWARD T. F. EAMES, Surgeon, to the *Karrakatta*, January 14th; ARTHUR W. B. LIVESAY, M.B., Surgeon, to the *Blenheim*, January 14th; ALFRED PATTERSON, Fleet Surgeon, to the *Edinburgh*, January 2nd; EVERARD H. SAUNDERS, Fleet Surgeon, to the *Blake*, January 2nd.

ARMY MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL H. H. STOKES, M.B., is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* H. T. Brown, M.D., retired, from July 9th, 1896, but without back pay to October 21st. Brigade-Surgeon-Lieutenant-Colonel Stokes's previous commissions bear date as follow: Assistant-Surgeon, March 30th, 1872; Surgeon, March 1st, 1873; Surgeon-Major, March 30th, 1884; and Surgeon-Lieutenant-Colonel, March 30th, 1892. He was in the Zulu war in 1879 (medal with clasp), and with the Hazara Expedition in 1891, for which he was mentioned in despatches, and received the frontier medal with clasp.

Surgeon-Lieutenant-Colonel R. W. MAPLETON, M.D., is also promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* J. P. Rooney, F.R.C.S.I., promoted, November 20th. Brigade-Surgeon-Lieutenant-Colonel Mapleton was appointed Surgeon, September 30th, 1873; Surgeon-Major, September 30th, 1885; and Surgeon-Lieutenant-Colonel, September 30th, 1893. He served in the Boer war of 1881 with the Natal Field Force, and in the Soudan campaign in 1885, for which latter he has the medal with clasp and the Egyptian bronze star.

Surgeon-Lieutenant J. A. MURISON, M.R., is placed on temporary half pay on account of ill health, December 5th, 1896. His commission dates from January 29th, 1895.

Surgeon-Colonel R. H. CAREW, D.S.O., has been appointed Principal Medical Officer Rawal Pindi District, *vice* Surgeon-Colonel C. McD. Cuffe, C.B.

Surgeon-Major-General J. JAMESON, Director-General of the Army Medical Department, and Surgeon-Major-General C. H. GRAUD, retired pay, have been granted distinguished service rewards of £100 per annum each.

Surgeon-Captain G. B. STANISTREET has been appointed personal assistant to the Principal Medical Officer Punjab Command, from November 11th.

Surgeon-Colonel R. P. FERGUSON has been appointed Principal Medical Officer at Woolwich, *vice* Surgeon-Colonel W. S. M. Price.

INDIAN MEDICAL SERVICE.

THE undermentioned promotions, which have been already announced in the BRITISH MEDICAL JOURNAL, have received the approval of the Queen:—*Bengal*: Surgeon-Lieutenant-Colonels J. O'BRIEN, M.D., A. CROMBIE, M.D., and W. R. MURPHY, D.S.O., to be Brigade-Surgeon-Lieutenant-Colonels; Surgeon-Majors J. MOORHEAD, M.D., C. W. OWEN, C.M.G., C.I.E., and G. S. GRIFFITHS to be Surgeon-Lieutenant-Colonels; Surgeon-Captains J. T. W. LESLIE, M.B., D. PRAIN, A. T. BOWN, U. N. MUKERJI, and W. L. PRICE, to be Surgeon-Majors. *Madras*: Surgeon-Majors W. A. LEE and M. S. EYRE to be Surgeon-Lieutenant-Colonels. *Bombay*: Surgeon-Lieutenant-Colonel R. CALDECOTT to be Brigade-Surgeon-Lieutenant-Colonel.

The retirement from the service of Brigade-Surgeon-Lieutenant-Colonel W. FINDEN, Bengal Establishment; Surgeon-Lieutenant-Colonel M. H. SMITH, Madras Establishment; and Surgeon-Lieutenant-Colonel JOHN MACGREGOR, M.D., Bombay Establishment, which have been already announced in this JOURNAL, have been approved by the Queen.

Surgeon-Captain T. W. SHAW, Bombay Establishment, has resigned his commission, from December 2nd, 1896. He was appointed Surgeon-Captain, September 30th, 1889.

Surgeon-Majors O. H. CHANNER, E. W. YOUNG, and HUGH M'CALMAN, M.D., having completed twenty years' full-pay service, are promoted to be Surgeon-Lieutenant-Colonels, September 30th, 1896.

Surgeon-Lieutenant-Colonel ALEXANDER MACGREGOR, Indian Medical Service (retired), died at 3, Pembridge Villas, Southfields, S.W., on January 4th.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT H. P. JOB, 4th Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment), is appointed Surgeon-Lieutenant, January 2nd.

THE VOLUNTEERS.

SURGEON-LIEUTENANT C. WIGGINS, 2nd Cinque Ports Artillery (Eastern Division Royal Artillery), has resigned his commission, January 2nd.

Surgeon-Major F. M. BECKETT, 3rd (Cambridgeshire) Volunteer Battalion the Suffolk Regiment, and Surgeon-Lieutenant-Colonel H. THOMPSON, 1st Volunteer Battalion the East Yorkshire Regiment, have also resigned their commissions from January 2nd; they are permitted to retain their rank and uniform.

Surgeon-Lieutenant W. F. BROOK, 2nd Volunteer Battalion the Welsh Regiment, is appointed Surgeon-Lieutenant in the same corps, January 2nd.

Mr. FRANCIS H. THOMPSON is appointed Surgeon-Lieutenant in the 1st Volunteer Battalion the King's Shropshire Light Infantry, January 2nd.

Surgeon-Major F. ORTON, 3rd Middlesex Volunteer Rifles, is promoted to be Surgeon-Lieutenant-Colonel, January 2nd.

Surgeon-Major W. G. LOWE, M.D., and Surgeon-Captain H. J. FAUSSET, M.D., 2nd Volunteer Battalion the Prince of Wales's North Staffordshire Regiment, are promoted to be Surgeon-Lieutenant-Colonel and Surgeon-Major respectively, January 2nd.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, January 6th:—EDWARD C. M'M. MURPHY, 1st Cinque Ports Artillery (Eastern Division Royal Artillery); JOHN W. BONE, M.B., 3rd Volunteer Battalion the Bedfordshire Regiment; JOHN N. MARSHALL, M.D., 1st (Renfrewshire) Volunteer Battalion Princess Louise's Argyll and Sutherland Highlanders.

Surgeon-Lieutenant R. R. HARDWICKE, 1st Middlesex (Victoria and St. George's) Volunteer Rifles, has resigned his commission, January 6th.

THE BRITISH SOLDIER IN INDIA AND ENTHETIC DISEASES.

UNDER the above heading Brigade-Surgeon-Lieutenant-Colonel W. H. Climo contributes a paper to the January number of the *United Services Magazine*. He deals with his subject in a plain and general manner in its relation to army efficiency and in relation to the general health of the community. A table shows that in 1894 only 37 per cent. of a force of 70,642 soldiers in India had never suffered from venereal disease, leaving the large remainder of 63 per cent. who had at some period of their service contracted it in some form or other. In another table the ratio of admissions per 1,000 of strength in England and other British possessions, including India and Egypt, is given; and a third table affords information on the same ratio of venereal diseases in the French, Austrian, Italian, and Prussian armies. Shortly, the home establishment of our army gives our admission for venereal diseases as more than seven times greater than in the Prussian army, four and a-half times greater than in the French, three times greater than in the Austrian, and 90 per cent. more than in the Italian army. Brigade-Surgeon Climo thinks he has made it abundantly clear that the exceptional circumstances of India demand that the Contagious Diseases Acts should be re-enacted. He knows nothing else that will meet the circumstances with any prospect of success. The paper is well timed, and should afford instructive reading to members of Parliament.

INFECTED CLOTHING IN INDIA.

The Government of India have ruled that compensation will in future be granted to British soldiers serving in India for articles of clothing, regimental necessaries, and bedding destroyed under medical authority to prevent the spread of infection.

POSTING IN INDIA.

SURGEON-COLONEL R. H. CAREW, who recently left Edinburgh for India, will be posted to the Rawal Pindi District in place of Surgeon-Colonel Cuffe, C.B., promoted Surgeon-Major-General, and brought home to be Principal Medical Officer at Portsmouth.

THE SURGEON-GENERAL'S BUDGET IN MADRAS.

THE Madras Government has been applying the shears to the Surgeon-General's Budget Estimates for 1897-98. It has reduced the charges for diet at the General Hospital by Rs. 7,000; at the Maternity Hospital by Rs. 2,000; at the Ophthalmic Hospital by Rs. 900; and at the Lock Hospital by Rs. 200. It has also stopped work on two dispensaries, and thereby effected savings of Rs. 4,000 on establishments and upkeep. Under lunatic asylums, too, the estimated charges for diet have been reduced by Rs. 3,000. It is to be hoped the foregoing reductions have not been effected at the cost of the patients or of efficiency in administration of the institutions named.

CIVIL MEDICAL CHARGES, INDIA.

ON the recommendation of the Chief Civil Medical Officer, the Bengal Government have decided to abolish all first-class civil medical charges, substituting a personal classification of the civil surgeon.

BLACKWOOD AND THE ARMY MEDICAL DEPARTMENT.

PERSERVERE writes: I was much pleased to see your valuable observations on *Blackwood's* able article, which so clearly demonstrates and advocates the cause of army medical officers. The strictly military papers almost wholly oppose the granting of military titles to medical officers, on the ground that they would become soldiers instead of "doctors." The contention is of course absurd, and they fail to show how military status is to be conveyed unless through military titles. Lord Roberts, who is emancipated from unworthy prejudices, lately spoke of Surgeon-Major Parke's body being received in Dublin "with the military honours given to a soldier and a hero." *Blackwood's* article breathes the same broad spirit.

ADMINISTRATIVE MEDICAL OFFICER RETIRED writes: *Blackwood's* article should open the eyes of the magazine reading public to the treatment medical officers experience at the hands of our military oligarchy, and the urgent necessity of reform on public grounds alone. Army medical messes are needed, but if medical officers were to be attached for a term of years to regiments, as some suggest, then a departmental mess would scarcely succeed. Those who recollect the friction, divided authority, and interference with discipline in station hospitals, particularly at Aldershot, when unification was incomplete, and one medical officer still retained with each regiment, will scarcely desire to see that system revived. Nor would such a system better the status of medical officers; what they want, in order to put a stop to club blackballing and other forms of insult, indignity, and social ostracism, is military rank and titles, the same as other army officers. This can only be effected by the formation of a medical corps, against which the intolerant idea of a "fighting caste" would be powerless.

* * * The term "fighting caste," we suppose, embodies a claim to certain privileges which other branches of the army may not share. We only know of one such which so-called combatants legitimately hold—namely, general command. This is a special privilege, regulated by rank, but it would be intolerable did it establish a universal precedence. The logical outcome of such a monstrous pretension, were it admitted, could be nothing less than the right to kill with impunity offending civilians, which now disgraces Germany and its military system.

IN PEACE AND WAR.

A CORRESPONDENT, writing from India, says: It may interest your readers to hear that medical officers can excel in sport as well as in their own duties. Surgeon-Major Lloyd, V.C., and Surgeon-Captain Donegan were the winners of no fewer than seven events at a recent Mandalay meeting. Their good fortune was exceedingly popular, and among none more so than their grateful patients, of which the writer, a soldier, was one.]

MILITIA MEDICAL STAFF CORPS.

MILES.—The length of training in the above corps is the same as that in other militia corps—namely, forty-nine days. The training consists of the usual recruits' drill, with certain modifications, together with the professional drill for the Medical Staff Corps. The corps takes the same rank and precedence as other militia corps, which is before that of volunteers. We know nothing of vacancies in the corps, but that might be learned on application to the commandant thereof at Aldershot.

TITULAR DESIGNATIONS IN THE ARMY.

X. Y. Z. writes: That which prevents friction among army officers and upholds discipline is expressed in titular denominations. Uniforms, with affixed badges, show at sight the rank and title of the wearers, and precedence is thus assured without question or self-assertion. Is it, then, unreasonable in medical officers to object to all their steps in military promotion being neutralised and ignored colloquially in the familiar appellation "Doctor"? That name belongs equally to the candidate with a degree as to the aged grey-haired army surgeon with the title of colonel. But its use relieves combatant officers, in their intercourse with medical officers, from tendering those outward manifestations of respect which are called for in the recognition of military titles.

When medical officers assert their military position it is retorted upon them, "You are ashamed of the title of which your civil brethren are proud," trying to throw an apple of discord into the medical profession. The taunt is utterly untrue, for the medical officers appeal to their civil brethren against the jealousies of those who impute snobishness to them. Titular courtesy is the very breath of army life, and any departure from it among juniors treated as an impertinence. To deny such courtesy to medical officers means only studied insolence. When one man is as good as another (which can never happen in a graded army) then it will be time enough to ignore military titles.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

DURING the past year 1,421 students (including 6 women) were enrolled in the Faculty of Medicine. Of these, 616, or over 43 per cent., belonged to Scotland; 431, or over 30 per cent., were from England and Wales; 91 from Ireland, 55 from India, 202 from the British Colonies, and 26 from foreign countries.

The number of women attending extra-academical lectures with a view to graduation in medicine was 68.

The degrees of M.B. and C.M. were conferred on 198 gentlemen; the degree of M.D. on 76; the degree of D.Sc. on 2; of B.Sc. on 25.

The total annual value of the University fellowships, scholarships, bursaries, and prizes in the Faculty of Medicine was £2,900.

UNIVERSITY STUDENTS AT EDINBURGH AND GLASGOW.

The following table shows the number of medical students at Edinburgh and Glasgow Universities during the past eight years:

| | Edinburgh. | Glasgow. |
|------|------------|----------|
| 1889 | 2,025 | 818 |
| 1890 | 1,979 | 770 |
| 1891 | 1,839 | 820 |
| 1892 | 1,715 | 760 |
| 1893 | 1,641 | 695 |
| 1894 | 1,494 | 618 |
| 1895 | 1,475 | 617 |
| 1896 | 1,415 | 621 |

The net diminution during that period is therefore 616 for Edinburgh and 197 for Glasgow.

UNIVERSITY OF GLASGOW.

EXAMINERSHIPS IN PATHOLOGY AND PHYSIOLOGY.—The University Court invites applications for the office of Examiner in Pathology and Examiner in Physiology. By an error the fee for these examinerships was stated in the advertisement in the *BRITISH MEDICAL JOURNAL* as £50; the fee offered is only £30.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

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

R. Turner, M.B., C.M.; W. A. Loxton, M.R.C.S. Eng.; A. E. Giles, M.D., M.R.C.S. Eng.; A. A. Hudson, M.B., C.M.; L. G. D. Jones, M.R.C.S. Eng.; H. C. Barclay, M.R.C.S. Eng. (New Zealand); T. MacC. Young, M.B., C.M.; W. M. Elliot, M.D.; J. J. G. Murray, L.R.C.S.E.; J. T. C. Johnson, L.R.C.S.E.; A. H. Griffith, M.B., C.M.; C. A. Brough, L.R.C.S.E.; H. H. B. Macleod, M.R.C.S. Eng.; E. J. M'C. Morris, L.R.C.S.E.

MEDICO-LEGAL.

ALLEGED COVERING.

At an inquest at Kensington Town Hall on January 2nd on Elizabeth Tate, 28, wife of a porter of Kensal Road, who died on Tuesday, December 29th, 1896, Mr. Oswald, the coroner, according to the report in the *Morning*, said the woman had been attended by an unqualified doctor, who had given her medicine; and the question was whether the medicine had done her harm or not, as the person had made an entirely wrong diagnosis of the case. The husband said his wife had been unwell for twelve months, and some time since was attended by Dr. Roberts, who was the medical adviser to the Metropolitan Railway Men's Club. A short time since, she went to a place "like a chemist's shop" at Totten-

MEDICAL NEWS.

THE Council of the British Institute of Public Health have awarded the Harben Medal for 1897 to Professor M. von Pettenkofer, Emeritus Professor of Hygiene in the University of Munich, in recognition of his distinguished services to the public health.

THE Junius S. Morgan Benevolent Fund Branch of the Royal National Pension Fund for Nurses affords immediate pecuniary or other relief by loan or absolute gift to members of the Pension Fund who may be in distress. Annuities have also been granted to matrons, sisters, nurses, who from no fault of their own have been unable to provide for themselves after 60 years of age. The invested funds, which amounted to £11,000, proving inadequate to meet the claims made upon the Benevolent Fund, some hundreds of nurses of the Society exerted themselves to raise a further sum in commemoration of the sixtieth year of her Majesty's reign. In the result £2,500 was raised by the nurses in donations, to which Mr. J. Pierpoint Morgan and Mr. and Mrs. W. H. Burns have generously added a further sum of £2,500, and the policy holders have spontaneously presented a further income of about £100 a year in annual subscriptions of one shilling and upwards. The Prince of Wales, as patron of the fund, kindly undertook to present these gifts to the Princess of Wales as President of the Fund, on January 1st at Sandringham, which the Princess was graciously pleased to accept as her first act in the sixtieth year of the reign of Her Majesty Queen Victoria. It is satisfactory to know that the Benevolent Fund has thus been made adequate to meet the claims upon it.

JOHN HUNTER'S HOUSE IN LEICESTER SQUARE.—It is announced that the proprietors of the Alhambra Theatre are about to extend their premises by rebuilding No. 28, Leicester Square, and the house in the rear in Castle Street. In 1768 John Hunter moved from Golden Square into a house in Jermyn Street in succession to his brother William. Upon the expiration of the lease, 1783, he purchased a twenty-four years' lease of No. 28, Leicester Square, and what was then No. 13, Castle Street, with the ground abutting upon Leicester Court, entered from Castle Street, between the two. On that ground, according to the *Builder*, he erected at a cost of £3,000 a large museum, for his collections, and lecture and dissection rooms. The museum, latterly used as a workshop, rises through two storeys, with a wide gallery midway, and is lighted by three cupolas in the roof. A plan of the two houses, museum, etc., drawn by his assistant and curator, William Clift, we have seen in the collection of papers and drawings deposited by Sir Richard Owen's executors in the Royal College of Surgeons. At Leicester Square, Hunter (like Sir Joseph Banks in Soho Square) held his Sunday evening receptions, gave courses of lectures, set up a printing press and book warehouse, and, in 1785, instituted, with Dr. Fordyce, the Lyceum Medicum Londiniense. Hunter died in 1793, and was buried in St. Martin's-in-the-Fields. His remains, found after a long search in the vaults (1859) by Dr. Frank Buckland, were reinterred by the College of Surgeons, near Ben Jonson's grave in the north aisle, Westminster Abbey. His pictures, drawings, and library were sold "by Mr. Christie, at his Great Room in Pall Mall," January and February, 1794. In the auctioneer's catalogue (Stone Collection) of the sale of his household effects, including a set of painted hangings by Zucarelli, on September 24th, 1806, the house is described as "his residence, No. 28, on the east side of Leicester Square"; yet it appears that it had been previously known as No. 12, Leicester Fields. The materials of the house he built at Earl's Court, at Kensington, in 1763, were sold at auction, February, 1836, when the ground, 2 acres, was taken for Barkston Gardens.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon. Salary, £150 per annum (with an allowance of £30 per annum for cab hire), and furnished rooms, fire, light, and attendance. Applications to E. W. Forrest, Secretary, by January 18th, 1897.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham, S.W.—Clinical Assistant Post tenable for three months. Applications to the Secretary.

- CITY OF LONDON LYING-IN HOSPITAL,** City Road, E.C.—District Surgeon. Applications to R. A. Owthwaite, Secretary, by January 19th.
- COUNTY ASYLUM,** Rainham, near Liverpool.—Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary commences at £100 per annum, with prospect of increase to £250, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent by January 15th.
- EVELINA HOSPITAL FOR SICK CHILDREN,** Southwark Bridge Road, S.E.—Surgeon to Out-patients; must be F.R.C.S. or M.R.C.S. Senior Resident Medical Officer. Salary, £70 per annum, with board and washing. Also four Qualified Clinical Assistants, and eight Unqualified Clinical Clerks. Applications to the Committee of Management at the Hospital by the January 16th.
- FLINTSHIRE DISPENSARY,** Holywell, North Wales.—Resident House-Surgeon. Salary, £120 per annum, with furnished house, rent and taxes free, also coal, light, water, cleaning, or in lieu thereof the sum of £20 per annum. Knowledge of Welsh desirable. Applications to the Secretary by January 25th.
- GLASGOW DISTRICT LUNACY BOARD.**—Assistant Medical Officer for the Gartloch Asylum. Salary, £100 per annum, and board. Applications to Mr. Dempster, Clerk to the Board, 318, Parliamentary Road, Glasgow, before January 14th.
- LEICESTER INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, subject to re-election. Honorarium of £21 for the six months will be given, board and residence at the Infirmary, and washing provided. Applications to the Secretary at his office, 24, Friar Lane, Leicester, by January 11th.
- LINCOLN GENERAL DISPENSARY.**—Resident Medical Officer, doubly qualified and unmarried. Appointment to be held for two years at least. Salary not less than £150 per annum, with furnished apartments, fire and gas provided. Applications to William Dean, Secretary, by January 16th.
- LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Physician. Applications to the Secretary by January 16th.
- MIDDLESBROUGH NEW ASYLUM.**—Medical Superintendent. House (unfurnished, with rates and taxes free), coal, gas, water, and washing will be allowed. Applications, stating salary required, to George Bainbridge, Town Clerk, Middlesbrough, by January 23rd.
- QUEEN'S HOSPITAL,** Birmingham.—Third Casualty Surgeon, or Surgeon to Out-patients; must be F. or M.R.C.S. Second Physician for Out-patients. Appointments tenable for three years. Honorarium in each case £50 per annum. Applications to the Secretary by January 20th.
- ROYAL ALBERT HOSPITAL,** Devonport.—Assistant House-Surgeon for six months from February 1st. Board, lodging, and washing provided. No salary. Applications to "Chairman of Medical Committee" by January 20th.
- ROYAL HANTS COUNTY HOSPITAL,** Winchester.—Assistant House-Surgeon, doubly qualified. Salary at the rate of £20 per annum, with board and lodging. Applications to the Secretary by January 22nd.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL,** Plymouth.—House-Surgeon. Salary, £100, with board and residence. Applications to Hensley H. Shanks, Honorary Secretary, by January 13th.
- UNIVERSITY OF EDINBURGH.**—Examiner in each of the following departments: (1) Botany, (2) Physiology, (3) Medicine, and (4) Midwifery. Period of office may be for four years. Salary, £75 per annum in each case, with an allowance of £10 for travelling and other expenses, in case of not being resident in Edinburgh. Applications to M. C. Taylor, Secretary, University Court, by January 14th.
- VICTORIA HOSPITAL FOR SICK CHILDREN,** Queen's Road, Chelsea, S.W.—House-Physician for twelve months. Honorarium, £50, with board and lodging in the hospital. Applications to the Secretary by January 16th.
- YSTADYFODWG URBAN DISTRICT.**—Medical Officer of Health. Appointment for one year. Salary, £450, including travelling expenses. Must devote his whole time to the duties. Applications, endorsed "Medical Officer of Health," to W. H. Morgan, Clerk, Treforest, Glamorganshire, by January 11th.

MEDICAL APPOINTMENTS.

- ANNINGSON,** Bushell, M.D.Camb., reappointed Medical Officer of Health to the Cambridge Town Council.
- BEATTY,** Samuel, M.B., C.M.Edin., appointed Medical Officer of Health to the Moulin Parish Council.
- BENNETT,** W. E., F.R.C.S.Eng., appointed Resident Surgical Officer to the General Hospital, Birmingham, *vice* C. Leedham Green, F.R.C.S.Eng.
- CAMPBELL,** Donald, M.D.Glasg., C.M., reappointed Medical Officer of Health to the Cairne Rural District Council.
- DAVY,** Dr., appointed Medical Officer for the Second Division of the St. James's District of the Dover Union.
- FERNIE,** F. E., M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer for the Swynnerton District of the Stone Union.
- FORBES,** Duncan M., L.R.C.P.Edin., L.F.P.S.Glasg., appointed Medical Officer of Health to the Eastwood Urban District Council.
- GREEN,** Arthur Robert, M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer for the Bosbury District of the Ledbury Union.
- HODGE,** Albert, L.R.C.P., M.R.C.S., appointed Resident Medical Officer to the Manchester Hospital for Consumption and Diseases of the Throat, *vice* John Penny, M.B., D.Sc.Edin., resigned.
- JONES,** Mr. Matthew, appointed Medical Officer for the Glyn Ceiriog and the Llangoollen District of the Corwen Union.
- LEGGE,** Richard, M.D., appointed Medical Superintendent to the Derby County Asylum, *vice* J. Murray Lindsay, M.D., resigned.
- LLOYD,** David, M.B., C.M.Glasg., appointed Medical Officer for the Llanrhaiadr District of the Ruthin Union, *vice* James Caithness.

MAPLETON, J. G., M.B., appointed Medical Officer to the Cranbrook Union.
PEPPER, H. W., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Workhouse Infirmary, Birmingham.
SMYTH, William Ardagh, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer and Public Vaccinator for the Ashted District of the Epsom Union.
TEMPLE, G. H., M.B., C.M. Edin., appointed Medical Officer for the Weston-super-Mare District of the Axbridge Union, *vice* C. V. Hitchins, M.R.C.S. Eng., resigned.
THORP, Albert, M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health to the Urban Sanitary District of New Mill, Yorks.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Mr. Bland Sutton: Wandering Spleens. Dr. Samuel West: The Prognosis of Pneumothorax, with a series of cases of recovery.
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Communications by M. H. L. Albert, Mr. Edmund Balding, jun., and Mr. H. Baldwin. Papers by Mr. A. Pearce Gould and Mr. J. H. Badcock.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Dr. E. C. Kingdon and J. S. R. Russell: Infantile Cerebral Degeneration, with Symmetrical Changes at the Macula. Mr. T. S. Ellis (Gloucester): On some Points in the Surgical Physiology of the Foot.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Buzzard: Clinical Demonstration.

WEDNESDAY.

THE CLINICAL MUSEUM, 211, Great Portland Street, 4 P.M.—Demonstration by Mr. Jonathan Hutchinson.
LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Annual general meeting, to be followed by an ordinary meeting, at which reports of the Morbid Growths Committee will be received, and some presentations to the Society will be exhibited. Cases and Specimens will also be shown by Dr. Semon, Dr. St. Clair Thomson, Dr. P. Watson Williams, Mr. C. A. Parker, Dr. Pormewan, Mr. de Santi, Dr. Kanthack, Dr. John Hunt, and Dr. Jobson Horne. The annual dinner will be held the same evening at the Café Mónico at 7.45.
HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8.30 P.M.—Pathological evening. Mr. Openshaw: Uterine Fibroids removed by Abdominal Hysterectomy. Mr. Targett: Carcinoma of Body of Uterus. Dr. F. J. Smith: Large White Kidneys; other specimens will also be shown.
SOUTH-WEST LONDON MEDICAL SOCIETY, Vestry Room, Town Hall, High Street, Wandsworth, 8.30 P.M.—Mr. Howard Marsh: Studies of Diagnosis in Difficult Cases with illustrations.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Dr. Purcell: New Form of Intestinal Clamp. Mr. Taylor (Birmingham): (1) Pan-hysterectomy by Kelly's Method; (2) Sarcoma of Bladder. Annual meeting and election of officers for 1897.
NEUROLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8.45 P.M.—Address by Dr. G. H. Savage, President-elect, on Heredity in the Neuroses.

FRIDAY.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Dr. Hamer on Age Incidence in Relation with Cycles of Disease Prevalence.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. W. S. Colman: On Case Taking.

BIRTHS, MARRIAGES, AND DEATHS.

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

MARRIAGES.

FERGUSON-MALONE.—On the 1st instant, at St. Peter's, Eltham Road, Lee, by the Rev. James Campbell, M.A., Vicar of the Parish, George Gunnis Ferguson, M.B., C.M., of 62, Holmdale Road, West Hampstead. N.W., son of the late Francis John Ferguson, of Glasgow, to Ada Bertha, daughter of the late Captain Joseph Malone, V.C., Enniskillen Dragoons. No cards. At home 25th, 26th, and 27th January.
HOCKEN-MASON.—October 29th, 1896, at St. Andrew's Church, Braidwood, N.S.W., by the Rev. J. S. Dobson, Helen S., third daughter of Frank Mason, Esq., J.P., of "Yately," Braidwood (late of Krawarree station), to J. Preston Hocken, M.D., M.R.C.S., L.R.C.P., L.S.A., J.P., of West Wallsend, N.S.W., eldest son of J. Hocken, Esq., Liverpool, England.

DEATH.

CARTER.—On January 1st, 1897, Joseph Barton Carter, M.R.C.S., L.R.C.P., L.S.A., at Elm House, Chapel Allerton, Leeds, in the 73rd year of his age.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. Operations.—Tu. F. S. 2.
CENTRAL LONDON OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.
CENTRAL LONDON THROAT, NOSE, AND EAR. Attendances.—M. Tu. Th. F. S. 2; Tu. F. S. 5. Operations.—Daily.
CHAMBERLAIN 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. Th. 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.—M. W. Th. F.
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, only, 9; Throat, F. 1. Operations.—(Ophthalmic) M. Th. 1.30; Tu. F. 1.30.
HOSPITAL FOR WOMEN, Soho. Attendances.—Daily, 10. Operations.—M. Th. 2.
KING'S COLLEGE. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S. 1.30; Eye, M. Th. 1.30; Ophthalmic Department, W. 2; Ear, Th. 2; Skin, F. 1.30; Throat, F. 1.30; Dental, Tu. Th. F. 2.30. 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. Th. F. 2; Ear, S. 9; Skin, Th. 2; Dental, Tu. 0. 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. S. 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), Tu. 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.—Tu. 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; Skin, Th. 9; Throat, Nose, and Ear, S. 3; Dental, Th. 0. 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; Orthopaedic, 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, daily, 12; Obstetric, M. Th. 2; o.p., Eye, W. S. 2; Ear, Tu. 2; Skin, W. 2; Throat, F. 2; Orthopaedic, W. 2; Dental, Tu. S. 9. Operations.—M. Tu. Th. F. S. 1.
ST. MARK'S. Attendances.—Pistula 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; F. S. 2; Eye, Tu. F. S. 2; Ear, M. Th. 3; Orthopaedic, 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. S. 2; Th. 2.30; S. 10; (Ophthalmic), F. 10.
ST. PETER'S. Attendances.—M. 3 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., only, exc. S. 1.30; Ear, M. 1.30; Skin, F. 1.30; Throat, Tu. F. 1.30; Children, S. 1.30; Electro-therapeutics, o.p., Th. 2; Mental Diseases, o.p., Th. 10; Dental, Tu. F. 10. Operations.—M. W. Th. S. 2; Tu. Th. 3.30; (Ophthalmic), Th. 2; (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. 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; Orthopaedic, 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, 1.30; 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.