

MEMORANDA:

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

HOW TO STOP THE INFLAMMATION FROM VACCINATION WHEN RUNNING TO EXCESS.

Now that direct calf-lymph vaccination is generally advocated, and it is admitted that inoculation from this source is commonly followed by more severe local and general inflammation than arm-to-arm vaccination, it may be well that a means of cutting short the inflammation should be known to every practitioner. This is the more important since the organisation of a blind and bigoted Society is ever on the alert to make capital and sensation out of any case not following a regular course. Should, then, the vaccination pustules on the twelfth or fourteenth day tend to become confluent whilst the inflammatory areola tends to spread beyond the usual limits, the glands in the axilla to enlarge, and the arm, perhaps, to become cedematous, what I would suggest is that the area of the pustules should be powdered over with iodoform, and a sterilised dry pad be applied over to keep the powder in position and the pustules from friction. In this way the process is completely checked in twenty-four hours. The pustules dry into a cake, the redness subsides, the glands decrease, and the edema of the arm rapidly disappears. This is in every way preferable to hot fomentations or antiseptic moist applications, which, apart from the difficulty of applying them to an infant, involve the healing of open wounds.

Wimpole Street, W.

R. CLEMENT LUCAS, B.S., F.R.C.S.

TRANSILLUMINATION IN THE DIAGNOSIS OF EMPYEMA OF THE ANTRUM OF HIGHMORE.

As is well known, we ought not to place too much reliance on transillumination, in arriving at a conclusion as to the presence or absence of pus in the maxillary antrum. I think it worth mentioning that I saw a patient recently who had all the usual symptoms of this condition, and in whom the very dark shadow under the orbit was most marked. I made the usual opening, by means of a drill, through the alveolus and syringed out a good quantity of pus. About six weeks after the operation the patient came to me nearly well, with very little or no pus coming out of the nose on syringing through the opening in the mouth, and with nearly complete absence of all the other symptoms from which he had previously suffered. I put a Voltolini lamp in his mouth, and to my astonishment the shadow was just as dark and just as extensive as it was before the operation.

Does this mean thickening of the mucous membrane or of the bone, or (which seems to me to be improbable when I remember the exceedingly favourable course of the case) the existence of thick pyogenic membrane? Perhaps other rhinologists have had a similar experience.

BARCLAY J. BARON, M.B.,
Physician in charge of the Throat and Nose Department of the Bristol General Hospital.

ZONA FOLLOWING EXTRACTION OF TEETH.

THE patient, aged 25 to 30, consulted me on July 30th, 1896, for an eruption on her body and right arm. She gave the following history: On July 20th six teeth were extracted under gas, namely, the four lower incisors, the right lower canine, and a left molar. On July 26th she felt uncomfortable about the right side of the back, the inner side of the right arm, the right axilla, and the right mamma. This was succeeded by tingling pain, which every day increased in severity, and was accompanied by occasional shooting under the right arm.

The Eruption.—Zoster, with the following distribution. In front: Two clusters of vesicles just above the right mamma; one of these in the nipple line, the other between that line and the axilla. Behind: Three clusters near the middle line and two near the axilla. Right Axilla: A number of vesicles; in some of the groups coalescence had occurred; several of the vesicles were rather larger than usual. Inner side of right arm: a few groups of vesicles. When seen again

on August 3rd there were fresh clusters of vesicles lower down on the inner and upper flexor surface of the arm. Fresh groups had also appeared on the back; the vesicles of the older ones had coalesced. The patient complained that the pain had been very severe, and this was borne out by her appearance. From this date recovery was rapid.

An interesting feature of the case was the fact that about a year before twelve teeth were removed under ether, when the patient suffered very much from shock, loss of blood, and, in her opinion, the effects of the anæsthetic.

Comparing my rough sketches of the distribution with Dr. H. Head's diagrams in the last edition of *Quain's Anatomy*, vol. iii, part ii, p. 346, etc., I find that the eruption approximately corresponded in front to D₁; behind to D₃, D₄, and D₅; and on the arm to D₆.

GEORGE FERNET, L.R.C.P.Lond., M.R.C.S.Eng.
Upper Gloucester Place, N.W.

THE ASSOCIATION OF DIPHTHERIA AND SCARLET FEVER.

A YOUNG lady visitor, aged 19, came on December 12th, 1896, to stop with some friends in one of my districts. On arrival she complained of a sore throat, and fancied that she had caught cold on the railway journey.

On December 13th the throat is said to have been red and swollen. On December 14th she was kept in bed. On December 15th she was seen for the first time by a medical man, who pronounced it malignant diphtheria, and notified it as such, and she died early the next morning, December 16th, the medical man remaining with her in constant attendance all night, as well as a fellow visitor.

On December 20th the medical man and the visitor were both notified with scarlet fever, and had somewhat severe attacks of this disease.

Now, did this girl have diphtheria, or did she have scarlet fever with membranous throat, or did she have scarlet fever on which was grafted diphtheria? I may say that she had no rash, and that in August, 1893, she was in our sanatorium for seven weeks, suffering from scarlet fever.

LYDD. RICHARD BEVAN, L.R.C.P.Lond. and D.P.H.

CASE OF HYDATIDIFORM MOLE.

ON October 10th, 1896, I was called to Mrs. H., aged 34, who had been married eleven years, and had five children and one miscarriage. She complained that she had been flooding for three weeks, and of severe pains in the back, and believed herself to be thirteen weeks pregnant. There was no history of syphilis or cancer.

On examination, the uterus was found to extend to a level with the umbilicus, and had a peculiar doughy feeling. *Ballotement* was absent; the os uteri was undilated. She was ordered small doses of opium and absolute rest in bed. There was only slight loss of blood, but the pains in the back continued for the next ten days, when she had a severe hæmorrhage. I then decided to empty the uterus, which had considerably increased in size. The os, which was still undilated, not admitting the finger, was dilated first with Hegar's bougies, then with Barnes's bags until it was large enough to admit three fingers, and afterwards rapidly with the hand. On passing the hand into the uterus, it was found to contain a semifluid mass with soft bands running across. The hand was passed well round the walls of the uterus to separate any adherent parts, and the whole mass removed. It consisted of numbers of small cysts about the size of a pea, mixed with blood and clots. The uterus, which contracted firmly, was washed out with a strong solution of permanganate of potash. There was very little hæmorrhage during the operation, and she made a good recovery, the temperature never rising above normal.

Macclesfield.

C. AVERILL, M.D.

A CASE OF HEMICEPHALIC MONSTER.

ON December 22nd, 1896, I was summoned by Mrs. G., a healthy well-built woman, to attend her in her second confinement. I had delivered her by forceps of her first child in February, 1895, instruments being used on account of uterine inertia.

I found the waters had already escaped, and was informed that their quantity had been extremely great. The pains

were regular and of moderate severity. On vaginal examination I found a soft and pulpy mass presenting, through which bone could be felt, one portion of which was somewhat triangular in form and movable, and suggested to my touch that it might be the point of the scapula. Further examination, however, revealed the presence of an ear, swollen and enlarged, as well as one of the eyes. As the pains continued extension of the head took place, so that the mouth became accessible, while the rotation of the head on an antero-posterior axis brought the whole of the face into the range of touch. I now found that no cranial vault could be discovered posterior to the frontal bone, and that there the finger encountered the pulpy mass already mentioned. Diagnosis of a monster was made, and after an hour of natural pains the child, a male hemicephalic monster (dead quite recently) was born. The general development was that of $7\frac{1}{2}$ months. The eyes were staring and prominent, the ears large and thickened. The scalp terminated abruptly at the posterior margin of the frontal bone, and a dark red hæmorrhagic mass extended from this point to the upper cervical vertebrae. The whole of the hinder part of the skull was occupied by a much enlarged basi-occipital, from which, on each side, a winged triangular process (movable) extended towards the petrous part of the temporal bone. The brain was almost entirely wanting. A full dissection could not be carried out. The placenta was small and fatty.

Skelmorlie, Ayrshire, N.B. CARSTAIRS DOUGLAS, M.D., B.Sc.

REPORTS

ON

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

TEWKESBURY HOSPITAL

FRACTURE OF THE BASE: EXTENSIVE SCALP WOUND: MENINGEAL
HÆMORRHAGE OVER RIGHT MOTOR AREA AND LESION IN
THE LEFT CRUSTA.

(Under the care of W. C. DEVEREUX, M.A., M.B.,
B.C.Cantab.)

F. H., aged 6, was admitted collapsed at 12.45 on February 17th. He had fallen before a clover crusher, and his head, becoming jammed between the wheel and the ground, had skidded several yards. The scalp and periosteum were completely detached over the right parietal area, a large triangular flap being turned backwards. The right ear was nearly torn completely off. He breathed with a gurgling sound, and a sponge passed into the back of the mouth was stained with blood.

Brandy 3j in hot bovril was given, and soon afterwards the boy vomited some blood-stained matter. Within two hours he regained consciousness slightly, recognising his parents, and asking for water. The wound was now dressed. The periosteum would not cover the whole of the exposed area of bone, and some of the flap had to be removed owing to bruising. The ear was wired on; an ice-bag was applied. The temperature was 99.6° . The patient lay quiet and semi-conscious all night, uttering a frequent moaning cry.

On February 18th he had violent convulsive movements of the left arm and leg, excited on the slightest movement. The left arm and leg were flexed and then violently extended. These movements went on rhythmically for some time after being excited. The left knee-jerk was exaggerated, and there was no ankle-clonus. The right arm and leg were motionless and rigid, the arm being flexed and the leg extended. The right knee-jerk was increased, and there was no ankle-clonus. There was right facial paralysis and proptosis of the right eye. The pupil was widely dilated, and reacted sluggishly to light. The left pupil was normal, and reacted fairly well to light. There was ptosis on the left side. He lay in a semi-comatose state, and the power of swallowing was evidently impaired, liquids remaining in his mouth for a minute or two before being swallowed. The breathing was slow and stertorous, sometimes approaching Cheyne-Stokes respiration in character. The pulse was fairly good. The temperature was 98.4° in the morning, and 100° at night. Milk diet with brandy 3 iss. daily was ordered. During the night the patient became very collapsed; Cheyne-

Stokes breathing developed, and during the long pauses the pulse, which was rapid and weak, became imperceptible. The convulsions also increased. There was considerable improvement on increasing the brandy. An enema produced a tarry motion.

On February 19th he had occasional left-sided convulsions and some Cheyne-Stokes breathing. The temperature was 102° in the morning and 100.2° in the evening. From 7 A.M. on February 20th he had constant violent left-sided convulsions. The right arm and leg were extremely rigid, breathing very irregular, and pulse weak and running. Slight improvement towards evening. The temperature was 100.2° in the morning, and 103° in the evening.

On February 21st the convulsions were less violent. The right side continued rigid, the knee-jerk being almost gone. The left ptosis was still marked, but the right ptosis had disappeared. The pupils were equal, with occasional lapses to inequality. The breathing was quiet and regular. The temperature was 99.6° in the morning and 98.4° in the evening.

From 7 A.M. on February 23rd there was a great change for the worse. The face was flushed, and the breathing stertorous and of a Cheyne-Stokes type. Proptosis of the right eye was again marked, the right pupil being widely dilated, and reacted very sluggishly to light. The rigidity of the right limbs continued, but the right knee-jerk had quite gone. The left arm was rigidly extended with the hand flexed on the wrist and slight ulnar flexion. The left leg was rigid, with the foot extended and the toes flexed. The knee-jerk was greatly exaggerated. The temperature, which was 100° in the morning, began to rise at midday, and reached 105° at 5 P.M., when his condition was at its worst. The respiration was shallow and sighing, with frequent long pauses, the pulse being imperceptible. This lasted some hours, and then improvement began, and was maintained with one or two relapses to Cheyne-Stokes respiration and convulsive movements. The improvement was most marked in the left arm and leg, which had recovered their functions to a large extent. The patient became conscious, and recognised persons and things. The right arm and leg were much the same. The right facial paralysis and proptosis still persisted, and also the left ptosis, though slightly less. Some paralysis of the left external rectus was present. The power of speech had not returned.

From this time the patient gradually improved; the wound had completely healed by April 7th. The temperature continued normal and the breathing regular. The convulsions ceased and the left arm and leg had completely recovered their functions by February 29th, when the proptosis of the right eye had also disappeared. The inequality of the pupils and the ptosis of the left side continued till April 14th. The left external rectus had recovered by April 1st. The boy began to take notice of things and answer in monosyllables on March 14th, but the full power of speech was not re-established until August. The right facial paralysis and the rigid flexion of the right arm and leg, accompanied by pain on forcible extension, improved only very slowly with galvanism and massage. The full use of the arm had not returned until September 24th. The patient could walk by himself by June 16th, though only the inner side of the great toe touched the ground, and by September 24th he walked with only a slight limp.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

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

Tuesday, January 26th, 1897.

PERFORATING TYPHOID ULCER TREATED BY OPERATION AND
SUTURE, AND RESULTING IN RECOVERY.

DR. T. LAUDER BRUNTON and Mr. A. A. BOWLBY presented this communication. The patient was a man, aged 37, who was admitted into St. Bartholomew's Hospital on October 3rd, 1895, at about the end of the second week of typhoid fever. The case was a severe one, and was complicated by hæmorrhage from the bowel soon after admission, and by a relapse on October 30th. The relapse lasted nearly a fortnight, and was followed by a slow convalescence till December 14th, when there was a sudden attack of severe abdominal pain, followed

touching to remember the unselfish devotion with which he pursued his work, and the qualities which deeply endeared him to his friends.

SURGEON-MAJOR ROBERT MANSER, M.D.,
Indian Medical Service.

WE have already briefly noticed the death of this distinguished officer from plague contracted during the course of his duties in Bombay.

Dr. Manser, who received his medical education at Guy's Hospital, entered the Indian Medical Service, and went out to India in 1877; he served in the Afghan campaign at Kandahar, and in 1882 he was appointed Civil Surgeon at the European Hospital, and afterwards Third Physician of the Sir Jamsetjee Jeejeebhoy Hospital, Bombay. At the time of his death he had become First Physician to the hospital, and held the office of Professor of Medicine in the Grant Medical College. He was an able, energetic, and accomplished officer, and brought to the work of teaching the same characters of thoroughness. These he endeavoured to instil into his pupils, by whom he was deeply respected and beloved.

His loss will be deeply felt both at the hospital and the Grant Medical College. He was a man of strong character, and had decided views. As a practitioner he was painstaking and accurate—qualities which, being combined with long experience, rendered his opinion highly valued in consultation.

At the end of December he was called to Akalkote to see the late Rajah. He returned to Bombay on Friday, January 1st. On the following morning he looked ill and felt chilly, his temperature rose rapidly, and on January 3rd pain was felt in the left armpit, where there was slight swelling, and headache was severe. Subsequently symptoms of pneumonia developed, and the plague bacillus was found in the sputum. In spite of every care he became exhausted, delirium ensued on the evening of January 5th, and he died at 2 A.M. on the following morning. His funeral, at which the Governor of Bombay was represented, was attended by a large number of friends, both European and native. During the present visitation of the plague, Dr. Manser had won golden opinions by his devotion to duty. He had recently been appointed President of the Committee of Scientific Experts nominated by the Government to conduct investigations relative to the plague.

WILLIAM WHYTEHEAD BOULTON, M.R.C.S.ENG., ETC.,
J.P.

WE regret to announce the death of Mr. W. W. Boulton, of Beverley, Yorkshire, aged 63 years. He was the elder son of the late Dr. R. G. Boulton, of Beverley, and was born and lived in that town, where he joined his father in practice in 1855. He was a student of King's College, London. Mr. Boulton was tall and handsome, and had a sympathetic, genial disposition, which rendered him peculiarly fitted for the large family practice which he inherited from his father. His delicate nervous organisation, however, no doubt had much to do with the cardiac asthmatic attacks from which he suffered for some years before his death, which incapacitated him for practice, and eventually caused his death on January 17th, 1897. He leaves a wife and large family to lament his loss.

Mr. Boulton was an ornithologist, and a great lover of animals, and at one time was well known as the breeder of "Cocker spaniels," which had become nearly extinct, but in his hands multiplied and took prizes at nearly every exhibition in England. Like Mr. W. B. Tegetmeier, he bred animals on scientific principles, and proved the power of selection in breeding for colour or for size. Amongst other things he introduced a new variety of "cuckoo bantam," which took prizes at many shows. It may be of interest to some to know that as a practical breeder of domestic animals he came to the conclusion that the male influenced the progeny principally in colour and outer contour, while the female was chiefly responsible for the characteristics and peculiarities of temperament, instinct, and family stamp, quality, or feature.

THE death is reported of Mr. ROBERT BEEDIE ROBERTSON, of Ardrossan, at the age of 64. After attending school in Dundee he passed to the Aberdeen University, where he went through the Arts course. From Aberdeen he went to Edinburgh,

where he studied for the medical profession, qualifying as L.R.C.S. Edin. in 1859, and becoming F.R.C.S. Edin. in 1862. He went to Ardrossan thirty-five years ago. The deceased retired from practice owing to failing health about three years ago.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. I. I. Sudacewitch, Professor of Morbid Anatomy in the University of Tomsk, aged 37; Dr. J. M. Vilches, Professor of Pathology and Clinical Medicine in, and Dean of the Medical Faculty of Cadiz; Dr. M. Pantaleo, sometime Professor of Obstetrics in the University of Palermo; Dr. Georg Münch, formerly Professor of Morbid Anatomy in the University of Kieff, aged 60; and Professor Sætherberg, of Stockholm, the pioneer of the Swedish system of curative gymnastics, and one of the most distinguished poets of Sweden, aged 84.

HOSPITAL AND DISPENSARY MANAGEMENT.

ROYAL ALBERT ASYLUM FOR IDIOTS AND IMBECILES, LANCASTER.

THE thirty-second annual report of this institution, recently issued, affords evidences of progress in its useful work as well as of continued financial prosperity. The number of patients was, at the date of the report, 559; and the total amount received during the year on maintenance account (including subscriptions, interest on investments, and payments for patients) was £19,784 7s. A sum of £3,000 has been transferred as a nucleus for an extension fund, the Committee having determined to erect additional wards for the separate accommodation of epileptics and of cripples, now scattered amongst the other inmates. The policy of making such additional accommodation an extension of the present main building is questionable. Experience has demonstrated the disadvantages incident to the aggregation under one roof of so large a mass of afflicted humanity as 800 idiots, imbeciles, and epileptics. It is a matter for congratulation that another extension, provided by the generosity of Sir Thomas Storey, is to take the form of a detached block for the accommodation of 40 feeble-minded girls. With an estate of over 150 acres there should be no difficulty in finding suitable sites for buildings for different classes of patients, who are better kept apart, as has been done with satisfactory results at the large Pennsylvania Imbecile Institution, which assumes the form of a village colony rather than a huge barrack building.

From the report of the Medical Superintendent, Dr. Telford-Smith, it appears that careful sanitary precautions are adopted in the admission of new patients, who are quarantined, and have their clothing disinfected before mixing with the other inmates. There have been, however, two somewhat extensive outbreaks of epidemic disease during the year, the one of pneumonia affecting both patients and staff, and the other of measles. The former caused the death of 7 patients and of 2 of the staff; the latter extended to 124 cases, but does not seem to have been directly fatal. As epidemic pneumonia is usually associated with insanitary conditions, it would seem desirable that the drainage and ventilation of the main building should be carefully considered before extensions are made to it. The death-rate for the year was 5.56 per cent. on the average number resident; 7 deaths are attributed to phthisis and 9 to other tuberculous diseases, out of a total of 31. Dr. Telford-Smith rightly lays stress on the importance of fresh air and sunshine as the great exterminators of disease, and we would venture to point out that these beneficent agents are more readily obtainable in simple buildings of moderate size than in an overgrown architecturally-pretentious pile. The upper floor of the detached infirmary has proved an excellent infectious hospital, great care having been taken in its construction thoroughly to isolate it from the lower portion, which is used for ordinary disorders. The thyroid treatment of sporadic cretinism is again favourably reported on, and its tentative use with patients of the Mongol type referred to. Craniectomy comes in for condemnation as the result of experience in 2 cases. Of 62 patients discharged, 14 were so much improved as to be self-supporting under supervision, 32 were moderately and 14 slightly improved, and 2 set down as unimprovable. The necessity of some form of after-care in order to make the most of the results of training is very obvious in the case of imbeciles, and we trust that the new Association for the Welfare of the Feeble-minded may help in this direction.

DURING 1896 the sum of £609 1s. was subscribed by the employees of Messrs. J. S. Fry and Sons, Limited, and the following medical institutions among others received the sums named: Bristol Dispensary (for notes), £210; General Hospital, £140; Royal Infirmary, £140; Children's Hospital, £55; Hospital for Skin Diseases (for notes), £27 6s. In addition the mechanics engaged in the building department subscribed £29, which has been distributed amongst various medical institutions.

THE INSTITUTE OF CHEMISTRY.—At the January examinations of the Institute of Chemistry of Great Britain and Ireland seven candidates passed the practical examination for the Associateship, three the intermediate examination, and four the final examination for the Associateship. Three of these candidates are applying for the Fellowship.

question would, in our opinion, be in the negative; but a consideration of the articles of partnership (and of other facts, such as whether the partner in receipt of the pension held the appointment in respect of which he was superannuated during the partnership and accounted for the salary derived therefrom) might lead to a different opinion.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

EXAMINERS.—The following additional examiners have just been appointed for a period of four years: Dr. R. Bruce Low, Local Government Board, London (Forensic Medicine and Public Health); Mr. Robert Turnbull, B.Sc., Edinburgh (Botany); Dr. De Burgh Birch, Yorkshire College, Leeds (Physiology); Dr. George A. Gibson, Edinburgh (Medicine); and Dr. James Haig Ferguson, Edinburgh (Midwifery). Some of these appointments have given rise to adverse criticism, as it is stated that in some cases there were stronger candidates available.

The *Edinburgh Medical School Calendar* has in its last issue—that for 1896-97, been extended in scope, and now embraces all the modes of medical education available in Scotland. Appropriately it bears the new title, the *Medical School Calendar and Guide to Students for Scotland*. It will be very useful to students, and its value would be greatly enhanced were a full and accurate index added. The present table of contents is quite inadequate. We miss some of the important Edinburgh dispensaries, and we doubt the wisdom of giving 122 pages to old examination questions. The information is accurate as far as we have tested it.

DUNDEE UNIVERSITY COLLEGE.

THE report of the Privy Council upon Ordinances Nos. 45, 46, and 47 of the Scottish Universities Commission, and the matters contained therein, which form the subject of dispute between St. Andrews University and Dundee College, has been issued. The newly-passed ordinances settle the most important questions at issue in the relation of the College to St. Andrews University. They first of all unite the College to the University, make its professors members of the *Senatus Academicus*, enable its classes to qualify for degrees in the University, and make the union permanent and dissoluble only by Act of Parliament. This will give the Dundee teachers and their students a security that will allow them to map out courses of teaching and study in their own way, knowing that they will be able to continue without the dislocation of transfer to other schools. In the second place the ordinances allocate a sum of £3,000 a year from the Universities' grant for the purpose of completing the University School of Medicine in Dundee, and provide specifically for the establishment of professorships of pathology, *materia medica*, surgery, medicine, and midwifery, in addition to those of anatomy, physiology, and the preliminary sciences, which have already been founded. Finally, the ordinance abolishing the M.D. degree for practitioners, of which St. Andrews has since 1862 annually conferred ten, will make the medical school in Dundee practically the sole avenue to the medical degrees of the University, and throwing thus the whole responsibility for the credit of the degree on the new school will supply a stimulus to work of the most efficient kind, while it will at the same time remove the objection which students would have to take a degree that might be considered in other ways too easily accessible. The University Court, with whom will lie the selection of the new professors, consists of fourteen members, and includes the Lord Provost of Dundee and the Principal of University College, who may be supposed to represents the interests of the College, but as the majority is composed of the party which raised the lawsuits that have now been settled against them, it is evident that some demands will be made upon their generosity and loyalty before the new school can become a credit to the University.

CONJOINT BOARD IN ENGLAND.

FIRST EXAMINATION (FIVE YEARS' REGULATIONS).

THE following gentlemen have passed in the subjects indicated:

Part I. Chemistry and Physics.—J. C. Baggs, St. Thomas's Hospital; L. D. Bailey, St. Paul's School, West Kensington; H. E. Barrett, St. Mary's Hospital; W. A. Beet, London Hospital; C. H. Bennett, St. Mary's Hospital; K. H. Bennett, University College, London; H. W. P. Bennette, University College, Liverpool; G. Bettinson, St. Mary's Hospital; H. D. Brice, Westminster Hospital and Pharmaceutical Society; A. Camacho, St. Paul's School, West Kensington; G. R. H. Chell, Mason College, Birmingham; J. C. Clayton, University College and Clifton Laboratory, Bristol; G. C. Cross, Middlesex Hospital; E. P. Cumberbatch, St. Paul's School, West Kensington; A. M. Dalzell, St. Bartholomew's Hospital; S. De Carteret, St. Bartholomew's Hospital; A. S. Dodd, St. Mary's Hospital; J. F. Douse, Guy's Hospital; A. B. Edwards, St. Bartholomew's Hospital; W. Fawcett, King's College, London, and St. Thomas's Hospital; C. Fisher, St. Bartholomew's Hospital; P. R. Fort, St. Mary's Hospital; E. C. Foster, University College, London; P. H. Goodair, St. Thomas's Hospital; W. H. Gray, London Hospital; A. L. B. Green, St. Bartholomew's Hospital; G. H. Hackney, University College, London; L. F. Hanbury, St. Thomas's Hospital; R. J. Hanbury, St. Bartholomew's Hospital; W. T. Harris, St. Thomas's Hospital; E. M. Harrison, St. Paul's School, West Kensington; M. W. Haydon, St. Thomas's Hospital; C. H. Howkins, Mason College, Birmingham; C. E. A. Huddart, London Hospital; H. R. Jeremy, London Hospital; J. P. Jones, University College of South Wales, Cardiff; S. H. Jones, King's College, London; B. S. Kidd, St. Mary's Hospital; E. C. Lindsey, St. Mary's Hospital; W. Mathews, Mason College, Birmingham; F. W. Miller, King's College, London; T. C. Mitchell, Yorkshire College, Leeds; H. W. Pank, St. Bartholomew's Hospital; H. M. Prins, University College, London; H. M. Raven, St. Mary's Hospital; G. H. Richard, St. Paul's School, West Kensington; J. C. Sale, St. Bartholomew's Hospital; R. Small, St. Thomas's Hospital; G. B.

Soper, Guy's Hospital; R. W. Stephenson, University College, Liverpool; W. A. Tatchell, London Hospital; R. Thompson, St. Bartholomew's Hospital; A. H. Tovey, St. George's Hospital; G. De B. Turtle, King's College, London; G. B. Vincent, St. Paul's School, West Kensington; J. A. West, St. Bartholomew's Hospital; H. Whitwell, St. Bartholomew's Hospital.

Part II. Practical Pharmacy.—H. C. Adams, St. Bartholomew's Hospital; W. L. Baker, Guy's Hospital; K. de R. Bell, King's College, London; R. Bigg, St. Bartholomew's Hospital; W. H. S. Blizzard, Mason College, Birmingham; H. D. Brice, Westminster Hospital; E. K. Brown, London Hospital; E. A. Bullmore, University College, London; H. G. Clitherow, London Hospital; A. J. Couzens, London Hospital; F. C. Forster, St. Mary's Hospital; L. O. Fuller, University College, London; C. E. Gaiskell, Guy's Hospital; P. N. Gleig, Charing Cross Hospital; F. H. R. Heath, Guy's Hospital; E. S. E. Hewer, St. Bartholomew's Hospital; H. H. Hollick, Mason College, Birmingham; G. H. Irvine, University College, Bristol; J. P. Jones, University College of South Wales, Cardiff; N. H. Joy, St. Bartholomew's Hospital; J. A. Kilpatrick, University College of South Wales, Cardiff; A. H. B. Kirkman, Guy's Hospital; L. H. McGavin, Guy's Hospital; M. R. Maher, University College, Liverpool; W. S. Maugham, St. Thomas's Hospital; S. L. C. Mondy, University College, London; J. L. Morris, St. Bartholomew's Hospital; E. J. O'Meara, Guy's Hospital; E. F. Palgrave, St. Bartholomew's Hospital; A. R. C. Parsons, King's College, London; N. R. Phillips, University College of South Wales, Cardiff; A. B. Pugh, St. Bartholomew's Hospital; P. D. Ramsay, St. Mary's Hospital; H. M. Rees, Owens College, Manchester; R. M. Richards, St. Mary's Hospital; C. Ryley, St. Mary's Hospital; C. R. Shattock, King's College, London; W. S. Sheldon, University College, London; A. J. Stanley, Mason College, Birmingham; P. R. Tarbet, University College, London; A. R. Thomas, Guy's Hospital; J. H. Timothy, University College of South Wales, Cardiff; J. C. Wadmore, University College, Bristol; J. B. Walter, Guy's Hospital; J. H. Watson, University College, Liverpool.

Part III. Elementary Biology.—E. F. Ackery, Charing Cross Hospital; C. H. Allan, London Hospital; C. H. Bannerman, University College, Liverpool; H. W. P. Bennette, University College, Liverpool; J. M. Boclett, Charing Cross Hospital; H. D. Brice, Westminster Hospital; E. R. Carling, Westminster Hospital; H. G. Clitherow, London Hospital; J. Couper, Charing Cross Hospital; C. W. Davies, St. Thomas's Hospital; V. Davies-Ocranofski, Anderson's College, Glasgow, and University College, Liverpool; C. Dix, St. Bartholomew's Hospital; J. F. Douse, Guy's Hospital; T. W. H. Downes, St. Thomas's Hospital; C. C. Drabble, Firth College, Sheffield; F. A. Drinkwater, University College, Liverpool; W. Fawcett, St. Thomas's Hospital and King's College, London; T. H. Fowler, St. Bartholomew's Hospital; R. K. G. Graves, St. George's Hospital; R. G. E. Grote, Charing Cross Hospital; J. M. Hamill, St. Paul's School, West Kensington; T. D. Hemans, St. Thomas's Hospital; P. A. Hendley, King's College, London; T. H. J. E. Hughes, St. Mary's Hospital and King's College, London; F. D. S. Jackson, Guy's Hospital; H. K. Jeremy, London Hospital; F. C. Jobson, Westminster Hospital; E. G. Lindsey, St. Mary's Hospital and King's College, London; H. P. Margetts, St. Bartholomew's Hospital; J. K. N. Marsh, St. Bartholomew's Hospital; F. D. Martyn, Westminster Hospital; A. G. Michel, Charing Cross Hospital; F. Morgan, Westminster Hospital; D. Morrow, Queen's College, Belfast; V. B. Nesfield, St. Paul's School, West Kensington; T. Richards, University College of South Wales, Cardiff; J. H. Roberts, Charing Cross Hospital; J. C. Sale, St. Bartholomew's Hospital; B. M. Sampson, St. Thomas's Hospital; E. S. Scott, London Hospital; A. E. Soden, McGill College, Montreal, Canada; R. W. Stephenson, University College, Liverpool; A. F. Van Dyk, School of Medicine, Surgeons' Hall, Edinburgh; S. J. Williams, Mason College, Birmingham.

FIRST EXAMINATION (FOUR YEARS' REGULATIONS).

THE following gentlemen have passed in the subjects indicated:

Part I. Chemistry, including Chemical Physics.—S. R. Dudley, St. Bartholomew's Hospital; E. A. Houchin, Middlesex Hospital; C. C. T. Magee, Melbourne University and London Hospital.

Part II. Materia Medica.—V. S. A. Bell, Cambridge University and St. Bartholomew's Hospital; H. Clough, Yorkshire College, Leeds; F. Cooper, Mason College, Birmingham; R. S. Elvins, Mason College, Birmingham; H. J. Gould, Middlesex Hospital; W. St. G. Grantham-Hill, St. Mary's Hospital; C. C. T. Magee, Melbourne University and London Hospital; P. Phillips, Charing Cross Hospital; G. O. Pierce, King's College, London; W. St. A. St. John, St. Mary's Hospital; J. Sandison, London Hospital; G. Sowdon, London Hospital; H. Towers, Yorkshire College, Leeds; F. Voller, St. Thomas's Hospital; F. J. Waldmeier, Syrian Protestant College, Beyrout, Syria, and London Hospital; F. W. Whyte, Queen's College, Belfast.

Part III. Elementary Physiology.—W. R. Elliott, Cambridge University.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

EXAMINATION FOR MEMBERSHIP.—The following candidates have satisfied the examiners:

T. H. Wilson, L.R.C.P.I.; J. H. R. Glenn, M.D. Dub., L.R.C.P.I.

CONJOINT BOARD IN IRELAND.

FOURTH PROFESSIONAL EXAMINATION.—The following candidates have passed this examination:

Completed the Examination.—T. E. Cottu, P. D. Glynn, T. C. Mackenzie, J. M. Carthy.

Passed in Medicine.—J. J. F. Bourke, D. F. Clarke, M. A. Ghani.

Passed in Surgery.—J. O'M. Irwin.

Passed in Midwifery.—J. J. F. Bourke, D. F. Clarke, T. F. O'Connor, V. B. Taylor.

Passed in Ophthalmology.—H. E. Eardley, M. A. Ghani, W. J. Keane, G. G. H. Moorehead.

Passed in Forensic Medicine and Hygiene.—J. J. F. Bourke, E. F. Clarke, H. E. Eardley, J. J. Foley, J. O'M. Irwin, C. J. Powell.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1897. The following candidates passed in:

Surgery.—G. P. Ambrose, Westminster Hospital; C. C. Brymer, Montreal University; C. H. Church, McGill University; J. McD. McCarthy, Cambridge University; G. L. Meredith, London Hospital; A. E. Seller, London Hospital; J. H. Wilson, Middlesex Hospital.

Medicine, Forensic Medicine, and Midwifery.—A. P. Ambrose, Westminster Hospital; E. S. Langworthy, St. George's Hospital; J. McD. McCarthy, Cambridge University; H. R. Marsh, Guy's Hospital; J. K. H. Smyth, St. Mary's Hospital; H. de P. B. Veale, Yorkshire College, Leeds.

Medicine and Forensic Medicine.—G. F. May, McGill University.

Forensic Medicine and Midwifery.—J. Gott, King's College; W. F. Reckitt, Guy's Hospital.

Forensic Medicine.—A. W. H. Edgelow, Charing Cross Hospital; A. P. Square, Middlesex Hospital; G. S. Thompson, St. George's Hospital.

Midwifery.—P. M. Brittain, St. Bartholomew's Hospital; E. R. K. Cheesman, Charing Cross Hospital.

The diploma of the Society was granted to the following candidates: Messrs. Brymer, Gott, Langworthy, McCarthy, Marsh, Smyth, and Thompson.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

PRIVATE MEMBERS' BILLS.

A the result of the ballot taken last week for precedence with private members' Bills, seventy-six measures were given notice of, the number of members taking part in the contest being 356. Amongst the seventy-six Bills there are many "hardy annuals," including schemes for grappling with such hackneyed problems as the Sale of Intoxicating Liquor on Sunday, Local Veto, and Female Franchise. The following are some of the Bills of more or less interest to the readers of the *BRITISH MEDICAL JOURNAL*, prefixed by the names of the members who have charge of them: Mr. PYM: To Amend the Poor-law Officers' Superannuation Act, 1896, as respects Female Nurses since appointed. A Bill with a similar object has since been introduced by Mr. JAMES BAILEY, and Mr. WANKLYN has brought in a Bill to extend the provisions of the Act to "officers and servants of other local authorities."—The LORD ADVOCATE: To Consolidate and Amend the Laws relating to the Public Health in Scotland.—Mr. CAMERON: To Amend the Burial Laws. This Bill will be the first order of the day on Wednesday, February 24th.—Mr. KNOWLES: For the National Registration of Plumbers. This Bill is also backed by Earl Compton, Mr. Dixon, and Dr. Farquharson. It appears on the paper as the first order of the day on Wednesday, March 3rd.—Mr. STEPHENS: To Amend the Law with regard to the Rating of Certain Cemeteries. The name of Sir Walter Foster is also on the back of this Bill, which is down for second reading on February 16th. Mr. Galloway has given notice of his intention to move its rejection.—Sir WALTER FOSTER: To Provide Pensions for Poor Persons over the age of 65 years.—Mr. BARTLEY has since given notice of a Bill to Provide Pensions in Old Age to the Provident Poor, and of another to Amend the Law Relating to Outdoor Relief in Sickness and Widowhood to Provident Poor. Second reading May 26th.—Mr. BURT: To Consolidate and Amend the Law Relating to the Liability of Employers for Injuries to their Workmen. This Bill is down as the third order for Wednesday, May 12th.—Sir F. DIXON-HARTLAND: To Amalgamate the Water Companies in and around London. This Bill is down for second reading on March 3rd as the fourth order of the day.—Mr. CHANNING: To Amend the Law Relating to Coroners' Inquests in the Case of Fatal Accidents on Railways.—Mr. BARTLEY: To Amend the Law Relating to Outdoor Relief in Sickness and Widowhood to the Provident Poor.

THE CASE OF DR. FOSTER NEWLAND.

Mr. FIELD asked the President of the Board of Trade whether he was aware that Dr. Foster Newland had remonstrated against his dismissal without notice or complaint from his position as medical officer to the Irish Lights Board in the Kingstown District after a satisfactory service of twenty years; and whether he will cause an investigation to be made into the facts.—Mr. AKERS DOUGLAS: My right hon. friend has been informed by Dr. Newland that he has been dismissed from his position. His employment rests entirely with the Commissioners, the Board of Trade control being limited to approval of the fees.

VACCINATION.

Mr. LOGAN asked the President of the Local Government Board if it was the intention of the Government to take any steps toward carrying out the recommendations of the Royal Commission on Vaccination during the present session, and whether they would advise Boards of Guardians to discontinue prosecutions for non-compliance with the Vaccination Acts until the Government were ready to deal with the subject.—Mr. T. W. RUSSELL: I can only state at present that the report of the Royal Commission on Vaccination is receiving the consideration of the Local Government Board. It is the duty of Boards of Guardians to enforce the existing law, and the report of the Royal Commission does not in any way relieve them of their duty in this matter.

THE PLAGUE IN BOMBAY.

In reply to Mr. CALDWELL, Lord G. HAMILTON said: The attention of the Government of India has been called to the necessity of providing suitable accommodation at Bombay for the isolation and treatment of cases of plague; but I do not propose to interfere with their discretion in regard to moving the troops from Colaba, or using the barracks as plague hospitals. I understand that temporary hospital accommodation of a suitable kind could easily be erected on the open ground in and around Bombay.—In reply to Sir A. SCOTLE, Lord G. HAMILTON said: The plague was identified at Bombay in September last. On October 2nd wide powers were conferred on the chief executive officer of the city, who is a Government official, to take whatever measures were found necessary to

prevent the epidemic from spreading. Large sums of money were voted for the purpose by the Corporation. The Government appointed a special Medical Committee to investigate and advise; scientific experts came from other parts of India to report upon the disease and its prevention, while additional medical men and a large staff of workers were employed to carry out at once the special sanitary measures in Bombay advocated by the Committee of Experts. The epidemic appeared to be abating in November, but from December 1st it grew more severe. The plague spread to Karachi in December, and is now suspected to be epidemic in Poona. Over 2,500 plague deaths have occurred in Bombay, over 300 in Karachi, and about 100 sporadic cases elsewhere. As the House is aware from newspaper telegrams the plague has caused much terror among the people of Bombay and in the adjacent country. But the disease has not, so far, appeared in epidemic form at any place besides Poona, outside the cities of Bombay and Karachi. The sporadic cases of which I spoke, excepting at Poona, occur almost entirely among fugitives from the two plague-stricken cities. The efforts of the Government and of the Corporation, between whom hearty co-operation exists, were devoted to relieving sufferers from the plague, to checking its extension in Bombay and Karachi, and preventing its spreading elsewhere. Hospital space was increased, special plague hospitals were provided for six different sections of the community, and are being prepared for two other sections. House to house visitation of infected quarters is being carried out under medical supervision. Every suspected case of plague that is not at once removed to the hospital is isolated as far as practicable; every house where a plague case has occurred is disinfected, and is, as far as possible, vacated, temporary accommodation being provided elsewhere. Insanitary houses are pulled down, in others partitions are removed or ventilation introduced. Special sanitary precautions and improvements have been carried out in the backward parts of Bombay city. A fuller staff of doctors and Indian medical men is being organised, and the Bombay Government will indent on England for a temporary staff of doctors and nurses if more aid is required. To prevent the spread of plague to other parts of India, passengers leaving Bombay, Karachi, or Poona by rail, road, or sea are inspected by medical officers, and persons travelling or alighting at the larger stations are stopped and removed for treatment if they are suspected of being plague-stricken. In case pilgrims to the Moslem holy places should carry plague into the Red Sea, the Government of India have, as empowered by law, declared that from February 1st Bombay and Karachi shall cease, for the present, to be ports of departure for pilgrims. The Bombay Government report that the corporations are granting all necessary funds, while the executive and medical officers there and elsewhere are doing all that can be done, though prompt suppression of the epidemic has not been attained. The Government of India report their belief that the arrangements at railway stations for checking the spread of disease are working well; but they are inquiring whether further measures are needed, which, if necessary, will be taken. I am hopeful that the continuous energy and vigilance shown by the Government and the local authorities, and the rigorous measures they have adopted, are beginning to make real impression upon the epidemic, and that we may for the future note its decline. I should add that the experts some time back expressed the view that during the winter months some increase in the epidemic might be expected. As I came into the House I received a telegram from the Governor of Bombay to the effect that he learns that alarmist and greatly exaggerated telegrams in reference to the plague are being sent from Bombay, and he hopes that great caution will be shown before accepting the information as true. Only four pure Europeans have died of the plague, including a doctor and a nurse. Amongst the dock labourers and Port Trust servants the deaths and sickness are very small indeed.—In reply to Mr. MACLEAN, Lord G. HAMILTON said: I understand that, as far as practicable, efforts are made to improve the sanitary condition of the native quarters; but I am afraid that until the epidemic is over, it will not be possible to embark on any wholesale measure for that purpose.

QUARANTINE AT MALTA.

Sir WALTER FOSTER: I beg to ask the Secretary of State for the Colonies whether it is true that the Governor of Malta, after first imposing a twenty days' quarantine, has since issued a total prohibition on all vessels, however healthy they may be, arriving from India. And whether, seeing that this country, which is in unceasing communication with Indian ports, finds it sufficient to rely for the purposes of plague on the systems of inspection and isolation which were so successfully tested both during the European cholera invasion of 1832-4, and recently again in the case of the *Nubia* at Plymouth, he will take such steps as will secure the adoption by our Crown Colonies in the Mediterranean of those more scientific and less inconvenient methods to prevent the introduction and spread of foreign diseases.—Mr. CHAMBERLAIN: The answer to the first part of the question is in the affirmative. My predecessors and I have continually urged the Government of Malta to adopt the more scientific and convenient methods of preventing the introduction and spread of foreign diseases, instead of the stringent system of quarantine hitherto in use; but, partly from the supposed necessity of conforming to the practice of Italy, and partly from the inveterate belief of the population of Malta in the necessity of the strictest quarantine, which might lead to disturbance if the rules were relaxed, we have not as yet succeeded in effecting the change. I am now in correspondence with the Governor, and have pointed out to the Colonial Government the serious injury which is being inflicted, not only on commerce, but on the interest of Malta by the action of the Government; and I shall be glad if my remonstrances may induce them to adopt a more reasonable course.

CHOLERA ON THE "NUBIA."

Sir WALTER FOSTER asked the President of the Local Government Board whether, on the arrival of the steamship *Nubia* at Plymouth with cholera on board, his department and the port sanitary authority found that their powers under the provisions of the existing law were quite sufficient to meet the emergency; and whether any necessity arose for any quarantine regulations?—Mr. T. W. RUSSELL: The *Nubia*, which arrived in Plymouth on January 9th, was reported to have cholera on board, some

MEDICAL NEWS.

PRESENTATION.—Dr. George Robinson, of Sheffield, has been presented with a secretaire in recognition of his services as surgeon to the Teachers' Orphanage at Page Hall.

At the last meeting of the Chemical Society it was announced that Mr. J. J. Tustin had made a donation of 1,000 guineas to the Research Fund of the Society.

THE Chairman of the Inebriates Legislation Committee of the Association has received acknowledgment of the Committee's recapitulation of amendments urgently asked for in the present Inebriates Acts from the Prime Minister, the Lord Chancellor, and the Home Secretary. The most ample reply was from Lord Salisbury, who confirmed the announcement in the Queen's Speech, that the Government intended, if time should allow, to bring in a Bill for Amended Legislation for Habitual Drunkards during the current session.

HOSPITAL REFORM.—We may remind our readers that a meeting of the medical profession will be held at St. Martin's Town Hall, Charing Cross, London, on Thursday next, February 4th, at 4 P.M., to discuss the question of hospital abuse and the recommendations of the Hospital Reform Association. Among those who are announced to take part in the discussion are: Dr. J. Ward Cousins; Professor Victor Horsley, F.R.S.; Mr. Timothy Holmes, F.R.C.S.; Mr. Walter Rivington, F.R.C.S.; Mr. Jordan Lloyd, F.R.C.S.; Dr. Frederick J. Smith; Dr. Samuel Woodcock, J.P.; Dr. Lovell Drage; Mr. Nelson Hardy, F.R.C.S.E.; Dr. W. Knowles Sibley; Lieutenant-Colonel E. Montefiore, R.A.; Dr. J. A. Glover; and Dr. Isambard Owen.

THE GENERAL HOSPITAL AT BIRMINGHAM.—At a meeting of the General Committee of the General Hospital at Birmingham on January 25th it was stated that the Queen had expressed her inability to visit Birmingham to open the new hospital, but had deputed Princess Christian to open the building on her behalf. The new hospital will be completed in June, and according to present arrangements the opening will take place in that month. The Committee are about to appeal to the public for the necessary amount to enable the hospital to be opened free from debt. It is estimated that from £40,000 to £45,000 will be needed. Mr. J. C. Holder has intimated his desire to head this, the sick subscription list, with a further donation of £5,000.

PRESCRIBING CHEMISTS.—In spite of repeated warnings certain chemists continue to practise as if they were duly qualified apothecaries, and probably nothing short of criminal proceedings will put an end to their dangerous work. At an inquest held recently in Westminster with regard to the death of a child from diphtheria, the coroner stated that several cases of the same disease had been brought before him lately which had not received proper medical treatment. In the case mentioned the mother, instead of taking the child to a doctor, consulted a chemist, who prescribed for it without ever seeing the patient. The Pharmaceutical Society of Great Britain has always, through its President, urged its members to confine their duties to those legitimately belonging to their trade; but it is apparent that stronger measures will have to be taken in the interests of the public to put a stop to such dangerous unqualified practice.

THE Royal Commission on Tuberculosis held sittings on January 20th, 21st, and 22nd. There were present Sir Herbert Maxwell, M.P.; Dr. Thorne Thorne, C.B., F.R.S.; Professor G. T. Brown, C.B.; Mr. Shirley Murphy, Mr. Harcourt E. Clare, Mr. Thomas Cook-Trench, D.L.; Mr. John Speir, and Dr. T. M. Legge, Secretary. The following gentlemen were called and examined: Dr. J. F. W. Tatham, Superintendent of Statistics, Registrar-General's Office, Somerset House; Dr. Hamer, Assistant Medical Officer of Health for the County of London; Dr. Bond, Medical Officer of Health of the Holborn Board of Works; Mr. Billings, Meat Inspector of the Holborn Board of Works; Mr. Haydon, L.C.C., President of the London Butchers' Trade Society; Mr. Cooper, Chairman of the Meat and Cattle Trades' Section of the London Chamber of Commerce; Mr. Holmans, Veterinary Superintendent of

the Deptford Cattle Market of the Corporation of London; Dr. Marsden, Medical Officer of Health of Birkenhead; and Mr. Wagstaff, Meat Inspector of Birkenhead.

THE SOCIETY OF TRAINED MASSEUSES.—At the time that the *BRITISH MEDICAL JOURNAL* was engaged in investigating some of the scandals which had grown up around this most useful branch of medical treatment, and which were fast bringing the whole practice into disrepute, some of the leaders among the trained *masseuses* in London saw that the best way to meet the emergency was to form a society for their mutual protection which, by framing rules of practice and conditions of admission, should band the profession together as a respectable body of women, wishing to do their work in a respectable manner. It was a wise suggestion, and has been well followed out; the Society was formed in 1894, and the prospectus before us shows that besides the names of many leading nurses and midwives, who have been trained as *masseuses*, there are a large number of medical men of repute who have given their names to the Society. The objects of the Society are twofold: First, educational, and, secondly as an agency for providing the public with qualified *masseuses*. The first of its objects is accomplished by holding an examination and by organising lectures and discussions, and the second by opening a registry for the use of the members and the public. The rules which bind the members are: (1) No massage to be undertaken except under medical direction. No general massage for men to be undertaken. Occasional exceptions may be made at a doctor's request for urgent or nursing cases. (2) No advertising permitted in any but strictly professional papers. (3) No sale of drugs to patients allowed. We have quoted these rules in full, as they show that an honest effort is being made to put down those grave scandals which we pointed out as bringing ruin on an honourable calling. The office is at 12, Buckingham Street, Strand, the office of the Trained Nurses' Club.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Acting Physician. Appointment for twelve years, but eligible for a further period of eight years. Applications, accompanied with diplomas and certificates of registration, to be addressed to the "Medical Board, Children's Hospital, Steelhouse Lane, Birmingham," by February 3rd.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—House-Surgeon. Applications to John Griggs Bryant, Secretary, by February 9th.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Pathologist; a knowledge of bacteriology a recommendation. Applications to Herbert H. Jennings, Secretary, by February 1st.
- CORK UNION.**—Medical Officer for the Whitechurch Dispensary District. Salary £120 per annum, and £15 per annum of Medical Officer of Health, with the usual fees as Registrar of Births, Deaths, and Marriages, and as a Public Vaccinator. Applications to J. J. Humphreys, Honorary Secretary, Whitechurch, by February 5th.
- COUNTY LUNATIC ASYLUM,** Lancaster.—Assistant Medical Officer; unmarried. Salary commencing at £100 per annum, with board, apartments, attendance, and washing. Applications to the Medical Superintendent by January 31st.
- DUNDEE ROYAL INFIRMARY.** Resident Clinical Assistant (qualified) for three months. Board, lodging, and washing provided. Applications to the Medical Superintendent by February 3rd.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton, S.W.—Clinical Assistants to the Out-patients, Physicians and Clinical Clerks in the wards. Applications to the Secretary before February 1st.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton, S.W.—Assistant-Physician. Applications to the Secretary by February 10th.
- HULL BOROUGH ASYLUM.**—Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary, £120 per annum, rising by annual increments of £10 to £150, with unfurnished apartments, board (except liquors), attendance, and washing. Application to the Committee of Visitors under cover to the Town Clerk, Town Hall; Hull, by February 9th.
- HULL ROYAL INFIRMARY.**—Honorary Surgeon; must be F.R.C.S. Eng., or have been Assistant Surgeon of the Infirmary for five years. Applications, addressed "Chairman, Committee of Management," to be received at the Board Room of the Institution by February 19th.
- INFIRMARY OF THE CITY OF LONDON UNION.**—Assistant Medical Officer at the Infirmary situate in Bow Road; doubly qualified. Must be single, or widower without children. Not less than 25 nor more than 35 years of age. Salary, £150 per annum, with furnished apartments at the infirmary, rations and washing. Applications on forms to be obtained at the Clerk's office, to be sent to Frederick W. Crane, Clerk to the Guardians, 61, Bartholomew Close, E.C., by February 9th.

LEICESTER INFIRMARY.—House-Surgeon. Salary, £120 for the first year, rising at the rate of £10 per annum until the third year. Board, apartments, and washing provided. Applications to the Secretary at his offices, 24, Friar Lane, Leicester, by February 1st.

OMAGH DISTRICT ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with allowances of furnished apartments, rations, washing, fuel, light, and attendance, valued for pensionable purposes at £100 per annum. Not more than 30 years of age, unmarried, and qualified in medicine, surgery, and midwifery. Candidates must attend at the asylum on February 11th at 10.30 A.M., and produce certificate of birth or statutory declaration of age and originals of qualifications and testimonials.

ROYAL ORTHOPÆDIC HOSPITAL, 207, Oxford Street, W.—House-Surgeon and Anæsthetist. Salary, £100 per annum, with partial board and washing; doubly qualified and unmarried. Applications to the Secretary by February 1st.

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Physician; must reside within a mile and a half of the Infirmary. Applications to the Secretary before February 1st.

ST. MARY'S HOSPITAL, Paddington, W.—Surgeon in Charge of Out-patients. Must be Fellow or Member of one of the Colleges of Surgeons of the United Kingdom. Appointment for five years, but eligible for re-election. Applications to the Secretary by February 8th.

ST. MARY'S HOSPITAL, Paddington, W.—Medical Registrar. Salary, £50 per annum. Medical Officer for the Selection of Out-patients. Salary, £75 per annum. Must be M.R.C.P.Lond. Appointments for one year, but eligible for re-election for a second year. Applications to Thomas Ryan, Secretary, by February 8th.

SHEFFIELD GENERAL INFIRMARY.—Junior Assistant House-Surgeon, doubly qualified. Salary, £50 per annum, with board, lodging, and washing. Appointment for three years, but eligible for re-election. Applications addressed to the "Medical Staff of the Sheffield General Infirmary" to the care of the Secretary by February 10th.

SUFFOLK COUNTY LUNATIC ASYLUM, Melton, near Woodbridge.—Medical Officer; must not exceed 40 years of age. Salary, £600 per annum, with furnished house (excluding plate and linen), including all rates. Applications to A. Townsend Cobbold, Clerk to the Visiting Committee, County Hall, Ipswich, by February 1st.

SUSSEX COUNTY HOSPITAL, Brighton.—House-Surgeon; doubly qualified, unmarried, and under 30 years of age. Salary, £120, rising to £140 per annum at the discretion of the Committee of Management, with board, residence in the hospital, and washing. Applications to the Secretary by February 10th.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser, unmarried. Salary, £105 per annum, with lodging, attendance, fire, and lights. Must serve two years if required. Applications to Arthur Fisher, Honorary Secretary, by February 27th.

MEDICAL APPOINTMENTS.

ADAIR, Thomas Stewart, M.D. Edin., appointed Senior Assistant Medical Officer to the Wadsley Asylum of the West Riding of York.

ALLEN, Vernon F., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Medical Officer for the Saffham District of the Saffham Union.

BODEN, John S., M.R.C.S., L.R.C.P. Lond., appointed an Assistant Medical Officer to the St. Pancras Parish Infirmary.

BREMNER, D. C., M.B., C.M. Edin., appointed Medical Officer for the Workhouse and of the Bishop's Castle District No. 1 of the Clun Union, *vice* John F. Boa, M.B., C.M. Glasg., resigned.

CAMPBELL, Donald, M.D. Glasg., C.M., reappointed Medical Officer of Health to the Calne Town Council.

CARTER, Ernest Christison, M.D., M.R.C.P., appointed Honorary Medical Officer to the Female Orphanage, Cheltenham, *vice* W. R. Puckell, F.R.C.S., resigned.

CHAMBERS, Herbert J. W., M.R.C.S. Eng., L.R.C.P. Edin., appointed Medical Officer and Public Vaccinator for the Pendlebury Division of the Salford Union.

EDDOWES, Alfred, M.D., L.R.C.P. Edin., appointed Honorary Assistant Physician to St. John's Hospital for Diseases of the Skin.

FARRANT, Mark, jun., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Workhouse of the St. Thomas Union.

HOBHOUSE, Edmund, M.D. Oxon., M.R.C.P., appointed Assistant Physician to the Sussex County Hospital.

KING, Arthur, M.B., C.M. Edin., D.P.H. Eng., reappointed Medical Officer of the Workhouse of the Watford Union.

MACDONNELL, Edward R. A., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Medical Officer for the Litcham District of the Mitford and Launditch Union.

MATURIN, F. H., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Derbyshire Royal Infirmary.

MILLAR, William, M.B., C.M. Edin., L.R.C.P. & S. Eng., L.F.P. & S. Glasg., appointed Medical Officer and Public Vaccinator for the Welton District of the Sculcoates Union.

NEWTON, Henry W., M.R.C.S., L.R.C.P. Lond., D.P.H. Eng., appointed Medical Officer for the First District of the Chelmsford Union.

NICHOLSON, B. H., M.B., M.D. Edin., appointed Surgeon to the Essex and Colchester Hospital, *vice* H. Laver, M.R.C.S., appointed Consulting Surgeon.

NORMAN, E. P., B.A., M.D. Dub., reappointed Medical Officer to the Workhouse and of the Coddensham District of the Bosmere and Claydon Union.

NUNN, P. W. G., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of Health for the Borough of Bournemouth and Medical Superintendent of the Sanitary Hospital.

RAY, Matthew Burrow, M.B., C.M. Edin., appointed Second Assistant Medical Officer to the Wadsley Asylum of the West Riding of York.

RENTON, J. Crawford, M.D., appointed Additional Examiner in Surgery in Edinburgh University, *vice* G. T. Beaton, M.D.

SAYERS, M. H., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant House-Surgeon at the Worcester General Infirmary.

SUTTON, Dr., appointed Medical Officer for the Norbury District No. 2 of the Clun Union, *vice* John F. Boa, M.B., C.M. Glasg., resigned.

THOMAS, Evan, M.B. Lond., M.R.C.S., L.R.C.P., appointed an Assistant Medical Officer to the St. Pancras Parish Infirmary.

THORP, Albert, M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of Health to the New Mill Urban District Council.

TIPLADY, William, L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of the Thornley District of the Weardale Union.

TURNER, A. Scott, appointed House-Surgeon to the Hospital and Western Branch of the Brighton, Hove, and Preston Dispensary.

SAVILL, Thomas D., M.D. Lond., D.P.H. Camb., M.R.C.P. Lond., appointed Honorary Assistant Physician to St. John's Hospital for Diseases of the Skin, *vice* Dr. Barratt, resigned.

DIARY FOR NEXT WEEK.

MONDAY.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Communications by Messrs. H. W. Messenger, G. H. Bowden, H. Baldwin, and J. H. Badcock.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. F. de Havilland Hall: Diseases of the Nose and Throat in relation to General Medicine (First Lettsomian Lecture).

TUESDAY.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Lecture by Dr. Tooth.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.—Dr. Dundas Grant: The Diagnosis and Treatment of Obstructive Deafness apart from Pain or Discharge.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. J. W. Stephens and Mr. C. D. Parfitt: Three cases of Hemorrhagic Diphtheria. Dr. A. E. Garrod: Pneumococcus Endocarditis of a Two-cusped Aortic Valve with Malformation of the Liver. Dr. H. Mackenzie and Mr. W. Edmunds: Persistence of Thymus in Graves's Disease. Card specimens by Mr. Douglas Drew and Dr. Hebb.

WEDNESDAY.

THE CLINICAL MUSEUM, 211, Great Portland Street, 4 P.M.—Demonstration by Mr. Jonathan Hutchinson.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Mr. Doran, Dr. John Phillips, and others. Paper.—Dr. A. E. Giles: The Cyclical or Wave Theory of Menstruation, with observations on the Variations in Pulse and Temperature in Relation to Menstruation. Annual meeting: The President (Dr. Champneys) will deliver the Annual Address.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M. Dr. Donald Hood: Appendicitis from a Medical Point of View.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Schorstein: Diagnosis of Early Tuberculosis.

THURSDAY.

HOSPITAL REFORM ASSOCIATION, St. Martin's Town Hall, 4 P.M.—Meeting of Profession for consideration of question of Hospital Reform.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Clinical evening.

FRIDAY.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Beevor: Cerebral Localisation.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Royal Kent Dispensary, Greenwich Road, S.E., 8.15 P.M.—Dr. George Herschell: On Chronic Faecal Retention; its Consequences and Treatment.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W., 8 P.M.—Discussion on the Menopause opened by Drs. Amand Routh, W. Hunter, and C. Tuke.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

HART.—At 29, Charlotte Square, Edinburgh, on January 23rd, the wife of D. Berry Hart, M.D., of a son.

STOWERS.—On January 24th, at Silchester Lodge, Thornton Heath, Surrey the wife of J. H. Stowers, M.D., of 128, Harley Street, Cavendish Square, W., of a son.

DEATH.

EVANS.—On January 20th, at Penybont, Radnorshire, J. S. M. Evans, L.F.P.S., L.M., aged 80.

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. W. Th. S., 2; Tu. F., 5. *Operations*.—Daily.
CHANCING 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., 2.
GUY'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, Soho. *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
KING'S COLLEGE. *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., 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., 2.
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; Skin, Th., 9; Throat, Nose, and Ear, S., 3; 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, daily, 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., 1.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 3; females; W., 9.45. *Operations*.—M., 2; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 3.0; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M. 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 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.

A. B. C. asks to be recommended a suspensory bandage for riding and cycling.

MEMBER wishes to know if any medical man can recommend any form of exercise for the muscles of thighs and legs which can be indulged in in a bedroom. Dumbbell exercise for arms and chest can be made use of in a confined space. Is there anything in the nature of dumbbell exercise for the legs?

D. E. B. would be obliged for answers to the following questions about a patient who is suffering from the usual symptoms of primary and secondary syphilis, namely, sore on the penis, sore throat, roseolous rash, alopecia, pains in the joints: (1) What is the best form of mercury to give, and for how long a period should it be given? (2) In the above case is it necessary to give iodide of potash in combination with the mercury, and, if so, what are the best preparations in which to combine the drugs?

DAMP HOUSES.

COUNTRY SURGEON asks for advice on the following matter. His house was built seventy years ago on a damp site, the ground walls are damp, and diphtheria has occurred several times. What kind of new flooring would be best for the living rooms? The following are mentioned to him: (1) Concrete finished off smooth, without wood flooring, but to be covered by a carpet; (2) asphalt, with wood flooring laid on joists, the spaces between being filled up solid with asphalt. Which of these would be best, or what other kind of flooring would be better? Would the asphalt be dangerous from fire?

RUPTURE OF FRÆNUM PRÆPUTII.

M. D. writes: Patient, aged 56, complained of swelling of the prepuce. I found oedema of the entire prepuce, and a crack on either side of the frænum præputii. I recognised that the cracks were the cause of the oedema, which the patient was at first loth to believe. I treated the cracks with friar's balsam, and drew forward the prepuce to guard against danger of constriction. The cracks became longer, and the frænum itself began to ulcerate. I then touched the entire ulcer with a nitrate of silver point. Still the ulceration went on till the frænum got very thin and ruptured. Since that time I have touched it occasionally with pure liquid carbolic, and have dressed it with dermatol and other powders. It is now slowly healing, and I am anxious to know: (1) What the etiology of the condition may be. (2) Whether the lesion is of frequent occurrence. (3) What the prognosis is, especially as to sexual function. (4) Whether an attempt should be made to restore the frænum by operation. The patient is nervous, and not robust. There is no history of syphilis.

HOSPITAL APPOINTMENTS.

We are asked to express an opinion upon the following circumstances: Ten years ago A. and B. were on the same day appointed assistant surgeons to an infirmary for five years. At the expiration of this period they were re-elected for another term of five years, and on the same day C. and D. were appointed for the first time for the same period, which has now expired. One of the surgeons is now retiring, thus creating a vacancy on the senior staff. C., who has served as assistant-surgeon for five years, is making great efforts to obtain the appointment of full surgeon as a candidate in opposition to A. and B., who have served for ten years. We are asked whether this is in accordance (1) with the usual routine of such appointments; (2) whether there is any precedent in the history of hospitals for the appointment of a junior over the heads of his seniors; and (3) whether the junior is justified in making the attempt to supersede his colleagues by putting himself forward as a candidate for the vacant appointment.

* As to (1) and (2), we believe that precedents might be found, but they would be generally recognised as contrary to the usual routine. The answer to the third question would depend upon the regulations of the hospital governing the appointment of the medical staff, and upon the custom usually followed at the particular institution. The promotion of the senior member of the junior staff to the senior staff when a vacancy occurs is, we think, the rule.

ANSWERS.

J. F.—The matter is under consideration.

Mrs. SCOTT should consult an electrician.

F. M.—We cannot recommend any particular physician or institution. Our advertising columns may be consulted.

M. B., M. A.—Only a "registered" qualification should be inserted in a certificate of death.

M. R. C. S.—Such a method of seeking practice resembles too closely that of a tradesman to be commendable in a member of a learned profession.

INSTITUTION FOR CARE AND EDUCATION OF BLIND CHILD.

S. writes: "Sight" should apply to Dr. Campbell, Principal of the Normal College and School for the Blind, Upper Norwood, S.E.

THE PURCHASE OF ANTITOXIN.

DR. PERCY E. WALLIS, medical officer of health to the East Grinstead Urban District Council, writes with reference to the inquiry of "A. J. S." as to whether any sanitary authority has borne the expense of procur-