

suffering from delusional insanity, and 2 were chronic dements; 12 of them were at some period actively suicidal.

The effect of feeding was soon apparent in most cases, nutrition improving, some getting fat, and no doubt the lives of many were saved by its adoption; sometimes, but rarely, the pharynx, œsophagus, or stomach became irritated by the tube, and then feeding by the bowel had to be resorted to; in one lady, a case of stupor, gastritis was set up, and curiously enough, the pyrexia was coincident with the commencement of her recovery.

Besides the improvement of nutrition, feeding has a lasting moral effect, in some cases a few feedings effecting a cure of the habit of refusal; it occasionally cures a delusion, as one case in a friend's practice exemplifies, a case in which he was "commanded" not to eat; after a few nasal feedings with a tube smeared with assafœtida he was commanded no more. A mere exhibition of the tube will cure the habit in some hysterical cases.

The method of feeding adopted was the funnel and soft rubber œsophageal tube passed to the stomach by the mouth or nose; the latter way I now almost always use as generally preferable, its only danger being the passage of the tube into the larynx, of which the evidence, stridulous breathing and loss of voice, is at once perceived, and remedied by withdrawing the tube to the pharynx, pouring a little food down tube, and as patient swallows pushing it down; the passage of the tube by the mouth is a more expeditious procedure, as a large tube can be used so that a quart or more of food may be given in a few seconds, and this is advantageous in old people and others who secrete a large amount of mucus about the throat which they cannot swallow while the tube is in the œsophagus, and which, collecting over the glottis, causes dyspnoea. The disadvantages of the passage through the mouth are the need of a gag, which is apt to injure the lips or break the teeth of patient, and the possibility of the gag slipping out, and so rendering biting and swallowing the tube, or injuring the operator's fingers, probable. The latter accident happened to me once, causing a poisoned wound of a finger, and consequent inability to use the hand for a week, but during this time I was able to pass the nasal tube with the left hand, a statement which shows how easy the operation is.

#### DIET GIVEN.

Breakfast at 9 A.M.—A pint and a-half of milk, two eggs, with one ounce of whisky.

Dinner at 2 P.M.—A pint and a-half of beef tea, two eggs, two ounces of port wine, and one ounce of maltine.

Supper at 7 P.M.—A pint and a-half of milk, two eggs, one ounce of whisky.

The food is given warm, and the patient kept lying down for half an hour afterwards; medicines are given with the food as required; generally a purge is needed every two days, when half an ounce of castor oil may be added; occasionally the juice of half a lemon is added to the dinner.

## MEMORANDA:

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

#### TWINS FROM A SINGLE OVULE.

ON November 8th I was called to attend Mrs. W., aged 28, in her third confinement. On examining her I found the head presenting; I ruptured the membranes, and in a short time delivered her of a well-developed male child. On placing my hand over the uterus to express the placenta, I felt a second child *in utero*, and on examination *per vaginam* found another head presenting. I immediately ruptured the membranes, and about a quarter of an hour afterwards delivered her of a second, equally well-developed, male child. On carefully examining the placenta after expression I found two placentæ in close apposition, fused into a single mass, a separate cord to each almost joining at their insertion, the vessels of the one appearing to anastomose with those of the other. The whole placental mass was surrounded by one chorion, enclosing two distinct amnions. This was evidently a case of twins developed from a single ovule containing a double germ, a condition I believe to be somewhat rare, and conformed to the rule laid down by Schroeder, that in these cases the children are always of the same sex, and generally males.

Although both fœtuses were exceptionally well developed, presented by the vertex, and were enclosed in a single chorion, there was not the slightest difficulty or delay in the birth of the first child.

On inquiring into the family history I find the patient's mother had only one child, her husband died six months after, and she did not marry again; but the grandmother gave birth to twins, both of which were females.

WM. H. STEPHENSON, L.R.C.P., L.R.C.S.Ed.  
Harpurhey, Manchester.

#### THE SCHOTT TREATMENT OF CHRONIC HEART DISEASE.

EARLY in last year a patient, over 70 years of age, suffering from a greatly dilated right heart, with marked mitral insufficiency, complicated by frequent attacks of angina pectoris, whose symptoms lately had practically resisted all forms of treatment, was advised to undergo Schott's course.

During the first bath there was slowing of the pulse from 86 to 76, with increased volume, the dyspnoea and cyanosis became less marked, the lips improving in colour, and the face assuming a healthy ruddy glow. A feeling of tightness and oppression within the chest was complained of which continued for fully two minutes; after the fourth bath, however, this uncomfortable feeling altogether disappeared. On leaving the bath the patient expressed himself as feeling refreshed. On examination after the bath what was most striking was the change which had taken place in the extent of the cardiac dulness; indeed, but for the extreme care with which the dulness had been mapped out previously, one must have concluded that a mistake had been made in the tracing; on the right side, to the right of the mid-sternal line, the area of dulness had diminished  $1\frac{1}{4}$  inch, while a corresponding increase in the pulse force was proved by sphygmographic tracings taken before and after the bath.

By the end of the course, five weeks, the patient had but little discomfort from his attacks of angina pectoris; he could comfortably walk a mile and ascend two flights of stairs, feats previously impossible; dyspnoea much relieved, mitral *bruit* less accentuated.

Nine months after treatment a thorough examination of this patient was made, and the excellent results accruing from the treatment were still marked.

Several cases of a similar character have come under observation since the above patient was treated, in all of which the improvement has been as marked. The deduction from those observations is that the size of a diseased dilated heart can be reduced by the judicious use of baths and exercises as recommended by Schott, and that the reduction is not only beneficial, but probably permanent. Whatever the cause of the heart shrinkings and increased tone may be physiologically, there can be no doubt about the results, and from these results we can but infer that repair does take place in the degenerated heart and vessels. The diminution in the size of a dilated heart resulting from this treatment can only be accounted for by the contractions being increased, and consequently the cavities more efficiently emptied.

London.

ALEXANDER MITCHELL, M.D.

#### TREPHINING THE FRONTAL SINUS.

THE following interesting case came under my care at the London Throat Hospital towards the end of 1895:

The patient, a woman, came complaining of inability to breathe through the right nostril, accompanied with a distressing discharge. The difficulty in breathing had come on, gradually increasing, during the last eighteen months; the discharge had lasted for quite five years. On examination, the nostril was found full of large polypi. When these were removed the discharge was found to be as bad as ever, and pus was clearly seen flowing from the infundibulum. It was determined to open the frontal sinus. This was done with a small trephine a few days later. The sinus was found full of a web-like granulation tissue, in which three small mucous polypi were embedded. The whole of this tissue was carefully scraped out. A small drainage tube was put in, with the object of keeping the wound open as long as necessary. The sinus was well syringed out through the wound with the biniodide of mercury solution (1 in 1,000) each day until the

lotion came freely and quite clear into the nose. On the eighth day the drainage tube was removed and the wound quickly healed up. With the operation the discharge ceased and has not returned since. I saw this patient last November, a year after her first attendance at the hospital and nine months after the operation, when she still remained quite free from nasal trouble.

Devonshire St., W. GRIFFITH C. WILKIN, M.R.C.S., L.R.C.P.

#### IDIOPATHIC HÆMORRHAGE FROM THE UMBILICUS IN AN INFANT.

As these cases are so rarely met with, and are almost invariably fatal, it may be of some interest to record a case which lately came under my notice. It occurred in a full-time, healthy male child of poverty-stricken parents. The bleeding began with oozing on the fifth day, just before the cord separated. There was slight icterus, and several large purpuric spots over the body. The treatment tried was pressure by means of pads, astringents, suture, underpinning, all of which for a short time seemed effectual; but in a few hours the flow invariably began again, and ended fatally on the fourth day. The blood showed no tendency to clot.

Macclesfield.

C. AVERILL, M.D.

#### CASE OF SCARLET FEVER WITH EYE COMPLICATIONS.

ON the afternoon of November 4th, 1896, a medical man was attacked with severe sore throat. Next day the throat was rather worse, the temperature was  $101^{\circ}$ , and he had dull aching pains in the back and legs. On the night of November 5th he was very restless; the temperature was  $102^{\circ}$ , and the pains in the legs more severe. On November 6th the symptoms were rather worse, and the temperature higher. There was headache and a good deal of injection of the eyes.

On November 6th a well-marked scarlet fever rash was seen over the body, the temperature was lower, and the pains not so severe. The eyes were still injected, and he had sensations of light on closing the lids. On the evening of November 6th the condition improved, and this continued up to November 10th, when he was removed to the sanatorium, the temperature being normal, and desquamation proceeding. After two or three days the eyes became injected.

On November 18th, when I saw the case, there was much injection over the globes of the venous, purplish, episcleral type, and it was more noticeable laterally than above and below. The conjunctiva appeared to be slightly raised as if the tissue below it were infiltrated. This feature was also more marked laterally. The palpebral conjunctiva was more injected than normal, but there was no secretion and no gumming of the lids after sleep. There was extreme tenderness on palpation over the ciliary region all round, but no increase of tension. On attempting to fix a near object severe pain of a shooting or dragging character was experienced, and was felt also on any sudden movement of the eyes. The iris was normal, pupils equal, and reacted freely to light. The pain in the eyes and supraorbital region was of a boring and dragging character. I expressed the opinion that the patient was suffering from a general episcleritis or capsulitis with cyclitis, and that it was probably rheumatic in character, for there was a distinct family history of rheumatism, and he had had pain of a rheumatic character in the course of the illness. Atropine was prescribed to put the ciliary muscle at rest, and sponging with hot boracic lotion over the closed lids. This afforded immediate relief. Next day moderate doses of salicylate of soda were prescribed. This was continued for a day or two, and was followed by massage over the closed lids, counter-irritation to the temples, and administration of small doses of iodide of potash. In a fortnight to three weeks the eyes were quite well.

Cases presenting similar symptoms without the injection, and arising from exposure to cold winds, in rheumatic persons are seen along with rheumatic retrobulbar neuritis. But in these vision is lowered, there is often a central or paracentral scotoma for colours, and the disc exhibits inflammatory changes, but in the case described there were no visual changes.

Stockton-on-Tees.

G. VICTOR MILLER, M.B.

## REPORTS

ON

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

#### CORK UNION HOSPITAL.

CASE OF PUERPERAL SEPTICÆMIA TREATED BY ANTI-STREPTOCOCCUS SERUM, WITH RECOVERY.

(Under the care of W. ASHLEY CUMMINS, M.D., Senior Medical Officer.)

H. C., aged 23, was admitted on November 20th, on the ninth day after her first confinement, which, it was stated, was prolonged and had to be terminated by the forceps.

On examination, it was found that the perineum and os uteri had been slightly lacerated and an exudation had taken place around the cervix, extending into the left broad ligament. The temperature was  $103^{\circ}$  F., with a quick pulse and distended abdomen. The uterus had been thoroughly irrigated previous to her admission with creolin solution, and the lochia were only slightly offensive. The symptoms rapidly became worse; the temperature rose to  $105^{\circ}$ , and there was constant vomiting, delirium, hiccough, and a dry, brown tongue; the pulse rate was between 120 and 140.

On November 25th a dark red erysipelatous eruption appeared on the left mamma and spread rapidly all over the trunk. At 6 P.M. she had a severe rigor, followed by a rise of temperature to  $106.6^{\circ}$  F. in the axilla.

On November 26th she was apparently sinking; there was constant vomiting, hiccough, involuntary evacuations, the pulse was 132, and the rash was spreading rapidly down the thighs and arms. At 6 P.M. she received the first hypodermic injection of antistreptococcus serum, procured from Messrs. Burroughs, Wellcome and Co.

On the next day she was much improved; the vomiting had ceased, hiccough was not so frequent, the temperature ranged between  $103^{\circ}$  and  $104^{\circ}$  F., and the rash was much lighter in colour.

The serum, and subsequently the dry preparation, were injected in doses of 10 c.cm. on nine occasions between November 26th and December 4th, 1896. The general condition of the patient began to improve, although her temperature continued to range between  $102^{\circ}$  and  $104^{\circ}$  F. The rash quite disappeared from the trunk, but continued to extend as a faint line down the thighs and arms for a few days.

On December 5th she had another rigor, after which the temperature went up to  $105^{\circ}$  F.

On December 12th several joints became swollen and painful, but rapidly subsided under a few 20gr. doses of salicin every second hour.

On December 17th the temperature came down finally to normal, and the pelvic exudation had quite disappeared.

REMARKS BY DR. ASHLEY CUMMINS.—The influence of the serum on what was an apparently hopeless case was most remarkable. The general symptoms—vomiting, hiccough, delirium—disappeared rapidly, not so the temperature, which continued a fluctuating course, and did not come down finally until twelve days after the serum injections had been discontinued. The influence of the treatment on the rash was most marked; four days after the first injection it had left the trunk, and spread subsequently only 2 or 3 inches down the thighs and arms. Additional treatment adopted was quinine in large doses, perchloride of iron, hypodermics of strychnine, salicin, stimulants, etc., with local treatment by iodoform pessaries, irrigation of the uterus, etc. These, doubtless, contributed to the successful result, but I feel convinced that without the serum treatment the patient would have succumbed.

#### SAN FERNANDO HOSPITAL, TRINIDAD, W.I.

##### ABDOMINAL HYSTERECTOMY.

(By E. A. GAYNES DOYLE, L.R.C.P., M.R.C.S., Resident Surgeon.)

THE operation of hysterectomy is such an unusual one in the West Indies that the following successful case might be recorded.

EDWARD SUTTON, Surgeon, to the *Theseus*, February 6th; PATRICK J. FLANAGAN, to be Surgeon and Agent at Mullaghmore, February 6th; ARTHUR S. NANCE, Staff-Surgeon, to the *Collingwood*; ROBLEY H. J. BROWNE, Surgeon, to the Royal Naval Depot, Walmer, February 10th; WILLIAM E. MARSHALL, Surgeon, to the *Duke of Wellington*, February 16th.

#### ARMY MEDICAL STAFF.

SURGEON-CAPTAIN H. M. RAMSEY, F.R.C.S. Edin., has retired from the service with a gratuity, February 10th. He was appointed Surgeon-Captain, January 30th, 1886, and joined the Scots Guards April 11th, 1888.

Surgeon-Lieutenant-Colonel R. G. THOMSETT is promoted to be Brigade-Surgeon-Lieutenant-Colonel vice J. Macartney, M.D., retired, January 26th. Brigade-Surgeon-Lieutenant-Colonel Thomsett's previous commissions are thus dated: Surgeon, September 30th, 1873; Surgeon-Major, September 30th, 1885; and Surgeon-Lieutenant-Colonel, September 30th, 1893. He served in the Afghan war in 1878-79, and had medical charge of the Divisional Field Hospital at Thull; he accompanied the expedition into the Khost country, and was at the engagement at Mattoon (medal). He was also in the Egyptian war of 1882 with No. 4 Field Hospital, and has the medal and Khedive's Star for that campaign.

The undermentioned Surgeon-Captains, having completed twelve years' full-pay service, are promoted to be Surgeon-Majors from January 31st: M. W. RUSSELL, B. F. ZIMMERMANN, A. STABLES, M.B., G. E. MOFFET, M.B., H. A. HAINES, M.D., J. D. MOIR, M.B., R. CROFTS, G. E. HALE, D.S.O., C. W. JOHNSON, M.B., A. T. I. LILLY, C. C. REILLY, A. PERRY, S. N. CARDOZA, A. DE C. SCANLAN, H. D. JAMES, and W. TURNER. The war services of these officers are as follows:—M. W. Russell: Soudan Frontier Force in 1885-86, including the engagement at Giniss (medal, and Khedive's Star); Zhob Valley and Kidderzai expeditions in 1890 under Sir George White, including the march to Vihowa. A. Stables: Soudan Frontier Field Force in 1885-86 (medal and Khedive's Star). J. D. Moir, C. W. Johnson, and C. C. Reilly: Soudan Frontier Field Force in 1885-86 (medal and Khedive's Star). R. Crofts: Expedition against the Jebus, Lagos, in 1892 (mentioned in despatches; medal, with clasp). S. N. Cardoza: Egyptian Frontier Field Force in 1885-86, including the engagement at Kosheli (mentioned in despatches; medal and Khedive's Star). W. Turner: Soudan campaign in 1885 (medal, with clasp, and Khedive's Star).

Surgeon-Colonel R. H. CAREW is brought on the administrative medical staff of the Punjab army from December 21st, 1896.

The following Surgeon-Lieutenants, having completed three years' service, are promoted to be Surgeon-Captains from January 20th: H. V. PRYNNE, A. E. MASTER, M.B.; G. DANSEY-BROWNING, E. S. CLARK, M.B.; K. B. BARNETT, M.B.; M. BOYLE, M.B.; K. M. CAMERON, M.B.; C. M. FLEURY, A. C. FOX, S. F. ST. D. GREEN, and W. TIBBITS, M.B.

#### INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT-COLONEL GEORGE WATERS, Bombay Establishment, who entered the service as Assistant Surgeon, October 1st, 1869, is promoted to be Brigade-Surgeon-Lieutenant-Colonel, from March 31st, 1896.

Brigade-Surgeon-Lieutenant-Colonel S. M. SALAMAN, M.D., has been awarded the extra pension of £100 per annum due to the Bombay Establishment for the year 1896-97, with effect from the date of his retirement from the service.

#### THE VOLUNTEERS.

M. DAVID JAMES LAWSON, M.D., is appointed Surgeon-Lieutenant in the 1st Dorset Artillery (Southern Division Royal Artillery), February 10th.

Surgeon-Lieutenant J. M. MOIR, M.D., the Highland Artillery, is promoted to be Surgeon-Captain, February 10th.

M. WILLIAM H. VICKERY is appointed Surgeon-Lieutenant in the 3rd Volunteer Battalion the Northumberland Fusiliers, February 10th.

Surgeon-Major W. A. F. BATEMAN, 3rd Volunteer Battalion the East Surrey Regiment, is promoted to be Surgeon-Lieutenant-Colonel, February 10th.

Surgeon-Major H. H. SMITH, 1st Volunteer Battalion the South Staffordshire Regiment, has resigned his commission, retaining his rank and uniform, February 10th.

#### THE ARMY ESTIMATES.

THE usual statement by the Secretary of State for War has been issued with the Army Estimates, but contains no reference to any additional provision for the Army Medical Staff in view of the proposed increase to the army. We extract the following from Vote II, which deals with the Army Medical Staff:

1896-97.	1897-98.	
6	7	Surgeon-Major-Generals.
3	3	Surgeon-Major-Generals, Indian Establishment.
10	13	Surgeon-Colonels.
14	10	Surgeon-Colonels, Indian Establishment.
474	474	Brigade-Surgeons and Surgeon-Lieutenant-Colonels,
		Surgeon-Majors, Captains, and Lieutenants.
322	322	Brigade-Surgeons and Surgeon-Lieutenant-Colonels,
		Surgeon-Majors, Captains, and Lieutenants, Indian
		Establishment.
—	—	Surgeons on Probation.
83	83	Acting Medical Officers.

Thirty-five quartermasters and 1 Assistant Apothecary (Hong Kong) are also reckoned of the Medical Staff for the purposes of this vote, raising the total number of the Medical Staff, British Establishment, to 613, and the total estimate for pay is £233,200, the same amount as in 1896-97. The total number on the Indian Establishment is 335.

The estimate for the pay of militia medical officers is £2,600; of civilian medical practitioners and medical officers of military prisons, £8,000.

For corps pay and extra duty pay of the Medical Staff Corps the esti-

mate is £25,100, which is £500 more than last year. The pay of clerks and nurses and for miscellaneous labour is estimated at £12,400, or £500 more than last year.

The estimate for drugs (the War Office calls them medicines!) and surgical instruments is £14,000, the same as last year.

Contingencies and appropriations in aid bring up the total of "Vote 2, Medical Establishment, Pay, etc.," to £295,800, as compared with £294,800 in 1896-97.

Under Vote 6, Travelling Expenses, etc., the estimate for the Medical Staff is £4,125, which in proportion to the number of officers appears to be high.

#### VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE number of volunteer medical officers under instruction by the staff of this school who have recently passed the proficiency examination for medical officers is 47. The next class will commence on February 17th at 8, Portman Street, Portman Square, London, W. Further particulars can be obtained from Surgeon-Captain R. R. Sleman at this address.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

HONORARY DEGREES.—A grace passed the Senate on February 11th for conferring the complete degree of Master of Arts, *honoris causa*, on Dr. A. A. Kanthack, of St. John's College, formerly Walker Student, and now Deputy-Professor of Pathology.

CHAIR OF SURGERY.—Dr. Joseph Griffiths, F.R.C.S., who has been appointed by the Senate to discharge the duties of the Professorship of Surgery during its suspension, has been assigned a stipend of £250 a year on the recommendation of the General Board of Studies.

#### UNIVERSITY OF LONDON.

##### PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION.

THE following candidates have satisfied the Examiners:

*Entire Examination.*—First Division: C. H. Dawe, Guy's Hospital and University Tutorial College; C. W. Forsyth, Owens College and private study; S. Hastings, Middlesex Hospital and University, and University Tutorial College; J. B. McVail, private study and University Tutorial College; P. J. Robbins, St. Mary's Hospital; W. M. Robson, Guy's Hospital. Second Division: C. E. Adams, Guy's Hospital; R. Appleton, B.A., University Tutorial College and private tuition; Agnes Maud Brown, University and University Tutorial Colleges; H. Butler, University Tutorial College; H. M. Churchill, Brighton Grammar School; J. D. Clay, King's College; P. Reynolds, B.A., Yorkshire College and private study; Anna Maude Smith, Alwyne and Birkbeck Institutes; V. G. Ward, St. Bartholomew's Hospital; W. P. Yettis, University Extension College, Reading, and University Tutorial College.

*Chemistry and Experimental Physics.*—J. E. Adams, City of London School; A. J. Beadell, Guy's Hospital and University Tutorial College; \*Maud Bennett, University Tutorial College and Birkbeck Institution; \*Victoria E. May Bennett, University College, Cardiff; \*Lilly Alice Bilke, Carlyon College; \*A. H. Bradley, Mason College; \*W. W. Campbell, King's College; G. A. Charter, private study; \*G. B. F. Churchill, Guy's Hospital and University Tutorial College; \*Olive Claydon, University Tutorial College; \*Anne Fenton Cleaver, University Tutorial College; W. H. Cole, Guy's Hospital and University Tutorial College; C. F. Coombs, University College, Bristol; \*E. W. F. Dolman, Epsom and King's Colleges; \*Lettitia Nora Ede, private study and tuition; \*F. A. Edmonds, Epsom and University Colleges and private study; E. S. Ellis, Cheltenham Science School and St. Bartholomew's Hospital; \*J. C. Fleming, University and University Tutorial Colleges; G. F. I. Harkness, University and University Tutorial Colleges; \*F. R. Harris, St. Mary's Hospital and private study; \*Anne Elizabeth Hooper, University College, Nottingham; \*A. F. Horn, University and University Tutorial Colleges; N. N. A. Houghton, University Tutorial College; L. J. Hughes, Guy's Hospital and University Tutorial College; \*Frances Mary Jenkin, Westfield College and Plymouth Technical School; \*L. C. Johnson, Owens College; H. A. Kellond-Knight, St. Bartholomew's Hospital; \*E. T. Kendon, London Hospital; \*R. F. Korte, private study; \*C. E. Lakin, Middlesex Hospital, University College, and private tuition; \*A. Lewthwaite, University Tutorial College; C. E. W. Lyth, Wesley and Firth Colleges; \*Agnes Emma Mecklenburg, University and University Tutorial Colleges; \*Helen Moore, University Tutorial College; \*Mary Eva Hastings Morris, University College, Aberystwith; \*W. J. Morrish, St. Mary's Hospital; \*G. P. Mossrop, University Tutorial College; \*H. R. F. Nattle, private study; \*H. H. Raw, Kingswood and St. Bartholomew's Hospital; W. A. Rees, Middlesex Hospital, University College, and private study; G. S. Robertson, Guy's Hospital and Dulwich College; F. C. Robinson, Guy's Hospital; C. E. Rogers, B.A., Yorkshire College and Leeds School of Medicine; \*J. B. Rous, St. Mary's Hospital; C. C. Rushton, Owens College and private study; \*C. Russ, St. Mary's Hospital and Birkbeck Institute; \*Agnes Catherine Scott, Yorkshire and University Tutorial Colleges; \*Edith Serjeant, private study and University Tutorial Colleges; \*C. W. Smith, private study; J. E. S. Smith, Owens College; \*Louisa Spicer, University and University Tutorial Colleges; \*Ethel Maud Stacy, University and University Tutorial Colleges; J. B. Stephens, University Tutorial College; \*Emily Gertrude Stuart, University Lectures Oxford, University Tutorial College, and private tuition; \*R. A. S. Sunderland, St. Bartholomew's Hospital; Alice Taylor, University College and private tuition; A. Telfer, B.A., private study and tuition; Louisa Graham Thacker, Bedford College, London; \*A. E. Thomas, St. Bartholomew's Hospital; \*H. K. Ward, Mason College; H. Watts, Dulwich College and St. George's Hospital; E. C. Whitehead, Wyggeston School, Leicester; \*A. Whitehead-Smith, Epsom

College and St. Thomas's Hospital; \*C. A. Wiggins, St. Mary's Hospital; \*J. T. Williams, University College, Cardiff; L. L. Winterbotham, Cheltenham School of Science; \*F. H. Wood, St. Bartholomew's Hospital and Alwyne Institute; \*M. D. Wood, Guy's Hospital; G. P. Young, University Tutorial College.

*Biology.*—\*Anne Thompson Barnard, Birkbeck Institution; H. E. Barnes, St. Mary's Hospital; \*Mildred Mabel Burgess, University Tutorial College; \*B. Chiles-Evans, University College, Aberystwith, and Cardiff; \*E. M. Clarke, University College, Cardiff; \*G. T. Collins, University Tutorial College and Guy's Hospital; \*M. A. Collins, University Tutorial College and Guy's Hospital; L. F. Cope, St. George's Hospital; \*J. F. Corson, Owens College and private study; J. C. Curtis, University College and private study; \*H. J. De Brent, St. Thomas's Hospital; \*T. S. Dudding, Oundle School and London Hospital; \*J. P. Ellerton, Carlyon College and private tuition; \*J. Evans, University College, Aberystwith, and Guy's Hospital; \*A. C. H. Gray, Guy's Hospital and Malvern College; \*C. A. Hewavitarana, University College; \*H. C. Keates, Guy's Hospital and University Tutorial College; R. H. Lee, King's College; \*G. B. McKean, private study; N. H. Marshall, B.A., Baptist and University Colleges, Nottingham; A. F. Martin, Owens College; S. W. Milner, St. Bartholomew's Hospital; \*F. H. Noke, St. Bartholomew's Hospital; \*W. G. Parker, Guy's Hospital; \*F. B. Pinniger, Charing Cross Hospital; H. W. Plant, B.A., Mason College; \*F. L. Thomas, Guy's Hospital and University Tutorial College; \*R. N. Watson, Westminster Hospital, University Tutorial College, and private study; H. G. Wright, King's College.

\*These candidates have now completed the examination.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### ZYMOTIC MORTALITY IN LONDON.

The accompanying diagram shows the prevalence of the principal zymotic diseases in London during each week of the fourth quarter of 1896. The fluctuations of each disease and its fatal prevalence, as compared with that recorded in the corresponding weeks of recent years, can thus be readily seen.

*Small-Pox.*—Not one death was referred to small-pox in London last quarter, the numbers in the five preceding quarters having declined from 31 to 1;

the corrected average number in the corresponding periods of the ten preceding years was 5. The number of small-pox patients in the Metropolitan Asylums Hospitals, which had declined from 227 to 4 at the end of the five preceding quarters, was 3 at the end of September last; 5 new cases were admitted during the quarter, against 116, 74, and 41 in the three preceding quarters.

*Measles.*—The fatal cases of measles, which had been 1,632 and 497 in the two preceding quarters, further declined to 184 during the three months under notice, and were less than one-fourth of the corrected average number. Among the various sanitary areas of the metropolis measles showed the highest proportional fatality in Shoreditch, Bethnal Green, Limehouse, Mile End Old Town, Poplar, and Rotherhithe.

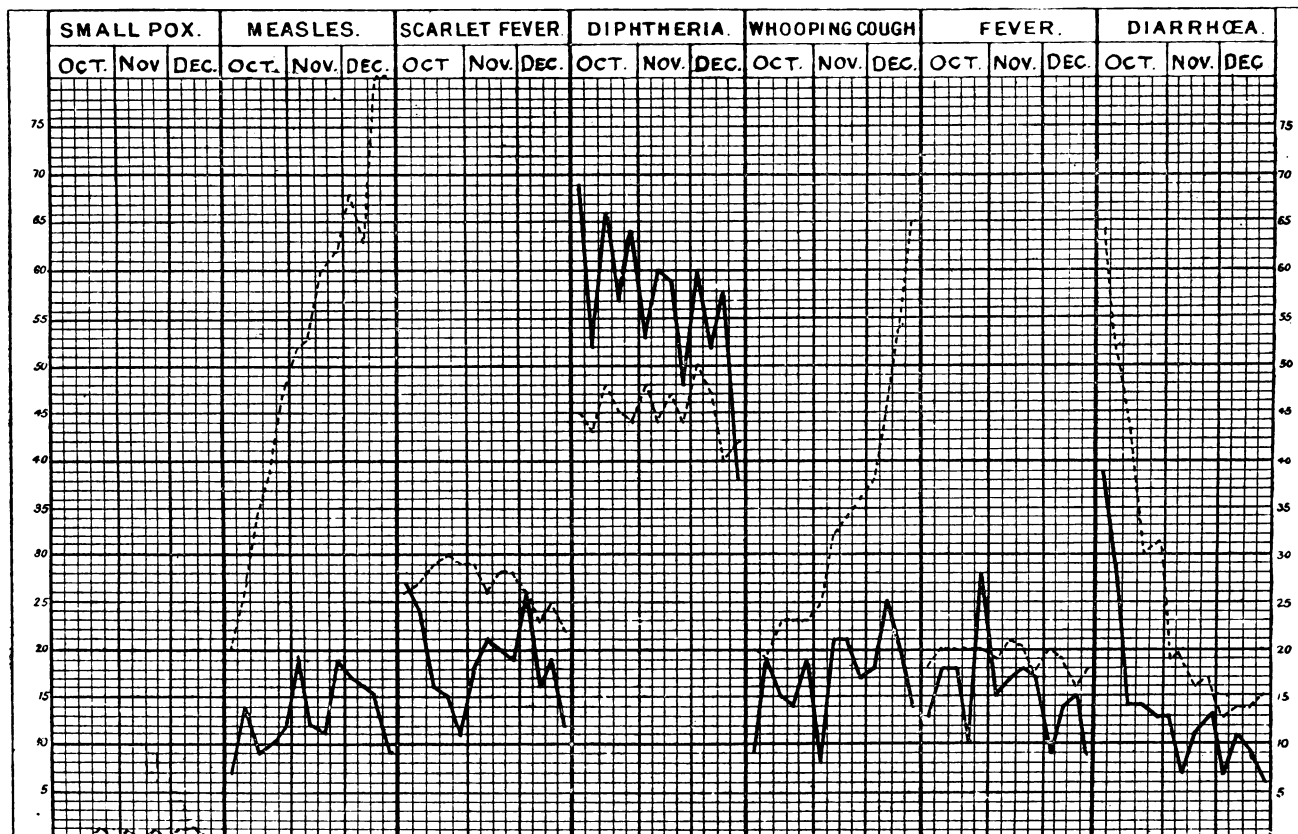
*Scarlet Fever.*—The deaths referred to this disease, which had been 264, 197, and 218 in the three preceding quarters, further rose to 263 during the three months ending December last, but were 107 below the corrected average number in the corresponding periods of the ten preceding years. Among the various sanitary areas this disease showed the highest proportional fatality in Fulham, Clerkenwell, St. Luke, Whitechapel, St. George-in-the-East, Mile End Old Town, Newington, Greenwich, and Plumstead. The number of scarlet fever patients in the Metropolitan Asylums Hospitals, which had been 2,687, 2,795, and 3,847 at the end of the three preceding quarters, had declined to 3,599 at the end of December last. The number of cases admitted into these hospitals, which had been 3,365 and 4,691 in the two preceding quarters, further rose to 4,835 during the three months ending December last.

*Diphtheria.*—The fatal cases of diphtheria in London, which had been 683, 566, and 649 in the three preceding quarters, further increased to 785 during the three months under notice, and were 158 above the corrected average number. Among the various sanitary areas this disease showed the highest proportional fatality in Chelsea, Clerkenwell, Shoreditch, Limehouse, Poplar, St. Olave Southwark, Bermondsey, Rotherhithe, Camberwell, Lewisham, and Woolwich. The cases of diphtheria admitted into the Metropolitan Asylums Hospitals, which had been 1,307, 1,269, and 1,275 in the three preceding quarters, further rose to 1,558 during the three months ending September last, and 829 patients remained under treatment at the end of the quarter.

*Whooping-Cough.*—The fatal cases of this disease, which had been 579, 1,188 and 504 in the three preceding quarters, further declined to 266 during the three months ending December last, and were little more than half the corrected average number; among the various sanitary areas whooping-cough showed the highest proportional fatality in St. Martin-in-the-Fields, Strand, Limehouse, St. Saviour Southwark, St. George Southwark, and Plumstead.

*Fever.*—Under this heading are included deaths from typhus, enteric, and simple and ill-defined forms of continued fever. The deaths referred

DEATHS FROM ZYMOTIC DISEASES IN LONDON DURING THE FOURTH QUARTER OF 1896.



NOTE.—The black lines show the recorded number of deaths from each disease during each week of the quarter. The dotted lines show the average number of deaths in the corresponding week of the ten preceding years 1886-95.

to these different forms of "fever," which had been 142, 85, and 169 in the three preceding quarters, further rose to 213 during the three months ending December last, but were 52 below the corrected average number. Of these 213 deaths from "fever," 209 were certified as enteric fever, and 4 as simple continued fever. Among the various sanitary areas the highest proportional fatality of "fever" was recorded in St. James Westminster, Hackney, Clerkenwell, St. Olave Southwark, and Greenwich. The Metropolitan Asylums Hospitals contained 116 enteric fever patients at the end of December last, against 72, 75, and 149 at the end of the three preceding quarters; 263 new cases were admitted during last quarter, against 154, 174, and 288 in the three preceding quarters.

**Diarrhoea.**—The 201 fatal cases of diarrhoea registered in London during the three months ending December last were 162 below the corrected average number; this disease was proportionally most fatal in St. Luke, Shoreditch, St. George-in-the-East, Limehouse, St. Olave Southwark, and Rotherhithe sanitary areas.

In conclusion, it may be stated that the 1,912 deaths referred to these principal zymotic diseases in London during the fourth or autumn quarter of 1896 were 994, or as much as 34 per cent. below the average number in the corresponding periods of the ten preceding years, 1886-95, all these diseases, with the single exception of diphtheria, being below the average. Among the various sanitary areas the lowest zymotic death-rates last quarter were recorded in Paddington, St. James Westminster, Hampstead, Stoke Newington, St. Giles, City of London, and Wandsworth; and the highest rates in Clerkenwell, St. Luke, Shoreditch, Limehouse, Mile End Old Town, Poplar, St. Olave Southwark, Rotherhithe, and Lewisham.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,536 births and 4,375 deaths were registered during the week ending Saturday last, February 6th. The annual rate of mortality in these towns, which had increased from 19.2 to 20.6 per 1,000 in the three preceding weeks, further rose to 20.8 last week. The rates in the several towns ranged from 11.3 in Huddersfield, 14.2 in Croydon, 14.6 in Newcastle-upon-Tyne, and 16.3 in Halifax to 24.7 in Oldham, 25.2 in Liverpool, 25.3 in Bolton, and 27.2 in Manchester. In the thirty-two provincial towns the mean death-rate was 20.9 per 1,000, and slightly exceeded the rate recorded in London, which was 20.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.7 per 1,000, and corresponded with the mean rate in the thirty-two provincial towns, among which the highest zymotic death-rates were recorded in Hull, Bradford, Blackburn, and Burnley. Measles caused a death-rate of 1.1 in Plymouth and in Bradford; whooping-cough of 1.6 in Nottingham; 1.8 in Bristol, 2.0 in Blackburn, 2.6 in Swansea, and 2.9 in Burnley; and "fever" of 1.0 in Gateshead, 1.1 in Halifax, and 1.2 in Wolverhampton and in Hull. The mortality from scarlet fever showed no marked excess in any of the large towns. The 69 deaths from diphtheria in the thirty-three towns included 46 in London, 5 in West Ham, 5 in Birmingham, and 4 in Leeds. No fatal case of small-pox was registered either in London or in any of the thirty-two large provincial towns. There were 21 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, February 6th, against 3, 2, and 9 at the end of the three preceding weeks; 12 new cases were admitted during the week, against 7 in the preceding week. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 3,414, 3,354 and 3,311 at the end of the three preceding weeks, had further declined to 3,153 on Saturday last; 245 new cases were admitted during the week, against 208, 249, and 254 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 6th, 924 births and 792 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.6 and 24.3 per 1,000 in the two preceding weeks, rose again to 26.6 last week and was 5.8 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rate ranged from 22.3 in Dundee to 44.0 in Greenock. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Glasgow and Perth. The 374 deaths registered in Glasgow included 24 from measles, 23 from whooping-cough, 4 from diphtheria, and 3 from scarlet fever. Five fatal cases of whooping-cough were recorded in Edinburgh.

#### DUBLIN EPIDEMICS.

THE death-rate in the city of Dublin for the week ending January 30th was 50.2 per 1,000; 17 died from measles, 1 from typhoid, 4 from scarlet fever, 22 from whooping-cough, and 1 from German measles. For the week ending February 6th 437 cases of measles were notified, and 40 of scarlet fever.

Sir Charles Cameron writes to point out that the high death-rate is due to the unusual coincidence of measles, scarlet fever, and whooping-cough in epidemic form, and he believes that these will die out at no distant date. He says: For the six years ended December 31st last our zymotic death-rate was only 2.3 per 1,000 persons living, a rate decidedly under that of the thirty-three great towns of England, including London. As regards 1896, it had about the lowest death-rate recorded for Dublin, and notwithstanding the prevalence of scarlet fever, the zymotic death-rate was only 2.3 per 1,000, whilst that of the English towns was about 3 per 1,000. The death-rate in the last quarter of 1896 was nearly 2 per 1,000 below the usual rate for that quarter. Since 1892 there have been few deaths from measles, scarlet fever, or whooping-cough; therefore few children under 4 years old have been protected against these diseases by previous attacks, hence the measles spread widely through our infantile population.

#### THE WATER SUPPLY OF RICHMOND.

THE MAYOR OF RICHMOND (Dr. G. R. Cundell, J.P.), who is also Chairman of the Health Committee, and Dr. JOHN T. ROWLAND, Medical Officer of Health, write: Referring to your note on p. 376 of the BRITISH MEDICAL JOURNAL of February 6th, we beg to say that from all the

analyses performed by us, and also by Dr. Stevenson (the county analyst), and other eminent analysts of the Local Government Board for years past, we are able to give a distinct denial to these statements by Mr. Councillor Cockram referred to by you; and we are also able to affirm that the water supply of Richmond is excellent for drinking and all domestic purposes.

## MEDICAL NEWS.

MR. TIMOTHY HOLMES, F.R.C.S., has been elected a vice-president of the Hospital Reform Association.

A SOCIETY is being organised in New York for the purpose of testing the efficacy of music as an aid in the treatment of certain diseases.

THE eighth International Pharmaceutical Congress will be held at Brussels in August of the present year. The Congress is being organised by the General Pharmaceutical Association of Belgium on the occasion of the jubilee of its foundation.

It is positively announced that the long-promised statue of Samuel D. Gross, the eminent Philadelphia surgeon, will be unveiled during the Triennial Congress of American Physicians, to be held in Washington next May. The statue will be placed in the grounds of the Smithsonian Institution, near the Army Medical Museum.

DUBLIN SUNDAY HOSPITAL FUND.—The twenty-third annual meeting of the Dublin Hospital Fund Society was held on Monday, February 9th, Dr. Duffey, President of the College of Physicians of Ireland, in the chair. The amount contributed was £4,388 8s. 8d., and the number of co-operating Protestant churches was 271.

INFLUENZA IN ULSTER.—Influenza is very rife at present in some of the towns of Ulster. Coleraine, Garvagh, and Cookstown, have suffered severely. In Belfast the disease is somewhat prevalent, but the type is not severe, and fatal pulmonary complications are exceptional. There is, however, a great deal of sickness in the city, and the death-rate is considerably over 30 per 1,000.

DR. NANSEN.—A dinner to Dr. Nansen, at which about 170 sat down, was given on Friday, February 5th, at the Royal Societies' Club. The chair was occupied by the President, Sir Clements Markham, who was supported by a distinguished company. Lord Lister responded to the toast of "Literature, Science, and Art," and Mr. Thomas Bryant proposed that of "The Visitors." A reception was afterwards held in Dr. Nansen's honour, and was largely attended by members of the medical profession.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—The next general meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at the Borough Asylum, Mapperley Hill, Nottingham, on Thursday, February 18th, under the presidency of Dr. Julius Mickle, when a discussion will take place on the Housing of the Insane and the Size of Asylums, to be opened by Dr. Rayner. Cases of interest in the wards of the Nottingham Borough Asylum will be shown by Drs. Vincent and Montgomery.

AT the monthly meeting of the managers of the Montrose Lunatic Asylum, held on February 2nd, a letter was read from Dr. Howden resigning the post of superintendent to the Asylum, which he had held for forty years. A proposal was carried appointing a small committee to consider the best step to take under the circumstances, and the hope was expressed that if he were given a colleague, Dr. Howden might reconsider his resignation.

AN ENLIGHTENED TOWN COUNCIL.—The municipality of Lille has decided to institute a series of popular lectures to be given by professors of the medical faculty of the town on the following subjects: (1) Hygiene of infancy, (2) alcoholism in the North of France, (3) chemistry of food, (4) physiology of food; (5) bacteriology, (6) the struggle against tuberculosis, (7) a question connected with the history of medicine. Each lecturer will receive a fee of £12. The town councillors of Lille are said to be mostly socialists, but they have set an example which might well be imitated by other towns, not



only in France, but in certain other countries. The subjects are well chosen, but the most important point in the decision is that the lectures are to be given by men specially competent to give the instruction required.

"KISSING THE BOOK."—In the *Cardiff Western Mail* of February 3rd we noticed that Dr. Taylor, a medical magistrate in that city, pressed the desirability of using the new form of oath from his place on the bench, and pointed out that the Home Secretary had sent a recommendation with full explanations to the magistrate's clerk two years ago. It turned out, however, that the magistrates could not find the papers, and the witness was, as the *Western Mail* puts it, "sworn after the time-honoured fashion." Will it be necessary to inflict a penalty on magistrates' clerks and other officers before they can be induced to perform their duties?

MEDICAL SCHOOL INSPECTORS IN NEW YORK.—New York city has followed in the wake of Boston in appointing medical inspectors of public and private schools, for the purpose of reducing the number of cases of contagious disease. Every child is to be examined daily, and when absent because of sickness, the nature of the sickness will be investigated. The press reports say that many prominent practitioners have applied for appointment on the staff. The office of inspector is worth \$300 (£60) a year. Among the applicants for this position is a professor in one of the medical colleges. The applicants for appointment on the staff are of both sexes. Provision is made for a staff of 150 at \$30 (£6) a month. The chief inspector will receive \$2,500 (£500) a year. Competitive examinations will determine who are to have the places.

ASSOCIATION OF ASYLUM WORKERS.—The annual meeting of this Association, formed (1) to improve generally the status of asylum nurses and attendants; (2) to secure the sympathy and co-operation of all those interested in institutional work and efforts; (3) to provide a "home of rest" for those engaged in asylum work, was held on February 8th at 12, Buckingham Street, Strand, under the presidency of Mr. P. Michelli. The annual report, which stated that 2,012 members had joined the Association, and that there was a balance in hand of £94 17s., was adopted; and Dr. G. E. Shuttleworth, of Ancaster House, Richmond Hill, was appointed Honorary Secretary in succession to Dr. Walsley. It was resolved that the Executive Committee should make an earnest effort to open the home of rest as early as funds would permit. The first number of the *Asylum News*, printed at the Lancaster County Asylum Press, has been recently distributed to the members.

THE EDINBURGH UNIVERSITY CLUB OF LONDON.—Dr. George Ogilvie presided at a dinner of this club which took place at the Holborn Restaurant on February 10th. About ninety members and guests sat down, among those present being Dr. Lauder Brunton, Professor Watson Cheyne, and Deputy Surgeon-General Don. After the usual loyal and patriotic toasts, the Chairman proposed "Alma Mater and the Edinburgh University Club of London." In referring to the Faculty of Medicine he took occasion to express the satisfaction with which the graduates of Edinburgh had heard of the peerage conferred on Lord Lister. Dr. Ogilvie said that when many years ago Lord Lister was raised to a baronetcy the news reached him on the day on which he was to deliver a lecture at one of our provincial medical schools. He then said that, with full appreciation of those honours which a Sovereign could bestow, the greatest honour would be to have his name associated in the grateful memory of mankind with those immortal benefactors like Hunter and others. That at that time he had already possessed this highest honour to an extent never surpassed, and perhaps never equalled in the history of medicine, was the universal verdict of the civilised world. It was customary on occasions like that of Lord Lister's promotion to speak of the honour conferred upon the man. To him (Dr. G. Ogilvie) it rather seemed that, by entering the House of Lords, Lord Lister gave fresh lustre and life to a time-honoured institution, the old re splendence of which had become somewhat tarnished with age. Long before Lister was called to sit with the highest in the land his figure stood out prominently with the greatest in the world, for he was not for an age, but for all time.

## MEDICAL VACANCIES.

The following vacancies are announced:

- BETHNAL GREEN BOARD OF GUARDIANS.—Second Assistant Medical Officer at the Workhouse and Infirmary, Waterloo Road, Victoria Park, N.E.; doubly qualified. Appointment for six months, but will probably be extended. Salary at the rate of £80 per annum, with rations, furnished apartments, and washing, and an allowance at the rate of £3 per annum for beer. Applications on forms provided to be sent to D. Thomas, Clerk of the Board, Administrative Offices, Bishops Road, Victoria Park, N.E., by February 18th.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Application to the Secretary of the Medical Committee by February 23rd.
- BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Senior House-Surgeon. Salary, £100 per annum, with board, washing, lodging, etc. Applications to Nathan A. Smith, Secretary, by February 18th, and not February 11th as stated last week.
- BOLTON INFIRMARY AND DISPENSARY.—Junior House-Surgeon; doubly qualified, and age not to exceed 25. Appointment for one year. Salary, £80 per annum, with furnished apartments, board, and attendance. Applications to Mr. Peter Kevan, Hon. Secretary, 12, Acresfield, Bolton, by February 23rd.
- BOROUGH OF BURTON-UPON-TRENT.—Medical Officer of Health; must reside within the borough and must not engage in private practice. Salary, at the rate of £350 per annum exclusive of authorised disbursements. Applications, endorsed "Medical Officer of Health," to T. N. Whitehead, Town Clerk, Town Hall, Burton-on-Trent, by February 24th.
- BRISTOL ROYAL INFIRMARY.—Resident Officer. Salary, £40 per annum, with board, lodging, and washing. Appointment for one year. Applications to the Secretary by February 22nd.
- DENTAL HOSPITAL OF LONDON, Leicester Square.—Dental Surgeon; must be Licentiate of Dental Surgery. Applications to J. Francis Pink, Secretary, by March 8th.
- DERBY COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary, £100, rising to £130, per annum, with furnished apartments, board, etc. Not more than 30 years of age. Application to Mr. B. Scott Currey, St. Michael's Churchyard, Derby, by February 16th.
- EASINGTON UNION.—Medical Officer for the Workhouse and Medical Officer and Public Vaccinator for the Easington District. Salary as Medical Officer of the Workhouse, £60 per annum, and as District Medical Officer £40 and the usual fees for vaccination. Must reside in the Easington District. Applications, on forms to be obtained of the Clerk, endorsed "Application for Workhouse Medical Officer," to be sent to W. J. Malcolm, Clerk, Union Offices, Easington, Castle Eden, R.S.O., by February 22nd.
- GENERAL HOSPITAL, Birmingham.—House-Physician; must be graduate in medicine. Appointment for one year, but eligible for re-election for a further year. Salary, £70 per annum, with residence, board, and washing. Pathologist. Appointment will be subject to re-election to a limit of five years. A knowledge of bacteriology deemed essential. Salary, £100 per annum, with board and residence, £20 per annum being allowed till residence is provided in new hospital. Assistant House-Surgeon; must possess surgical qualification. No salary, but board, residence, and washing provided. Applications for each appointment to be sent to Howard J. Collins, House-Governor, by February 27th.
- GREAT YARMOUTH HOSPITAL.—House-Surgeon; doubly qualified. Salary, £90 per annum, with board and lodging, but no wines, spirits, beer, etc., are found. Applications to Richard F. E. Ferrier, Honorary Secretary, 23, Hall Plain, Great Yarmouth, by February 20th.
- HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—House-Surgeon; unmarried, doubly qualified. Salary, £75 per annum, with board, lodging, and laundry expenses. Applications to William J. Gant, Secretary, by March 1st.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—Assistant Physician; must be M.D. or M.B., and F. or M.R.C.P. Applications to William H. Theobald, Secretary, by February 17th.
- 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.
- LINCOLN COUNTY HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Honorarium of £10 for each period of six months. Board, residence, and washing provided. Applications to the Secretary by February 20th.
- LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon. Board and lodging provided, but no salary. Applications to C. W. Carver, Honorary Secretary, by February 15th.
- LONDON COUNTY LUNATIC ASYLUM, Colney Hatch, Middlesex.—Junior Assistant Medical Officer; doubly qualified, unmarried, and not more than 30 years of age. Salary, £120 per annum, rising by £5 a year to £150, with board, lodging, and washing. Applications on forms provided to be sent to R. W. Partridge, Clerk, London Asylums Committee Office, 21, Whitehall Place, S.W., by February 18th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Resident Medical Officer; doubly qualified. Salary, 100 guineas per annum, with board, lodging, and washing. Applications to the Secretary to be posted not later than February 27th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician, House-Surgeon, Assistant House-Physician, and Assistant House-Surgeon. Salary for the two former £40 a year, and £20 a year for the latter. Must be doubly qualified. Applications to the Secretary by February 22nd.

**PARISH OF ST. GILES, Camberwell.**—Assistant Medical Officer for the Infirmary at Havil Street and the Workhouse at Gordon Road. Appointment for one year. Salary, £50, with apartments, board, and washing. Applications on forms provided to be sent to Charles S. Stevens, Clerk to the Guardians, Guardians' Offices, 29, Peckham Road, S.E., at once.

**POPLAR HOSPITAL FOR ACCIDENTS, Poplar, E.**—House-Surgeon. Appointment for one year, re-election may take place annually up to three years. Salary, £110 for the first year, £120 second year, £130 third year, with board and residence. Applications to the House-Governor by February 22nd.

**ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Regent Street, W.**—Physician, and also a Physician for the Diseases of Women and Children. Applications to the Secretary by February 22nd.

**ST. MARY'S CHILDREN'S HOSPITAL, Plaistow, E.**—Resident Medical Officer. Appointment for one year. Salary, £80 per annum, with board and laundry. Applications to the Secretary by February 27th.

**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.

**TOWNSHIP OF TOXTETH PARK.**—Senior Assistant Medical Officer of the Workhouse and Infirmary; doubly qualified. Salary, £100 per annum, with board, washing, and apartments. Deduction under the Superannuation Act of 2 per cent. on the salary and money value of emoluments, valued at £88 per annum. Applications, marked "Assistant Medical Officer," to J. Moulding, Clerk to the Guardians, 15, High Park Street, Liverpool, by February 17th.

**UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.**—Professorship of Anatomy. Applications to J. Austin Jenkins, M.A., Secretary and Registrar, University College, Cardiff, by March 8th, from whom further particulars can be obtained.

**WEST HERTS INFIRMARY, Hemel Hempstead, Herts.**—House-Surgeon and Dispenser; doubly qualified, unmarried. Appointment for two years. Salary, £100 per annum, with furnished rooms, board, light, fire, attendance, and washing. Applications to the Hon. Secretary by March 3rd.

**YORKSHIRE COLLEGE, Leeds.**—Demonstrator of Physiology. Salary, £150. Applications to the College Secretary by March 15th.

### MEDICAL APPOINTMENTS.

**BENNETT, Charles, M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Fairfield Urban District.

**BROWN, Thomas Lloyd, M.R.C.S.Eng., L.S.A.,** appointed Medical Officer and Public Vaccinator for the Hoxton District of the Shoreditch Union, *vice* Thomas Leonard, M.D.Lond., resigned.

**CLEMMY, W. N., M.R.C.S.Eng.,** appointed Honorary Surgeon to the Bootle Borough Hospital.

**CROUCH, H. C., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House-Surgeon and Anaesthetist to the Royal Orthopaedic Hospital, *vice* M. H. Sayers, resigned.

**DANIEL, W. P. T., M.R.C.S., L.R.C.P.Lond., D.P.H.,** appointed Medical Officer for the Kirkburton District of the Huddersfield Union, *vice* R. F. Shaw, L.R.C.P., L.R.C.S. Edin.

**FOULDS, G. S., L.R.C.P. Edin., L.R.C.S. Edin., L.F.P.S. Glasg.,** appointed Assistant House-Surgeon to the North Staffordshire Infirmary, Stoke-on-Trent.

**FOX, Edward J., B.Sc.Lond., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House-Surgeon to the Manchester Royal Infirmary.

**HONNYWILL, Alfred Oram, L.R.C.S., L.R.C.P., L.M. Edin.,** appointed Medical Officer and Public Vaccinator for the Sutton and Cheam District of the Epsom Union.

**HUGHES, Mr. Thos. H.,** appointed Medical Officer of Health to the Connahs Quay Urban District Council.

**ROWLANDS, William, L.R.C.P.I., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Little Crosby District Council.

**SWETE, E. H. W., M.D.St. And., M.R.C.S.Eng., D.P.H. Camb.,** reappointed Medical Officer of Health to the Bromyard Urban District Council.

**VINTER, Sydney G., M.R.C.S., L.R.C.P.Lond.,** appointed Medical Officer to the Union House and Medical Officer and Public Vaccinator to the No. 2 District of the St. Germans Union, *vice* Charles W. Chubb, M.R.C.S., L.R.C.P., resigned.

**CRAWFORD, Alex. D., M.B., C.M. Glasg.,** appointed Medical Officer and Public Vaccinator for the Maxstock and Colleshill Districts of the Meriden Union, *vice* James Lafarelle, M.R.C.S.Eng., resigned.

**LITTLETON, P. R., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Ashbourne Urban District.

**DANIEL, Dr. R.,** appointed Medical Officer of Health to the Chatteris Urban District Council, *vice* Charles Farrar, M.D. Heidelb., L.F.P.S. Glasg.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.**—Mr. W. R. H. Stewart: Examination of the Ear.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.**—Mr. Christopher Heath: The Hunterian Oration.

**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 (Second oration Lecture).

#### TUESDAY.

**LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.**—Dr. Craig: Mania—Acute Hysterical, Acute Delirious. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Eczema, its Varieties.

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

**CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.**—Dr. Dundas Grant: The Diagnosis and Treatment of Diseases Producing Pain in or about the Ear.

**PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.**—Dr. T. C. Fox and Dr. F. R. Blaxall: The Plurality of Ringworm Fungi (with lantern demonstration). Mr. S. G. Shattock: Undescended Testicle Removed in Radical Cure of Hernia. Dr. H. Morley Fletcher: Congenital Cyst of the Mediastinum. Dr. F. J. Wethered: Case of Hypertrophy of the Lung. Card specimens by Mr. J. Poland and Dr. F. J. Smith.

**ROYAL STATISTICAL SOCIETY, Royal United Service Institution, Whitehall, S.W., 5.30 P.M.**—Mr. Noel A. Humphreys: English Vaccination and Small-pox Statistics, with Special Reference to the Report of the Royal Commission, and to recent Small-pox Epidemics.

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, Regent Street, W., 4.30 P.M.**—Professor A. Wynter Blyth: Refuse Removal and Disposal.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.**—Dr. Wethered: Hæmoptysis.

**ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.30 P.M.**

**ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.**

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

#### THURSDAY.

**LONDON POST-GRADUATE COURSE, British Institute of Preventive Medicine, 101, Great Russell Street, W.C., 3.30 P.M.**—Dr. Allan Macfadyen and Mr. A. G. Foulerton: On the More Important Constituents of Normal Urine. Central London Sick Asylum, Cleveland Street, Mortimer Street, W., 5.30 P.M.—Mr. John Hopkins's Clinical Lecture.

**SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, W., 8.30 P.M.**—Casual communication by Mrs. Dickinson Berry, M.D. Dr. Leonard Hill: The Causation of Chloroform Syncope—an Experimental Inquiry.

**HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.**—Professor Herbert R. Spencer: On the Diagnosis and Dangers of Breech Presentation and its Treatment by External Version during Pregnancy.

#### FRIDAY.

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

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.**—Lecture by Dr. James Taylor on Jacksonian Epilepsy.

**EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.**—Dr. J. McVail: The Royal Commission on Vaccination; A Review of the Dissenters' Statement.

### 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.

**EAMES.**—On January 26th, the wife of E. V. Eames, L.R.C.P. & S. Edin., L.F.P. & S.G., Heanor, Notts, of a daughter.

**HUDSON.**—On February 6th, the wife of C. E. Leopold B. Hudson, F.R.C.S., of 16, Harley Street, W., of a son.

**LUNN.**—On February 3rd, at Oakfield, Handsworth, the wife of Cyril R. Lunn, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

**PETTER.**—On February 7th, 1897, at 93, Stanhope Road, Darlington, the wife of Walter Petter, M.B., C.M. Edin., of a son.

#### MARRIAGES.

**BATESON—MARTIN.**—On February 4th, 1897, at St. Paul's Church, Walkden, by the Rev. C. Heath, M.A., Vicar, assisted by the Rev. Horace Headley, Curate, and the Rev. R. Martin, D.D., Vicar of Irlam, uncle of the bride, Henry Bateson, M.B., of Walkden, to Edith Margaret, eldest daughter of William Young Martin, Esq., M.D., J.P., of The Limes, Walkden.

**TINLEY—LEA.**—At Christ's Church, Bridlington Quay, on February 3rd, by Rev. S. Darwen Fox, M.A., William Edwyn Falkingbridge Tinley, M.B., M.R.C.S., son of Thomas Tinley, M.D., J.P., of Hildegard House, Whitby, to Ada, younger daughter of Thomas Lea, of Whitby.

#### DEATHS.

**HALL.**—On February 6th, at Townsend House, Dilwyn, Herefordshire, Edith Mabel, the wife of Thomas Lambert Hall, M.R.C.S., in her 32nd year.

**LLOYD-WILLIAMS.**—At Vronheulog, Corwen, December 14th, 1896, Humphrey Lloyd-Williams, M.R.C.S., L.S.A., aged 51.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

<b>CANCER</b> , Brompton (Free). <i>Attendances</i> —Daily, 2. <i>Operations</i> —Tu. F. S., 2.	
<b>CENTRAL LONDON OPHTHALMIC</b> . <i>Attendances</i> —Daily, 1. <i>Operations</i> —Daily.	
<b>CENTRAL LONDON THROAT, NOSE, AND EAR</b> . <i>Attendances</i> —M. W. Th. S., 2; Tu. F., 5. <i>Operations</i> —Daily.	
<b>CHARING CROSS</b> . <i>Attendances</i> —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. <i>Operations</i> —W. Th. F., 3.	
<b>CHELSEA HOSPITAL FOR WOMEN</b> . <i>Attendances</i> —Daily, 1.30. <i>Operations</i> —M. Th. F., 2.	
<b>CHILD OPTHALMIC</b> . <i>Attendances</i> —M. Tu. Th. F., 2. <i>Operations</i> —M., 4.	
<b>EAST LONDON HOSPITAL FOR CHILDREN</b> . <i>Operations</i> —F., 2.	
<b>GREAT NORTHERN CENTRAL</b> . <i>Attendances</i> —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. <i>Operations</i> —M. W. Th. F.	
<b>GUY'S</b> . <i>Attendances</i> —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. <i>Operations</i> —(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.	
<b>HOSPITAL FOR WOMEN, SOHO</b> . <i>Attendances</i> —Daily, 10. <i>Operations</i> —M. Th., 2.	
<b>KING'S COLLEGE</b> . <i>Attendances</i> —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. <i>Operations</i> —M. F. S., 2.	
<b>LONDON</b> . <i>Attendances</i> —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. <i>Operations</i> —M. Tu. W. Th. S., 2.	
<b>LONDON TEMPERANCE</b> . <i>Attendances</i> —Medical, M. Tu. F., 2; Surgical, M. Th., 2. <i>Operations</i> —M. Th., 4.30.	
<b>METROPOLITAN</b> . <i>Attendances</i> —Medical and Surgical, daily, 9; Obstetric, W., 2. <i>Operations</i> —F., 9.	
<b>MIDDLESEX</b> . <i>Attendances</i> —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. <i>Operations</i> —W., 1.30; S., 2; (Obstetric), Th., 2.	
<b>NATIONAL ORTHOPÆDIC</b> . <i>Attendances</i> —M. Tu. Th. F., 2. <i>Operations</i> —W., 10.	
<b>NEW HOSPITAL FOR WOMEN</b> . <i>Attendances</i> —Daily, 2; Ophthalmic, W. S., 9.30. <i>Operations</i> —Tu. F., 9.	
<b>NORTH-WEST LONDON</b> . <i>Attendances</i> —Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. <i>Operations</i> —Th., 2.30.	
<b>ROYAL EYE, Southwark</b> . <i>Attendances</i> —Daily, 2. <i>Operations</i> —Daily.	
<b>ROYAL FREE</b> . <i>Attendances</i> —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. <i>Operations</i> —W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.	
<b>ROYAL LONDON OPHTHALMIC</b> . <i>Attendances</i> —Daily, 9. <i>Operations</i> —Daily, 10.	
<b>ROYAL ORTHOPÆDIC</b> . <i>Attendances</i> —Daily, 1. <i>Operations</i> —M., 2.	
<b>ROYAL WESTMINSTER OPHTHALMIC</b> . <i>Attendances</i> —Daily, 1. <i>Operations</i> —Daily.	
<b>ST. BARTHOLOMEW'S</b> . <i>Attendances</i> —Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. <i>Operations</i> —M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.	
<b>ST. GEORGE'S</b> . <i>Attendances</i> —Medical and Surgical, daily, 12; Obstetric, M. W. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopædic, W., 2; Dental, Tu. S., 9. <i>Operations</i> —M. Tu. Th. F. S., 1.	
<b>ST. MARK'S</b> . <i>Attendances</i> —Fistula and Diseases of the Rectum, males S., 3; females; W., 9.45. <i>Operations</i> —M., 2; Tu., 2.30.	
<b>ST. MARY'S</b> . <i>Attendances</i> —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., 5; Orthopædic, W., 10; Throat, Tu. F., 3.30; 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. <i>Operations</i> —M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.	
<b>ST. PETER'S</b> . <i>Attendances</i> —M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. <i>Operations</i> —W. F., 2.	
<b>ST. THOMAS'S</b> . <i>Attendances</i> —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. <i>Operations</i> —M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.	
<b>SAMARITAN FREE FOR WOMEN AND CHILDREN</b> . <i>Attendances</i> —Daily, 1.30. <i>Operations</i> —W., 2.30.	
<b>THROAT, Golden Square</b> . <i>Attendances</i> —Daily, 1.30; Tu. F., 6.30. <i>Operations</i> —Th., 2.	
<b>UNIVERSITY COLLEGE</b> . <i>Attendances</i> —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. <i>Operations</i> —Tu. W. Th., 2.	
<b>WEST LONDON</b> . <i>Attendances</i> —Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Th., 10; Orthopædic, W., 2; Skin, W., 2; Throat, W. S., 2; Electric, Tu., 10; F., 1; Skin, F., 2; Throat and Nose, S., 10. <i>Operations</i> —Tu. F., 2.30.	
<b>WESTMINSTER</b> . <i>Attendances</i> —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. <i>Operations</i> —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.

J. M. B. writes: Would any member kindly recommend what books should be read for the M.R.C.P. Lond.?

E. M. H. asks for treatment, other than electrolysis, for growth of hair on the upper lip of a female patient.

SLEIGH would like to learn from any readers who have tried Chiono runners whether their experience would lead them to recommend them.

A. R. P. wishes to hear of an institution to which a cripple (female) from hemiplegia and rheumatoid arthritis could be admitted for £25 per annum, which is her entire income.

X. Y. Z. asks for information as to localities in South Africa suitable for a patient in the early stage of consumption. He is a compositor, so must live in a town where he could carry on his trade.

A MEMBER B.M.A. asks for directions for easy and effective methods of examining supposed diphtherial membrane for the characteristic micro-organism.

R. M. L. A. is anxious to determine a career for his only son; he inclines to the Sandhurst examination with a view to the Marine Corps. Opinions from members who have sent their sons into this corps, together with any advice, hints, or suggestions, would be gratefully received. Letters under cover to the Editor, in phonography or otherwise.

### CIDER.

POMUM asks which county's cider is best suited for those of a rheumatic or gouty tendency.

### A FEE.

F. P.—In the neighbourhood of a provincial infirmary, an infirmary out-patient of Dr. B. hangs herself. The friends immediately send off for the nearest doctor—Dr. A.—who is not at home; then they go to the infirmary, and beg the house-surgeon to go round. He does so, and applies all necessary restoratives with success, and leaves the patient in Dr. A.'s hands on his arrival. The patient, however, dies a few hours later, and the house-surgeon is summoned by the coroner to give evidence at the inquest. It is asked to whom the fee ought to go.

\* \* Although it is stated that the rules of the infirmary provide that the house-surgeon shall not engage in private practice, yet we apprehend that the latter is entitled to the fee in this case.

### COTTAGE HOSPITALS.

URGENT asks for information which would be of use in drawing up rules for a small cottage nursing home for about three beds, for children under 10 years of age; the desire being to treat gratuitously poor children whose parents are unable or incapable of doing so properly.

\* \* The question as propounded is somewhat vague. Everything depends on the intention of the founder. Probably our correspondent would find some hints in Burdett's *Cottage Hospitals*, of which a new edition has recently appeared. There are many difficulties in the establishment and management of very small cottage hospitals. If they are intended for mild and chronic cases they are apt to degenerate into mere convalescent homes, while if they are intended to take in cases of severe accident and acute disease, it is necessary that good nursing should be provided, which for three patients is expensive, while it is almost essential that the cottage home should be situated in the immediate vicinity of the residence of the medical man who proposes to be responsible for its management. Now an institution for three beds only is hardly likely to be able to afford more than a nurse matron and a general or perhaps only an occasional servant, and the sort of nurse matron, including a dash of cook, required for such a post is not always easy to procure; while, on the other hand, the appointment of one medical man to have exclusive authority over the establishment is apt to cause jealousies which in the end lead to unpopularity and lack of support. In small villages, far removed from larger hospitals, the cottage hospital is a great blessing; but a little independent institution of the sort set up in a town where a hospital already exists is generally a wasteful way of doing good.

### CELANDINE IN CANCER.

DR. WILLIAM HARDMAN (Blackpool), referring to the paragraph on this subject which appeared in the BRITISH MEDICAL JOURNAL of February 6th, p. 354, asks for further particulars as to the treatment. He writes: What proportion of crude drug does a certain amount of it contain, and how much is injected at one operation, and in how many places? How many grains of the raw and dry drug are a dose, and what are the active principles? What time of the year is the plant in the greatest activity? It seems almost dormant now, and I should think must have a diminished activity, if I am to judge by the small amount and poor colour of the juice. In the summer the juice is almost the colour of gamboge. True celandine is not uncommon, but is rarely abundant. It does not seem to be found often in a true state of wildness, anyway in the Fylde, but is met with in old gardens and orchards, where probably it has some time or other been planted on account of its medicinal properties, as it has long been used by herbalists and the country folk. Its