

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, Etc.

A CASE OF DISSEMINATED SCLEROSIS.

J. S., aged 55, a carpenter, had, during the hot weather of April, 1896, a sudden attack of unconsciousness generally characterised by the usual phenomena of an apoplectic attack, but followed by no paralysis of any kind, and followed by great prostration and weakness, and little else. The case was seen by another medical man, and thought to be a heat-stroke. It was treated in the usual way, and after a week or two the patient resumed his occupation.

Soon after it was noticed that his hand trembled in attempting to raise a glass to his lips or to write, but his health seemed otherwise good until the following month, when he had another attack exactly like the first, and followed by the same prostration and weakness. The case was seen by me and treated as before, with the addition that he took potassium bromide in 15-grain doses for two or three weeks after. He got quite well except for the tremors before mentioned.

In about six weeks time another attack occurred, with exactly the same symptoms and no addition to them in any way. Since the last attack mentioned (in June) the patient has had two other attacks, the last occurring in the beginning of January, 1897. After this attack I elicited that his memory was becoming feeble and that he had no recollection of events that had happened but a few minutes before. The knee-jerks were exaggerated, and there was impaired sensibility on both sides, more marked on the right. This, with the increased knee-jerk, the intentional tremors, and the apoplectiform attack seemed to point to disseminated sclerosis, and I sent the case up to Dr. Bastian, at University College Hospital, on January 25th, asking him to examine the patient, which he very kindly did.

He informed me that the case was undoubtedly one of disseminated sclerosis, and he pointed out the following remarkable facts about it:

1. That the intentional tremor should have followed directly upon the first "congestive" attack.
2. The absence of nystagmus.
3. The absence of any characteristic difficulty of utterance and of much tremor about lips and tongue.
4. The unusual amount of impaired sensibility, especially on the right side, and with this the absence of Romberg's symptom.

He remarked also that the ataxy of the arms is well marked, on the right side especially, where also the "intentional tremor" is most marked. Dr. Bastian prescribed a mixture containing doses of potassium iodide gr. vj, potassium bromide gr. viij, and liquor arsenicalis ℥iij, and gave a grave prognosis.

Manningtree.

A. CLIFFORD HACKNEY, M.R.C.S.

DIABETES MELLITUS OF OVER NINE YEARS' DURATION: DEATH FROM ERYSIPELAS.

A. C., a cabinet maker, aged 60 years, consulted me on July 6th, 1887, suffering from thirst. His previous health had been good, with the exception that he had occasional attacks of muscular rheumatism. The amount of urine at this date was 85 ounces per diem. It was clear, acid, specific gravity 1036, no albumen, sugar present in considerable amount; there was a precipitate of uric acid. He was put on the usual diet. The urines of August 7th and August 14th were practically identical; that of August 22nd was 60 ounces in amount, specific gravity 1034, no albumen, sugar in same quantity, but no uric acid. The thirst decreased under treatment, which was entirely by diet, with the exception of some sodium salicylate to counteract the rheumatic tendency.

From time to time I saw him through the intervening years, being the medical attendant upon his family, and whenever the chance offered itself his urine was examined and gave similar results, sugar being present on every occasion. In spite of this he had no symptoms of any kind, went about his ordinary business, gradually going back to

ordinary diet, and never showed any of the concomitants, such as eczema, carbuncle, cataract, or the like.

In October, 1895, he had a slight cerebral hæmorrhage, giving rise to giddiness, tingling, and numbness in the right arm and hand, from which he quickly recovered. In January, 1897, he developed erysipelas of the face. A specimen of his urine at this time was acid in reaction, specific gravity 1035, no albumen, sugar equal 7 per cent.; the amount of urine in twenty-four hours was 95 ozs. He never rallied at all, and died on the fifth day of the disease, becoming gradually comatose during the last twenty-four hours.

This is one of the longest cases on record. Prout, quoted by Hilton Fagge, had only 2 cases out of 700 in which the disease had been perfectly developed ten years before, and Dickinson had seen a case in which the urine was constantly saccharine for fifteen years. The interest of it lies in the fact that although the man was under observation from 1887 until his death in 1897, during which time his urine was never found free from sugar, its presence gave rise to neither symptoms nor sequelæ. Even the disturbance of a cerebral hæmorrhage was not too much for his vitality, and it was not until he was attacked by a disease, recovery from which demanded the integrity of his metabolic functions, that he finally succumbed.

Cupar, Fife.

C. E. DOUGLAS, M.D. Edin., D.P.H. Camb.

CONGENITAL OBLITERATION OF ŒSOPHAGUS WITH OTHER MALFORMATIONS.

ON December 30th, 1896, Mrs. T. was delivered of a female child at full term after a natural labour, this being her second confinement. When the child was born, I noticed that its hands presented a very unusual appearance, the fingers pointing upwards towards the elbow; there was entire absence of both radii and both thumbs. When at rest, the outer side of each hand (that is the index finger and its metacarpal bone) rested against the forearm, but by manipulation the hands could be brought down at right angles with the forearm but no further, and there was great resistance to supination. The ulna in each arm was a little curved and seemed shorter than normal, but in all other respects the child seemed perfectly developed.

On the third day, as soon as the mother's breasts became full of milk, she noticed that as the baby sucked the nipple, after drawing two or three times, the milk returned through its nose, and she had to take it from the breast. I examined the child's mouth, and found nothing to account for it, and as this regurgitation continued and the child began to waste, I suspected some obstruction in the œsophagus. I did not pass a bougie, as the nurse told me that the baby had frequent attacks of cyanosis with much choking, and it seemed so fragile and weak that I did not think it would be wise to attempt it.

In this way the child continued to live, but gradually wasting; it eventually died exhausted when it was 13 days old. I obtained permission to make a *post-mortem* examination, and I found that the upper part of the œsophagus was simply a *cul de sac* extending about $\frac{3}{4}$ in. below the larynx, and that the lower part, as it came up from the stomach, opened into the trachea near the point of its bifurcation. The stomach and intestines were quite empty and very thin, just as one would expect to see in a case of starvation. On opening the heart, I found the interventricular septum was not complete, being deficient in its upper part.

The case is an extremely interesting one, not only on account of the rare malformations, but also on account of the length of time the child lived without any nourishment whatever.

Herne Bay.

C. KESSICK BOWES, M.B.

MRS. WORTHINGTON, who died recently, has left her residence, Derwent Bank, Derwent, to the Derbyshire Infirmary for the purposes of a convalescent home. Should the infirmary authorities deem the mansion unsuitable they are empowered to sell it and benefit the institution to the amount of £10,000.

MEDICAL MAGISTRATE.—Mr. J. P. Legge has been appointed by the Lord Chancellor a magistrate for the borough of Derby.

became *Professeur Agrégé* in 1866. He was elected a member of the Académie de Médecine in 1879. In 1893 he became a member of the Chamber of Deputies. He was the author of numerous works on chemistry and pharmacology, among which may be mentioned his *Traité de Pharmacie Galénique* (1880), and his contributions to Frémy's *Encyclopédie Chimique*, in which he was one of the principal collaborators. In his later years Dr. Bourgoin came forward as an opponent of Pasteur.

DR. KARL HERMAN SÄTHERBERG, of Stockholm, who died recently, was the pioneer of the Swedish movement cure, and one of the most distinguished poets of Sweden. He was born at Tumba in 1812, and was educated at Strengnäs and Upsala, where he took his medical degree. In 1847 he became the President of the Orthopædic Institute in Stockholm, a post which he retained until 1879. His lyrical and descriptive poems, of which "Alphilda" is the best known, fill several volumes, and he was the author of a cycle of verse descriptive of the career of Linnæus, and entitled "The King of Flowers." In 1896 Sætherberg published his memoirs. His contributions to medico-gymnastic literature are considerable.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Wannebroucq, Dean of the Faculty of Medicine, and some time Professor of Clinical Medicine in the University of Lille, aged 67; Dr. Max Lesage, Member of the Chamber of Deputies for the department of Oise; Dr. C. Corradi, Lecturer on Diseases of the Ear, Throat, and Nose in the University of Turin; Professor Arantes Pedrosa, President of the Eschola Medico-Chirurgica of Lisbon; Dr. Bonnefoy, of Vexin, one of the leaders of the vegetarian crusade in France, and author of a work on the subject, entitled, *Principes d'Alimentation Rationnelle et de Cuisine Végétarienne*; Dr. L. C. Chevalet, formerly physician in ordinary to Prince Charles the Third, and Prince Albert the First of Monaco, aged 80; Dr. Zographos, formerly physician in ordinary to the Sultan Abdul-Medjid, and member of the Superior Ottoman Council of Public Instruction, aged 76; Dr. Max von Schleiss-Löwenfeld, Privy Councillor and the oldest member of the profession in Munich, aged 88; Baron C. von Ettingshausen, Professor of Palæontology and Botany in the University of Graz, and author of *Physiotypia Plantarum Austriacarum*, aged 50; Dr. Herman Hager, one of the first authorities on pharmacy in Germany, and author of numerous works relating to the subject, aged 81; Dr. T. G. Rowand, formerly Professor of Materia Medica, Pharmacy, and General Therapeutics in the University of Pennsylvania, aged 68; Dr. Karl Hertz, of Bonn, one of the oldest specialists in mental diseases in Germany, aged 80; Dr. A. Prussak, Professor of Otology in the St. Petersburg Military Medical Academy, aged 57; and Dr. Henry Hartshorne, sometime professor of the institutes of medicine in the Philadelphia College of Medicine, of the practice of medicine in the University of Pennsylvania, author of numerous works on medical subjects, aged 73.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

THE MIDWIVES' REGISTRATION BILL.

THIS Bill, which was formally on the paper to be read a second time on Friday, February 26th, though with no prospect of the stage being taken on that day, was on February 25th deferred till Friday, March 12th.

FOOD ADULTERATION.

MR. CHAPLIN, in reply to Mr. KILBRIDE, said: The question whether a Bill will be introduced in the present session on the subject of food adulteration must depend on the progress made with other Government Bills. The Bill which has been prepared deals with the subject as a whole; but it would be premature to make any statements on matters such as those referred to in the second part of the hon. member's question.

RABIES.

MR. BIGWOOD asked the President of the Board of Agriculture whether his Department were now prepared to adopt the recommendation of the Departmental Committee and make a determined effort to stamp out rabies by exercising directly the powers which they already possessed under the Diseases of Animals Act.—MR. LONG: There appears to me to be great force in the recommendations of the Committee to which my hon. friend refers, and I hope to be in a position to make some further announcement on the subject at no distant date.—MR. BIGWOOD: Within

ten or fourteen days?—MR. LONG: I hope so.—In further reply to Mr. BIGWOOD, MR. LONG said: It is the case that two outbreaks of rabies have occurred in the county of Middlesex during the present year. The reply which I have made to the question of my hon. friend the member for the Hornsey Division will, I think, afford the information for which my hon. friend asks in the second paragraph of his question.—MR. STEPHENS asked the President of the Board of Agriculture whether he was aware that the muzzling orders for dogs in the counties of London, Surrey, and Hertford having been taken off, it was in contemplation to remove the muzzling order in the county of Middlesex; whether it was true that fresh cases of rabies within the area of the foregoing counties had occurred quite recently; and whether, the Departmental Committee having reported that muzzling was not only an efficient but the only means which was now practicable for the extermination of rabies, he would issue a muzzling order for an area and with conditions which would be likely to bring about the extermination of rabies.—MR. LONG: The answer to the first paragraph is in the affirmative. I regret to say the second paragraph is the same. In reply to the third, I would say that the circumstances which have recently occurred point clearly to the necessity for the issue of a muzzling order applicable to the whole of the metropolitan district irrespective of the boundaries of particular local authorities. The form which such an order should take is now engaging my attention, especially with regard to the description of muzzle to be used.—MR. STEPHENS asked when the order was likely to be issued.—MR. LONG said he was afraid he could not give the exact date, but he hoped to be able to make an announcement shortly.

VENEREAL DISEASE IN THE INDIAN ARMY.

In reply to Mr. ROBERT CAMERON, LORD G. HAMILTON said: The terms of the reference of the Departmental Committee now sitting on the subject of venereal disease in the Indian army were as follows: To examine the official returns of venereal disease among British troops stationed in India, and to report what changes, if any, have taken place during recent years in the prevalence of such disease and in its character and intensity; also to obtain and report any information which may be available with regard to the presence of venereal disease and its character and intensity among foreign armies. The report is now under my consideration, and will be published. The evidence on which it is founded being almost entirely documentary, has not been separately recorded, but is embodied or referred to in the report. I am at present unable to say what course may be taken by Her Majesty's Government, but undoubtedly the House will have an opportunity of discussing any decision we may arrive at.

VACCINATION.

MR. G. BALFOUR, in reply to Mr. PINKERTON, said: The Local Government Board have power to issue any regulations they think fit to prevent the spread of dangerous infectious diseases, such as small-pox, and thus to compel compliance with the vaccination laws. No Boards of Guardians in Ireland have, I may add, refused to do their duty in this respect.

OYSTERS IN RELATION TO DISEASE.

MR. HENNIKER HEATON: I wish to ask the President of the Board of Trade whether he is aware that, owing to the publication by the Local Government Board of a report on Cholera, and of another report on Oyster Culture in relation to Disease, public confidence in the wholesomeness of oysters has been so much impaired that the annual consumption of oysters has fallen off to the extent of three-fourths, and a large number of the fishing population have been reduced to distress; whether he has observed that the reports alluded to condemn only a few small oyster layings round the coasts of England, while many of the chief layings, including the whole of those on the coast of Kent, were declared free from contamination; whether he is aware that the Kentish layings thus pronounced free from disease are more extensive than all those in the rest of the kingdom put together; and whether he is aware that they have suffered from the lack of demand equally with the polluted layings; whether, with a view to restore public confidence in a valuable article of diet and assist the fishing population, he will recommend the appointment of inspectors of layings, and also of all shops and stalls for the sale of oysters, authorised to enforce such conditions of sanitation as may effectually safeguard the public against disease; whether he is aware that foreign oysters are frequently introduced into this country from polluted layings, and that the only instance of enteric fever in an epidemic form arising in England from oysters was traced to the eating of Dutch oysters; and, whether he will therefore recommend that it shall be made a penal offence to sell oysters brought from foreign layings without declaring their origin at the time of sale and without plainly marking such origin.—MR. RITCHIE: I have little doubt that the reports referred to, have, to some extent, impaired the confidence of the public in the wholesomeness of oysters, but I venture to think that my hon. friend over-estimates the decrease in their consumption. I am aware that whilst only a certain number of beds are condemned, others have suffered from the reduction in demand. The trade has brought the matter to the notice of my right hon. colleague, the President of the Local Government Board, whose province it is to deal with questions affecting the public health, but if it should be found that the Board of Trade can take any useful action in the matter, I shall be ready to give careful consideration to any proposals which may be laid before me. As at present advised I do not think that the marking of foreign oysters would be either feasible or an efficient remedy.

THE POLICE AND CRUELTY TO CHILDREN.

THE HOME SECRETARY, in reply to Mr. PICKERSGILL, said: There are instructions to the Metropolitan Police prescribing their relations with the National Society for the Prevention of Cruelty to Children, and under them the police notify to the Society particulars of all cases of cruelty to children which come to their notice. Five hundred and thirty-one such cases came to the notice of the police during 1896, 182 of which were transferred to the Secretary for prosecution. There is no other society with which the police have similar relations.

THE QUALITY OF ARMY RECRUITS.

MAJOR RASCH asked the Under-Secretary for War whether the standard for infantry had been reduced to 5 feet 3½ inches and 32 inches chest measurement for recruits under 20 years of age; and whether this was

caused by the impossibility of filling existing establishments or to raise the new battalions.—Mr. BRODRICK: Recruiting varies with the state of the labour market, and temporary relaxations as regards height and girth have to be made from time to time when trade is brisk. In March of last year the supply of recruits was so abundant that we were able to exact the full standard, and discontinue special enlistments below it. Recruits now are scarcer, and therefore young men under 20 whom the examining medical officer pronounces to be likely to develop to the full standard will, until further orders, be accepted at the figures named in the question.

PRIVATE LUNATIC ASYLUMS.

In reply to Mr. FIELD, the SECRETARY FOR IRELAND said: The management of private lunatic asylums in Ireland is regulated by 5 and 6 Vic., cap. 123, under which no approval of the appointment of a visiting physician is required. If the words "revenue accruing" are intended to refer to the amount received by way of fees on licences issued to private asylums, there will be no objection to grant a return such as is indicated if the hon. member will move for it in the usual way.

VERMINOUS PERSONS.

Mr. HAZELL has presented a Bill to permit local authorities to provide cleansing and disinfection for persons infested with vermin. The measure, which passed the first reading unchallenged, is "backed" by Lord Balcarras, Sir Albert Rolit, Mr. Burt, and Mr. Field.

REPORT ON VACCINATION IN SCOTLAND.

The Thirty-second Annual Report on Vaccination (Scotland) has just been presented to Parliament.

NOTICES.

Major RASCH has given notice that on the first opportunity he will call attention to the health of the British army in India, and move a resolution.

Mr. FIELD to ask the Secretary of State for the Home Department whether the Government will consider the advisability of the suppression of private asylums, and make other and more suitable provision for paying patients.

Mr. PICKERSGILL to call attention to the report of the recent Committee on Metropolitan Poor-law Schools, and to the draft order of the President of the Local Government Board relating to such schools, and to move a resolution.

Mr. BARTLEY to ask the Secretary to the Treasury whether his attention has been drawn to the Supplement of the Fiftieth Report of the Commissioners in Lunacy (No. 304), which contains eleven elaborate plans, about 3 feet by 2 feet each, in great detail, of five lunatic asylums now being erected; and whether he could state the cost of producing this volume with these expensive plans.

General RUSSELL to ask the Secretary of State for India whether his attention has been called to the great increase of enteric fever in India; whether the medical authorities can give any explanation of this increase; and whether the Government propose to take any steps for the better enforcement of sanitary regulations at the various stations where this complaint has recently been most prevalent.

PETITIONS.

Petitions in favour of the Plumbers Registration Bill were presented in the House of Commons from Glasgow and Perth, and in favour of prohibition of vivisection from Bristol.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES FOR WOMEN.—The report of the Syndicate on Women's Degrees has been issued: it is signed by nine members. The remaining five dissent, and have published a minority report. The majority favour the grant of the academic titles of B.A., M.A., etc., to duly qualified students of Newnham and Girton who have resided nine terms and passed a Tripos examination. It is not suggested that degrees in medicine or divinity should be thus attainable by women. The minority propose that new titles should be granted not implying membership of the University, which it is not intended to concede. They would open there to students of other institutions like the Royal Holloway College, who gain honours in a Tripos, and suggest that *Magistra in Litteris* or *in Scientia* would be appropriate. The majority's proposals are objected to on the ground that it is unfair to exact from women the same conditions and the same fees as from men for titles that confer no rights; and that this step would give rise to a standing grievance on which fresh agitation would inevitably be based. The proposals are sure to be hotly debated, and a formal discussion of them by the Senate at large is arranged for March 13th.

DEGREES.—At the Congregation on February 25th the following were admitted to the degrees of M.B. and B.C.: G. E. Hadow, M.A.; L. B. Rawling, B.A.; H. W. P. Young, B.A.; all of Gonville and Caius College.

ELECTORAL BOARDS.—Professor A. W. Williamson, F.R.S., late of University College, London, has been appointed a member of the Electoral Boards for the Professorship of Chemistry and the Jacksonian Professorship of Organic Chemistry.

UNIVERSITY OF DUBLIN.

At the Spring Commencements, March 2nd, the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput:

Baccalauri in Medicina, in Chirurgia, et in Arte Obstetricia.—H. J. Brownrigg, J. A. Devine, K. E. L. G. Gunn, A. T. Johns, J. Milne, J. H. Moorhead, H. E. Rutherford, J. D. Smylie, G. Taylor.

Doctores in Medicina.—J. B. Anderson, P. P. Carton, G. D. Collen, J. A. Devine, H. C. Earl (*stip. cond.*), H. W. Irvine, A. R. Parsons (*stip. cond.*), C. A. Stevenson, G. B. White.

Doctor in Medicina.—L. L. Proksch (*in absentia*).

UNIVERSITY OF BRUSSELS.

The following candidates, we are informed, were successful at the February examination at Brussels for the M.D. degree:

T. R. Gaudoin, L.S.A.; J. O. Moore, L.R.C.P., F.R.C.S.Irel.; C. Butler, M.R.C.S., L.R.C.P.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a recent meeting of the President and Fellows, the President admitted to the Licences in Medicine and Midwifery the following candidates who have been successful at the Final Examinations held in January, 1897, under the Conjoint Scheme with the Royal College of Surgeons in Ireland:

T. E. Cottu, P. D. Glynn, T. C. Mackenzie, J. McCarthy.

At the business meeting in February, the President admitted as a Licentiate in Medicine the undermentioned candidate, who passed an examination for registered medical practitioners held on February 8th, 9th, and 10th:

A. C. Duffey, M.B. Univ. Dub.

MEDICO-LEGAL.

UNSATISFACTORY VERDICTS AT CORONERS' INQUESTS.

In order that a jury should arrive at a satisfactory conclusion as to the cause of death, all the scientific evidence necessary should be laid before them. In an inquest upon the body of William Joyner at St. Albans last week it does not appear, judging from the report in the *Herts Standard* and *St. Albans Citizen*, that such evidence as was required was tendered by the coroner to the jury. The cause of death was not cleared up by an exhaustive *post-mortem* examination made by Dr. Dobbin, who stated that for certain reasons he was "unable to exclude poisoning without a chemical analysis." The coroner himself thought that such an analysis was necessary, and adjourned the inquest in order that the contents of the stomach might be submitted to the county analyst. At the adjourned inquest, however, the coroner stated to the jury that "he and Head Constable Blatch had been to a lot of trouble to find out any points of suspicion in this case. He had not found any suspicious grounds, neither did he think there were any. In fact, they found such proof positive that the case was not one of poisoning that it was not deemed necessary to have a chemical analysis of the contents of the stomach." The jury then returned a verdict of death from "natural causes." The coroner, we venture to think, would have acted with greater wisdom had he carried out his original intention of having the contents of the stomach analysed. It is no part of the coroner's duty to investigate, apart from the jury, the value of suspicious circumstances which surround a sudden death, but it is his duty to lay before them all the scientific evidence which alone can make it certain whether poison was the cause of the death or not. In the absence of a chemical analysis "proof" cannot be said to be "positive."

THE SUPPRESSION OF QUACKERY IN NEW YORK.

SINCE the law providing for the criminal prosecution of quacks was re-enacted, in April, 1895, the New York County Medical Society has caused eighty-three persons to be arrested for practising illegally in the county, and has obtained convictions in fifty-one cases. These persons have paid 3,600 dollars (£738) in fines, and, in addition, a number of them have been sent to gaol. The legal department of the Society has a large number of cases still pending.

DEATH CERTIFICATES.

R. T. L. asks for our opinion on the following case: He was called to see a child who died in about two hours after he had seen him. On inquiry he found the child had been attending a hospital for some time; that his mother should have brought him to the hospital the preceding Saturday, and that she intended taking him there the following Saturday. Under these circumstances our correspondent refused to sign the death certificate, and advised the mother to apply to the hospital officer. She did so, but he also refused to sign, as he had not seen the child for three weeks. An inquest was held, and the coroner censured our correspondent for not signing the certificate, and intimated that on a future occasion of the kind he would disallow his fee. Our correspondent asks: (a) Was he right in refusing to sign the certificate; (b) if he acted in the same way in a similar case can the coroner legally disallow his fee; and (c) if he cannot do so how can he enforce payment?

*** In reply to our correspondent's first question (a) if our correspondent was *bona fide* able to give a certificate of the cause of death, although he had not attended the deceased throughout his last illness, we think such certificate might have been properly given by him; and this remark also applies to the hospital officer, the Act of Parliament providing that in case of the death of any person who has been attended during his last illness by a registered medical practitioner that person must sign and give . . . a certificate . . . ; (b) we do not think the coroner can legally disallow the fee of a medical witness whom he has caused to be subpoenaed to give evidence at an inquest; and (c) we think that if he did so the fee could be recovered by an action against the coroner, who by Section XXVI of the Coroners' Act, 1887, is required immediately after the termination of the proceedings at an inquest to pay the fees of every medical witness, not exceeding the fees fixed by that Act.

L.R.C.P. will, we think, find that his question is answered by the above reply.

A QUESTION OF CONTRACT.

P. writes that he is an assistant to a general practitioner and conducts for him a branch practice; that he is medical officer to several clubs,

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,642 births and 4,096 deaths were registered during the week ending Saturday last, February 27th. The annual rate of mortality in these towns, which had declined from 20.8 to 18.8 per 1,000 in the three preceding weeks, rose again to 19.4 last week. The rates in the several towns ranged from 12.8 in Huddersfield, 13.3 in Brighton, 13.5 in West Ham, and 13.6 in Halifax to 23.1 in Bristol, 23.2 in Oldham, 24.1 in Liverpool and in Salford, and 24.1 in Norwich. In the thirty-two provincial towns the mean death-rate was 19.7 per 1,000, and exceeded by 0.7 the rate recorded in London, which was 19.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.8 per 1,000; in London the rate was equal to 1.8, while it also averaged 1.8 per 1,000 in the thirty-two provincial towns, and was highest in Salford, Bolton, Birmingham, Sunderland, and Plymouth. Measles caused a death-rate of 1.0 in Salford, 1.8 in Bradford, 2.6 in Bolton, and 4.8 in Plymouth; scarlet fever of 1.0 in Leicester; and whooping-cough of 1.2 in Wolverhampton, 1.4 in Birmingham, 1.5 in Burnley and in Sunderland, and 1.6 in Bristol. The mortality from "fever" showed no marked excess in any of the large towns. The 88 deaths from diphtheria in the thirty-three towns included 62 in London, 4 in Birmingham, and 3 in West Ham. One fatal case of small-pox was registered in London, but not one in any of the thirty-two large provincial towns. There were 43 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, February 27th, against 21, 38, and 34 at the end of the three preceding weeks; 18 new cases were admitted during the week, against 12, 20, and 13 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 3,153, 3,050, and 2,901 at the end of the three preceding weeks, had further declined to 2,817 on Saturday last; 237 new cases were admitted during the week, against 245, 226, and 227 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 27th, 915 births and 756 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 28.8 and 25.5 per 1,000 in the three preceding weeks, further declined to 25.3 last week, but exceeded by 5.9 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rate ranged from 12.4 in Leith to 30.7 in Perth. The zymotic death-rate in these towns averaged 2.9 per 1,000, the highest rates being recorded in Dundee and Glasgow. The 393 deaths registered in Glasgow included 24 from measles, 19 from whooping-cough, 4 from scarlet fever, and 2 from diphtheria. Five fatal cases of measles and 4 of whooping-cough were recorded in Edinburgh, and 1 of small-pox in Leith.

INFECTIOUS DISEASE NOTIFICATION.

R. H. C. raises the question whether, if a case of infectious disease be seen in consultation, the consultant is required to notify even if the case has already been notified by the medical man first in attendance?

* * We understand that the view conveyed in a letter addressed to the Town Clerk at Uppingham, under date December 29th, 1896, is still held by the Local Government Board. The operative sentence in the letter is as follows: "If two practitioners are in actual attendance on or are called in to visit a patient, whether at the same period or successively, and their attendance or visiting is connected with the medical treatment of the patient, both are bound to send certificates, and these must be duly paid for by the sanitary authority."

DISTRICT MEDICAL OFFICERS AND SPECIAL FEES.

G.C.H., who is a district medical officer, asks (1) whether, having attended a pauper patient in a miscarriage at the fourth or fifth month, he is entitled to any special fee for the case. (2) He examined a pauper lunatic at the request of the relieving officer, and gave the usual certificate of insanity; the guardians refuse to pay any fee for this, as the patient was not sent to an asylum, but removed to the workhouse, and the magistrate has not ordered a fee to be paid. He asks whether there are any decisions of the Local Government Board in reference to such cases, which he thinks must be numerous.

* * (1) The miscarriage having occurred at a non-viable period of pregnancy, no such fee can be claimed. (2) If our correspondent filled up the usual statutory form for the transfer of the patient in question to an asylum, the removal to the workhouse after this would appear to have been a direct infringement of the Lunacy Acts. Should he have been called on by the magistrate to certify, he is entitled to a fee for so doing, whether the patient is sent to an asylum or not; but he cannot recover this fee if the guardians decline to pay it, and if the magistrate declines to make an order on them to do so. There is then an appeal to the Quarter Sessions of the county. The Local Government Board have little or nothing to decide in reference to lunacy cases: these are ruled by Lunacy Acts 1890 and 1891. Our correspondent should procure a copy.

THE Board of Agriculture has revoked the order for the muzzling of dogs in Richmond and West Ham.

MEDICAL NEWS.

AN epidemic of measles is going on in Edinburgh, and during the week ending February 27th 297 new cases were reported.

THE Middlesex Hospital has received a donation of 1,000 guineas from Mrs. Sarah Moore Thompson, for the purpose of endowing a bed in the cancer wards to be called the "Moore Thompson" bed.

THE Honorary Secretary of the Association for Promoting Compulsory Registration of Midwives announces that a meeting in support of the Midwives Registration Bill will be held under the presidency of Mrs. Creighton, the wife of the Bishop of London, at London House, St. James's Square, on March 18th, at 3 P.M.

THE next examination for the certificate in nursing and attending on the insane granted by the Medico-Psychological Association of Great Britain and Ireland, will be held on Monday, May 3rd. A schedule, to be obtained from the Registrar, Dr. Spence, Burntwood Asylum, near Lichfield, must be filled up, signed, and returned to him by candidates for this examination not later than Monday, April 5th.

THE Duke of Westminster presided over a meeting at Grovesnor House on February 26th of the Executive Committee of the Commemoration Fund on behalf of Queen Victoria's Jubilee Institute for Nursing the Poor in their own Homes when subscriptions to the amount of £28,250 were announced. Further measures were resolved upon to increase public interest in the work.

AT the recent annual General Court of Governors of Middlesex Hospital, Dr. Cecil Yates Biss, who has been connected with the hospital for sixteen years as assistant physician, was nominated physician to out-patients. At the same meeting it was announced that Princess Christian had consented to lay the foundation stone of the new cancer wing of the hospital on July 1st.

INTERHOSPITAL FOOTBALL.—The final tie of the Hospitals Cup, Rugby Union, will be played next Tuesday, when St. Thomas's, the holders, play Guy's. Guy's had great difficulty in disposing of St. Bartholomew's in the penultimate round, the match on the first occasion ending in a draw. In the penultimate round of the Association Cup, St. Bartholomew's will meet Guy's Hospital on Monday. The winners will play the London Hospital.

INTERNATIONAL PHARMACEUTICAL CONGRESS.—The eighth International Congress of Pharmaceutical Chemists will be held in Brussels from August 14th to 21st. In addition to questions of general pharmacy and applied chemistry, matters connected with hygiene, public health, and sanitary legislation will be discussed. The special attention of the members of the Congress will be called to the subject of drinking water. The preparation of antitoxic serums and of various organic substances which have recently been introduced into therapeutics will also be debated.

UNIVERSITY OF DORPAT.—The annual report of the Russian University of Jurjew (better known by its old name of Dorpat), recently issued, shows that on December 1st, 1896, the total number of students was 908, of whom 530 belonged to the medical faculty, 166 to the theological, 109 to the faculty of law, 73 to the physico-mathematical, and 30 to the philological-histological faculty. There were also 277 students of pharmacy and 25 unattached students. The teaching staff of the University consists of 84 persons, including 36 ordinary and 26 extraordinary professors, 9 *Docenten*, 9 *Privatdocenten*, and 2 prosectors. The number of degrees and licences conferred during the year 1896 in all the faculties was 579. Of these, 451 were conferred by the medical faculty as follows: 10 received the degree of Doctor of Medicine, 164 a licence to practise medicine, and 6 a qualification as district doctor. The remainder of the qualifications granted by this faculty were made up of licences to dentists, pharmacists, and midwives. The number of patients treated in the University clinics from December 1st, 1895, to the corresponding date 1896 was 19,004.

THE LIVERPOOL MEDICAL CLUB, LIMITED.—At a meeting of this club on February 17th, Dr. Adam presiding, the subject, of the Abuse of Medical Charity was introduced by Dr. Ernest Barnes, who pointed out that hospital abuse was equally prevalent in most of the large provincial cities as in the metropolis. In Liverpool he estimated that half a dozen of the chief institutions (not including those under the Poor Law) registered about 400,000 individual attendances, according to their reports, out of an estimated population of 644,129. The causes and effects were also considered, and one or other of the following schemes were advocated: (1) Formation of local hospital Boards, (2) method for catering for intermediate classes, (3) formation of local committee under the auspices of the Hospital Reform Association. Mr. F. C. Larkin, and Drs. G. Stopford Taylor, Rentoul, Adam, Tisdall, and Dunn took part in the discussion, and a resolution was unanimously passed recommending the directors to form a local committee to inquire into and report upon the matter as an initiative step.

PASS AND PLUCK IN PARIS.—In view of letters which have recently appeared in some French medical journals in which the stringency of the medical examinations in France as compared with Great Britain, and the superiority of the French degrees, were somewhat offensively vaunted, certain statements which have lately been made by well-informed French writers as to the examinations of the Paris Faculty are of especial interest. The *Gazette des Hôpitaux* has shown by the evidence of figures that it is so easy to become an M.D. of Paris that of the many who register as students of that school, only six in a thousand—less than 1 per cent.—fail to attain that dignity. It is only in the preliminary subjects that there is any plucking to speak of; in medicine, surgery and midwifery, the rejections amount to no more than 6 or 7 per cent.; and in the last ordeal, the thesis, the proportion of candidates who fail is 0.33, equivalent to about 1 in 300. As some 600 degrees are conferred annually by the Paris Faculty, this means that not more than two candidates come to grief at this final stage in each year. It is doubtful whether even this infinitesimal proportion of plucked is not exaggerated. The *Progrès Médical* goes so far as to say that the practice of medicine may now be considered free in France to all who have passed an examination in general knowledge corresponding to our matriculation. The leniency of the Paris examiners has indeed become a scandal so flagrant that not only the medical but the lay press is calling for a drastic reform. The teaching would also seem to be in need of reform if we may judge from a report on the work of the Medical Faculties recently presented to the Academic Council. It is there stated that of the 74 hospital clinics in Paris, only one-third are satisfactory. A fourth, it is said, leaves much to be desired. Of the remaining two-thirds or three-fourths nothing is said, but this can hardly be taken to mean that they are worthy of praise.

THE TREATMENT OF INEBRIETY IN ENGLAND.—During the year 1896, of the 35 admissions into the Dalrymple Home at Rickmansworth, 14 were under the Inebriates' Acts, and 21 private, 20 remaining under treatment; 55 in all. This home continues to set the excellent example of presenting, in tabulated form, an analysis of the work done up to date. Of the 442 patients discharged since the opening of the home, 211 were under the Acts, and 231 privately. One hundred and fifteen entered for the full legal period of twelve months. The average age at admission was 35.6 years. Though the United Kingdom furnished the great majority of the patients, there were contingents from France, Switzerland, Cape Colony, Australia, New Zealand, United States, Canada, South America, India, Japan, and the Straits Settlements. One hundred and one had received a college education, 25 having had only elementary education. Merchants numbered 51, clerks 42, lawyers 27, the medical profession 37, clergymen 9, engineers 14, manufacturers 22, the services 23, the liquor trade 9, literature 13, art 8, farming 14, publishing 1, teaching 11, journalism 3, architecture 3, natural science 1, and gentlemen of no occupation 99. There was a family history of insanity in 29, and of inebriety in 218. Father or mother, or both parents, had been inebriate in 76, and grandparent or parents in 44. There was morphinomania, chlorodynamia, or cocainomania in 14. Three hundred and eight were

regular and 131 periodic inebriates, while there were 3 cases of morphinomania without alcohol. Four hundred and eleven were social and 31 solitary drunkards. The average period of addiction was 7½ years. There was one case of absinthomania, with 31 cases of drunkenness in wine, and 7 in beer. The exciting cause in 57 was nerve shock, in 52 traumatism (16 from injury). One hundred and twenty-three suffered from various diseases complicating inebriety. The average duration of residence was 6½ months. As regards after-history 149, over one-third of the whole number discharged, had done well. It would be a public benefit if other homes issued a similar record of cases.

INTERNATIONAL MEDICAL CONGRESS, MOSCOW.—The following programme and speakers have been arranged upon for the meetings of the Section for Nervous and Mental Diseases. 1. Pathology of the Nerve Cell:—Professor von Gehuchten: The Minute Anatomy of the Nerve Cell. Professor C. Dana: The Pathology of Acute Alcoholism and Alcoholic Oedema of the Brain, with special reference to changes in the Nerve Cells. Professor van Giesen: Normal and Pathological Cytology of the Ganglion Cells. 2. Pathogenesis and Morbid Anatomy of Syringomyelia:—Professor F. Schultze: Pathogenesis of Syringomyelia. Dr. E. Schlesinger: On some points in the Pathogenesis and Morbid Anatomy of Syringomyelia. Dr. L. Minor: Clinical and Anatomical Observations on Traumatic Central Hæmatomyelia, and the formation of Cavities secondary to Affections of the Spinal Cord. 3. Pathology and Treatment of Tabes Dorsalis:—Professor H. Obersteiner: The Pathogenesis and Treatment of Tabes. Professor Pierret: The Pathogenesis of Tabes and its Cerebral Localisation. Professor Leyden: Pathogenesis and Treatment of Tabes. Professor Benedikt: The Theory of Tabes Dorsalis. Professor Darkshewitsch: On the Nature of the Changes in the Spinal Cord in Tabes. Professor Erb: The Treatment of Tabes. Professor Grasset: The Treatment of Tabes. Professor Eulenburg: The Treatment of Tabes. Dr. J. Althaus: Pathogenesis and Treatment of Tabes. Professor Benedikt: Nerve Stretching in Tabes. Dr. Frenkel: Treatment of Tabetic Ataxy. Dr. Raichline: Some Considerations in the Treatment of Tabes, Indications, and Contraindications. Dr. Hirschberg: (a) On Juvenile Tabes Dorsalis. (b) On a so-called Rare Form of Tabes. 4. Operative Treatment of Diseases of the Brain:—Professor Oppenheim: On the Failures of Brain Surgery dependent on Mistaken Diagnoses. Professor S. Sachs: The Surgical Treatment of Epilepsy. Dr. A. Voisin: A case of Jacksonian Epilepsy successfully treated by Craniectomy. Professor Lombroso: New Forms of Epilepsy. Professor B. Sachs: Hereditary Spinal Affections. Dr. A. Koniloff: Retrograde Degeneration. Drs. Ballet and Enriquez: Treatment of Basedow's Disease. Dr. A. Raichline: Clinical Neuropathy. Dr. Crocq: A New Symptom of Brain Disease. Dr. Holst: The Treatment of Neuroses in Asylums. Dr. A. Robertson: Some New Methods of Treatment in Diseases of the Nervous System. *Mental Diseases*—1. Obsession and *Idees Fixes*:—Professor Pitres: The Semeiology of Obsession and *Idees Fixes*. Dr. Jas. Shaw: The Pathogenesis and Differentiation of Verbal Obsessions and Pseudo-Hallucinations. 2. Pathology of General Paralysis of the Insane and its Delimitation from Allied Forms of Mental Disease:—Dr. J. Althaus: Delimitation of General Paralysis. Professor Homen: New Contributions on a Singular Hereditary Disease assuming the Form of Progressive Dementia. 3. Hypnotism and Suggestion in their Relations to Mental Disease and Logical Medicine:—Drs. Bernheim, A. Robertson, and Tokarsky: The Application of Hypnotism and Suggestion in the Treatment of Mental Diseases. Dr. Gorodichze: Psychotherapy in the Different Forms of Emotional Delirium.

MEDICAL VACANCIES.

The following vacancies are announced:

BOROUGH HOSPITAL, Birkenhead.—Junior House-Surgeon; doubly qualified. Salary, £60 per annum, with board, lodging, and washing, but no wine, spirits, or beer. A further sum of £20 to £25 a year is usually obtained for notification of infectious diseases and other sources. Applications to the Chairman of the Weekly Board by March 15th.

BRENTFORD UNION.—Medical Officer and Public Vaccinator for parish of Chiswick. Salary, £150 per annum. Applications to W. Stephens Clerk, Union Offices, Isleworth, W., by March 10th.

BRISTOLINGTON HOUSE ASYLUM, near Bristol.—Resident Medical Officer; doubly qualified. Salary from £200 a year, with board, lodging, and washing. Applications to Dr. Bonville Fox.

BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN.—Assistant House-Surgeon; doubly qualified. Appointment for six months. Non-residential, and an honorarium of 25 guineas. Applications, endorsed "Assistant House-Surgeon," by March 17th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician, must be qualified. Appointment for six months. Salary at the rate of £30 per annum, with board and residence. Applications to T. Storrar-Smith, Secretary, by March 11th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Dental Surgeon; must be Licentiate of Dental Surgery. Applications to J. Francis Pink, Secretary, by March 8th.

DUNDEE ROYAL INFIRMARY.—Resident Clinical Assistant; qualified. Board, lodging, and washing, provided. Applications to Nathan Raw, Medical Superintendent, by March 17th.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Surgeon. Board, lodging, etc., provided, but no salary. Applications to the Secretary by March 12th.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Junior Resident Medical Officer. Salary, £50. Applications to the Committee of Management by March 18th.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—Four Clinical Assistants and Eight Qualified Clerks in the Out-patient Department. Applications to the Honorary Secretary of the Medical Committee by March 18th.

GENERAL INFIRMARY, Leeds.—Resident Casualty Officer. Salary, £100 per annum, with board, lodging, and washing provided. Applications to the Secretary of the Faculty, General Infirmary, Leeds, by March 20th.

HANTS COUNTY ASYLUM.—Assistant Medical Officer; doubly qualified, not more than 25 years of age, and unmarried. Salary, £100 per annum, increasing to £125 after twelve months' service, with furnished apartments, board, washing, and attendance. Applications endorsed, "Applications for Appointment of Medical Officer," to the Committee of Visitors, Knowle, Fareham, by March 23rd.

HOLBEACH UNION.—District Medical Officer for the Long Sutton and Tydd Medical District. The candidate will also be appointed Public Vaccinator for the District. Salary for the Sutton District, £30 per annum; for the Tydd District, £21 per annum, and fees for surgical operations and midwifery. Applications to Richard P. Mossop, Clerk to the Guardians, by March 10th.

HULL ROYAL INFIRMARY.—Honorary Assistant Surgeon to attend Out-patient Department; must be M.R.C.S.Eng. or F.R.C.S.Edin. or Irel., or Graduate in Surgery of the University of Oxford, Cambridge, or London. Appointment for five years. Applications to the Chairman, Committee of Management, before March 15th.

LIVERPOOL ROYAL INFIRMARY.—Honorary Physician. Applications to the Chairman of the Committee of the Royal Infirmary, Liverpool, by March 13th.

LONDON HOSPITAL MEDICAL COLLEGE, Mile End, E.—Demonstrator of Physiology. Salary, £100 a year. Assistant Demonstrator of Anatomy. Salary, £90 a year. Applications to Munro Scott, Warden, by March 8th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer; doubly qualified. Appointment for six months. No salary, board and washing, and an honorarium at the end of the term of appointment. Applications to the Secretary by March 12th.

PARISH OF ST. MARY, Islington.—Two Resident Assistant Medical Officers at the Workhouse and Infirmary, St. John's Road, Upper Holloway. Salary of the First Assistant will be £120 per annum, and the Second Assistant £80 per annum, with rations, apartments, and washing. Applications on forms provided to Edwin Davey, Clerk, Guardians' Offices, 141, St. John's Road, Upper Holloway, N., by March 16th.

RIPON DISPENSARY AND COTTAGE HOSPITAL.—Resident House-Surgeon and Dispenser; unmarried. Salary, £70 per annum, with board and lodging. Applications to F. D. Wise, Honorary Secretary. Duties to commence April 1st.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Senior Resident Medical Officer. Doubly qualified. Salary, £100 per annum, with board, residence, and washing. Appointment for six months, but eligible for re-election. Applications to the Secretary by March 15th.

ROYAL SURREY COUNTY HOSPITAL, Guildford.—Resident House-Surgeon. Salary, £80, with board, lodging, and laundry. Applications to the Honorary Secretary by March 8th.

ROYAL SURREY COUNTY HOSPITAL, Guildford.—Assistant House-Surgeon. Board, residence, and laundry provided; no salary. Applications to the Honorary Secretary at the hospital by March 11th.

ST. THOMAS'S HOSPITAL.—Resident Assistant Physician. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by March 6th.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Assistant House-Surgeon for six months, renewable for a further similar period. Board and residence provided, with an honorarium of £10. Applications to Hensley H. Shanks, R.N., Honorary Secretary, by March 16th.

SOUTHPORT INFIRMARY.—Junior House- and Visiting-Surgeon; doubly qualified. Honorarium at the rate of £30 per annum. Appointment for six months; renewable. Residence, board and washing provided. Applications to Joseph Worrall, Infirmary Office, Southport, by March 16th.

TOWNSHIP OF MANCHESTER.—Assistant Medical Officer at the Workhouse at Crumpsall, and Resident Assistant Medical Officer at the Workhouse, New Bridge Street. Salary, £110 per annum, with furnished apartments, fire, light, washing, and attendance. Must reside at the Workhouse in New Bridge Street. Must be unmarried and doubly qualified. Applications, endorsed "Medical Appointments," to George Macdonald, Clerk to the Guardians, Poor Law Offices, New Bridge Street, Manchester, by March 10th.

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.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary Superintendent, by March 24th.

WHITECHAPEL UNION INFIRMARY, Vallance Road, E.—Assistant Medical Officer (Resident). Salary, £120 per annum, with rations, furnished apartments, coal, gas, and washing. Applications on forms provided to William Vallance, Clerk to the Guardians, Union Offices, Vallance Road, Whitechapel, E., by March 13th.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Appointment for twelve months. Salary, £60 per annum, with rooms, board, and washing. Application to W. Blake-Burke, Secretary, by March 15th.

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

MEDICAL APPOINTMENTS.

ASHBY, William, L.S.A., appointed Medical Officer for the Ninth District of the St. Saviour's Union.

BABINGTON, S. N., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

BARKER, Dr. T., appointed Medical Officer of the Corfe Castle District of the Wareham and Purbeck Union.

BEBB, Mr. Richard, appointed Second Assistant Medical Officer to the Bethnal Green Infirmary.

BEHRENT, M. R. J., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the Brumby and Frodingham Urban District Council.

BINCKES, F. W., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Electrical Department at St. Thomas's Hospital.

BISS, Cecil Yates, M.D.Camb., appointed Physician to Out-patients at Middlesex Hospital.

BUCK, Joseph, L.R.C.P., L.R.C.S.Edin., etc., reappointed Medical Officer of Health to the Hunslet Rural District Council.

CROSSFIELD, A. K., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer for the Dittisham District of the Totnes Union.

CUPPAIDGE, J. L., M.D.Dub., M.B., appointed Medical Officer for the Stoke Gabriel District of the Totnes Union.

DAWNAY, A. H. P., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital (extension).

D'OLIER, Dr., appointed Medical Officer for the Arundel District of the East Preston Union.

DRINKWATER, R., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Llangollen District of the Corwen Union.

ECCLES, Horace Dorset, M.R.C.S., L.R.C.P., appointed District Surgeon, Impendhle, Natal; Public Vaccinator and Medical Officer of the Indian Circle, Impendhle.

FAIRBAIRN, J. S., B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital.

GERVIS, F. H., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

GILBERT, L., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

GURNEY, Alexander C., M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior House-Surgeon of the Blackburn and East Lancashire Infirmary.

HAINS, L. L. J., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer for the Harborton District of the Totnes Union.

HAMILTON, S., B.A., M.B., B.Ch. R.U.I., appointed Medical Officer and Public Vaccinator to the Marshfield District of the Newport, Monmouth Union.

HICHENS, P. S., M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Senior Ophthalmic House-Surgeon to St. Thomas's Hospital.

HOLDEN, J. F., M.B., C.M.Edin., appointed Assistant House-Surgeon to the Preston and County of Lancaster Royal Infirmary.

HOME, A. L., L.R.C.P., M.R.C.S., appointed Senior Obstetric House-Physician to St. Thomas's Hospital.

HOPKINSON, E., B.A.Oxon., L.R.C.P., M.R.C.S., appointed Junior Ophthalmic House-Surgeon to St. Thomas's Hospital.

JONES, C. E., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital (extension).

JONES, J. M., L.R.C.P.Edin., L.F.P.S.Glasg., appointed Medical Officer for the Glynceiriog District of the Corwen Union.

LAKEMAN, T., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer for the Ugborough and North Huish District of the Totnes Union.

LINDSEY, Colin D., M.R.C.S., L.R.C.P., appointed Medical Officer to the Rockingham Railway and Jarradale Timber Company.

LOWNE, B. T., M.D.Durh., F.R.C.S.Eng., appointed Medical Officer for the Third District of the Hartley Wintney Union.

MACEVOY, H. J., M.D., B.Sc Lond., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital.

MACWATTERS, J. Courtenay, M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Obstetric Officer to the Bristol Royal Infirmary for one year.

MAPLETON, G. H., M.B., C.M.Édin., appointed Medical Officer for the Goudhurst District of the Cranbrook Union.

MARTIN, Dr., appointed Certifying Factor Surgeon for Clevedon, *vice* J. B. Coumbe, F.R.C.S.Eng., resigned.

MARTINEAU, A. J., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

MONCKTON, William, L.R.C.P.Édin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Portishead District Council.

MURRAY, William, M.A., M.B. and C.M.Aberd., appointed Junior House-Surgeon to the Preston and County of Lancaster Royal Infirmary, *vice* T. H. C. Derham, M.B., C.M.Édin.

PATERSON, W. H. J., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

RICHARDS, L. W., M.B., B.S.Durh., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital (second term).

ROBBS, Charles E., M.B.Camb., M.R.C.S.Eng., appointed Medical Officer to the Workhouse of the Gravesend and Milton Union.

SCATCHARD, J. P., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital (extension).

SELIGMANN, C. G., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Electrical Department at St. Thomas's Hospital (extension).

SIKES, A. W., B.Sc Lond., L.R.C.P., M.R.C.S., appointed House-Physician to St. Thomas's Hospital (extension).

SMITH, K. R., M.D.Lond., reappointed Medical Officer for the Halwell District of the Totnes Union.

SMITH, W. T., M.R.C.S.Eng., reappointed Medical Officer of Health for the Lepton Urban Sanitary District.

STAINER, E., M.A., M.B., B.Ch.Oxon., appointed House-Physician to St. Thomas's Hospital.

STEPHENSON, D., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Southill Nether District of the Dewsbury Union.

STONE, W. G., M.A., M.B., B.Ch.Oxon., F.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital.

STRANGE, R. G., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

TAYLOR, G. E. O., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

TOMBLESON, J. B., B.A., M.B., B.Ch.Oxon., appointed Junior Obstetric House-Physician to St. Thomas's Hospital.

TUKE, A. W., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

UBSDELL, Henry, M.R.C.S., L.S.A., reappointed Medical Officer for the Staverton and Rattery District of the Totnes Union.

WADE, R., M.R.C.S.Eng., L.S.A., appointed Medical Officer of Health to the Highbridge Urban District Council.

WHITTINGTON, R., B.A.Oxon., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

WILDING, Walter F. W., M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer of Health to the Hindley District Council.

YOUNG, Edward, L.R.C.P.Édin., M.R.C.S.Eng., appointed Medical Officer for the Hawkhurst District of the Cranbrook Union.

DIARY FOR NEXT WEEK.

MONDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor A. W. Mayo Robson: Diseases of the Gall Bladder and Bile Ducts and their Surgical Treatment. Lecture I.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Mr. C. B. Lockwood: A Review of the Operation for Excision of the Knee, together with an account of a new procedure—Osteoplastic Excision of the Knee. Mr. Clinton Dent: Some Cases of Intestinal Neurosis.

TUESDAY.

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

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Lichen Planus and Acuminatus. Bethlehem Royal Hospital, 2 P.M.—Dr. Craig: Delusional Insanity, Paranoia.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, 4 P.M.—Dr. Dundas Grant: The Diagnosis and Treatment of Aural Vertigo.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Mr. H. E. Durham: On the Clinical Bearing of some Experiments on Peritoneal Infection. Mr. A. M. Sheild: A Case of a large Solid Tumour removed with success from the Retroperitoneal Space.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor A. W. Mayo Robson: Diseases of the Gall Bladder and Bile Ducts and their Surgical Treatment. Lecture II.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street Regent Street, W., 4.30 P.M.—Professor A. Wynter Blyth: Sources of Water.

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

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

HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8.30 P.M.—Pathological Evening: Dr. A. T. Davies: Ulcerative Endocarditis. Also Specimens by Dr. F. J. Smith, Mr. T. H. Openshaw, and Mr. A. H. Tubby.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Cases and Specimens will be shown by Mr. Knyvett Gordon, Dr. Lambert Lack, Dr. Dundas Grant, Dr. J. B. Ball, Mr. H. T. Butlin, and Dr. StClair Thomson.

THE SANITARY INSTITUTE, Parkes Museum, Margaret Street, W., 8 P.M.—Discussion on Indian Sanitation, to be opened by Mr. Baldwin Latham.

SOUTH-WEST LONDON MEDICAL SOCIETY, The Surveyor's and Sanitary Offices, High Street, Wandsworth, 8.30 P.M.—Mr. Edmund Owen: A Common and an Acute Inflammation of the Bones of Children and Young Persons which sometimes escapes recognition.

THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. W. Collingridge: On Quarantine. Milroy Lecture I.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W.—Card Specimens at 8 P.M. Mr. H. Juler: Case of probable Congenital Pigmentation of Retina. 8.30 P.M.—Discussion on Retro-ocular Neuritis. Speakers: Mr. Marcus Gunn, Dr. Buzzard, Dr. Gowers, Mr. Berry, Dr. Hill Griffith, and others.

GREAT NORTHERN MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, N. 8 P.M.—Clinical Evening. Dr. James MacMunn will show "some new Instruments, mostly urethral," and Mr. Macready a case of Scrotal Hernia, with Lipoma in the inguinal region. Cases will also be shown by Dr. Hodgins and Dr. Remfry, and Pathological Specimens by Dr. Freyberger.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Specimens by Mr. Mayo Robson and Dr. Purcell. Papers: Dr. Armstrong: On Dr. Beatson's Treatment of Inoperable Cases of Cancer of the Mamma. Dr. Snow: On the Value in Abdominal Malignant Disease of Exploratory Laparotomy *per se*.

FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor A. W. Mayo Robson: Diseases of the Gall Bladder and Bile Ducts and their Surgical Treatment. Lecture III.

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

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Professor Crookshank: Tuberculosis and Leprosy.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. E. W. Goodall: A Case of Scarlet Fever in which Death was due to Spontaneous Thrombosis of the Veins of Galen. Dr. A. E. Garrod: A Case of Sclerema Neonatorum. Mr. C. B. Lockwood: A Case of Peripherical Hyperostosis considered in relation to Pulmonary Hypertrophic Osteoarthropathy. Dr. H. D. Rolleston: A Case in which excessive Urobilinuria followed and apparently depended on the administration of Trional.

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.

MARRIAGES.

MEYRICK-JONES-BLYTH.—On February 24th, at St. Mary's, Chelmsford, H. M. Meyrick-Jones, M.B., B.S., of Gullsbrough, Northampton, son of the Rev. G. Meyrick-Jones, of Clapton Court, Crewkerne, to Georgiana, eldest daughter of the late Robert Blyth, solicitor, of Mount Pleasant, Chelmsford.

WRIGHT-MIALL.—February 25th, at Charles Church, Plymouth, by the Rev. John Charles Wright, Vicar of St. George's, Leeds, brother of the bridegroom, assisted by the Rev. N. Vickers, Vicar of the parish, Joseph Farrall Wright, M.R.C.S.Eng., L.R.C.P.Lond., son of the late Rev. Joseph Farrall Wright, formerly Vicar of Christ Church, Bolton-le-Moors, to Rose, second daughter of E. R. Miall, retired Paymaster-in-Chief.

THOMSON-MARR.—On February 25th, at Ellon, Aberdeenshire, by the Rev. T. Young, B.D., Surgeon-Captain James Thomson, Army Medical Staff, to Mary Eva, eldest daughter of Surgeon-Major G. Marr, Indian Medical Service (retired).

DEATH.

FASKEN.—On February 1st, at Fetteghurh, North West Provinces, India, Surgeon-Lieutenant-Colonel Fasken, M.D., dearly beloved elder son of William Fasken, M.D., Deputy Inspector-General of Hospitals and Fleets, Royal Navy, aged 48 years, deeply regretted.

CRAIGIE.—On February 2nd, at Pietermaritzburg, Natal, John Craigie, M.D., C.M., formerly of the Knoll, Stockland, Devon, only son of the late Captain David Craigie, R.N., C.B., aged 54 years.

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.
CHAMBER 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.
GUYS. *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., 9.
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W. S., 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. F., 2; Throat, F., 2; Orthopedic, W., 2; Dental, Tu. S., 9. *Operations*.—M. Tu. Th. F., S., 1.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 3; females, W., 4.45. *Operations*.—M., 2; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p. M. Th., 1.30; Eye, Tu. F., S., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 8.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p. W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p. Th., 2; Paediatric Diseases, o.p. Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. F., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 3; Skin, F., 3; Throat and Nose, 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.

SUBSCRIBER would like to know the best saddle for girls aged 11 and 13 to use whilst bicycling.

W. A. C. desires to know the results of the use of hypnotism in cases of dipsomania (periodic and not severe.)

PUZZLED asks what is the motive for the employment of sulphur in the form of flowers of sulphur with hot water—the steam from which is inhaled in diphtheria or in any other disease.

DR. JAMES CLAPPERTON (Stockbridge, Hants) asks to be informed where he could place a patient of weak intellect. She is aged 30. Her parents who are very poor could only afford to pay 10s. a week for her maintenance, but she would be willing to work in the kitchen.

ALPHA would much appreciate any information respecting some institution where a young man, a confirmed victim of the cocaine habit, could be placed, where the possibility of getting the drug would be out of the question, and the treatment of his present condition taken in hand. He is not in a position to pay more than one or one and a-half guinea a week.

TRAUMATIC NEUROSIS.

PHENAD asks for the reference to Charcot's observations on traumatic neurosis and the wasting of muscles connected with that condition.

TREATMENT OF DANDRUFF.

W. D. B. asks for advice in the treatment of two patients, both males, who for some years have complained of itching of the scalp, falling of hair and scurf. They are both under 30 years of age, and have derived no benefit from the application of cantharides, sulphur, or mercury.

THERAPEUTIC USES OF CHELIDONIUM.

DR. CHARLES J. COOKE (Plymouth) writes: In connection with the subject of treatment of cancer by celandine, to which attention was drawn in your article on February 6th, will you allow me to bring forward the following interesting passage, which occurs in Withering's *Botany* published in 1801, a copy of which is in my possession: "The juice of every part of this plant (*chelidonium majus*) is yellow and very acrimonious. It cures tetters and ringworms. Diluted with milk it consumes white opaque spots in the eyes. It destroys warts and cures the itch. There is no doubt but a medicine of such activity will one day be converted to more important purposes."

COAL GAS POISONING.

DR. GEORGE DICKINSON (Leamington Spa) writes: In a case to which I was recently called deceased had lain for ten or eleven hours in a steadily increasing mixture of coal gas and air. He had no sense of smell, and therefore no doubt went to sleep in the usual way, not noticing that the gas was turned on. The point in the case that I ask for information upon is that the pupils were contracted nearly to a pin point, not quite so completely as we see under opium, but nearly so, and until the moment before death the pupils were not affected, though quantities of oxygen gas were inhaled. The colour throughout was ashy grey, and the breathing consisted of occasional spasmodic gasps, perhaps seven or eight per minute.

POST-GRADUATE STUDY IN PARIS.

M.D. writes: Being desirous of taking out a six weeks' post-graduate course at the Paris hospitals, I should be very much obliged for information how to proceed; for instance, the fees demanded, and the best way to go about it. Also if rooms could be obtained in the students' quarter at a reasonable rate, and the best way to secure them immediately on getting to Paris. Also if some of the arrangements could be made before leaving home, so that no time might be lost on getting there, thereby being enabled to get rooms, enter my name at the hospitals, and get to work at once.

PUBLIC HEALTH APPOINTMENTS.

K. C. B. asks: (1) Having obtained the D.P.H., is it difficult to get an appointment as medical officer of health? (2) Are such appointments to be obtained in the Colonies, and where is information to be had?

* (1) There are, we believe, many well-qualified practitioners possessing the D.P.H. who have been trying for years, unsuccessfully, to obtain appointments as health officers. The number of such appointments is, of course, limited. The number of diplomas issued is not. Remembering that to a large extent the public health service is a new one officered by young men, it will be understood that the flow of promotion must necessarily be slow. With the enormous number of well-qualified men who rush for any such vacancy, local authorities, perhaps unnaturally, rely to a large extent on what is personally and locally known of the candidates. (2) Different Colonies have different regulations. Some of the better appointments are advertised in this country, as in the recent instance of the medical officer for Cape Town. In other cases some local practitioner is selected as a sort of superintending health officer. Our correspondent would probably obtain information from the London agents of the several Colonies. They are occasionally instructed to look out for competent men.

SMALL-POX HOSPITALS.

A.J.T. asks to be referred to a few instances of hospitals for small-pox in English towns of from 25,000 to 50,000 inhabitants, quoting number of beds of each and salary of visiting surgeon attending same.

* We have been unable to discover that there is any official information upon this subject in existence, and we cannot hear of any town