

the brain, and on this account I believe indeed that it furnishes what has for long been a great desideratum, especially for the study of the morbid changes occurring in this tissue element in insanity. The sections may be satisfactorily counterstained in various ways, hæmatoxylin especially giving good results. The nerve cells are beautifully preserved and stain fairly well. As yet, however, I have not been able to obtain satisfactory staining of the chromatic granules of the protoplasm. It seems probable that this circumstance is due, as indicated above, to the strength of the formalin in the hardening solution, and that, if this was reduced to about 2 per cent. these granules could be readily coloured by the stains generally employed for the purpose.

A RAPID METHOD OF FIXING AND STAINING BLOOD FILMS.

By G. LOVELL GULLAND, M.A., B.Sc., M.D., F.R.C.P.E.,
Assistant Physician to the Royal Infirmary, Edinburgh.

[From the Laboratory of the Royal College of Physicians, Edinburgh.]

THE method by which permanent microscopical preparations of blood are made is generally that devised by Ehrlich or one of its numerous modifications. These methods all involve the preliminary drying of the blood film on the cover glass. The hæmoglobin of the red corpuscles is then fixed, either by prolonged heating to between 110° and 120° C., as in the original method, or by treating the dried film with alcohol and ether, corrosive sublimate, or some other fixative. The process, in any case, is long and troublesome. Muir's method,¹ in which the films are fixed without drying by dropping them into a saturated solution of sublimate, was a great advance, inasmuch as it gives a much more accurate fixation of leucocyte structure than can ever be obtained by drying, while the red corpuscles, though they often show a certain amount of shrinkage, are less deformed than by Ehrlich's method. But the process is a long one if it is carried out as advocated by Muir, whilst if, in the attempt to shorten it, the washing out of the sublimate is not thoroughly done, crystals are apt to appear in the finished preparation.

It has been my aim, therefore, for some time past to discover a method which should give an accurate fixation, which should be as rapid as possible, and which should yet be sufficiently flexible to prevent preparations being spoilt by even considerable deviations from the exact method. The last point is essential if the method is to be of use to practitioners who are not specially skilled in microscopical technique. I trust that this will be the case, for I am convinced that many interesting blood cases go unrecorded for want of an easy way of staining and preserving blood films.

In its most rapid form the process is as follows. A small drop of blood, drawn in the usual way, is taken up on the centre of a cover glass held with forceps, and distributed evenly between that and another cover. The utmost care must be taken to avoid all pressure, as the after-appearance of the red corpuscles depends almost entirely upon the way in which this manœuvre is carried out. The covers are then gently and rapidly slid off one another, and dropped with the wet side downwards into the fixing solution. This is made up of:

Absolute alcohol saturated with eosin ...	25 c.cm.
Pure ether ...	25 c.cm.
Sublimate in absolute alcohol (2 grm. to 10 c.cm.) ...	5 drops (more or less)

The quantity required for use at one time, which may be 5 to 10 c.cm. for four cover glasses, should be poured into a wide-mouthed bottle or flat dish, and may be used several times over if it be preserved from evaporation. (I generally keep the three liquids in different bottles and make up the required amount in the above proportion just before using it.) The fixation of the elements is practically instantaneous, but the cover glasses should be allowed to remain in the solution for at least three or four minutes, to fix the film to the cover. They are then taken from the solution by forceps (steel forceps will do), and washed rapidly but thoroughly by waving them to and fro in a small basin of water. They are then stained for one minute (not longer) in a saturated watery

solution of methylene blue, and again rapidly washed in water. Next they are quickly dehydrated in absolute alcohol, which at the same time removes the excess of methylene blue, cleared in xylol, and mounted in xylol balsam on a slide.

The whole process need not occupy more than six or seven minutes, but on the other hand any portion of it may be prolonged without injury to the specimen. The fixation may be continued for twenty-four hours, the washing for the same time, but if the staining with methylene blue be prolonged for more than a minute or two it becomes necessary to use an inconveniently large amount of absolute alcohol to remove the excess of the stain, and the eosin is apt to be washed out at the same time. The red corpuscles are stained pink, nuclei a deep blue, the bodies of the leucocytes in varying shades of pink; the eosinophile and basophile granules in the leucocytes are well brought out; the blood plates are stained a fainter blue than the nuclei, and organisms are also well stained.

This is simply the most rapid clinical form of the method. Any other acid stain which is soluble in alcohol and not precipitated by sublimate may be used instead of eosin, and the stain may be omitted from the fixative altogether, so that the cover glass after fixation in the alcohol-ether-sublimate may be stained in any way that is desired.

The method is no less useful for fixing pus, sputum, and anything else which can be spread in a film, only with these it is generally advisable to prolong the fixation.

The cover glasses used must be scrupulously clean; the simplest way of ensuring this is to put them for a few minutes in glacial acetic acid, then wash them with plenty of water so as to remove the acid thoroughly, and dry them with a fine handkerchief. A large quantity should be treated at one time and stored up.

The thinner the film the better the fixation. As it is not possible in specimens mounted in balsam by whatever method exactly to reproduce the appearance of red corpuscles as seen in freshly drawn blood, it is desirable to control balsam preparations by examining fresh blood, or still better by pricking the finger through a drop of 2 per cent. osmic acid solution, and examining the preparation thus made as a fluid mount. This is specially desirable where the red corpuscles are altered in shape to a slight extent; greater degrees of poikilocytosis can easily be made out in balsam preparations.

MEMORANDA:

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

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

In March, 1896, I saw a patient, a young woman, in whom I found good reason for suspecting the presence of pus in the right maxillary antrum. I therefore made an exploratory puncture with a Lichwitz's trocar through the outer wall of the inferior meatus, and established the diagnosis by washing out the antral cavity with weak carbolic lotion syringed through the trocar, and finding that the fluid as it escaped through the ostium and anterior nares was rendered turbid by a quantity of foul-smelling curdy-looking pus. I had previously ascertained that the nasal fossa was free from discharge. This procedure was undertaken for the purpose of diagnosis only, and it was intended to follow it up by making a permanent opening in the alveolus, but to suit the convenience of the patient this was postponed; and when I saw her again shortly afterwards the one syringing had apparently practically effected a cure, as she stated she had lost her symptoms and had had no discharge. On examining the nose there was no sign of pus, therefore it was decided to defer making the alveolar opening for the time being. Since then I have seen her at frequent intervals, but have never succeeded in discovering any pus in the nares, though she has suffered from slight postnasal catarrh, which made her think that her old discharge was flowing backwards into the throat. The other day she was examined by means of the transilluminator, with the result that a "very decided absence of the suborbital

¹ *Journ. of Anat. and Physiol.*, vol. xxvi, 1892.

creascent" was observed. I again punctured the antrum as before, and expelled by syringing a very little white curdy-looking matter—certainly not more than half a drachm—quite insufficient I should say to account for the opacity, which I think must have been due to greater thickness of the anterior antral wall on the right side.

The idea which suggests itself to me is, Why trouble with the transilluminator in cases of suspected empyema of the maxillary antrum when we have at hand such a simple and certain method of clinching the diagnosis as puncturing? It is practically painless (with the aid of cocaine) and free from danger. I have adopted it in a considerable number of cases, and have not seen the slightest ill consequence. I make it a rule to employ it in all cases of persistent purulent discharge from the nose, with the view of proving or excluding the presence of pus in the maxillary antrum, and have been astonished at the number of cases in which I have met with a positive result.

E. FURNISS POTTER, M.D.Brux., M.R.C.S.,
Welbeck Street, W. L.R.C.P.Lond.

LEECHES IN PUERPERAL ECLAMPSIA.

Mrs. A., a primipara, aged 23, of slight build and rather anæmic, was delivered by me of twins—boy and girl—early on January 23rd, 1897. In both cases the head presented; the duration of labour was nine hours, and there was no difficulty experienced in any of the stages. A few hours after delivery she complained of slight headache, and at intervals had hallucinations of sight and hearing. Potassium bromide allayed the symptoms, and everything appeared to be going on well until fourteen hours after delivery, when I was suddenly summoned, as her friends thought she was dying. On arrival I ascertained that she had had a severe fit. She was in a dazed, semi-conscious state; her speech was incoherent, mouth drawn to one side, tongue badly bitten, and there was a wild expression about the eyes.

After a short time she had several convulsions, and these were repeated at intervals of twenty minutes. At first she was partly sensible between the paroxysms, and could answer questions, but as they increased in frequency and severity complete unconsciousness prevailed. Sedatives, wetcupping, and chloroform were tried without any improvement. The chloroform had to be stopped owing to the weak cardiac condition, and the embarrassed respiration arising from the swollen state of the tongue.

A dozen leeches were now applied over both loins, and soon afterwards there was a marked abatement in the character and frequency of the fits. They however continued at lengthened intervals for twenty-two hours after onset of symptoms, when they ceased. Consciousness gradually returned, her memory in reference to the circumstances before and after birth was a complete blank for seven days, but she made an excellent recovery, and was able to sit up on the twelfth day.

She is the eldest of a family of seven, and has always enjoyed good health. She never suffered from kidney disease, is a highly emotional woman, and during pregnancy worried herself in anticipation of parturition. I had not the opportunity before labour of examining the urine, but I found that it contained a small quantity of albumen afterwards.

My colleague, Dr. Ritchie, to whom I am greatly indebted for guidance and assistance in this case, informs me that in his experience, extending over a period of wellnigh thirty years, he has had eleven cases of eclampsia, in nine of which he employed leeches. Out of the eleven he had three deaths, but it must be noted that in one of these the patient was kept under the influence of chloroform for twelve hours and no leeches were used; while in the other two the convulsions continued for twelve hours before he had the opportunity of applying them. I believe, and I am confirmed in this opinion by Dr. Ritchie, that given a case of puerperal eclampsia, a successful result is to be expected if twelve to twenty-four leeches can be applied over the renal region soon after the commencement of fits. Whether the local depletion has some powerful counter-irritant effect in the modification or abolition of the convulsions I am not in a position to say, but the fact remains that in the cases I have seen the issue has always been successful.

Hoyland, Barnsley. B. WIGGINS, L.R.C.P., L.R.C.S.EDIN.

SPURIOUS CONSTIPATION.

I HAVE recently had under treatment three cases of so-called chronic constipation, for which the patients had been in the habit of taking aperients for a long time and which were cured by forbidding the further use of all kinds of aperients.

The histories of these cases were almost identical. No action of the bowels could be obtained unless aperients were used. No sooner was their use discontinued than constipation set in again, and recourse had to be had to aperients once more. In one of the cases this had been going on for about ten years, and the patient, who came to me for some quite different ailment, was so much addicted to the habit that I had the greatest difficulty in persuading her to accept my advice. She did so eventually, and the result was so surprisingly satisfactory that she sent me a friend of hers, who curiously enough was also cured of her long-standing constipation by the same "treatment."

The third case was that of a colleague who had always had very regular action of the bowels until he suffered from a sharp attack of diarrhoea some months ago, since which he had had to use some aperient daily in order to relieve his constipation. He had absolutely no other complaint, and all his organs were perfectly normal. I explained to him that he was in all probability suffering from no constipation at all, but that he was continually expelling by force from his bowel what residuum of fæces there was in it, and if he would let Nature have her way he would in all likelihood recover his regular habit as soon as his colon contained the requisite amount of residual fæces. My theory turned out quite correct. After waiting impatiently three or four days without taking any aperient, my friend was completely cured of his "constipation;" in fact, he tells me that the motions are at present perfectly natural in size and appearance, just as they were prior to the attack of diarrhoea, whilst they were always more or less watery when produced by aperients.

It would appear from these cases that "spurious constipation" is by no means a rare occurrence, especially after attacks of diarrhoea, and that its existence is not as generally known as it should be, although it is mentioned in some textbooks. The pretty universal opinion among the public that a daily evacuation of the bowel is an absolute necessity, even when very little food is taken, must be known to every medical man, and it is to the knowledge of this widespread belief that most patent medicine vendors are indebted for the fortunes which they have amassed. This belief is, however, quite erroneous. The daily action of the bowels, like so many other functions, depends very much upon various circumstances—as, for instance, the kind and amount of food consumed, the amount of liquid taken, the amount of exercise, the amount of residual fæces, and, above all, the idiosyncrasy of the individual. Bearing in mind these different circumstances, one should not immediately agree with the patient that he is suffering from constipation, to be relieved by aperients, when he complains that the action of his bowels is irregular, but, on the contrary, endeavour to eradicate the erroneous impression from his mind, which is the stepping-stone to hypochondriasis and patent medicine consumption.

In conclusion, I wish to say that my remarks do not refer to constipation as a symptom of either acute or chronic disease.

Manchester.

JOSEPH DULBERG, M.D.

BLOODLETTING IN URÆMIA.

In textbooks on medicine among the measures recommended in the treatment of uræmia, at least when well marked and associated with coma and convulsions, bloodletting is almost universally mentioned.

So far, however, as one can judge from the usual channels of information, it is rarely resorted to by the modern practitioner. Bloodletting generally has been so overdone in the past, that it is now regarded with pronounced disfavour. Impressed by its general recommendation in uræmia, I determined to give the treatment a trial on the first favourable opportunity. A strong, full-blooded, powerful man in the prime of life came into my consulting-room. I found him suffering from acute Bright's disease. He was sent home, recommended to bed, and prescribed for.

Sent for two days after, I found him suffering from symptoms of uræmia—headache, stupor, but as yet no convulsions or coma. Before, however, the remedies I prescribed could be obtained and used, uræmic convulsions and coma developed.

Sent for again, I found his condition most dangerous, and gaining the consent of his friends, removed about 8 ounces of blood from the arm. The convulsions after this diminished in intensity, and three hours later entirely ceased. Next day his breathing being still stertorous, and he being still comatose, and seeing that he was a full-blooded man with a pulse still strong, I allowed 8 ounces more blood to escape. The improvement in the character of the breathing was immediate. The following day sensibility had returned, and recovery has been uninterrupted, indeed rapid, the usual remedies being, of course, also used.

I feel convinced that the improvement following phlebotomy in this case was not a mere coincidence, and believing that the old-fashioned remedy saved the man's life, I shall act similarly for the future.

Campbeltown. T. HARVEY THOMSON, M.D., C.M., D.P.H.

REPORTS

ON

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

HEREFORD GENERAL INFIRMARY.

A CASE OF PARTIAL RUPTURE OF THE SPINAL CORD WITHOUT FRACTURE OF THE SPINE.

(By A. M. WATTS, M.R.C.S., House-Surgeon.)

History.—J. L., while driving on January 2nd last fell out of his cart. He was partly under the influence of drink at the time, but picked himself up and walked as far as his residence, a distance of a mile, put his horse away, and then sat down in a chair by the fire. Some time afterwards (three hours from the time of the accident) he noticed that he had no power in his right hand, then that his left was paralysed, and then that he could not move his legs; the paralysis came on so rapidly that it seemed to affect all his limbs almost simultaneously. On arriving home his neck felt a little stiff, but he had no pain in it. He had always been a healthy man, and was not in the habit of drinking to excess.

Condition on Admission (January 4th).—The patient is a man aged 65; he lies in bed on his back, respiration entirely diaphragmatic. He answers questions rationally, and has no cerebral symptoms; movement of his neck causes pain; there is no bruising of the skin, and no irregularity of the spinous processes; when the patient is lying still he has no pain in his neck, nor in the course of the nerves. He can raise his arms from his sides to a horizontal position, and he can move them inwards across his chest; he can flex but cannot extend his forearms; he has no movements of hands or fingers. Knee-jerks and plantar reflexes absent; loss of all sensation of trunk and lower limbs below the level of the third costal cartilage; no hyperæsthesia above that level. Also loss of sensation on the anterior and posterior surfaces of the forearms on the inner halves, on the whole of the dorsum of the hands, on the inner part of the palms, and on the palmar aspects of the little fingers. He has retention of urine and constipation. Chest normal; pulse, 56, full and regular; temperature subnormal; the urine acid, specific gravity 1025, trace of albumen.

Progress.—No alteration in the amount of paralysis or anæsthesia was noticed, and the patient's mind remained clear until his death, which was due to œdema of the lungs, and took place twelve days after the accident. The reflexes remained absent and the pulse slow.

Diagnosis.—From the absence of any signs of fracture of the spine, and also from the absence of pain in the course of the nerves and hyperæsthesia, the injury was thought to be probably limited to the spinal cord. As the patient had absolute loss of reflexes up to the time of his death, a total transverse lesion was diagnosed, the seat of it being between the origins of the sixth and seventh cervical nerves, as the musculo-cuta-

neous and external anterior thoracic nerves escaped, while the musculo-spirals and medians (with the exception of their cutaneous branches) and ulnars were paralysed. The circumflex nerves were not paralysed, although they come off with the musculo-spirals from the posterior cord of the brachial plexus, but their fibres seemed to be derived, and also the cutaneous fibres of the musculo-spirals and medians, from the sixth cervical nerves.

Treatment.—There was little to be done except to keep the patient's spinal column at rest, to prevent bedsores, and to relieve his retention of urine by the passage of a soft catheter.

Post-mortem Examination.—The spine was exposed by a vertical incision over the spinous processes. No irregularity nor signs of fracture could be detected, so the spinal canal was opened by removing the spinous processes and laminae, but no hæmorrhage was found in it. The spinal dura mater was seen to be torn transversely across in its left half, so it was, together with the spinal cord, removed. On dividing the dura mater longitudinally on its posterior aspect the cord was exposed, and the left half found to be torn across in the line of the wound in the dura mater, which extended round to the middle line anteriorly. An antero-posterior longitudinal section was then made of the spinal cord; at the seat of the rupture and for a distance of half an inch above it the cord was found to be very soft in consistence and greyish in colour, the limits of the grey area above being distinctly defined by a somewhat irregular transverse line. This condition of the cord apparently existed through its whole transverse section. On comparing the cord with the bodies of the vertebræ on its removal, the rupture was seen to be exactly opposite the articulation between the sixth and seventh cervical vertebræ; a little movement could be obtained in this articulation, but the posterior common ligament was intact.

REMARKS.—As a rupture of the spinal cord is a somewhat uncommon accident, I think that it is worth while putting this case on record, especially as there was apparently no fracture of the spine; and although a little mobility between the sixth and seventh cervical vertebræ was found, the posterior common ligament was not ruptured. The case is also interesting for the following reasons: (1) After the accident the patient walked a mile, and the paralysis did not come on until three hours afterwards. (2) Because the paralysis on the one side of the body was exactly similar to that on the other. (3) Although there was absolute loss of reflexes, still the cord was not entirely divided.

My thanks are due to Mr. Thomason, under whose care the patient was admitted, for permission to publish the notes.

BEDFORD GENERAL INFIRMARY.

A CASE OF ALCOHOLIC PSEUDO-TABES.

(By S. J. ROSS, M.B. Vict., House-Surgeon to the Hospital.)

THE patient, a man aged 45, while returning home one night, fell and cut his forehead. When I saw him half an hour afterwards he gave me the following history. When a youth, and up to the age of 30 years, he was greatly addicted to the abuse of alcohol. Fifteen years ago he was troubled with numbness and tingling in his fingers and toes, and was advised to give up alcohol. This advice was followed, but still the same symptoms persisted; and he noticed five years later that his gait was not at all certain, and people often remarked that he was drunk, when they saw him returning home in the dark. He was then troubled with severe "lightning pains" in his legs, and occasional vomiting. He had also a sensation of a band being tightly tied around his waist. Moreover, during the past twelve months he had been troubled with a hacking cough, and had had one rather severe attack of hæmoptysis.

The case appeared like one of locomotor ataxia. He had the girdle pain and the lightning pains in his legs. Absent knee-jerks, gastric crises, and characteristic gait; but on examining his eyes I found that they reacted normally to light and accommodation. So with this fact and the history I came to the conclusion that it must be a case of alcoholic pseudo-tabes. His lung symptoms were due to a cavity in the right apex, with consolidation of the left apex. Lately, I heard that the man died rather suddenly after an attack of hæmoptysis.

nurses come and go. And amongst all, as a matter of fact, I can only recall one who would in any way fit the word portraits of Lady Priestley.

Speaking of nurses as a class I am bound to say that I have ever felt the deepest gratitude to them for the unwearying care and devotion they have shown. I have never met with a nurse who has not conscientiously and loyally carried out my instructions; and those who undertake abdominal surgery—surely of all surgery the most dependent on good and conscientious nursing—know full well the comfort and feeling of security which the knowledge of having a trustworthy nurse gives.

There may be, and probably are, nurses of the type sketched by Lady Priestley. But I feel sure they are not to be found amongst the nurses sent out by our best known London and provincial institutions. I cannot help thinking that Lady Priestley's nurses are of a rare, and seldom seen, description, and have been simply utilised as a peg whereon to hang a magazine article.—I am, etc.,

February 10th.

A PROVINCIAL SURGEON.

MEDICAL ETHICS.

SIR,—The attitude adopted by the Bradford Medico-Ethical Society should be taken to heart as a lesson for all kindred societies. I venture to suggest that if all our Branches were to adopt the code, especially in respect to visiting other practitioners' patients, adverse criticisms, and unqualified assistants, the Association would have done a grand work, and the profession would have gained enormously in public opinion and in brotherly love. Much as I deprecate medical aid associations, I think we have still greater evils to contend with, and it is too often a fact that those men who are loudest in their condemnation of such societies and of those who lend their aid to the working of them are all the while employing unqualified assistants without proper supervision, or else the golden rule of "Do ye unto others," etc., is being broken wholesale by them.—I am, etc.,

February 15th.

NEMESIS.

PUERPERAL FEVER IN ENGLAND AND WALES.

SIR,—In the inaugural address Dr. Cullingworth¹ asks himself and others the question, why the mortality from metria has not diminished since 1847, considering that for many years antiseptic measures have been so strongly advocated by teachers. He thinks there must either be faulty teaching or want of due care in carrying out the necessary methods, and firmly believes that if the simple antiseptic precautions with which everyone is familiar were conscientiously adopted puerperal fever would be as rare in private practice as it is now in the best lying-in hospitals. I am sure Dr. Cullingworth in thus impressing upon the profession the importance of personal hygiene does not wish to convey to the public that metria commonly arises through want of care on the part of the medical attendant or that there are not many causes over which we have no control arising from the patient, the accidents of childbed, or the nature of the surroundings to which the puerpera is exposed, the last being rarely as favourable to what exists in a well-ordered lying-in hospital. The general practitioner has to take the responsibility of results, while he is generally debarred by usage and social conditions from protecting adequately himself and patient from the sources of mischief. Two important facts are stated, that childbed mortality in private practice was no greater, or even less, prior to the antiseptic period, and that it prevailed more in those districts which were mountainous, hilly, and sparsely populated, where medical assistance was difficult to obtain.—I am, etc.,

JOHN A. LYCETT, M.D.,

Senior Surgeon, Wolverhampton Hospital for Women.
Wolverhampton, March 6th.

INDIA AND THE COLONIES.

AUSTRALASIA.

INSANITY.—In the sixth issue of *The Seven Colonies of Australasia*, recently published, Mr. T. A. Coghlan gives the number of insane persons under official cognisance in Australasia on December 31st, 1894, as 12,610. This

¹ BRITISH MEDICAL JOURNAL, March 6th.

represents 3.0 per 1,000 of the population. This rate is higher than that of England or Scotland. The number of insane persons per 1,000 of the population in each Colony is as follows: New South Wales, 2.9; Victoria, 3.5; Queensland, 3.0; South Australia, 2.5; Western Australia, 1.8; Tasmania, 2.3; New Zealand, 3.2.

NATAL.

THE TSETSE FLY.—We learn from Pietermaritzburg that Surgeon-Major Bruce has discovered that the trypanosome of "fly disease" is not confined to the domestic animal, but is found in the blood of the buffalo, wildebeeste, koodoo, bush-buck, hyena, and other animals, so that the connection between wild animals and the disease is pretty well demonstrated. Surgeon-Major Bruce says that the tsetse fly is found in enormous numbers in the fly country, sometimes as many as 200 or 300 being seen on a horse at the same time. As yet we have no explanation as to the reason for the disappearance of this fly with the disappearance of the large game from a country.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

BOTANICAL COLLECTION.—A handsome gift consisting of some 4,000 specimens of Pyrenean and Alpine plants, collected between 1858 and 1893 by the late Mr. Charles Packe, M.A. Oxford, has been presented by his widow to the University Herbarium. This represents a very valuable addition to the fine European collection in the Botanical Museum.

STATE MEDICINE.—The Syndicate for State Medicine has been empowered by the Senate to frame and publish from time to time a statement of the conditions under which candidates for the Diploma in Public Health are admitted to examination. The conditions are to be consistent with the rules of the General Medical Council.

OBITUARY.

OLIVER PEMBERTON, F.R.C.S.,

Consulting Surgeon to the General Hospital, Birmingham, and Coroner for the City.

ON Sunday evening, March 7th, after a comparatively short illness, Mr. Oliver Pemberton, of Birmingham, passed away at his residence, Quarry House, Whitacre, near Birmingham. By his death Birmingham as a city loses one of its most remarkable and distinguished citizens, and the medical profession in Birmingham a prominent and well known member.

Mr. Pemberton was the second son of Thomas Pemberton, of Warstone House, a well known Birmingham manufacturer, who for many years was one of the borough justices of the peace. He was born on August 15th, 1825, at Warstone House, and received his education at King Edward's School. From his earliest years he showed a leaning towards a literary and professional career rather than the commercial pursuits of his family, and at the age of 17 he was apprenticed to Mr. D. W. Crampton, one of the surgeons to the General Hospital, and entered Queen's College as a medical student. Soon afterwards he went up to London, and studied for four years at St. Bartholomew's Hospital under Burrows, Lawrence, and Stanley, taking the diploma of Member of the College of Surgeons in 1847. He then returned to his native city, and entered the General Hospital as "Physician's Assistant." When the duties of this office were altered and in its place resident medical and resident surgical officerships were created Mr. Pemberton was elected Surgical Officer, having the late Dr. Heslop with him as his colleague.

From this time onward he devoted himself to the surgical side of his profession, and in 1852 was elected Honorary Surgeon to the hospital in the place of Mr. Richard Wood. This position as Honorary Surgeon he filled for close upon forty years, resigning in 1891, when he was appointed Her Majesty's Coroner for the city. At the annual meeting of the governors of the institution in 1892, he was unanimously elected Consulting Surgeon, a position which he held till his death.

Mr. Pemberton was connected with the Birmingham Medical School, and took an active interest in its management for nearly forty years. He was Professor of Anatomy from 1853 to 1858, and from 1867 till 1892 was one of the Professors of Surgery. He took a leading part in the transference of the Medical Department of Queen's College to Mason College, and as Member of the Council and later on as Bailiff of the latter institution displayed always an active interest in the welfare of the medical school. In 1878 Mr. Pemberton was elected a Fellow of the College of Surgeons, and seven years later, in 1885, was chosen a Member of the Council of the College, a position he continued to hold until his death.

at Dudley, received his early education there. After a short term of apprenticeship he went to St. Bartholomew's Hospital, and entered the profession in 1863. Dr. Turner was well known and highly respected in the district in which he practised, and was for some time Medical Officer of Health for the Stourbridge Rural District. The good services which he rendered in this capacity were recognised by the King'swinford District Council at a recent meeting.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Leo von Halban, Professor of Forensic Medicine in the University of Cracow, formerly editor of the Polish medical journal *Przegląd lekarski*, and author of numerous contributions to the literature of his speciality, aged 59; and Dr. B. Boyer, Professor of Hygiene and Therapeutics in the Faculty at Beyrout, Syria, aged 37.

NAVAL AND MILITARY MEDICAL SERVICES.

THE STATISTICAL REPORT OF THE HEALTH OF THE NAVY FOR 1895.¹

THIS valuable report is remarkable for its conciseness, and the readiness with which any complex statistical question may be settled by reference to it. The system adopted has been in use since the year 1856. The items of each year are compared with those of the preceding year, and the ratios are contrasted with those of the last eight years. In this way the amount of increase or decrease can be more satisfactorily determined under particular circumstances. Under the heading of Total Force we find a summary of general statistical particulars, and the returns are supposed to be satisfactory on the whole; but it is interesting to notice how the total numbers may be affected by purely local conditions, epidemic visitations, operations in malarious districts, and even a single catastrophe, as in the loss of 48 officers and men at Chemulpo through the foundering of a sailing pinnace belonging to H.M.S. *Edgar*.

The total force in the service afloat, corrected for time, in the year 1895 was 67,960 officers and men, of whom 40,710, or 59.9 per cent., were between the ages of 15 and 25; 19,740—29.04 per cent.—were between the ages of 25 and 35; 6,440, or 9.47 per cent., were between the ages of 35 and 45; and 1,070, or 1.57 per cent., were above 45 years of age.

There were 65,196 cases entered on the sick list, showing a slight increase as compared with the previous year, but a decrease as compared with the average ratio of the last eight years, and the same remarks will apply to the daily number of men under treatment—that is, 2,789.32, or 41.04 per 1,000. A similar statement will also apply to the loss of service from disease and injury, which was estimated at 14.98 days for each person.

Out of the total number of persons invalided in the first instance, that is, 1,717, many on arrival in England or after some treatment in the home hospitals were again able to join the active force. Thus, out of the above number 1,114 were finally invalided and 603 restored to the service. The death-rate from disease alone was 4.64 per 1,000, or 316; and from injury 1.95 per 1,000, or 133; the total number of deaths being 449.

Under the head of General Diseases, Group A, Subgroup 1, we find the ordinary zymotics usually represented by higher numbers on the home station. Of 1,879 cases of simple continued fever, 123 were on the home station, 505 on the Mediterranean, 67 on the North American and West Indian, 160 on the Cape of Good Hope and West Coast of Africa, 450 on the East Indies, 303 on the China, and 135 in the Irregular Force.

Notwithstanding the admitted control of hygienic principles over the source of enteric fever, there were 270 entries for this disease during the year, that is, 82 on the Mediterranean station, 65 on the home, 56 on the East Indian, and 67 scattered amongst all the other stations and the Irregular Force. The deaths were 50, and the invalidings 26.

¹ Eyre and Spottiswoode, East Harding Street, Fleet Street, E.C., and Westminster, S.W.; John Menzies and Co., 12, Hanover Street, Edinburgh, and 90, West Nile Street, Glasgow; or Hodges, Figgis, and Co., Limited, 104, Grafton Street, Dublin. (is. 10d.)

The general prevalence of influenza during the year is worthy of note. Thus, there were in all 2,627 cases, of which 1,521 were on the home station, 557 on the Mediterranean, 79 on the North American and West Indian, 10 on the South East Coast of America, 32 on the Pacific, 120 on the Cape of Good Hope and West Coast of Africa, 111 on the China, 2 on the Australian, and 95 in the Irregular Force; 6 cases were fatal.

Under Subgroup 2, the cases of malarial disease were 2,152, with 14 deaths and 192 invalidings. The highest number (1,067) was reported from the Cape of Good Hope and West Coast of Africa station.

Subgroup 4. Venereal Diseases.—From a naval point of view it is obvious that an increase or decrease in the yearly records of these diseases on any station must largely depend upon the facility of communication with the shore. Hence, while we are aware that syphilis is largely on the increase, particularly in India, as shown by the military returns, the present report indicates a decrease of 20 per 1,000 on the South-east Coast of America Station, 14.78 on the Pacific, 10.29 on the East Indian, 7.6 on the Mediterranean, 6.89 on the Home, and 6.41 in the Irregular Force. Bearing this in mind it is curious to observe that gonorrhœa and its sequelæ should be on the increase, but the comparison must be made with primary syphilis alone, which would be 3,296 against 5,345 representing both gonorrhœa and its sequelæ. If 1,651, the number for secondary syphilis, were added to the primary 3,296, the result would be 4,947 which would 398 only short of 5,345, the number for gonorrhœa and its sequelæ.

The records of the two principal naval hospitals—Haslar and Plymouth—are of interest in this connection. Thus, in the medical wards of Haslar the number of cases for the year was 2,161, while the surgical cases under treatment was 4,124, or, roughly speaking, double those in the medical, the total being 6,285.

Venereal diseases alone made up 2,219, or somewhat more than all the medical cases put together, nearly equivalent to one-third of the total number, and half that of the surgical cases. They may be thus tabulated:

	1895.	1894.
1. Primary syphilis	652	741
2. Secondary " " " " " "	373	366
3. Gonorrhœa and its sequelæ ...	1,194	919
Totals...	2,219	2,026

Dealing with the Plymouth Hospital in a similar way, the number in the medical wards was 1,436, in the surgical 2,695, total 4,131. The venereal diseases (1,517) tabulated thus:

	1895.	1894.
1. Primary syphilis	510	581
2. Secondary " " " " " "	283	310
3. Gonorrhœa and its sequelæ ...	720	730
Totals...	1,513	1,621

On comparing the above figures, it will be seen that at Haslar, while there is a decrease in the amount of primary syphilis, there has been an increase in the secondary form, and in the cases of gonorrhœa and its sequelæ yielding an adverse excess of 193. On the contrary, at the Plymouth Hospital, an improvement is observable under all three heads, with a favourable excess of 104.

Under Class II, Local Diseases, the following items are worthy of note, namely: Diseases of the respiratory system 8,109; invalidings 223, deaths 81. Diseases of the digestive system 8,624; invalidings 184, deaths 21. Diseases of the connective tissue and skin 11,643; invalidings 34, and 1 death. Wounds and injuries 11,613; invalidings 105, deaths 122.

The utility of this report is much enhanced by well-executed charts showing the limits of the several naval stations, and a large appendix of tables for reference reflects much credit on the compilers.

THE NAVY.

The following appointments have been made at the Admiralty: MICHAEL J. MCCARTHY, M.D., Staff-Surgeon, to the *Wildfire*, for Yarmouth Hospital, March 11th; CORNELIUS BRADLEY, M.D., Surgeon, to the *Melampus*, March 11th.

Surgeon RICHARD HENRY WAY, M.R.C.S., L.R.C.P., as was briefly noticed in the BRITISH MEDICAL JOURNAL of March 6th, died at Warrigton on February 21st, while in service with the Benin Expedition, at the age of 29. He was appointed Surgeon, November 14th, 1894.

ARMY MEDICAL STAFF.

SURGEON-LIEUTENANT-COLONEL J. RING, M.D., is promoted to be Brigade-

MEDICAL NEWS.

THE Queen has sent to the East London Hospital for Children and Dispensary for Women, Shadwell, the sum of 20 guineas as Her Majesty's annual subscription.

ARRANGEMENTS are now in progress for the meeting of the British Association at Bristol in 1898, and at a recent meeting convened by the Mayor a large number of names were added to the local executive committee. The British Association has already met twice in Bristol, in 1836 and 1875.

PRESENTATION.—Mr. R. T. Cesar, jun., of Maidstone, has been the recipient of an oak stationery case, presented by the boys attending the ambulance instruction given in connection with Sir Charles Booth's Trust Continuation Classes, as a mark of their respect and esteem.

THE resignation by Dr. J. C. Howden of the office of physician-superintendent of the Montrose Royal Lunatic Asylum, which he had held for forty years, has been accepted, and the Committee resolved to appoint him consultant-physician, and to assign him the highest pension allowed. The Committee resolved that the salary to be paid to his successor should be £750 a year.

INTERHOSPITAL FOOTBALL.—In the final tie for the Hospitals Cup, Rugby Union, which was played at Richmond on March 9th, St. Thomas's, the holders, succeeded in retaining the trophy after a very close game, defeating Guy's by one try. In the Association Cup Guy's defeated St. Bartholomew's by two goals to one, and will therefore play the holders, London Hospital.

The annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at Newcastle at the College of Medicine towards the end of July. It is proposed that a considerable part of the time of the meeting shall be devoted to discussions, papers, and demonstrations on subjects connected with insanity, and the structure and functions of the brain and nervous system. Communications may be addressed to the Honorary General Secretary, Dr. Percy Smith, 11, Chandos Street, Cavendish Square, London, W.

THE annual report of the Queen Charlotte's Lying-in Hospital states that, during the year 1896, 1,151 patients were delivered in the hospital with 10 deaths, the rate of mortality being 8.68 per 1,000; 8 of these had grave complications (3 suffering from puerperal convulsions, 3 from placenta prævia, 1 of these admitted moribund, 1 from accidental hæmorrhage, 1 from severe heart disease). One died from hæmorrhage following severe lacerations. The 3 fatal cases of convulsions developed septicæmia, and 1 other. In the out-patient department 1,122 patients were delivered, of whom only 2 died, giving the death-rate of 1.78 per 1,000.

PRESENTATION.—Dr. J. H. Fergusson, of Killygordon, co. Donegal, was recently presented by a number of his friends with an address, a complete laboratory (bacteriological, chemical, and hygienic), and a purse of sovereigns. A brass plate on a mahogany box containing a microscope bears the following inscription: "This microscope, together with other bacteriological and hygienic instruments, was presented to Dr. J. H. Fergusson, F.R.C.S.I., D.P.H., Mem. San. Inst., etc., by a number of his friends as a token of their esteem for his high medical and scientific attainment. Killygordon, January, 1897."

DEPLORABLE STATISTICS.—The following harrowing description of the condition of Spanish troops in Cuba comes from Madrid. The latest alarming reports received from Cuba go to prove that the strength of General Weyler's troops has been brought to a startlingly low figure. Fully 80 per cent. of the troops are composed of mere boys from 17 to 24 years of age, who were ordered out to Cuba after receiving from six weeks' to two months' military training in barracks. Each battalion left the Peninsula 1,000 strong, yet at the end of November one of them at Candelaria, in the Province of Pinar del Rio, was reduced to 320 men, and this is a comparatively high figure; another battalion mustered no more than 82 men. One column went to the front having 4,000

men, and in a short time it dwindled down to 800 men. "The same thing," writes Señor Pena, "has occurred on a higher or lower scale throughout the army." As for the hospitals they are stated to be in a very bad condition. There are, of course, many members of the medical staff who do their very best for the wounded, but their laudable efforts are practically lost owing to the disorganisation prevailing everywhere, the want of food, drugs, surgical instruments, beds and bedding in the pestiferous houses and shanties called hospitals, where the wounded are packed together and often exposed to rain, wind, and cold.

STATE TREATMENT OF INEBRIETY IN AMERICA.—The fifth annual report of the Massachusetts Hospital for Dipso-maniacs and Inebriates at Foxboro, the only institution of the kind established and carried on by Governmental authority, is of special value, in view of the expressed intention of the British Cabinet to introduce a Bill into Parliament for amended legislation for habitual drunkards. There has been an increase of 59 in the number of patients committed during the past year, all under 40 years of age, constituting an addition to the daily average number of 20.18, with the material reduction of the weekly per capita cost to £1 5s. 6d., the cost having been substantially reduced each year since the opening of the hospital. In treatment physical training has occupied a prominent place, including gymnastics, baths, etc. Difficulties having arisen from the reluctance of the patients to take the muscular exercise essential to cure, an order was made last year requiring a six months' course of treatment for every patient, a discharge being refused unless the prescribed medicines, exercises, and baths had been taken, and a certain amount of work done. It is noteworthy that the commitment of patients to this hospital is a judicial order to the trustees to keep them until it shall appear that they "will not be subject to dipsomania or inebriety," etc. The determination of the proper time for release being essentially a medical question, the rule has been made elastic, so as to suit the varying necessities of different cases. Work, which is held by all authorities to be an important element of cure, is found in farming, gardening, carpentry, painting, broom making, stable work, and the like. It is intended to add a receiving house for the temporary care of acute cases. Of the 270 admitted during the year, 21 were 15 years or under at their first attack, and 95 from 15 to 20 years. The average age at first attack of the 270 was 23 years. Of the 210 discharged, 32.38 per cent. had done well (abstinent). Of the 135 patients remaining in hospital, 76 were supported by the State, 48 by towns, and 11 were private patients.

INTERNATIONAL CONGRESS OF LEPROLOGISTS.—The suggestion to hold an International Congress of Leprologists and Representatives of all Governments to discuss the best measures for the suppression of leprosy was, we believe, originated by Dr. Goldschmidt, formerly of Madeira, now of Paris. The following leprologists have announced their approval of this scheme: Dr. Louis F. Alvarez, Hawaii; Dr. Bouffe, Paris; Dr. Justin F. Donovan, Jamaica, West Indies; Dr. J. G. Kerr, Canton, China; Dr. Azevedo Lima, Rio Janeiro, Brazil; Dr. P. A. Morrow, New York; Dr. A. Mouritz, Molokai, Hawaiian Islands; Dr. O. Petersen, St. Petersburg; Dr. A. Blaschko, Berlin; Dr. J. de D. Carrasquilla, Bogota; Dr. S. P. Impey, Cape Town, South Africa; Dr. S. Kitasato, Tokyo, Japan; Dr. Sousa Martens, Lisbon; Dr. H. Munro, London (St. Kitts, West Indies); Dr. A. Neisser, Breslau; Dr. A. C. Smith, Tracadie, Canada; Hon. Wm. O. Smith, President Hawaiian Board of Health. The Governments of Hawaii, Columbia, South America, Cape Colony, and South Africa have agreed to send official delegates, and those of Great Britain, United States of America, France, Russia, Germany, Italy, Spain, Mexico, the republics of South America, Japan, and China have been appealed to to take part in the Congress. Queen Victoria has expressed through her Private Secretary, Sir Arthur Bigge, her interest in the enterprise. Bergen was first thought of as the most suitable place of meeting of the Congress. As the Scandinavian Government did not appear to favour the idea, the promoters of the Congress next turned their minds to London. There they found an obstacle in the existence of disbelief in contagiousness. Then Moscow was proposed. Finally Drs. Hansen, Koch, and Lasser received the consent

of the German Government to invite delegates from all countries for an official conference in Berlin. The date of the Congress has not yet been fixed.

MEDICAL VACANCIES.

The following vacancies are announced:

- ANCOATS HOSPITAL, Manchester.**—Resident Junior House-Surgeon. Salary, £50 per annum, with board and washing. Applications to Alex. Forrest, Honorary Secretary.
- 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.
- BRADFORD INFIRMARY.**—Dispensary Surgeon; unmarried, doubly qualified. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to William Maw, Secretary, by March 22nd.
- 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.
- DERBYSHIRE ROYAL INFIRMARY.**—Honorary Surgeon. Applications to Walter G. Carnt, Secretary, by March 22nd.
- DUNDEE ROYAL INFIRMARY.**—Resident Clinical Assistant; qualified. Board, lodging, and washing provided. Applications to Nathan Raw, Medical Superintendent, by March 17th.
- ENNISCORTHY DISTRICT ASYLUM.**—Assistant Medical Officer; doubly qualified, unmarried, and not more than 30 years of age. Salary, £100 per annum, with allowance of furnished apartments, ratons, etc., valued at £100 per annum. Applications to the Medical Superintendent.
- 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 HOSPITAL, Birmingham.**—Assistant House-Surgeon; must possess a Surgical qualification. Appointment for six months. Board, residence, and washing provided. Surgical Casualty Officer, non-resident. Salary, £50 per annum. Appointment for one year, but eligible for re-election. Applications to Howard J. Collins, House Governor, by March 27th.
- GENERAL HOSPITAL, Nottingham.**—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided; no salary. Applications to the Secretary by March 31st.
- 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.
- GRAVESEND HOSPITAL.**—House-Surgeon; doubly qualified. Salary, £80 per annum, with board and residence. Applications to Frederick Mitchell, Honorary Secretary, 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.
- HASTINGS, ST. LEONARD'S, AND EAST SUSSEX HOSPITAL.**—Third Honorary Assistant Surgeon. Applications to William T. Gant, Secretary, by April 3rd.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physicians. Applications to the Secretary by March 31st.
- 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.
- KENSINGTON AND CHELSEA SCHOOL.**—District Medical Officer (non-resident) to the Cottage Home School at Banstead, near Epsom. Salary, £120, rising £10 every two years to a maximum of £180. Must not exceed 45 years of age and be doubly qualified. Applications, on forms provided, to be sent to John H. Rutherglen, Clerk to the Managers, Guardians' Offices, Marloes Road, Kensington, by March 22nd.
- LEICESTER INFIRMARY.**—Assistant House-Surgeon. Appointment for twelve months, subject to re-election for an additional term of twelve months. Board, residence, and washing provided, and an honorarium of £42 for twelve months. Applications to the Secretary at his Offices, 24, Friar Lane, Leicester, by March 22nd.
- LONDON LOCK HOSPITAL, 91, Dean Street, W.**—House-Surgeon to the Male Hospital; doubly qualified. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by March 27th.
- LONDON SCHOOL OF MEDICINE FOR WOMEN, 30, Handel Street, Brunswick Square, W.C.**—Demonstrator of Physiology. Salary, £30 per annum. Applications to the Secretary by March 23rd.
- MANCHESTER ROYAL EYE HOSPITAL.**—House-Surgeon; must devote his whole time to the duties. Salary, £70 per annum, with residence, board, and washing. Applications, endorsed "House-Surgeon," to the Chairman of the Board of Management by April 6th.

- NEWPORT AND MONMOUTH HOSPITAL.**—House-Surgeon; doubly qualified. Salary, £100 per annum, with board and residence; no stimulants provided. Applications to the Secretary by March 25th.
- 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 ratons, apartments, and washing. Applications on forms provided to Edwin Davey, Clerk, Guardians' Offices, 141, St. John's Road, Upper Holloway, N., by March 16th.
- POPULAR HOSPITAL FOR ACCIDENTS, East India Road, Poplar, E.**—Assistant House-Surgeon. Salary, £80 per annum, with board and residence. Second Assistant House-Surgeon. Salary, £50 per annum, with board and residence. Applicants for the former appointment should state whether they may be considered candidates for the latter appointment in the event of their non-election to the first. Applications to the House Governor by March 23rd.
- QUEEN CHARLOTTE'S LYING IN HOSPITAL, Marylebone Road, N.W.**—Assistant Resident Medical Officer. Appointment for four months. Salary, £50 per annum, with board and residence. Applications to the Secretary by March 21st.
- 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 ALEXANDRA HOSPITAL FOR SICK CHILDREN, Dyke Road, Brighton.**—House-Surgeon; doubly qualified. Salary, £80 per annum, with board, lodging, and washing; no stimulants. Applications to the Chairman of the Medical Committee. Election on April 2nd.
- 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 SOUTH HANTS INFIRMARY, Southampton.**—Assistant Physician; must reside within a mile and a-half of the Infirmary. Applications to T. A. Fisher Hall, Secretary, by March 18th.
- ST. LUKE'S HOSPITAL, Old Street, E.C.**—Clinical Assistant. Appointment for six months. Board and residence. Applications to W. H. Baird, Secretary.
- ST. SAVIOUR'S UNION, Surrey.**—Medical Superintendent and Second Assistant Medical Officer at the Infirmary, East Dulwich Grove, S.E. Remuneration of the former, £400 per annum, with unfurnished house, coals, gas, and water, and of the latter £80 per annum, with furnished apartments, board, and washing. Applications, endorsed "Application for Medical Superintendent" or "Second Assistant Medical Officer," to H. C. Jones, Clerk, Union Offices, John Street West, Blackfriars Road, S.E., before noon on March 22nd.
- 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 Hemsley 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.
- SUSSEX COUNTY HOSPITAL, Brighton.**—House-Physician; doubly qualified, unmarried, and under 30 years of age. Salary commencing at £50 per annum, with board and residence in the Hospital, and washing. Applications to the Secretary by March 17th.
- UNIVERSITY COLLEGE, Bristol.**—Medical Tutor. Stipend, £125 per annum. Applications to E. Markham Skeritt, M.D., Dean, by March 31st.
- VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Edinburgh.**—Resident Physician. Board and lodging provided and an allowance for conveyance at the rate of £24 per annum. Non-resident Medical Officer for Out-patients. Salary at the rate of £60 per annum. Appointments for six months. Applications to Messrs. Wallace and Guthrie, W.S., 1, North Charlotte Street, Edinburgh, Honorary Secretaries, by March 24th.
- WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.**—House-Surgeon; unmarried. Salary, £60 per annum, with board and residence. Applications to the Honorary Secretary by March 22nd.
- 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.
- WESTMINSTER GENERAL DISPENSARY, 9, Gerrard Street, Soho.**—Dispenser. Salary, £50 per annum; must possess the minor or major qualification. Applications to Joseph H. Meade, Secretary.
- 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.

- BECKETT, Francis M., M.R.C.S.Eng.**, reappointed Medical Officer to the Ely St. Mary's District of the Ely Union.
- BELL, Charles William Josceline, L.R.C.P.Eng., M.R.C.S.Eng.**, reappointed Medical Officer for the Yrborough District of the Louth Union.

BURTON, Robert G., M.D., L.R.C.S. Edin., reappointed Medical Officer of Health to the Greenford District Council.

BYASS, T. S., M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer to the Wallingford Union, *vice* W. C. Byass, M.R.C.S. Eng., L.S.A., resigned.

CAIGER, Herbert, M.B. Lond., F.R.C.S. Eng., appointed Railway Medical Officer, Burghersdorp, Cape Colony.

DAVEY, Mr. E. L., appointed Medical Officer of Health for the Walmer Urban District, *vice* R. S. Davey, M.D. St. And., L.S.A.

DREWITT, Dr., appointed Second Assistant Medical Officer to the Chelsea Union.

DUNN, L. A., F.R.C.S., M.S., appointed Consulting Surgeon to the St. Mary's Children's Hospital, Plaistow, E.

ENNALS, Charles Thomas, M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Burwell District of the Louth Union.

FAGGE, R. H., M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Leicester Infirmary, *vice* M. B. Foster, M.R.C.S., L.R.C.P., resigned.

FARNFIELD, W. W., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to St. Mary's Children's Hospital, Plaistow, E.

FORBES, Duncan McDonald, L.R.C.P. Edin., L.F.P.S. Glasg., appointed Deputy Medical Officer for the Eastwood District of the Basford Union.

FOX, George M., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Workhouse of the Walsall Union, *vice* John Wood, M.A. Oxon., M.B.

HARRIS, Spencer C., L.F.P.S. Glasg., L.M., L.S.A., reappointed Medical Officer for the Ely Trinity District of the Ely Union.

HAWLEY, Arthur, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., appointed Honorary House-Surgeon to the Coventry and Warwickshire Hospital, *vice* Frank Iliffe, M.R.C.S. Eng., resigned.

HAWORTH, F. G., M.B., C.M., D.P.H., reappointed Medical Officer of Health for the Borough of Darwen.

HEDGES, John A., M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health for the Eaton Bray Rural District, *vice* H. W. A. Sandell, L.R.C.P. Edin., M.R.C.S. Eng.

HOPKINS, G. Herbert, F.R.C.S. Eng., L.R.C.P. Lond., appointed Visiting Surgeon to the Lady Bowen Hospital for Women, Brisbane, Queensland.

LAWRENCE, Alfred Edward Aust, M.D. Aberd., M.B., C.M., appointed Consulting Physician Accoucheur to the Bristol General Hospital.

LEEDHAM-GREEN, Charles A., M.D. Heidelb., F.R.C.S. Eng., appointed Surgeon for Out-patients, Queen's Hospital, Birmingham.

LOWE, P. R., appointed House-Physician to the Leicester Infirmary, *vice* R. H. Fagge, appointed House-Surgeon.

MAPLETON, George H., M.B., C.M. Edin., appointed Medical Officer for the Goodhurst District of the Cranbrook Union.

MILLAR, William, M.B., C.M. Glasg., appointed Medical Officer and Public Vaccinator for the West Green and St. Ann's District of the Edmonton Union.

MORCOM, Augustus, L.R.C.S. Edin., L.S.A., reappointed Medical Officer of Health for the Dunstable Town Council.

NEWNHAM, William H. Christopher, M.A., M.B. Camb., M.R.C.S. Eng., appointed Physician Accoucheur to the Bristol General Hospital, *vice* A. E. Aust Lawrence, M.D. Aberd., resigned.

POPE, George S., L.R.C.P., L.R.C.S. Edin., appointed Medical Superintendent of the new Asylum at Middlesbrough.

PROSSER, Thomas Gilbert, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for the Monmouth Town Council.

PULLEN, Ralph S. McD., appointed Surgeon to the Provident Institution of the Royal Albert Hospital, Devonport; and Honorary Anaesthetist to the South Devon and East Cornwall Hospital, Plymouth.

RANDALL, Ernest B., M.D. Lond., M.R.C.S. Eng., appointed Honorary Medical Officer to St. Mary's Children's Hospital, Plaistow, E.

RAYNER, David Charles, F.R.C.S. Eng., L.R.C.P., appointed Assistant Physician Accoucheur to the Bristol General Hospital, *vice* William H. C. Newnham, M.A., M.B. Camb., resigned.

RIDGWAY-MACAULEY, Mr. W. G., appointed Medical Officer for the Western District of the Freebridge Lynn Union, *vice* F. A. Barrington, L.R.C.P., L.R.C.S. Irel.

ROBINSON, H. B., F.R.C.S., M.D. Lond., M.S., appointed Consulting Surgeon to the St. Mary's Children's Hospital, Plaistow, E.

SHEPHERD, Richard Le Fleming, M.B., C.M. Edin., reappointed Medical Officer for the Hainton District of the Louth Union.

TUXFORD, Arthur, M.B. Edin., appointed Medical Officer of Health to the Rural District Council, Boston Union, *vice* L. Wilkinson, M.B. Edin., resigned; and reappointed Medical Officer to the Fever Hospital, Boston.

WARE, Ernest E., M.D. Lond., B.S., M.R.C.S., appointed Honorary Medical Officer to the St. Mary's Children's Hospital, Plaistow, E.

WILLIAMS, C. W., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Smallburgh District and the Workhouse of the Smallburgh Union, *vice* A. W. Knox, M.D. Aberd., resigned.

YOUNG, Edward, L.R.C.P. Edin., 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 Charles Stewart: Joints and Flexible Bonds of Union in Plants and Animals. Lecture I.

TUESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Impetigo. Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: "Alcoholic Insanity, Insanity with Syphilis, Insanity with Organic Brain Disease.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, 4 P.M.—Dr. Dundas Grant: The Diagnosis and Treatment of Visible Abnormalities in the Auricle and External Meatus.

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

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

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. S. G. Shattock: *Sable Intestinal*. Mr. A. A. Bowly: Unusual specimen of Gummatous Disease of the Kidney. Mr. D'Arcy Power: Some Points in the Minute Anatomy of Intussusception. Mr. J. H. Targett: Giant-celled Tumours of the Integuments. Dr. Champneys and Mr. Power: Congenital Occlusion of the Duodenum by Complete Transverse Septum.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: Joints and Flexible Bonds of Union in Plants and Animals. Lecture II.

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

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M. Dr. Whitfield: Medical Cases.

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

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital, 8.30 P.M.—Exhibition of Clinical Cases.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Maguire: The Cardiac Affections of Renal Disease.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.30 P.M.—Mr. G. J. Symons: On Meteorological Observations in 1837 and 1897.

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

THURSDAY.

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

SOCIETY OF ANAESTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Casual Communication: Professor Holiday. Dr. Silk: The Occurrence of Pneumonic Troubles after the Administration of Anaesthetics.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 4 P.M.—Mr. J. H. Morgan: Clinical Surgical Lecture.

FRIDAY.

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

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: Joints and Flexible Bonds of Union in Plants and Animals. Lecture III.

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

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.—Dr. James Niven: On the Prevention of Tuberculosis.

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.

BONAR.—On February 28th, at 114, Via del Babuino, Rome, the wife of Thomson Bonar, M.D., of a son.

DURRANT.—On February 27th, at Market Harborough, the wife of T. Arnold Durrant, Surgeon, of a daughter.

LE MOTTÉE.—On March 7th, at Aldershot, the wife of Surgeon-Lieutenant-Colonel G. H. Le Mottée, A.M.S., of a son.

MARRIAGE.

BEADLES—BARWICK.—On February 15th, at St. Stephen's, East Twickenham, by the Rev. W. Murdoch Johnson, M.A., Vicar, assisted by the Rev. Arthur R. Beadles, M.A., brother of the bridegroom, and the Rev. Ernest Hartley, M.A., Vicar of St. Luke's, Hackney, Harold Shatford Beadles, M.R.C.S.E., youngest son of the late Dr. Hubert Beadles, of New Southgate, to Lily, sixth daughter of Joseph Barwick, Esq., of Lawrence House, St. Margaret's, Twickenham.

DEATHS.

BARRON.—On March 10th, at his residence, Summerseat, Southport, George Bretherton Barron, M.D., in his 76th year.

DICKINSON.—On March 3rd, at his residence, Denmark Villas, Hove, Thomas Dickinson, M.R.C.S., L.S.A., formerly of Sloane Street, Chelsea, aged 67.

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.
CHARING CROSS. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*.—W. Th. F., 3.
CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
CITY ORTHOPÆDIC. *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., 1.
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, Th., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetrics), Th., 2.
NATIONAL ORTHOPÆDIC. *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Tu., 2.30.
ROYAL EYE, Southwark. *Attendances*.—Daily, 2. *Operations*.—Daily.
ROYAL FREE. *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 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 ORTHOPÆDIC. *Attendances*.—Daily, 1. *Operations*.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily.
ST. BARTHOLOMEW'S. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., W. S., 9; Eye, W. Th., S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopedic, W., 2; Dental, Tu. S., 9. *Operations*.—M. Tu. Th. F. S., 1.
ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males S., 3; females, W., 9.45. *Operations*.—M., 2; Tu., 2.30.
ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F., S., 9; Ear, M. Th., 2; Orthopedic, W., 10; Throat, Tu. F., 3; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
ST. THOMAS'S. *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—Tu., 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., 1.30; Ear, M. Th., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operations*.—Tu. W. Th., 2.
WEST LONDON. *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations*.—Tu. F., 2.30.
WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M. Th., 9.30; Skin, W., 1; Dental, W. S., 9.15. *Operations*.—M. 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.

W. H. wishes to know the cheapest form of telephone service for a surgery a mile distant.

DOUCHE writes: Is there in London a well-appointed establishment where good-class patients (male and female) can be sent for cold and hot douches?

DR. A. H. CRESSWELL, of Courtsale Cliffe, desires to hear of an institution in or near Bournemouth to which a boy, aged 9, suffering from commencing phthisis, could be sent. Expenses not to exceed £1 rs. a week.

A MEMBER would like to know of any recent work treating of the diseases peculiar to modern life or brought on by modern occupations and conditions. He has Richardson's, but would like a more recent work.

. The *Hygiene, Diseases, and Mortality of Occupations*, by J. T. Arlidge, M.D. (London: Percival and Co. 1892. 2rs.), contains a most excellent account of diseases in their relation to occupation.

COCAINE IN INFANCY.

INQUIRER asks whether there would be any danger in the hypodermic use of cocaine in the case of a baby 11 months old, preparatory to removing a small naevus? What should the dose be?

DISINFECTOR FOR SMALL DISTRICT.

D. R. H. writes: My authority has been persuaded to obtain a disinfection apparatus. Could any medical officer of health recommend one which would be suitable for a rural district of about 2,000 inhabitants? Would a movable steam one be useful? Has any medical officer of health had any experience of one which would not be too expensive?

POSTURAL ALBUMINURIA AND LIFE INSURANCE.

CILUM writes: I shall be glad if either you or any of your readers can tell me of an insurance office which accepts on ordinary terms lives subject to postural albuminuria (the cyclical albuminuria of Pavy). The life concerning which I inquire is otherwise eligible for ordinary rates. It has just been accepted by one office, with an addition on account of the albuminuria; but in view of the absolutely favourable prognosis in this condition there seems to be no good reason for the addition.

ANSWERS.

CANTAB. should consult an experienced medical agent.

H. H.—We are not aware that the question has been considered by the General Medical Council.

LUNA.—Of the larger works in the English language on diseases of the ear we may mention Politzer's *Textbook* (London: Baillière, Tindall, and Cox. 2rs.), and of the smaller Barr's *Diseases of the Ear* (Glasgow: Maclehoose and Sons. 12s. 6d.).

SMALL-POX HOSPITALS.

DR. JAMES RANKIN (Kilmarnock) writes: A. J. T. will get all particulars of small-pox hospital, built about one mile out of Kilmarnock, and used specially for this purpose (population of Kilmarnock, 30,000), by applying to Mr. J. Robertson, Sanitary Inspector, Kilmarnock. The hospital was built and furnished by the Corporation of Kilmarnock, and arrangements are made in event of outbreak to be supplied by nurses from Queen's Jubilee Nurses Association. It is, of course, shut at present. No small-pox exists.

HYPNOTISM IN DIPSOMANIA.

MR. THOMAS H. CHEATLE, M.R.C.S. (Burford, Oxford), writes (in reply to "W. A. C." in the BRITISH MEDICAL JOURNAL of March 6th, page 637) to say that he is acquainted with a case in which hypnotism appears to have had a good effect. The patient is a man aged 50, a confirmed dipsomaniac, with a craving in addition for morphine, chlorodyne, and drugs of a similar kind. He was hypnotised a few times by an amateur, and lost all taste for alcohol and morphine. He then stayed at a farm for three or four months, and returned to his family and business. He has not craved for alcohol nor taken morphine since.

BRITISH CLIMATES FOR EARLY PHTHISIS.

H. W. writes, in reply to "M. H." in the BRITISH MEDICAL JOURNAL of January 6th: I should advise the patient to reside upon a chalk soil, and I mention several localities in order of merit: 1. The higher part of Wendover, Bucks; Whiteleaf, Princes Risborough, Bucks; Sarat, near Chesham, Bucks, all upon the Chiltern Hills, and almost free from phthisis except occasional imported cases from London. 2. Sutton, Surrey—the higher part. 3. Many parts of Surrey on the Bagshot sands, notably Weybridge Heath, Horsell Common, near Woking, parts of Chobham; Weybridge and the parts around St. George's Hill were recommended by the late Dr. C. J. B. Williams, and I have known many sufferers from pulmonary affections receive great benefit by a residence there. On St. George's Hill the soil is dry and the walks sheltered by hundreds of acres of pines, so that an invalid can spend much of the winter out of doors. 4. Carisbrooke, Isle of Wight.

POST-GRADUATE STUDY IN PARIS.

MR. L. N. ROBINSON (9, Rue Leopold Robert, Paris) writes: In answer to "M.D.'s" question in the BRITISH MEDICAL JOURNAL of March 6th, the following may be of service: On presenting proof of qualification (by diploma or registration certificate) at the Faculté de Médecine he will receive a card admitting him to all the lectures in the University, and this will permit him to follow any clinics in any of the State hospitals he may wish. For this there is no fee. For laboratory work the fees