

forearm and arm, owing to stretching of the flexors, which had been so long contracted. This pain had prevented my practising any continuous extension preliminary to operation. Morphine gave but little relief, and insomnia was troublesome. After a week, very gentle passive movement was begun and kept up daily for a minute or two, the thumb being kept over-extended on the splint. On the nineteenth day a new splint was applied, fitting the radial side of the forearm, and fixing the thumb out, while the fingers had freedom, and the patient was able to do her work. In three weeks from the operation she was able to perform feeble extension of the thumb, but flexion took place if it was left off the splint. The constant current was now applied to the muscle for ten minutes daily (15 cells Leclanché).

Three months after operation the thumb became loosened from the splint in the night, and contracted towards the palm, but not to the former extent. It was secured and always kept on the splint except when exercised and galvanised daily.

In June, 1896, improvement continued, but slowly. If the bandage was taken off the thumb became flexed and adducted to beyond the line of the index finger. Movement in the direction of extension was stronger, however. There was still some pain in the forearm.

In October the patient could leave off the splint for fifteen to twenty minutes, and use the thumb a little. She was advised to take the splint off frequently and exercise the muscles. The current from ten cells was used. On October 27th the patient wrote a letter, using the thumb. On November 1st the splint was off for three-quarters of an hour, and she had a light steel spring attached to the thumb, rivetted to a leather wrist strap, which exerted a pull equal to 3 ounces. The tendon could be distinctly felt, with some thickening at the site of union. Since the operation the extensor indicis is much stronger, which I attribute to the disturbance of the adhesions throughout the old scar which then occurred.

At the time of writing—November, 1896—the thumb is practically, except for a little weakness, as good as the other one, and the patient will very soon, I hope, be able to dispense with all artificial support.

#### REMARKS.

I have thought this case worth recording in view of the long time that had elapsed since the division of the tendon, and the resulting confirmed deformity, which had induced more than one surgeon to advocate amputation. The ultimate good result I attribute to: (1) Early passive movement, very limited in extent, and gentle, not enough to disturb union of the tendon, but sufficient to prevent its adhesion to the scar tissue, there being no tendon sheath present. (2) Perseverance in over-extension of the thumb on splints, to overcome the action of the long-contracted flexor muscles. (3) Daily application of the constant current to the extensors of the thumb, long disused, and persistence in active exercises of the same muscles.

### THE BACILLUS OF FRIEDLAENDER IN PHARYNGITIS AND TONSILLITIS.

By W. C. C. PAKES.

Assistant Demonstrator of Bacteriology at Guy's Hospital.  
[From the Laboratory at Guy's Hospital.]

MM. NICOLLE and Hébert have published an account<sup>1</sup> of the occurrence of the pneumobacillus of Friedlaender on the throat of patients suffering from tonsillitis, follicular tonsillitis, or membranous pharyngitis. Upwards of 1,600 serum tubes inoculated from the throats of patients were examined by them, and they found the pneumobacillus of Friedlaender eight times, six times alone. Since November, 1894, upwards of 500 serum tubes inoculated from the throats of patients in the wards or out-patients of Guy's Hospital have been examined. In 5 cases I have found the bacillus of Friedlaender; twice it was found on the surface of the serum in pure cultivation, twice in association with the Klebs-Loeffler's bacillus, and once with the staphylococcus aureus.

#### BACTERIOLOGICAL EXAMINATION.

In each of the 3 cases which were not pure on the serum I

succeeded in obtaining pure cultures on the second subcultivation by inoculating three agar tubes from the once inoculated platinum spatula. The morphological characters which they exhibited were:

1. Non-motility.
2. Polymorphism.
3. Decoloration when stained by Gram's method.
4. The presence of a well-developed capsule, especially when taken from the heart blood of the inoculated mice after death.

The cultural characters were as follows:

1. Whitish, semi-translucent, sticky growth in bouillon.
2. Aerobic and anaerobic growth in gelatine, causing no liquefaction.
3. Whitish, moist, raised growth on slanted gelatine, the growth slipping to the bottom of the tube after four or five days.
4. Abundant gas production in glucose gelatine shake cultivation.
5. Slimy and almost transparent growth on agar and blood serum.
6. Formation of acid in dilute lactose bouillon.
7. Coagulation of milk with an acid reaction (in 4 cases before the ninth day, in 1 case on the eleventh day).
8. Brownish abundant growth on potato.

*Pathogenicity.*—Mice were inoculated at the root of the tail with a small quantity of a young agar culture from each case. In 2 cases the mice were dead on the second morning; in the other 3 cases they were dead on the third morning. The typical capsulated bacilli were found in the heart blood and spleen of each mouse, and from the heart blood pure cultures were recovered.

My notes of the cases are unfortunately not as full as those of MM. Nicolle and Hébert. The patients were all attending at the out-patient department of Guy's Hospital, and although three of them promised to come again in about a fortnight, not one of them came.

CASES I and II were both children. There were small yellowish plugs on both tonsils, which were spreading towards one another. Klebs-Loeffler bacilli were found in conjunction with the bacillus of Friedlaender. The children were sent to a fever hospital and were lost sight of.

CASE III.—A man, aged 30, complained of a sore throat, which he had noticed for a few days. The fauces were red, and the tonsils red and swollen: there was a slight colourless exudation on both sides of the fauces. There was no constitutional disturbance, and the patient said that he felt perfectly well except for the sore throat. The cultivation on coagulated blood serum was a pure one of Friedlaender's bacillus. On the following day the throat had the same appearance, and the second cultivation again proved to be a pure one of the same bacillus.

CASE IV.—A man, aged 20, complained of a sore throat, which he had noticed for about a week. The fauces were red and injected, and there were two or three whitish plugs over the crypts of the tonsils, but no sign of membrane. The culture on blood serum was found to consist of the bacillus of Friedlaender and staphylococcus aureus. Two days later the throat was still inflamed, but less sore. A second cultivation revealed the presence of the same two organisms.

CASE V.—A girl, aged 6, was brought to the hospital because she had a sore throat. The tonsils were red and swollen, and a few plugs of whitish material were present. The temperature was 100° F. A pure cultivation of Friedlaender's bacillus was found on the blood serum. No further observation was made.

#### REFERENCE.

<sup>1</sup> *Annales de l'Institut Pasteur*, January, 1897.

## MEMORANDA:

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

#### CASE IN WHICH ACUTE PAIN IN THE REGION OF THE STOMACH AND PANCREAS WAS APPARENTLY PRODUCED BY THE CONTINUOUS USE OF SACCHARIN.

A., aged 49, first seen 3½ years ago, complained of great pain in the epigastric and right hypochondrial regions. It began in the epigastrium about one hour before rising, and radiated through to the back and across the liver. It disappeared gradually after rising, and never lasted more than an hour. In bad attacks he described the pain as agonising, stabbing in character, coming on in paroxysms which lasted about two minutes, followed by a short period of comparative relief.

I saw him in one or two bad attacks, and they simulated very much biliary or renal colic. There was never any jaundice or change in the urine, nor had he ever passed gall stones. There was distinct tenderness on deep pressure in right hypochondriac region.

In spite of treatment by dietary and medicine for three months, he was no better, and had lost 1 stone in weight. He went to Homburg and took a course of the waters, but returned no better. For nine months scarcely a day passed without pain. He had lost 1 st. 6 lbs., and was very despondent. He never vomited, and took food fairly well. He consulted a physician, and his case was diagnosed as pro-

bably pancreatic or pyloric colic, and appropriate treatment given. His symptoms, however, continued; he lost over 2 st. in weight, looked very ill indeed, and was at times disabled from following his occupation.

He had been taking saccharin tabloids, each containing gr.  $\frac{1}{2}$ , six or more daily for  $3\frac{1}{2}$  years, instead of sugar. I ordered him to stop the saccharin tabloids. His pain gradually disappeared, and after the first week had entirely gone. It is now twelve months since, and he has gained his weight again, is perfectly well, and has had no return of pain.

Saccharin, it has been stated, if taken by the mouth for a considerable length of time continuously in fairly large doses, produces acute neuralgic pain in the solar plexus and its branches.

I think it is probable that the pain my patient suffered was directly connected with the saccharin he took. He had suffered  $2\frac{1}{2}$  years, and had had the benefit of the opinion and treatment of two of leading London physicians. It disappeared almost immediately on withdrawing the saccharin fourteen months ago, and he has continued well ever since.

Salisbury.

R. G. HOGARTH, F.R.C.S.

### THREE CASES OF FUNCTIONAL APHONIA.

CASE I.—In January, 1876, a young lady, aged 19 years, on the morning after attending her first public ball was found totally unable to articulate a single word; in all other respects she was quite well. She remained in this condition for fifteen days, when, having occasion to pick up something on the floor, her nose burst out bleeding, and immediately afterwards she recovered her speech.

CASE II.—A woman, about 30 years of age, whilst returning from her work (factory operative), was very much frightened by witnessing a collision between two carriages. On arriving home she was totally unable to articulate, and remained in this condition five days, when, a friend coming suddenly into her house, she immediately recovered her speech.

CASE III.—A girl, aged 11 years, whilst playing in the street on January 2nd, felt a sudden pain on the top of her head, and was taken home, when she was found to be totally unable to articulate a single word; in all other respects she appeared well. She remained in this condition for four days. On the morning of this day her nose bled freely. I happened to call soon after, and she answered my questions easily.

No special line of treatment was enforced in any case. Case I was certainly of an excitable nature, but not hysterical; Case II was of a highly hysterical temperament; Case III was a bright, intelligent child, inclined to be nervous. I would suggest that in Cases I and III there must have been slight hæmorrhage, which caused pressure on a nerve centre, which was relieved by the free hæmorrhage from the nose. In Case II no bleeding from the nose occurred, yet the recovery was just as sudden. The relations and friends of these patients naturally became greatly alarmed, but recovery is really simply a question of time.

Ilminster.

EDWARD STEPHENS, L.R.C.P., M.R.C.S.

### ON THE EXCRETION OF ALBUMEN IN THE APPARENTLY HEALTHY.

THIS phenomenon has now been known for a long time, and has been the subject of investigation by a large number of recent observers. These are referred to in the Sydenham Society's translation of Senator's *Monographs*, and in Fagge and Pye-Smith's *Medicine*, vol. ii.

During the winter 1895-96 I made 294 observations on 142 soldiers in Ireland. The men whose urine I tested were all healthy, as evidenced by their medical history sheets, which were in my possession, and I examined every man to see that he was free from gonorrhœa. Out of the large variety of tests proposed for albumen I chose (a) the heat test, (b) Heller's nitric acid test, because they are the tests most commonly employed clinically, and they are on the whole the most reliable. I am aware that quantitatively my results are of little value, because I did not know the total quantity of urine passed by each man. The men were marching 16 to 20 miles daily, and carrying their full packs and rifles, and I tested their urine before and after the march. I found that of the 142 men 14 presented albumen in their urine. In 9 of these 14 cases albumen was not found on testing for it before

and after a subsequent day's march. The invariable effect of the march was either to abolish the albumen found before the march or to lessen its amount.

Bengal.

J. R. FORREST,  
Surgeon-Captain, A.M.S.

## REPORTS

ON

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

#### THE LEEDS GENERAL INFIRMARY.

##### A CASE OF IMPLANTATION CYST OF THE IRIS.<sup>1</sup>

(By A. L. WHITEHEAD, M.B., B.S.Lond., late Resident Ophthalmic Officer to the Infirmary.)

THE following case is remarkable both on account of the rarity of the condition and of the shortness of time within which the cyst developed:

The patient was a man, aged 29, who had served as a soldier in India and had been invalided home in consequence of the condition of his eyes. In October, 1893, he had an attack of double iritis, said to have been rheumatic; ten months later, after the acute inflammation had subsided, iridectomy was performed on both eyes by an army surgeon in India. In the following October he was seen by Mr. Tweedy at the Moorfields Hospital, and there was then no sign of any cystic formation, although vision was defective and the tension of the eyeball was noted as full. Sight gradually failed, and, the eye becoming very painful, he attended at the Leeds Infirmary in January, 1895, five months after the performance of the iridectomy. The conjunctiva of the right eye was then much congested, the cornea hazy, and the upper two-thirds of the anterior chamber occupied by a thin-walled semi-transparent cyst, below which the lower margin of the pupil and a portion of inflamed iris could be seen; tension was + 2, and vision reduced to perception and projection of light.

Paracentesis of the cyst through the cornea was performed with temporary relief, and a month later a portion of the cyst wall was removed. The glaucomatous symptoms passed off, and vision improved.

The patient then left the Infirmary, and was not seen until eight months later, when he attended with all his previous symptoms much aggravated, the eye being in a condition of absolute glaucoma. Removal of the eye was recommended and carried out. The specimen was hardened in formalin, embedded in celloidin, and sections stained with hæmatoxylin and eosin.

A vertical median section of the eye showed that the cyst occupied about two-thirds of the anterior chamber. Anteriorly the cyst wall was firmly adherent to the posterior surface of the cornea; posteriorly it was closely connected with the substance of the iris, which was much thinned and spread out so as to form the outer wall of the cyst; behind the iris was situated the capsule of the lens, also firmly adherent and incorporated into the cyst wall. The vitreous was partially fluid, and the retina and choroid atrophied. The internal lining membrane of the cyst was formed by a layer of laminated epithelium varying in thickness from a depth of 2 or 3 to 5 or 6 cells.

The character of this lining epithelium leaves no doubt as to the origin of the cyst. Normally there is nowhere in the anterior chamber or iris epithelium of this character. It must have been brought into the iris from without.

This has occurred during the performance of the iridectomy; a small piece of corneal epithelium has been implanted into the substance of the iris, the epithelium continued to grow, a cavity formed within the cells through the accumulation of fluid, and the cells were pushed apart and converted into a lining for the cyst.

REMARKS.—Implantation cysts of the iris arise subsequently to injury or operation by the transplantation of corneal or conjunctival epithelium or eyelashes into the iris or anterior

<sup>1</sup> A communication read before the Leeds and West Riding Medical-Chirurgical Society.

## "DOVER'S ANCIENT PHYSICIANS' LEGACY."

SIR,—The library of this Society contains a copy of the second edition of *Dover's Ancient Physicians' Legacy* dated 1732, which agrees almost entirely with your first edition. You state "fifty-nine years' practice," but this may be a clerical error, the number on our title page being forty-nine. The author's name is given in our copy as Dover, both on title page and at end of dedication. Our page 155 is misprinted 255, and the following unnumbered page is occupied by a N.B. and an erratum. This second edition was published by Bettesworth and Hitch. Possibly a third edition with their imprint was issued, and, if so, the relict of R. Bradly may really have pirated the work, and been responsible for the "Dovar, M.D."—I am, etc.,

JOHN WM. KNAPMAN, Librarian.

Pharmaceutical Society of Great Britain, March 12th.

\* \* Mr. Knapman's letter is very interesting, and throws considerable light on "the relict of the late R. Bradly's" edition of the *Ancient Physicians' Legacy*. This copy in the Pharmaceutical Society's library goes far to prove that Mrs. Bradly's editions were pirated. If anyone can draw attention to a copy of the third edition published by Bettesworth and Hitch this would settle the question. "Fifty-nine" in the account of the first edition is an error; it should read "forty-nine."

## "SURPRISES AND MISTAKES."

SIR,—In relation to the valuable and instructive address by Mr. William Thomson, delivered at the Surgical Section of the Royal Academy of Medicine in Ireland under the above heading, and published in the *BRITISH MEDICAL JOURNAL* of November 28th, 1896, the following case will prove of interest. It certainly was one which "according to all rule ought not" to have lived, and shows equally "what Nature may do unaided by the surgeon's skill."

The case occurred in my father's practice (Mr. Nowell Stowers), and the following is his record:

"On August 13th, 1858, I was called to see F. G., aged 18 years, and found him suffering intense pain in the abdomen, great tenderness in the right inguinal region, hot skin, rapid pulse, and furred tongue, but no vomiting. The history obtained was that his bowels had been constipated for some days, that he had taken two doses of castor oil without effect, that he then obtained two calomel and colocynth pills, and that these latter had acted very violently previously to my seeing him. I prescribed leeches, to be followed by hot poultices to the abdomen, calomel and opium internally, and rest in bed. The inflammation subsided in a few days, but tenderness about, and a circumscribed fulness in, the region of the ileo-cæcal valve continued. At the end of the month, after further treatment, but little tenderness remained, and the bowels acted freely. On September 2nd the nurse drew my attention to an unusual substance which had passed *per anum*, which on examination I found to be about 12 inches of small intestine, together with a large quantity of dark liquid, probably an admixture of fluid feces and blood. After further treatment, together with absolute rest in the recumbent position, the patient convalesced satisfactorily, and was able to leave London for change of air on October 18th. The only inconvenience which followed was a somewhat relaxed condition of the bowels, and he is now in the enjoyment of perfect health. The portion of intestine passed (which had undergone considerable structural change) was kindly examined by my friend Mr. Paget, and consisted of a portion of the ileum (about 12 inches in length), together with the ileo-cæcal valve and appendix."

I have in my possession the letter written by Mr. (now Sir James) Paget, dated September 24th, 1858, congratulating my father on "the very rare and favourable result" of his case, and asking him to send the specimen, together with its history, to the museum of St. Bartholomew's Hospital, and to publish the latter.

I will only add my unbounded pleasure and thankfulness that my father, Sir James Paget, and the patient are all three living at the present time, and able to confirm this report nearly thirty-nine years after the occurrence.—I am, etc.,

Harley Street, W., March 15th.

J. H. STOWERS.

## OBITUARY.

G. B. BARRON, M.D.,

Southport.

DR. BARRON, of Southport, whose death at the age of 76 was briefly announced in the *BRITISH MEDICAL JOURNAL* of March 13th, was the son of Mr. William Barron, surgeon, of Tarleton, Lancashire. He received his medical education at King's College, London, and obtained the diploma of M.R.C.S.Eng. in 1847, in which year he settled in Southport. He had thus been for half a century in practice at Southport, and did not live to carry out his intention of retiring from practice and settling at Worcester.

Dr. Barron possessed qualities of heart and mind which early assured him conspicuous success in practice. His character was marked by integrity and uprightness, and fearless exposition of the view that he considered to be right. He was at one time Physician to the Southport Convalescent Hospital and North Meols Dispensary. He early took interest in the public life of the town of Southport, and was one of the first Improvement Commissioners. When the town was incorporated in 1867, he became a member of the Town Council, a position which he held, with a short break, until 1880. When the volunteer movement commenced, he became a Lieutenant of the 13th Lancashire Rifle Volunteers; subsequently he was appointed Surgeon, and when he retired, with the Honorary rank of Surgeon-Major, he was awarded the volunteer decoration. In 1860 he took the degree of M.D. at the University of Aberdeen, and in 1877 he was placed on the Commission of the Peace for the county of Lancashire.

He took a deep and active interest in the work of the British Medical Association. In 1883 he was elected one of the representatives of the Lancashire and Cheshire Branch on the Council of the Association, an office which he held at the time of his death; and in 1885, when the Branch held its annual meeting at Southport, he filled the office of President. His presidential address on that occasion is still fresh in the memory of many who attended the meeting, and may be characterised as having been marked by a happy combination of local patriotism and broad scholarship. On the Council of the Branch Dr. Barron's presence was always welcome, and he always seemed to bring to bear on current subjects of debate a healthy freshness of view tempered by regard to precedent, the result, no doubt, of a frame of mind fostered by his familiarity with public life in other departments. Several articles on medical and other subjects were written by him at various times.

Dr. Barron was a Conservative and a Churchman, but he was held in high estimation by those who differed from him in these respects, and on several occasions was solicited by prominent Liberals to allow himself to be nominated as Mayor of Southport, but he always declined the honour.

His funeral, which took place on March 13th, was attended by a large number of representatives of the municipality, and of various public bodies with which Dr. Barron had been identified.

He leaves a widow and one son, Dr. Herbert Barron, who is Physician to the Southport Convalescent Hospital.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Caussanel, Clinical Professor of Children's Diseases in the Medical School of Algiers; and Professor Giovanni Angelo Simoncelli, of Naples, a distinguished specialist in mental diseases.

A NEW laboratory for hygiene has recently been opened at the University of Freiburg. The Director is Professor Schottelius.

A MEDICAL skiagraphical society is being formed. A meeting was held in London last week, with Mr. Sydney Rowland in the chair, to consider the preliminary steps. Among those who are interested in the new society are Mr. C. W. Mansell-Moullin, Drs. Macintyre (Glasgow), Low, Cheatle, Fenton, Dr. Norris Wolfenden, and others. Any medical men wishing to join can obtain particulars from the Honorary Secretary, David Walsh, M.D., 5, Pump Court, Temple, London, E.C.

there are no children in the Darenth Asylum who are feeble-minded but not imbecile. The children at the asylum are legally paupers. It is not the intention to remove the children from there.

#### LUNACY IN ENGLAND AND WALES.

The HOME SECRETARY, replying to Mr. HOBHOUSE, said: The inquiry into the causes of the increase of lunacy in England and Wales has been made, and the report laid on the table of the House. I am informed that copies of the report will be delivered almost immediately.

#### LUNATICS AND THE IRISH WORKHOUSE.

Mr. CLANCY asked the Secretary for Ireland whether he had received a copy of a resolution of the Rathdown Board of Guardians as to the insufficiency of accommodation for children and the lunatic poor in the Rathdown Union Workhouse and other workhouses in Ireland; whether it was the intention of the Government to comply with the wish expressed in that resolution that legislation should be proposed at an early date dealing with that subject; and, whether the Government intended to re-introduce, and make an effort to pass into law, this session its Bill of last session dealing with the reform of workhouse management and the amalgamation of unions.—Mr. G. BALFOUR: The reply to each of the three paragraphs of this question is in the affirmative.

#### THE REGULATION OF WOOLSORTING.

Sir CHARLES DILKE asked the Home Secretary whether he had received communications from the Bradford Chamber of Commerce, and from the Yorkshire Textile Workers' Federation, asking for the proposed new regulations governing wool-sorting; and whether he could name a date at which the regulations would be ready.—The HOME SECRETARY: The special rules are being served upon the occupiers of factories and workshops to which they apply, and copies have also been sent to the bodies named and others who have made application.

#### PRIVATE LUNATICS IN IRELAND.

On the motion of Mr. FIELD, a return has been ordered of the number of cases treated in private lunatic asylums in Ireland, the number of cures effected, and the amount of revenue derived from patients during the years 1895, 1896, and 1897.

#### PETITION.

A petition has been presented from Aberdeen in favour of the Midwives Registration Bill.

#### NOTES.

The Midwives Registration Bill was put down for second reading on Friday in last week. Reference to the stage has been several times made in these columns, and it was pointed out in advance that the measure had no chance of being taken on the 12th. The event has proved the accuracy of the prognostication. The Bill was called on after 12 o'clock, when the Speaker was going formally through the orders prior to putting the question for the adjournment of the House, and at a time when it is only necessary for a member desiring the postponement of a Bill (other than the Budget Bill or some other measure originating in Committee of Ways and Means) to remark "I object" in order to secure his object. Objection was taken in this case, and the second reading was accordingly deferred until Thursday, March 25th.

The second reading of the Poor-law Officers' Superannuation Act (1896) Amendment Bill was further postponed from Monday until Tuesday and from Tuesday until Monday next. The second reading of the Poor-law Officers' Superannuation (Ireland) Bill was also postponed until Thursday. In the case of the last named Bill notices of opposition to the stage have been given by Mr. Murnaghan, Mr. Minch, Mr. P. A. McHugh, and Mr. Flynn. The second reading stages of the Shops (Early Closing) Bill and the Shops Bill have been deferred to Friday, March 26th, and of the Injuries to Workmen (Employers' Liability) Bill till Tuesday, May 11th.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

**MEDICAL DEGREES.**—At the Congregation on March 11th the following were admitted to the degrees indicated:

M.D.—C. W. Windsor, M.A., M.B., B.C.

M.B.—W. G. Richards, B.A., Christ's.

M.B. and B.C.—H. C. Haslam, B.A., Caius; F. G. Thomas, B.A., Caius;

A. S. J. Pearse, M.A., Trinity; J. T. Wills, B.A., Caius; R. de S.

Stawell, B.A., Trinity Hall; C. B. Stewart, M.A., Christ's.

**APPOINTMENTS.**—Professor A. W. Rücker, F.R.S., has been appointed Reader Lecturer, and Mr. F. F. Blackman, M.A., of St. John's College, University Lecturer in Botany. Dr. A. Willey has been re-elected to the Balfour Studentship for one year.

**DEGREES FOR WOMEN.**—The discussion on degrees for women has extended over three days, the majority of the speakers being hostile to the proposals of the Syndicate. As a result the report is referred back to the Syndicate for consideration. Special numbers of the *Reporter* containing the proposals and a report of the speeches delivered upon them will be issued in a few days, and may be obtained from the University Press (price 7d.).

**DR. NANSEN.**—A welcome of unprecedented warmth was given to Dr. Nansen on March 16th, when he received the honorary degree of Doctor of Science. His popularity with the undergraduates was unquestionable, for after the ceremony they "chaired" him round the market place. In the afternoon he gave, for the benefit of the Indian Famine Fund, a lecture in the New Theatre, which was attended by a crowded and enthusiastic audience.

#### UNIVERSITY OF EDINBURGH.

At the meeting of the University Court held on March 15th it was announced that the donor who had offered £5,000 towards the foundation of a chair of Public Health had now promised to increase the endowment to £8,000. It was also reported that the Houldsworth Scholarship, of the

annual value of about £40, tenable for from one to three years, had been transferred to the University for research in pharmacology.

#### UNIVERSITY OF GLASGOW.

We are informed that at a meeting of the University Court on March 11th Professor Simpson was granted leave of absence on account of ill-health, and Hugh Galt, M.B., C.M., D.P.H.Camb., was appointed to act as *locum tenens* of the chair of Forensic Medicine during the year.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen, having previously passed the necessary examinations, and having now attained the legal age of twenty-five years, have been admitted Fellows of the College:

W. W. Linington, L.R.C.P.Lond., St. Mary's Hospital; F. C. Sprawson, L.R.C.P.Lond., King's College Hospital.

The following gentlemen having passed the necessary examinations, and having conformed to the bye-laws and regulations, have been admitted Members of the College:

M. Blieden, M.D.Pa., University of Pennsylvania, U.S.A., and St. Bartholomew's Hospital; L. C. Preston, M.B. and B.S.Dur., L.S.A. Lond., University of Durham and Middlesex Hospital.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,679 births and 3,919 deaths were registered during the week ending Saturday last, March 13th. The annual rate of mortality in these towns, which had been 19.4 and 18.1 per 1,000 in the two preceding weeks, rose again to 18.6 last week. The rates in the several towns ranged from 12.2 in Newcastle-upon-Tyne, 12.8 in Huddersfield, 13.8 in Burnley, and 15.1 in West Ham, to 23.3 in Liverpool, 24.5 in Bristol, 25.2 in Salford, and 25.3 in Bolton. In the thirty-two provincial towns the mean death-rate was 18.8 per 1,000, and exceeded by 0.4 the rate recorded in London, which was 18.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.6 per 1,000; in London the death-rate was equal to 1.5 per 1,000, while it averaged 1.6 in the thirty-two provincial towns, among which the highest rates were 2.6 in Liverpool, 3.3 in Manchester, 5.4 in Salford, and 6.4 in Bolton. Measles caused a death-rate of 1.2 in Cardiff, 1.3 in Manchester, 3.7 in Salford, and 5.6 in Bolton; and whooping-cough of 1.1 in Sunderland, 1.2 in Manchester, and 1.3 in Nottingham. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 72 deaths from diphtheria in the thirty-three towns included 53 in London, 4 in Liverpool, and 3 in Birmingham. One fatal case of small-pox was registered in London, but not one in any of the thirty-two large provincial towns. There were 30 cases of small-pox under treatment in the Metropolitan Asylum Hospitals and in the Highgate Small-pox Hospital on Saturday last, March 13th, against 34, 43, and 43 at the end of the three preceding weeks: no new cases were admitted during the week, against 3, 18, and 6 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital, which had been 2,901, 2,817, and 2,746 at the end of the three preceding weeks, had further declined to 2,685 on Saturday last; 218 new cases were admitted during the week, against 227, 237, and 211 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 13th, 972 births and 690 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 28.8 to 24.9 per 1,000 in the four preceding weeks, further fell to 23.1 last week, but was 4.5 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 17.8 in Greenock to 25.7 in Glasgow. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 354 deaths registered in Glasgow included 19 from measles, 1 from scarlet fever, 2 from diphtheria, 17 from whooping-cough, 3 from "fever," and 6 from diarrhoea. Seven fatal cases of measles and 12 of whooping-cough were recorded in Edinburgh.

#### DIPHTHERIA IN LONDON.

THE fatal cases of diphtheria registered in London, which had been 40, 62, and 43 in the three preceding weeks, rose again to 53 during the week ending Saturday last, March 13th, and exceeded by 21 the corrected average number in the corresponding weeks of the ten preceding years. Of these 53 fatal cases, 8 were of persons belonging to Wandsworth, 5 to Camberwell, 4 to Kensington, 4 to St. Pancras, 4 to Hackney, and 4 to Bethnal Green. There was a decline in the number of notifications of diphtheria in London; the cases notified, which had been 254, 275, and 264 in the three preceding weeks, further fell to 221 during the week ending Saturday last, March 13th. Compared with the numbers in the preceding week, there was a slight increase in North London; but there was a decline in the number of new cases notified in West, Central, East, and South London. Among the sanitary areas of West London the decline in the prevalence of diphtheria was most marked in Paddington and Chelsea, but in Kensington the 10 new cases notified exceeded those recorded in any recent week. In North London there was a serious increase in the prevalence of the disease in Hackney, 20 new cases being notified, against 7, 14, and 12 in the three preceding weeks. The 11 new cases in Islington, however, showed a marked decline from those notified in recent weeks. Among the sanitary areas of East London the decline in the prevalence of diphtheria was greatest in Mile End Old Town, where the new



## INDIA AND THE COLONIES.

## INDIA.

**ENTERIC AND THE WATER SUPPLY AT BANGALORE.**—The temporary advanced water supply at Bangalore has been opened in the station by the Military Works Department. The larger contracts in connection with the permanent scheme were entered into on February 9th. If the home supplies of plant and machinery are secured promptly, the project of the new water supply is expected to be complete by the middle of 1898.

**THE GOVERNMENT BACTERIOLOGIST.**—Pending the completion of the bacteriological laboratory in Kumaon Dr. Lingard has been home to select an assistant, for an establishment of this kind, remarks a Bombay paper, certainly needs two specialists. If left in the hands of a single man, whenever he is called out into the country for an investigation, the work of the laboratory comes to a standstill. Dr. Lingard has, it is stated, succeeded in enlisting a disciple, and it now only remains for the builders to finish their part of the work to give the new establishment a start.

**THE POLICE HOSPITALS OF THE MADRAS PRESIDENCY.**—Surgeon-Major-General's Sibthorpe's report for 1895-96 shows that the strength of the Madras police amounts to 441 officers and 20,655 men. For the medical treatment of the sick of the force there are 61 hospitals under the charge of medical subordinates most of whom are entrusted with other duties in addition. The sick of the police are also treated in other civil hospitals when more convenient of access. Seven hundred and seventy-four cases were treated of officers and 42,494 of men, giving ratios of 1,755 and 2,057, which represent a large amount of illness. These men in discharge of their duty undergo much exposure, and suffer much from malarial fevers, bowel complaints, and rheumatism. Forty-six deaths took place in hospitals and 169 out of hospital, yielding together a ratio per 1,000 of 14.1. Pneumonia and beri-beri are conspicuous among death causes. Ten cases of small-pox and 49 of cholera were treated, and 309 cases of venereal disease. The report enters with great minuteness into administrative details, and is not of much general interest.

**MADRAS HOSPITALS AND DISPENSARIES.**—Surgeon-Major-General Sibthorpe's triennial report for the years 1893-94-95 gives a most exhaustive view of the provisions and arrangements for medical relief in the Madras Presidency excluding the city of Madras, which is dealt with in a special report, the number of institutions grew from 443 to 486, or 1.4 to every 100,000 of population in these three years. Of these 213 are hospitals affording accommodation for 3,060 patients. The attendance of patients rose from 3,257,204 to 3,839,354; surgical operations from 121,038 to 141,765; the percentage of women treated from 41 to 43; the death-rate among indoor patients fell from 7.51 to 5.89 per cent. of treated, and the average cost of each 1,000 treated from Rs. 255 to 253. The chief diseases treated were, as usual, malarial fevers, worms, rheumatism, skin diseases, ulcers, and diseases of ear and eye. The record of operations is creditable to officers and subordinates; it includes a great many obstetric operations. The expenditure on medical relief amounted to Rs. 9,77,247, of which Government gave 10.21 per cent.; 19,333 cases of labour were attended by the district midwives. Special lying-in accommodation is being provided in many places, and separate arrangements for women and children, with female practitioners in charge, have been made in 15 places. The absence of skilled nursing in country hospitals is a subject of regret. The sale of packets of quinine through the agency of the post office is making satisfactory progress.

**THE HOSPITALS AND DISPENSARIES OF THE CITY OF MADRAS.**—Surgeon-Major-General Sibthorpe's report for 1895 presents the statistics of these institutions for that year, and a triennial report for the years 1893-4-5. It is a very elaborate compilation, comprising administrative and professional details in minute display. The year was a healthy one, the registered death-rate of the town being 37.7 per 1,000; there were only 122 deaths from cholera, and 3 from small-pox. The attendance of patients fell somewhat short of that of 1894, but exceeded that of 1893; 1,927 cases of natural labour were treated; 1,251 beds are available in these hospitals, of which 83 per cent. were occupied throughout the year. Of the patients treated, 44 per cent. were men, 28 women, and 28 children. The death-rate among indoor patients was 5.66 per cent. The number of surgical operations underwent a substantial increase. The surgical practice of the Madras hospitals is excellent. Important operations, general, ophthalmic, and obstetric, are performed with good success. Interesting details are given of the work done. The report of the Government Maternity Hospital is admirably drawn up by Brigade-Surgeon-Lieutenant-Colonel A. M. Branfoot. Dr. G. L. Walker, in his report of the Government Leper Hospital records cases which indicate that the persevering use of chaulmoogra oil (guocardia odorata) is beneficial in leprosy. The total cost of these institutions amounted in 1895 to Rs. 4,26,175, of which Government contributed Rs. 3,11,667.

**THE NORTH INDIA SCHOOL OF MEDICINE.**—There is no doubt that in India there is great scope for women practitioners of medicine in consequence of the objection to the admission of men to the zenanas. We have received an "appeal" from the North India School of Medicine giving an account of the work already accomplished by that institution under great difficulties. It appears that a medical school for the training of medical women from all parts of North India has been started under duly qualified practitioners of both sexes. The President of the General Committee is the Rev. J. C. R. Ewing, D.D., the Indian Secretary of the Zenana and Bible Medical Mission; and the lecturers are Miss E. M. Brown, M.D. (Brux.), L.R.C.P. & S. Edin.; Miss Dodson, M.D., L.S.A.; and Miss Galletly, M.B. The medical school is situated at Ludhiana, in the Punjab, and lectures are given in Hindustani and English to the twenty students already entered in their curriculum. It is desired to affiliate the school with the University at Lahore, and pecuniary assistance is asked for to increase the existing hospital and school accommodation, to build an "infectious" ward, to provide models, diagrams, etc., for teaching purposes, and to guarantee the salary of two more permanent members of the teaching staff at £100 each.

**NURSING AT THE EDEN HOSPITAL, CALCUTTA.**—In order to obviate the inconvenience experienced by the authorities of the Eden Hospital, Calcutta, owing to frequent attempts of nurses to evade orders issued by

them, the Government of India have directed that in future officers commanding corps shall inform candidates for the service that they will be required to nurse all patients, European or native, in the hospital take a regular tour of duty by day and night in all the wards of the hospital attend in the out-patient department, and to study theoretical midwifery from books.

## MEDICAL NEWS.

**INTERHOSPITAL FOOTBALL.**—The final tie for the Association cup was played on March 17th at the Essex County Ground, Leyton, when Guy's beat London by one goal to none.

**DR. FRANK PAYNE** asks us to state that he has not joined the Committee appointed in connection with the question of the operation of the Acts for the Prevention of Contagious Diseases in India at a recent meeting at the Royal United Service Institution.

**THE London Gazette** of March 12th announces that Harry Maule Crookshank, F.R.C.S. Edin., has received the Queen's permission to accept the Order of the Second Class of the Osmanieh, conferred upon him by the Khedive of Egypt in recognition of his services as Inspector-General of Egyptian Prisons.

**SUSPECTED STEAMER AT BARRY.**—The steamer *Fort Salisbury* arrived on March 12th, at Barry Dock, flying the yellow flag in accordance with the regulations to indicate that it had come from a yellow-fever stricken port. The vessel was inspected by the medical officer of health, who found that no case of infectious disease had occurred on board. One of the crew was suffering from pneumonia and was removed to hospital, a fact which appears to have given rise to an unfounded apprehension that fever existed on board.

**THE election of a physician to the Liverpool Royal Infirmary** in place of Dr. Davidson, resigned, will take place on Wednesday, March 24th. The candidates are Dr. Bradshaw, Senior Assistant Physician to the Infirmary; Dr. Abram, the other Assistant Physician; and Dr. James Barr, Physician to the Liverpool Northern Hospital. A report having got abroad that Dr. Bradshaw was about to retire from the contest, we are authorised to state that he has no intention of doing so.

**THE FACTORY GIRLS' COUNTRY HOLIDAY FUND.**—The last year's report of the work done by this Society shows that 1,050 women and girls have been sent for a week or two to the country through its agency. Indirectly this Society contributes its share to the health of the nation, since it aims at improving the moral and physical fibre of the individual, and thus adding something to the sum total of the well-being of the people. Any effort to redeem the cheerless lot of these toilers in our factories from the monotony of their surroundings is a humane and beneficent action well worthy of the philanthropist.

**SIR WILLIAM KYNSEY, C.M.G.,** was on February 13th entertained at luncheon by the members of the Ceylon Branch of the British Medical Association. The chair was taken by the President of the Branch, Dr. Vanderstraeten, who in proposing the health of the guest referred to the cordial relations which had always existed between Sir William Kynsey and the members of the Ceylon Medical Department, of which he is principal medical officer. Sir William Kynsey, in reply, spoke of the efficient and loyal service rendered by its members to that department. He referred in terms of high praise to the Ceylon Medical College, without which, he said, it would have been impossible to carry out the extension of the Medical Department which had been admitted on all hands to be necessary, and which had proved to be most successful. The honour of knighthood which the Queen had conferred upon him had been unsought, and was for that reason all the more appreciated. In conclusion, he proposed prosperity to the Ceylon Branch of the British Medical Association, coupling with it the name of Dr. Loos, and to the Ceylon Medical Department, coupling with it the name of Dr. Rockwood. These gentlemen having responded, the toast of the Army Medical Staff was given by Dr. Garvin, and acknowledged by Surgeon-Lieutenant-Colonel Duke. The toast of "The Guests" was proposed by Dr. Keyt and responded to by the Hon. W. T. Taylor and Mr. F. Dornhorst.

**NOTTINGHAM GENERAL HOSPITAL.**—At a meeting of the Monthly Board of the Nottingham General Hospital on March 8th, the Committee appointed to consider the desirability of extending the institution, presented a report to the effect that the number of beds available is only 175, as it was twenty years ago, while the population of the town and county is now estimated at about 500,000. The hospital is always practically full, and much delay frequently and necessarily occurs in the admission of patients who require treatment. The committee expressed the opinion that an addition of at least 50 beds is urgently needed. Moreover the structure and internal arrangements of the hospitals are in some important respects defective. The erection of an entirely new building would be the most satisfactory solution, but if sufficient funds are not forthcoming for such a purpose, the committee suggest that new wings of the most approved construction should be erected, the present building being used for administrative and other purposes. Plans carrying out this idea have been prepared by Sir Douglas Galton and Mr. Aston Webb. To carry out the scheme fully and satisfactorily with all necessary accessories, the committee think that a sum of £50,000 should be raised. The report was adopted.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BIRKENHEAD UNION.**—Assistant Medical Officer for the Infirmary, Workhouse, and Schools; doubly qualified. Salary, £80 per annum, with board, washing, and apartments. Applications, endorsed "Assistant Medical Officer," to John Carter, Clerk to the Guardians, Clerk's Offices, 45, Hamilton Square, Birkenhead, by March 29th.
- 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.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Assistant Dental Surgeon. Must be Licentiate of Dental Surgery. Applications to J. Francis Pink, Secretary, by April 5th.
- DERBYSHIRE ROYAL INFIRMARY.**—Honorary Surgeon. Applications to Walter G. Carnit, Secretary, by March 22nd.
- DEVON AND EXETER HOSPITAL,** Exeter.—Assistant House-Surgeon, doubly qualified and unmarried. Salary, £40 per annum, with board and lodging, not including alcoholic liquors and aerated waters. Applications to Albert E. Boyce, Secretary, by March 29th.
- DISTRICT INFIRMARY,** Ashton-under-Lyne.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board and lodging. Applications, marked "Application for the office of House-Surgeon," to William Bottomley, Hon. Sec., 120, Stamford Street, Ashton-under-Lyne, by March 31st.
- 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.
- 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.
- HOSPITAL FOR DISEASES OF THE THROAT,** Golden Square, W.—Junior Resident Medical Officer. Salary, £25 per annum, with board, lodging, and washing. Appointment for six months, but renewable for a further term. Applications to the Secretary Superintendent by April 7th.
- KENSINGTON AND CHELSEA SCHOOL.**—District Medical Officer (non-resident) to the Cottage Home School at Banstead, near Epsom. Salary, £140, 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 COUNTY COUNCIL.**—Scholarship in Sanitary Science of the value of £150 a year tenable in the Pathological Laboratory of Claybury Asylum. Scholarship awarded in the first instance for one year, but may be renewed. Applications to the Secretary, Technical Education Board, St. Martin's Place, W.C., 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.
- MONTROSE ROYAL ASYLUM.**—Medical Superintendent. Salary, £700 per annum, with free house, fire and light. Appointment an annual one. Applications, endorsed "Physician Superintendent," to Alexander Lyell, Solicitor, Clerk to the Board of Managers, 81, High Street, Montrose, by May 1st.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (ALBANY MEMORIAL),** Queen Square, Bloomsbury, W.C.—House-Physician. The Junior House-Physician is a candidate, and applicants should state whether they are prepared to accept either appointment. Salary as Senior House-Physician is £100, and of the Junior £50, per annum, with board and apartments. Applications to B. Burford Rawlings, Secretary and General Director, by April 1st.
- 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.
- POPLAR 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 31st.
- 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.
- ROXBURGH DISTRICT ASYLUM,** Melrose.—Assistant Medical Officer. Salary, £100 per annum, with board, rooms, attendance, and washing. Applications to the Medical Superintendent by March 31st.
- 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 LONDON OPHTHALMIC HOSPITAL,** Moorfields, E.C.—Senior House-Surgeon. Candidates must state whether in the event of the Junior House-Surgeon being appointed they would be willing to accept the office of Junior House-Surgeon. Applications to Robert J. Newstead, Secretary, by March 31st.
- ROYAL SURREY COUNTY HOSPITAL,** Guildford.—Assistant House-Surgeon. Board, residence, and laundry found. No salary. Applications to the Honorary Secretary.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM,** City Road, E.C.—House-Surgeon. Must be F. or M.R.C.S. Eng. Salary, £50 per annum, with board and lodging. Applications to E. Penman, Secretary, by March 20th.
- 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.
- UNIVERSITY COLLEGE,** Bristol.—Medical Tutor. Stipend, £125 per annum. Applications to E. Markham Skerrett, 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.
- WEST SUSSEX COUNTY ASYLUM.**—Assistant Medical Officer. Under 30 years of age, and unmarried. Salary, £150 per annum, with board, lodging, washing, and attendance. Applications, endorsed "Assistant Medical Officer," to E. H. Blaker, Clerk to the Committee, West Pallant, Chichester, by April 5th.

### MEDICAL APPOINTMENTS.

- ARKLE, C. J.,** M.D. Lond., M.R.C.P., appointed Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.
- BARLING, A. S.,** M.R.C.S., L.R.C.P., appointed Honorary Surgeon to the Royal Lancaster Infirmary.

**BARROW, Geo. A., M.R.C.S., L.R.C.P.Lond.,** appointed Medical Officer to the Out-patient Department of the Children's Hospital, Manchester.

**BEVAN, Richard, L.R.C.P.Lond., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Ashford Urban District Council.

**BRISCOE, Wm. Thos., M.D.Dub.,** reappointed Medical Officer of Health to the Chippenham Town Council.

**CULLEN, Joseph, L.R.C.P., L.R.C.S.I.,** appointed Medical Officer for the Castleknock Dispensary District.

**FERNANDES, R. N., M.B., C.M.Edin.,** appointed Medical Officer for the Acworth District of the Pontefract Union, *vice* Dr. Wood.

**FOSTER, H. G., L.R.C.S.Edin., L.S.A.,** appointed Certifying Factory Surgeon for Attleborough, Norfolk, and reappointed Medical Officer of Health, Swaffham Rural District Council.

**GIBSON, E. Arthur, M.B., C.M.Glasg., L.M.Rotunda,** appointed Obstetric Physician to the Glasgow Training Home for Nurses, *vice* Dr. A. W. Russell.

**HARVEY, George, L.R.C.P.Edin., L.R.C.S.I.,** reappointed Medical Officer of Health to the Matlock Bath, Urban District Council.

**JEFFREY, C., M.B., C.M.Aberd.,** appointed Medical Officer for the Altofts District of the Wakefield Union, *vice* J. Howard, L.R.C.P.I., M.R.C.S.Eng.

**JONES, J. O., M.B., C.M.Edin.,** appointed Medical Officer of the Workhouse of the Holywell Union, *vice* J. W. Parry, L.R.C.P., L.R.C.S.Edin., resigned.

**JONES, Richard, M.D., D.P.H.Camb.,** reappointed Consulting Medical Officer of Health to the Merioneth County Council, and reappointed Medical Officer of Health for the Festiniog Urban District.

**JONES, S. L., M.R.C.S., L.R.C.P.,** appointed Junior Medical Officer of the London County Asylum, Colney Hatch, N.

**JOSCELYN, Arthur E., M.R.C.S., L.R.C.P., L.S.A.,** appointed Medical Officer with charge of out-patients to the Miller Hospital, Greenwich, *vice* W. T. B. Donnelly, M.B., deceased.

**LAKE, Wellington, M.R.C.S.Eng., L.S.A., D.P.H.Camb.,** Medical Officer of Health of the Guildford and Woking Districts of West Surrey, appointed Deputy Coroner for West Surrey.

**LEON, G. A., L.R.C.P., M.R.C.S.,** appointed Honorary Medical Officer to the Sidmouth Cottage Hospital, also Medical Officer to the Sidmouth Dispensary and Rational Sick and Burial Club, *vice* Dr. Leonard Williams.

**LITTLEJOHN, Harvey, M.A., M.B., B.Sc., F.R.C.S.Edin.,** appointed Lecturer on Medical Jurisprudence and Public Health at the School of Medicine, Surgeon's Hall, Edinburgh, *vice* Sir H. D. Littlejohn, resigned, on his appointment as Professor at the University of Edinburgh.

**MACKINNON, Charles, M.B., C.M.Glasg.,** reappointed Medical Officer for the South District of the Cirencester Union.

**MILLAR, William, M.B., C.M.Glasg.,** appointed Medical Officer for the West District of the Edmonton Union, *vice* W. H. Paine, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

**MORTON, W. Britain, M.D.Lond., L.R.C.P., M.R.C.S.Eng.,** appointed Resident Medical Officer at Brislington House, Bristol.

**MURPHY, William, M.B., C.M.Edin.,** reappointed Medical Officer of Health to the Holbeach Urban District Council.

**NEALON, J. A., M.D.R.U.I.,** appointed Medical Officer of the Workhouse and the Linton District of the Linton Union, *vice* Wm. Taynton, L.R.C.P.Edin., M.R.C.S.Eng., resigned.

**NETTLE, William, M.R.C.S.Eng., L.S.A.,** reappointed Medical Officer of Health to the Liskeard Town Council.

**NEWMAN, George, M.D.Edin., D.P.H.Camb.,** appointed Medical Officer of Health for the Parishes of Charterhouse, Furnival's Inn, and Staple Inn.

**PALIN, H. Venables, M.B., C.M., L.R.C.P., L.R.C.S.Edin., L.S.A.Lond.,** appointed Public Vaccinator of No. 3 District Wrexham Union.

**PARTRIDGE, Thomas, M.R.C.P.I., M.R.C.S.,** appointed Medical Officer of Health to the Nailsworth Urban District.

**POPE, G. Stevens, L.R.C.P. & S.Edin.,** Assistant Medical Officer, Cane Hill Asylum, appointed Medical Superintendent of the New Middlesbrough Asylum, Marton, Yorkshire.

**SCOTT, H. Ainslie, M.B. & Ch.B.Vict., M.R.C.S., L.R.C.P.,** appointed Junior House-Surgeon to the Ancoats Hospital, Manchester.

**SHARP, Edward, M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Truro Town Council.

**SIMPSON, Dr.,** appointed Medical Officer for the Coningsby District of the Boston Union, *vice* J. F. Carruthers, M.B., C.M., resigned.

**STANLEY, Douglas, M.D.Edin., M.R.C.P.Lond.,** appointed Extra Acting Physician to the Children's Hospital, Birmingham, *vice* Dr. Powell, appointed Acting Physician.

**STEPHENS, James Wm., L.R.C.P.Lond., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Cardigan Town Council.

**STOBO, Robert, M.B., C.M.Glasg.,** appointed Medical Officer of Health to the Sunderland Rural District Council.

**SYMES, Wm. S., L.R.C.P., L.R.C.S.I.,** reappointed Medical Officer of Health to the Newbold Urban District Council.

**TOMEY, George Parsons, B.A., L.R.C.S.I., L.R.C.P.I., L.M.,** appointed Medical Superintendent, Lincolnshire County Asylum.

**TUXFORD, Arthur, M.D.Edin.,** appointed Medical Officer of Health to the Boston Rural District Council, *vice* J. Wilkinson, M.B., resigned.

**WALLACE, J. J., M.B., B.Ch.R.U.I.,** appointed Medical Officer for the Workhouse and the Weobley District of the Weobley Union, *vice* W. F. Walker, resigned.

**WATERS, Alfred John G., L.R.C.P.Edin., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the March Urban District Council.

**WIGGINS, Charles, L.R.C.P.Lond., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Bexhill District Council.

**WILLIAMS, C. R., M.B., C.M.Edin.,** reappointed Medical Officer of Health to the Ashby-de-la-Zouch Urban District Council.

## 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 IV.

**MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.**—Mr. Harrison Cripps: Three cases of Intestinal Anastomosis, two of them involving Double Resection. Dr. T. D. Savill: Senile Decay, its Pathology and Treatment, illustrated by cases and by the projection microscope.

### TUESDAY.

**LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital for Lunatics, 2 P.M.**—Dr. Craig: General Paralysis. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Urticaria.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.**—Dr. A. P. Luff: On the Chemistry and Pathology of Gout. Goulstonian Lecture I.

**CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, 4 P.M.**—Dr. Dundas Grant: The Diagnosis and Treatment of the Dangerous Sequelæ of Suppurative Inflammation of the Middle Ear.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.**—Surgeon-Captain C. W. Duggan: The Parasite of Malaria in the Fevers of Sierra Leone (communicated by Dr. George Thin). Dr. S. West: Pulsating Empyema (Empyema Pulsans).

### WEDNESDAY.

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

**LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, Regent Street, W., 4.30 P.M.**—Professor A. Wynter Blyth; Air, Cubic Space.

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

**HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8.30 P.M.**—Mr. W. Rawes: Mental Disorders of the Climacteric Period.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.**—Continuation of the discussion on Retro-ocular Neuritis. Speakers: The President, Messrs. Jessop, Silcock, Holmes Spicer, Risien Russell, Macnaughton Jones, Adams Frost.

**WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.**—Dr. Mansell Moullin: The Use of Pessaries in Flexion and Relapse.

**DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, W., 5 P.M.**—Cases will be shown by Drs. Abraham, Savill, and Walsh, Mr. Jackson Clarke, and others.

### THURSDAY.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.**—Dr. A. P. Luff: On the Chemistry and Pathology of Gout. Goulstonian Lecture II.

### FRIDAY.

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

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

**CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.**—Dr. William Pasteur: An Epidemic of Infantile Paralysis among Children of the Same Family. Mr. C. B. Lockwood: Case of Malignant Stricture of the Esophagus treated with Symonds's Tube: Safety String Swallowed: Gastrostomy. Dr. J. W. Washbourn and Mr. W. A. Lane: Case of Cerebral Tumour: Successful Removal. Mr. Richard Barwell: Remarkable features in a case of Extravasation of Urine.

## 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.

**BRYANT**—On March 8th, at 9, Coburg Terrace, Anlaby Road, Hull, the wife of W. A. Bryant, M.B., C.M., of a daughter.

**HUSKIE**—At Hamilton House, Moffat, N.B., on 28th February, the wife of David Huskie, M.A., M.B., C.M.Edin., of a daughter.

### MARRIAGE.

**JEKYLL-LANGDON**—March 11th, at Holy Trinity Church, Barnstaple, North Devon, by the Rev. Rowland Newman, Rector of Hawkrigg, Somerset, cousin of the bridegroom, Lewis Nugent Jekyll, M.R.C.S., L.R.C.P.Lond., of Leytonstone, Essex, second son of the late Rev. Joseph Jekyll, of Hawkrigg, Somerset, to Agnes Maria, youngest daughter of the late William Langdon, of Northmolton, North Devon.

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.
GUY'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. Operations.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, SOHO. Attendances.—Daily, 10. Operations.—M. Th., 2.
KING'S COLLEGE. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. F., 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. Tu., 4.30.
METROPOLITAN. Attendances.—Medical and Surgical, daily, 9; Obstetric, W., 2. Operations.—F., 3.
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 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. Tu. S., 2.3; Ear, Tu. F., 2; Skin, Tu., 1.30; Larynx, F., 2.30; Orthopædic, 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; Orthopædic, 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. Tu., 3; Orthopædic, W., 10; Throat, Tu. F., 3.30; Skin, M. Tu., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. Attendances.—M. 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.
ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—W., 2.30.
THROAT, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Th., 2.
UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. Operations.—Tu. W. Th., 2.
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, 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.

HISTORICUS asks for a list of the best works on the history and development of medicine as a science.

DR. HERBERT DANVERS (Bordighera) asks to be referred to a full description of the "Terrain Cur" as practised by Oertel.

M. G. S. writes: An unmarried woman, aged 38, suffers from a serous discharge from the nipple of the left breast. This has been troubling her for two or three months. She is quite regular, and has never borne any children. What may be the cause of this discharge, and how should it be treated?

M.B. asks for advice upon the following case: A gentleman, aged 53, light, and of excitable temperature, is troubled with itching of the skin of the leg above the ankle and below the knee, worst when warm. He has a good appetite, feels well, has no sugar or albumen in urine, and no other definite symptoms of disease of any kind.

G. W. B. asks advice as to treatment of a child aged 4 years. It has had seborrhœa corporis for two years. With a daily application of ung. acidi borici most patches, but not all, almost entirely disappear, but become worse if treatment be omitted for one day. Another child, of the same family, aged 6 months, has had seborrhœa capitis from a fortnight after birth; it is spreading. The other children are healthy.

SUBSCRIBER wishes to be advised as to a German-English and a French-English Dictionary of medical and general scientific terms.

\* \* A German-English Dictionary of Medical Terms, by [Frederick Treves, F.R.C.S., and Hugo Lang, B.A. (London: J. and A. Churchill, 12s.) would probably serve our correspondent's purpose as far as German is concerned. We know of no French-English medical dictionary. Littré's Dictionnaire de Médecine, otherwise excellent, is only in French, though a list of English equivalents of medical terms is given. Messrs. E. C. Clifton and Adrian Grimaux's New Dictionary of the French and English Language (Paris: Garnier Bros.) is a general dictionary, but contains a considerable number of the technical terms used in medicine.

## GLEET.

COLONIAL asks for advice as to the treatment of a patient who contracted gonorrhœa two years ago, and from which he suffered for about six months (having resided in the tropics for a year after getting infected). Then a gleet set in, and whenever treatment is stopped for about a month or less the urethra becomes red and congested with a profuse yellow discharge, which, however, soon yields to any of the ordinary drugs internally, or better to strong astringent injections. The urethra feels nodular to the finger, and red and apparently granular when inspected through a speculum. The whole trouble appears to be in the spongy portion of the urethra. The patient is in robust health, with a good appetite.

## HOME FOR EPILEPTIC CHILD.

SURGEON asks where a home could be found for a congenital idiot aged 3, subject to constant epileptic seizures. The patient's friends are of the poorer class, but a small payment could be made.

\* \* We are not aware that any of the existing institutions admit congenital idiots at as low an age as three years. As the child lives in Hampshire, the only institution for which he or she is eligible is the Earlwood Asylum, Redhill, Surrey, but cases are not admitted there until the age of seven years. At present, it seems possible only to treat the epileptic seizures from which the child suffers, and wait patiently until the child attains the age of seven years. If the parents can pay something, it will not then be necessary to obtain so many votes for admission as would otherwise be required.

## ANSWERS.

PATER will find the information he requires in the Educational Number of the BRITISH MEDICAL JOURNAL, published on September 5th, 1896, p. 581.

LOCUM T. would probably find no difficulty in seeing the practice at any hospital in London on sending his visiting card to the member of the staff whose clinic he wishes to visit. At hospitals without teaching schools attached he would no doubt be able to attend as often as he liked. He could obtain admission to the Museum of the Royal College of Surgeons on presentation of a recommendation signed by a Member or Fellow.

## ACCESSORY PANCREAS.

DR. ERNEST F. NEVE (Kashmir) writes: In answer to "R.H.S.C.'s" query in the BRITISH MEDICAL JOURNAL of January 16th, p. 183, I would refer him to Klebs's and Zenker's cases—five. I think, in number—published in the Zeitsch. d. Ges. d. Wien. Aerzte, 1850, xlii, p. 732. The condition is very rare.

## HYPNOTISM IN DIPSO MANIA.

DR. D. CLARK LAIRD (Milngavie, Dumbartonshire, N.B.) writes: About six months ago I was asked by the friends of a confirmed dipsomaniac to try and break him of the habit, and hypnotism was suggested by them. As I had never employed it I arranged a meeting with Dr. McLennan, of Glasgow, who had taken a great interest in the subject. Dr. McLennan hypnotised the patient several times in my presence, and then left me to go on with the case. So far it has been a complete success. The patient informs me that since the first day of treatment he has not had the slightest inclination for alcohol. I may add that he was