

later on plugged the lower part of the pharynx with a sponge as well. This effectually prevented the entrance of any blood into the trachea during the operation. After the examination of his throat and tongue by the finger when under the anæsthetic, he got very cyanosed. The cause was not very apparent, but directly the trachea was opened much blood-stained mucus was expelled by coughing, and his colour at once became natural. No doubt this blood-stained mucus had passed into his trachea at the time of the digital examination. The tracheotomy was not performed on account of the cyanosis, but as a needful stage in the operation. The left lingual artery was then tied, and the mouth on the right side opened exactly as is done in Kocher's excision of the tongue, the right lingual artery being tied at the same time. Some enlarged submaxillary lymphatic glands were removed. The growth was found to have infiltrated deeply into the tongue towards the hyoid bone, and I had to divide the tongue close above the great cornu, and somewhat beyond the middle line, thus leaving rather less than half the organ. I then separated the cheek upwards from the jaw just in front of the masseter, and divided the jaw at the junction of the body with the ascending ramus, so that on traction outwards of the latter I could see fairly well into the tonsillar region. I found the growth fixed to the external pterygoid muscle, a portion of which I removed with it. The pharyngeal wall, where infiltrated by the growth, was also adherent to the external carotid artery, but I managed to peel it off. I did not separate the tongue from the tonsil and diseased portion of the pharynx, but removed them all in one piece. The growth had not invaded the jaw, but I had to strip off the periosteum with it. I wired the jaw at the end of the operation, and sutured the stump of the tongue to the soft tissues on the inner side of the front of the jaw. There was very little shock from the operation, which was a long one, and at the end his pulse was only 100.

*The Growth.*—The mass of growth in the tongue was about the size of a walnut, and of the typical hardness of epithelioma, and presented its microscopic appearance.

*After-History.*—The tracheotomy tube was retained for ten days and the stomach tube for rather more than a month, but by firmly plugging the external opening into the pharynx he could swallow fairly well three weeks after the operation. By July 18th the opening in the neck had so far contracted that it would just admit the end of the thumb; and on August 22nd, when he was discharged, it was only a minute sinus. He could then eat mincemeat, and speak so as to be understood, and had gained flesh to a considerable extent. He had no pyrexia after the operation or any lung trouble. When seen in October the sinus in the neck was found to have closed, and he had returned to work as driver on a locomotive engine. I showed him at a meeting of the Bristol Medico-Chirurgical Society on November 11th, 1896, five months after the operation, and there was then no sign of recurrence of the growths, nor is there any recurrence at the present date—January, 1897.

## MEMORANDA:

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

#### FATAL TRAUMATIC RUPTURE OF HYDATID OF LIVER.

A. C. came under observation in April, 1896, aged 17½, complaining of sickness and five months' amenorrhœa. She was found to have an abdominal tumour, suggestive of a six or seven months' pregnancy or a large uterine fibroid, lying quite symmetrically, inseparable from the liver either by palpation or percussion, but with difficulty capable of being separated from an apparently normal uterus by bimanual examination. The tumour was hard and firm throughout, except in one spot below and to the left of the umbilicus, where fluctuation could be made out. In the right iliac region a hard, irregular, tomato-like mass could be felt. The tumour was stated to have been discovered six years previously near the right groin, and to have gradually grown upwards and to the left. It was thought to be probably

ovarian; but as the removal of the indigestion left the patient in excellent health and spirits, and as the tumour remained apparently quiescent during six months' observation, no operative interference was suggested.

In March, 1897, the patient accidentally stumbled in her muddy farmyard, falling upon her face on the grass; she went indoors, and soon afterwards, feeling sick, went upstairs and lay down, vomited, and died within half an hour. On palpating the abdomen shortly afterwards, the large central tumour could no longer be felt, although as distinct as ever two days previously; but the tumour in the right groin remained as of old. On opening the abdomen, the liver was found firmly adherent to the adjacent parts, and about thrice its normal size, due to five large hydatids. Three of these were as large as coconuts, very tense, full of colourless liquid, one occupying the right iliac fossa, another the left hypochondrium, and a third projecting from the under surface; a fourth extending down from near the portal fissure, was of similar size, but full of bile-stained liquid; while the fifth, as large as one's head, lay collapsed in the middle line, and contained some blood-stained liquid. All the cysts contained daughter cysts, varying in size from a currant to a peach, while the cyst walls were profusely studded inside with brood cysts. The other organs seemed healthy.

Kendal. WM. RUSHTON PARKER, M.A., M.D. Cantab.

#### CASE OF FEMORAL HERNIA IN WHICH THE VERMIFORM APPENDIX WAS FOUND IN THE SAC: EXCISION OF SAC AND APPENDIX: RECOVERY.

Mrs. McK., aged 21, was admitted to the Stanley Hospital on January 29th, 1897, suffering from a painful swelling in the right groin. She gave the following history: Two years ago, when lifting a heavy garden seat, a lump appeared in the groin, and attained the size of a hen's egg. It disappeared on lying down, and caused the patient no inconvenience; her bowels were always regular. On January 27th, two days before admission, whilst lifting a heavy bedstead, she felt a sudden sharp pain in the situation of the swelling in the groin, and this gradually became worse until she came to the hospital.

On admission, there was a hard, tense swelling, the size of a hen's egg, in the right groin; it was tender, gave rise to no impulse on coughing, and was irreducible. Her bowels had not moved for three days, and, though she was not sick yet, she complained of nausea and was rather collapsed.

Under an anæsthetic I cut down on the tumour, and opened a hernial sac which contained the vermiform appendix. This was thickened and congested. Having pulled the appendix down I removed the damaged portion, and brought peritoneal flaps over the cut end of the stump. I then returned the stump by pushing it back with a director into the peritoneal cavity. The ring was very small, and would not admit the tip of the little finger. The sac was then removed and a radical cure effected. There were no bad symptoms, and the patient left the hospital cured on February 20th, 1897.

On looking up the literature of the subject I can only find two recorded cases of this form of hernia—one by Annandale, in which the appendix was perforated, and the other by Jacobson. Annandale removed the appendix and fixed the stump in position. Jacobson returned the appendix after division of the border of Gimbernat's ligament, but states that he would remove the appendix in another case if there was time to make the necessary suturing secure. I removed an inch and a half of the appendix, and it contained no concretions.

G. P. NEWBOLT, F.R.C.S.,  
Honorary Surgeon, Liverpool Stanley Hospital.

#### METHYLENE BLUE IN RHEUMATOID ARTHRITIS.

In looking through the recent works on rheumatoid arthritis I find no mention of the use of methylene blue in the treatment of this disease. In several very obstinate cases which have lately been under my care, I have administered this drug with the greatest benefit, each case showing marked improvement soon after commencement of treatment. Not only does the arthritic process appear to be altogether arrested, but the drug has a favourable influence on the general condition, improving nutrition and leading to increase of body weight. A 2 gr. tabloid (prepared by Messrs.

Burroughs, Wellcome, and Co.) is the most convenient form of administration, one to be taken twice daily after food. The patient should be warned that one of the first effects of the drug is to colour the urine blue.

Pyoktanin (methylen violet), on the other hand, has very little effect on the urine, is not well borne, and has not given good results in rheumatoid arthritis.

Although my experience has been limited, I venture to think that the success has been sufficient to warrant my drawing attention to this treatment, and I hope that others with more opportunities will give the method a trial.

Parkstone.

J. R. PHILPOTS, L.R.C.P., L.R.C.S. Edin.

#### A NOTE ON TRIONAL.

A SAFE, efficient, and easily administered hypnotic is a distinct addition to our armamentarium, and as fulfilling these conditions, the result of a six months' constant use of trional may be of interest.

I have given it to produce sleep in cases of pneumonia, bronchitis, alcoholism with delirium, insomnia from mental worry, and other forms of nervous insomnia, and I have invariably found it satisfactory. It is rapid in its action, and it has these advantages over sulphonal or the bromides, that it is more certain and does not produce the disagreeable sequelæ of sleepiness, lassitude, and depression on the day following its exhibition. Nor have I observed any derangement of the digestive system in connection with its administration. An initial dose, gr. xx or xxiv, may usually be reduced to xv or less, and in this way trional becomes invaluable for breaking a pernicious habit of sleeplessness, where a few good refreshing nights may restore the normal habit of sleep. Even in cases of confirmed insomnia, which have been treated unsuccessfully by chloral, paraldehyde, and the whole gamut of hypnotics, each drug having in turn to be increased in dose until it finally loses all power or becomes dangerous, trional in my hands has afforded marked relief without apparently any ill-effect, and has given tranquil refreshing sleep without any increase of the initial dose.

One patient, a retired navy surgeon, a museum of complaints—mitral insufficiency, gout, eczema, albuminuria, and marked emphysema—who has had every known hypnotic for his obstinate insomnia, has been taking by my advice trional 15 to 20 grains for the last five months almost every night. He has never had to increase the dose, and I have never detected anything but a good result from his continued use of the drug. I am confident that his heart has much benefited by the regular sleep, and his nocturnal attacks of dyspnoea are now unknown. I find trional is easily taken in cachets or suspended in hot milk or water.

Guilford Street, W.C.

J. ARTHUR BROWNE, B.A., M.B.

#### NOTES ON CASES.

1. *Enuresis Nocturna; Removal of Nasal Polypus; Recovery.*—A young man, aged about 20 years, had suffered from nocturnal enuresis from childhood. He was treated both in hospital and in private practice, and all the usual remedies were tried without result. Two years ago he first came under my care, when I began by giving bromide of potassium and pushing belladonna to the limits of safety. This was followed by no good results. His nasal voice and open mouth drew my attention to his nose, where I found a nasal polypus. It then occurred to me that if a nasal polypus can cause asthma it might also by reflex action cause, or keep up when once caused, urinary incontinence, especially during sleep, when the inhibitory influence of the brain is at rest. The polypus was removed, and after a night or two the incontinence ceased, and has not since recurred.

2. *Infantile Marasmus.*—In these cases, referred to by most writers on diseases of children, we can detect no other sign of disease except the marasmus itself, with perhaps occasionally a certain muddiness of the skin. The surroundings of the child may be of the best; the food may be good; there may be no suggestive rash, no vomiting, no diarrhoea, no tubercle, no prematurity to explain the condition. From a knowledge of the parents of one of these infants it occurred to me that the syphilitic taint might explain many, if not all, of these cases. I have had within the past year some opportunity of putting this theory to the test. Within that time about seven or eight of these infants have come under my care.

Some of these cases were in an almost hopeless state, but the rapid way in which they one and all responded to a course of mercury left no doubt upon my mind as to the etiology of the condition.

3. *Diabetes.*—Certain cases have been reported in the medical press of the Continent which support suggestions I made for the treatment of pancreatic diabetes in an article in the BRITISH MEDICAL JOURNAL of July 21st, 1894. These suggestions were founded on the results of certain experiments by M. Kaufmann, and they offered an explanation why pancreatic extract administered by the mouth has failed to cure pancreatic diabetes. A method was described by which, imitating Nature, pancreatic juice can be got directly into the portal circulation, and not into the general circulation through the lymphatics of the intestine. If no fallacy has crept into the experiments of M. Kaufmann I am at present unable to see why, if these suggestions are carried out, pancreatic diabetes should remain an incurable disease. Since making the suggestions I have had no opportunity of testing this opinion, but the following cases support it. Spillman, at the French Congress of Internal Medicine,<sup>1</sup> mentions two cases of wasting diabetes. In each case whenever pancreatic juice was administered in the manner suggested the sugar diminished and the weight remained stationary. Again, Borman<sup>2</sup> mentions a similar case in which, after a few weeks' treatment, the patient left the clinic with weight increased by  $8\frac{1}{2}$  pounds, with strength and health improved, and sugar, thirst, and urine greatly lessened.

J. McNAMARA, M.D., B.Ch., B.A.O.R.U.I.

West Kensington.

#### GRASS SPIKELET IN CONJUNCTIVAL SAC.

WITH reference to Mr. Dunn's case in the BRITISH MEDICAL JOURNAL of January 30th, I may mention that I removed a similar grass spikelet from under a child's conjunctiva about eighteen months ago. The spikelet in this case was under the conjunctiva at the upper and outer part of the eyeball. It was easily withdrawn by the end of the broken stem, which could just be seen projecting through the conjunctiva when the upper lid was everted. There was slight conjunctivitis and some ecchymosis of the upper lid, but hardly any tenderness and no pain. The eye had become inflamed after the girl had been playing in a hayfield a week previously. It had quite recovered a few days after the spikelet was removed.

Taunton.

R. LIDDON MEADE-KING, M.D. Durh.

#### TREATMENT OF FRACTURES ABOUT THE ELBOW-JOINT.

A boy, aged 8, had fallen on his right elbow; when seen after the accident there was a good deal of swelling and some deformity of the joint. Under anæsthesia it was thoroughly examined; the forearm was dislocated backwards, and the condyles readily moved on one another with crepitus. The dislocation was reduced, and the arm placed on an internal angular splint, cold and pressure applied for five days. It was then taken down; massage with firm but gentle passive movement commenced daily for three weeks, the arm being always replaced on an internal angular splint. Finally the splint was removed, and active movements commenced. Some months have now elapsed; there is complete extension of the arm, and no interference with its mobility in any way.

*Remarks.*—Having read Mr. Arbuthnot Lane's interesting paper on this treatment, and knowing the frequency with which limitation of movement, especially extension, follows this form of fracture, it seems to afford a contrast in result to the routine treatment of fracture into the elbow joint.

MALCOLM MARGRAVE, L.R.C.P. Lond., M.R.C.S. Eng.

Newton Abbot.

#### EXOPHTHALMIC GOITRE IN A MAN.

MR. J., a clerk, aged 25, who came under my care in March, 1896, had enjoyed good health until six months previously. He presented all the characteristics of Graves's disease—decided enlargement of the thyroid, prominent eyes, palpitation, and a pulse of 136. He was given the usual remedies,

<sup>1</sup> *La Semaine Médicale*, August 19th, 1896.

<sup>2</sup> *Wien. med. Blätt.*, October 17th, 1895.

but without much improvement. I determined to try thymus gland extract, and he was given 5 gr. tabloids obtained from Burroughs and Wellcome. At first he took one a day after food, but gradually got up to 3. From this time he rapidly improved, his eyes became less prominent, the thyroid smaller, and the pulse slower. He continued to improve, and is now practically cured, the eyes being normal in appearance, the thyroid its regular size, and the palpitation gone. In conclusion, I may say he took the tabloids for about seven months.

W. SUTCLIFFE, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.  
West Bromwich.

## REPORTS

ON

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

#### ROYAL NAVAL HOSPITAL, YOKOHAMA.

##### PENETRATING GUNSHOT WOUND OF THE LEFT CHEST, FOLLOWED BY PYO-HÆMOTHORAX.

(Communicated by the DIRECTOR-GENERAL, R.N.)

[Reported by Fleet-Surgeon CHARLES GODDING, H.M.S.  
*Centurion*, and Staff-Surgeon HOWARD TODD.]

W. M., chief stoker H.M.S. *Centurion*, while witnessing some tricks with a loaded revolver on shore at Hakodate on August 5th, at 11 P.M., while standing about 3 feet away, received a bullet in the left chest, between the second and third ribs, and 2 inches to the left of the sternum and  $3\frac{1}{2}$  inches from the left nipple. He made an attempt to come on board, but soon collapsed, and was later brought to the ship at 3 A.M. On August 6th he was suffering severely from shock; the pulse was 130 and thready, respirations 60; he was quite conscious, and complained of pain all over his chest. There were powder marks on his shirt, and his under flannel was blood-stained. On removing his vest, a small, dark, contused wound of entry, with a little blood oozing from it, and extensive subcutaneous emphysema all over the front of the left chest, and extending into the left axilla, was seen. He had slight cough and hæmoptysis. The treatment consisted in iodoform dressing of the wound, ice to suck, and control of the chest movement by a many-tailed bandage. The revolver was American, 0.38, bullet 147 grains, powder 12 grains. At 9 A.M. on August 6th he had recovered sufficiently to allow of a gentle examination, when some fulness was detected about the left scapula, but no crepitus or wound; reaction now set in, with dyspnoea and a hard bounding pulse, which tincture of aconite in 5-minim doses relieved.

On August 8th the heart's apex was displaced towards the sternum, and there was a slight pericardial rub; on percussion the left chest was hyper-resonant anteriorly, but dullness commenced at the mid-axilla and extended backwards to the base of the lung; a friction rub was heard all over the left chest, and there was marked compensatory breathing on right side.

On August 11th the apex beat was still displaced towards the sternum.

On August 17th the temperature was 99.4° in the morning, 99.6° in the evening, pulse 84, respiration 24; there was dullness, absence of vocal fremitus, and breath sounds from left mid-axilla to back of left chest.

On August 25th a foreign body was felt above the eighth left rib, immediately internal to the vertebral border of the left scapula; it was at once cut down on, and proved to be the bullet, which weighed 145 grains, showing a loss of 2 grains; its apex was flattened on one side, and deeply grooved and indented. A digital examination of the wound failed to discover the track of the bullet or any connection with the chest.

On September 1st the patient was sent on board a man-of-war for passage to Yokohama.

On September 9th, when he was admitted to the Royal Naval Hospital, Yokohama, his condition was as follows: Weight, 132 lbs.; had slight cough accompanied by white mucoid expectoration, not containing tubercle bacilli; tongue

furred, anorexia, night sweats, and hectic pyrexia; left chest dull from anterior left axillary line to spine and upwards to the level of the seventh rib, absence of local fremitus, and respiratory murmur over dull area, no adventitious sounds; right side of chest moves better than left, and respiratory murmur exaggerated. An exploratory puncture was made with a large aspirator needle in the sixth left interspace in the mid-axillary line, but no fluid appeared in the syringe on raising the piston.

On September 16th the heart's impulse was displaced so much to the right and upwards that it could not be felt below the left nipple line. The voice sounds were ægophonic over the left base. As hectic persisted an exploratory puncture was made in the seventh intercostal space, at the angle of the left scapula, with negative results.

On September 26th friction was heard in the left axilla, the physical condition of the left chest was unchanged, and hectic persisted.

On October 5th he complained of some dyspnoea, and there was slight hæmoptysis. On percussion resonance was tympanitic above fourth left rib. Distant breath sounds could be heard in left axilla and over the centre of the left scapula. Assisted by Staff-Surgeon Morley and Surgeon May the patient was put under chloroform, and Staff-Surgeon Howard Todd pushed an aspirator needle into the chest below the left scapula angle, and blood-stained fluid was withdrawn to 12 ounces. The fluid did not appear to be pure blood, but seemed thicker, and not bright scarlet or the colour of venous blood. The puncture was sealed with collodion.

On October 6th he expressed himself as much easier. There was no dyspnoea, the breath sounds over the left base were more distinct, and accompanied by friction. In front the dullness in left axilla was much diminished.

On October 17th, as hectic persisted, A.C.E. mixture was administered by Surgeon May, and Staff-Surgeon Howard Todd excised 2 inches of the left eighth rib internal to the left scapula angle. The periosteum, which was much thickened, was freely incised, and 20 ounces of purulent sanguineous fluid escaped, in gushes. A large drainage tube was inserted, and the wound dressed with iodoform and cyanide gauze. The subsequent treatment was irrigation with warm listerine, and early removal of the drainage tube.

On January 16th, 1897, the man was walking about, and weighed 144 lbs. A small sinus remained unhealed over the site of the incision. The left chest moved less than the right on taking deep breaths, and was somewhat contracted. Vocal fremitus was very much diminished over the left base. The breath and voice sounds were almost absent to level of eighth left rib.

#### ROMFORD WORKHOUSE INFIRMARY.

##### A CASE OF RUPTURE OF THE LEFT VENTRICLE.

(Under the care of J. A. FRASER, Medical Officer.)

[Reported by J. H. BUSTEED, L.R.C.P. and S.E., Assistant Medical Officer.]

E. S., a woman, aged 52, single, was admitted into the Romford Workhouse Infirmary on December 24th, 1896, suffering from chronic rheumatism. On seeing her next morning, she complained of pains in her knees and neuralgic pains in the head, and on examination the diagnosis was confirmed. She had been admitted some months previously for the same complaint; the heart sounds were normal, and there was no evidence of any cardiac trouble. On Sunday, the 27th, I found the patient sitting up comfortably in bed, and both she and the nurse informed me that she was very much better, and free from the pains of which she had complained. An hour and a half later I was summoned urgently from another part of the building, and on arrival neither radial pulse nor cardiac impulse could be felt, and injections of brandy and hot fomentations over the precordial area were employed without any response. I then learned that the patient had eaten her dinner, and a few moments afterwards gave three piercing screams, and dropped back dead. Being unable to certify as to the actual cause of death, I was ordered by the coroner to make a *post-mortem* examination, and found on opening the chest that the pericardium was distended with fluid, and on opening it obtained a pint of bloody serum, and found in it an organised blood clot weighing half a

the purpose of extinguishing organised crime; and he has at the same time sat as a member of the Viceroy's Legislative Council. He has been President of the Factory Commission, the native passengers' ship Commission, and has assisted largely in many social inquiries and discussions. He always brought thorough industry, sound judgment, and genial co-operation to bear on any task he took in hand, and will be greatly missed in many ways in India.

#### SANITARY MATTERS.

A CORRESPONDENT affirms that the regulation directing the principal medical officer of districts to dispose of sanitary matters *by order of the general officer commanding*, is an absolutely dead letter, and that thereby medical action throughout the army is weakened and vitiated. The regulation ought to be mandatory, and not permissive. Nothing sanitary is referred to the medical department unless the military officer thinks he wants a medical opinion. The regulation was only obtained by pressure of public opinion, and is now allowed quietly to drop.

## MEDICO-LEGAL.

#### CHARGE OF MURDER AGAINST A BOTANIST.

At Leeds Assizes on March 17th, James Henry Aldridge, aged 55, a Bradford botanist, was indicted for the murder of Harriet Blagborough of Halifax, whose death, it was alleged, was the result of an illegal operation. The prisoner was found guilty, and was sentenced to death.

#### FEES OF MEDICAL WITNESSES.

UNDER this heading we commented in the *BRITISH MEDICAL JOURNAL* of March 13th, page 678, on the remarks which the stipendiary magistrate of Bradford had permitted himself to make to a medical witness who desired payment for his services in attending to give evidence in a case of assault. We are informed that at a special meeting of the Bradford and District Medico-Ethical Society the following resolution was adopted: "That this meeting of the Bradford and District Medico-Ethical Society, having considered the reports of the proceedings in the case of Thomas Coe, tried in Bradford on March 3rd, 1897, as published in the *Bradford Observer*, the *Bradford Telegraph*, the *Bradford Argus*, and the *Yorkshire Post*—of which to its knowledge no correction or contradiction had been published—is of opinion that the stipendiary used language on that occasion which was uncalled for, and was discourteous and disrespectful to Dr. Gladstone, and was unworthy of the magisterial bench; and that the language was aggravated by the introduction of irrelevant matters calculated to prejudice Dr. Gladstone in the opinion of the public and of the Infirmary Board, and to intimidate him into giving evidence; and that copies of this resolution be sent to the papers above-named, to the Home Office, and to the medical papers."

#### SCHOOL SANATORIA.

At the Portsmouth County Court recently Mr. Montague H. Foster, headmaster and proprietor of Stubbington House School, near Gosport, sued Lieutenant-Colonel L. Marshall, of 63, Harrington Gardens, London, for £21, board and sanatorium charges for twenty-one days, in respect to his son, who was a pupil at plaintiff's school. The defence was that the charges were exorbitant; a sum equivalent to 5s. a day, and the doctor's fee (£111s. 6d.) had been paid into court. Mr. Cababe, barrister, who appeared for plaintiff, said that in the summer of 1894, just before the vacation began, there was an outbreak of chicken-pox at Stubbington House School, and one of the defendant's boys caught it. He was removed to a sanatorium near the school, which plaintiff had established for sick boys, and later on Mrs. Foster wrote to Lieutenant-Colonel Marshall, saying that, although the boy was not free from infection, he would be fit to travel in a few days. On July 27th the defendant wrote declining to have his boy home until he was absolutely recovered, at the same time threatening plaintiff with heavy penalties under the Infectious Diseases Act if he did not keep the lad until he was free from infection. He was, therefore, kept at the sanatorium, necessitating the staying on of the nurse and servant during the whole of the holidays. Plaintiff told the defendant that if the boy stayed at the sanatorium his charge would be a guinea a day. For the defence, Mr. Randolph, barrister, called Mr. Leonard Marshall, cousin of defendant, one of the masters at Charterhouse School, who said that if a boy was an inmate of the sanatorium at the school during the holidays a charge of 3s. a day was made. He added, however, that a sum of 1s. extra was charged in respect of every boy attending the school to go towards expenses in case of sickness. His Honour said that defendant had brought the trouble upon himself by what he could not help but characterise as extraordinarily indiscreet conduct. The form of the letters written by him was conceived in the worst possible taste. He gave judgment for plaintiff for the full amount claimed, less the sum paid into court, and costs.

#### CORONER'S INQUEST: USELESS VERDICT.

HOUSE-SURGEON (Ireland) informs us of the result of an inquest in which he was called as a medical witness. It appears that a child, 6 weeks old, well-nourished, was brought to the hospital dead, with a report that it was found dead in bed with the parents, and close to the mother's side, and that it was in its usual health the night before. There were no external marks of violence nor any special indications of the cause of death. On being called to give evidence, the magistrate acting as coroner suggested various causes of death, and, no *post-mortem* examination having been ordered, our correspondent was unable to assign one, so the jury returned a verdict, under the direction of the magistrate, of "death from natural causes." "House-Surgeon" complains that the magistrate, in summing up to the jury, reflected upon the fact of the doctor not being able to assign a cause of death, and virtually censured him by telling the jury to disregard his evidence.

\*.\* This case is a sample of many others which occur in which the

verdict is useless, and in which the most important part of the evidence is omitted. This could only be obtained by a *post-mortem* examination. We regret to say that some coroners are remiss in this particular, and frequently from such omissions the inquest becomes a mere farce, the coroner and jury notably failing in their duties. "House-Surgeon," who was sworn previously to giving evidence, was correct in not venturing to assign a cause of death, although, as he says in his letter, the external appearances and circumstances in connection with the case were not inconsistent with a death caused by suffocation.

In answer to a second question, "House-Surgeon" is bound to obey the summons of the coroner, whether the inquest is held inside or outside the hospital; and if a deceased person is brought to the hospital dead, he is entitled to receive fees under the Medical Witness Act.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF OXFORD.

MR. ELLIS, of Epsom College, has gained a scholarship in classics at Lincoln College.

#### UNIVERSITY OF CAMBRIDGE.

MR. GILL, of Epsom College, has obtained a mathematical exhibition at Magdalen College.

#### UNIVERSITY OF EDINBURGH.

THE winter session in the medical classes of the University of Edinburgh and Extra-Academical School was closed on Friday last, March 19th, to be resumed for the summer session on Tuesday, May 4th.

CHAIR OF PUBLIC HEALTH.—As has already been stated in these columns, the late Mr. A. L. Bruce left a sum of money for the purpose of founding an endowment for a chair of Public Health in the University of Edinburgh. That sum was augmented by members of Mr. Bruce's family, till it amounted to £5,000. Next Mr. John Usher, of Norton, came forward and presented the sum of £8,000 further to augment the endowment. The Lord Provost of Edinburgh has now intimated that he has learned that an Edinburgh firm has undertaken to subscribe the remaining £1,000 necessary to make up the sum required by the University Commissioners to establish the chair.

The appointment of Sir Henry Duncan Littlejohn, LL.D., M.D., to the chair of Forensic Medicine in the University of Edinburgh, vacant by the retirement of Sir Douglas MacLagan, M.D., is officially gazetted.

#### CONJOINT BOARD IN IRELAND.

PRELIMINARY EXAMINATION.—The following candidates have passed this examination:

Honours Division (in order of merit).—J. Parker, T. A. Dillon, W. E. Meredith.

Pass Division.—A. W. Allen, R. M. Atkins, H. L. Becker, W. S. Carter, J. P. Condon, J. A. J. Cowley, C. D. C. Cummins, M. J. Dowling, J. F. Farrell, L. Gordfoot, W. J. Greehy, C. M. Griffin, M. R. J. Hayes, T. Hunt, G. Lewis, R. C. Nicholl, M. A. A. O'Brien, M. J. O'Meara, J. O'Regan, R. H. G. Oulton, P. W. Power, D. L. Rogers, A. M. Sayers, W. Shorten, H. T. Stark, J. Stuart, C. Waters.

DIPLOMA IN STATE MEDICINE.—The following candidates have passed this examination:

Honours.—F. A. Craig, M.B.R.U.I.; J. E. Hancock, M.R.C.S.Eng., L.R.C.P.Lond.

#### SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—E. C. Bailey, King's College; G. E. Brooke, Cambridge, and London Hospital; R. Holt, Royal College of Surgeons in Ireland; G. F. May, McGill University; J. Ponsonby, Guy's Hospital; L. W. Seymour, St. George's Hospital; A. Stein, Middlesex Hospital.

Medicine, Forensic Medicine, and Midwifery.—H. M. Church, McGill University; J. F. Fox, Cork and Westminster Hospital; F. T. Knott, London Hospital; W. L. G. Morgan, St. Thomas's Hospital.

Medicine and Forensic Medicine.—C. H. Church, McGill University; H. Lewkowitzsch, Breslau; M. S. Martin, Calcutta.

Medicine and Midwifery.—E. L. C. Muspratt, King's College.

Medicine.—J. Cater, King's College; A. J. Pedley, Birmingham; A. W. Robertson, St. Bartholomew's Hospital; E. G. Smith, London Hospital.

Forensic Medicine and Midwifery.—W. Mawer, St. Bartholomew's Hospital; A. R. O'Flaherty, London Hospital.

Forensic Medicine.—E. J. E. Coop, Birmingham and St. Thomas's Hospital; A. M. Weil, Royal Free Hospital.

Midwifery.—C. I. Ellis, Aberdeen and St. Thomas's Hospital; A. Gandier, Toronto University; C. G. Schultz, St. Mary's Hospital; A. Stein, Middlesex Hospital.

The diploma of the Society was granted to Messrs. Brooke, Ellis, Gandier, Morgan, Pedley, Ponsonby, Robertson, Seymour, Smith, and Stein.

## OBITUARY.

THE death is recorded, in his 84th year, of Mr. RICHARD SKINNER HENNING, one of the oldest medical practitioners in Tunbridge Wells. He qualified as M.R.C.S.Eng. and L.S.A. in 1849. He had been resident in Tunbridge Wells for nearly half a century, and 45 years ago was assistant to the late Dr. Hargreaves. He leaves a family of sons to regret his loss.

## MEDICAL NEWS.

THE Lord Chancellor, on the recommendation of the Lord Lieutenant, has placed the name of Dr. James Grey Glover (Highbury Place) on the Commission of the Peace for the County of London.

**HOSPITAL SATURDAY FUND.**—The twenty-third annual report of the Hospital Saturday Fund states that the receipts for the year were as follows: Workshop collection, £16,337; street collection, £4,884; donations, £185; interest, £101; and ambulance (donations, sales, and fees), £105. The workshop collection shows the satisfactory increase of £1,074, and the street collection of £241.

**DR. HARVEY LITTLEJOHN** has resigned the post of medical officer of health for Sheffield on his appointment as lecturer on medical jurisprudence in the medical school of the Royal Colleges of Physicians and Surgeons, Edinburgh. The appointment had been held by Sir Henry Littlejohn, who resigned it recently on being elected to the chair of Forensic Medicine in the University of Edinburgh.

**MALE NURSES.**—The Secretary of the Male Nurses' (Temperance) Co-operation, 10, Thayer Street, Manchester Square, W., informs us that the third year of the organisation's work has been most successful. The average earnings, after paying all expenses, have been at the rate of £103 18s. 2d. per man; the staff employed has been more than doubled, and now numbers nearly 100 men. A sick fund has been established to provide for the nurses during illness.

A Home of Comfort for the Dying has been opened at "Dowran," Southsea, in charge of the Winchester Diocesan Deaconesses, for the reception of better-class patients, clergy, missionaries, churchworkers, nurses, governesses, etc., who are suffering from progressive and incurable disease. Patients when possible should pay towards their support. Application should be made to the Mother Superior, St. Andrew's Home, Portsmouth.

**METROPOLITAN CORONERS' SALARIES.**—At a recent meeting of the London County Council, on the recommendation of the Public Control Committee, the Council rescinded a resolution passed in 1892 fixing 30s. per inquest as the basis for the revision of all coroners' salaries in London, and fixed the salary of Dr. Danford Thomas, Coroner for the Central District, at £2,263. It was also resolved to revise the salary of Mr. Wynne Baxter, Coroner for the Eastern District, and to fix the amount at £1,952 per annum.

**EDINBURGH HOSPITAL FOR INFECTIOUS DISEASES.**—At a meeting of the Edinburgh Medico-Chirurgical Society on March 17th, the places of the proposed hospital for infectious diseases at Colinton Mains were considered. The city architect, Mr. R. Morham, demonstrated the plans by limelight. After discussion, the following resolution was passed on the motion of the Chairman (Dr. W. Craig, Vice-President) seconded by Dr. Joseph Bell: "That the Society approve of the site selected, and generally of the plans." It was further agreed, on the motion of the Chairman seconded by Professor Struthers: "That the number of beds to be provided (600) is not more than the wants of Edinburgh demand."

**THE HOME HOSPITALS ASSOCIATION.**—The nineteenth annual meeting of the Home Hospitals Association was held on March 16th, Mr. Hugh Hammersley presiding. The report testified that the past year had been one of satisfactory progress, 283 patients having been admitted. In moving the adoption of the report, the Chairman referred to the fact that the hospital was the only home hospital in London that was carried on on commercial principles; it was established simply to benefit the middle and upper classes. Since its commencement in 1880 they had never asked for contributions from the public, but had always balanced their receipts with their expenditure. He alluded to the favour with which the hospital was looked upon by the medical profession, 67 medical practitioners having had patients there during the past year.

The report of the Society of Medical Phonographers issued by Dr. Neil, the secretary, shows that in the year just closed there was a net increase of 60 members, bringing the number up to 280 distributed over every English-speaking country, ex-

cept Canada, as well as throughout Europe, India, China, and Japan. Of medical students 43 have joined the Society, but now that shorthand is a mark-bearing subject of the Preliminary Examination an increase in the number of student members is not unreasonably looked for. The Society has representatives at all the chief centres of medical education. It has instituted an examination of its own among medical students, and awarded prizes for proficiency in shorthand, and its monthly journal, the *Phonographic Record*, has maintained a high standard of excellence.

**THE PROPOSED LUNACY HOSPITAL FOR LONDON.**—The Commission of inquiry appointed by the London County Council to study the system of treating pauper lunatics on the Continent will consist of three members of the Asylums Committee and three officers. The Commission will shortly visit the Salpêtrière Asylum and the St. Anne's Hospital in Paris, the Charité Hospital at Berlin, the Insane Colony of Gheel in Belgium, the Alt-Scherbitz Asylum at Leipzig, the Gabersee Asylum at Munich, the Bielefeld in Hanover, and the Herzbergen, Dalldorf, and Bresdorf Asylums. A motion made at a recent meeting of the London County Council to disallow the travelling and out-of-pocket expenses of the members of the Commission was defeated.

**LEAD POISONING AND EMPLOYER'S LIABILITY.**—In Germany there is no special law relating to the employment of glazes in the manufacture of earthenware. It is, however, prescribed by the General-Ordnung that everything that is injurious to the health of workpeople shall be avoided. Lately a manufacturer in that country, after having introduced into his factory the best mechanical contrivances for the removal of dust and securing excellent ventilation, and having provided dining rooms and baths for his employees, was made responsible for the loss of eyesight to a "dipper" who had been supplied with a raw white lead glaze solution. There is no restriction in Germany as to the percentage amount of lead which these glazes shall contain. Experience is a valuable monitor, and since the unfortunate occurrence which made the dipper in question a pensioner at the hands of the factory owner, the use of raw white lead glaze has been abandoned in that particular factory, and fritted lead, which is said to be innocuous, is now used instead. We are not disposed to go the whole length with the manufacturer in his statement that fritted lead is absolutely harmless. In the report of the Potteries Committee of the Home Office it is shown by Mr. Laurie, after careful experimentation, that fritts are much less soluble in artificial gastric juice than white lead; but that if these contain, in addition, borax, the solubility of lead increases with the percentage of borax present in the frit.

**THE INSANE IN SYRIA.**—Mr. Theophilus Waldmeier, who has been doing mission work in Syria for some years, and who founded the Friends' Mission on Mount Lebanon, has had many opportunities of witnessing the barbarous cruelty inflicted upon the lunatics in that and surrounding districts. He has issued a strong appeal for funds to enable him and the executive committee that has been formed to build an asylum for these unfortunates. His descriptions of the vaults and chains, torturing and cruelty, the ignorance and superstition which surround the care and treatment of these insane Syrians is even worse than the conditions under which the insane lived in our own kingdom at the end of the last and the beginning of the present century. Dr. Clouston, of Morningside, and Dr. Yellowlees, of Glasgow, both bear testimony from personal observation to the need there is for the establishment of an institution for the insane such as Dr. Waldmeier advocates. A considerable sum (nearly £3,000) has already been subscribed towards the £10,000 needed. Committees have been appointed in this and other countries to aid in the work. The London Committee is a strong and representative one, and Sir Richard Tangye, 35, Queen Victoria Street, E.C., is the treasurer for Great Britain. He will be glad to receive subscriptions and give any further information. We wish this most humane and laudable undertaking every success.

**ROYAL METEOROLOGICAL SOCIETY'S EXHIBITION.**—The exhibition arranged by the Royal Meteorological Society in commemoration of the Queen's reign was open from March 16th to 19th in the large library of the Institution of Civil



Engineers, Great George Street, Westminster. Of the instruments exhibited those which were in use in 1837 were not very numerous, but many of them were somewhat quaint and of great interest. Sir E. H. Verney, Bart., showed an old barometer with a large spirit thermometer, which latter has an arbitrary scale, decreasing as the thermometer increases, "extream cold" being 90° and "extream hot" 0°. The instruments in use during 1897 were not very numerous, and comprised various forms of barometers, thermometers, hygrometers, rain gauges, anemometers, nephoscopes, sunshine recorders, actinometers, aneroids, electrical and miscellaneous instruments. Many of the instruments are self-recording, and were shown in action. The most interesting exhibit was a railed-off enclosure about 12 feet square, covered with green baize, representing a typical climatological station of the Royal Meteorological Society. The exhibition also included a number of charts and photographs, which were of great interest, particularly those by Mr. J. Leadbeater of ice crystals on window panes. Mr. W. H. Dines showed an experiment illustrating the formation of the tornado cloud; and Mr. Birt Acres exhibited some exceedingly interesting studies of form and movement of clouds and waves projected on the screen by his cinematoscope.

**THE ORAL INSTRUCTION OF THE DEAF AND DUMB.**—A festival dinner in aid of the funds of the Association for the Oral Instruction of the Deaf and Dumb was held on March 17th in the Whitehall Rooms of the Hôtel Métropole under the presidency of the Duke of York, who, in proposing the toast of the evening, "Prosperity to the Association," referred to its history during the past thirty years, and to the great impression which had been made upon him by a visit to the institution a short time before. The quickness with which the pupils answered questions testified not only to the value of their training, but to the superiority of the oral system over others. This satisfactory state of affairs was mainly due to the present director, Mr. William van Praagh, whose patience, energy, and perseverance were beyond all praise. The great necessity for the future was the establishment and recognition of a properly constituted college for the training and certification of teachers of the deaf and dumb. The present institution, though it endeavoured to be self-supporting, had been compelled to borrow money from its bankers, and had purchased, but not paid for, the freehold of the house in Fitzroy Square. To place it upon a sound financial basis the sum of £7,000 was required, and he reminded those present that this was only the third public appeal that the Association had made within thirty years. The Duke of Fife having replied, subscriptions to the amount of £3,300 were announced. Sir F. Milner, M.P., then proposed the toast of "The Committee and Executive," to which Mr. van Praagh responded.

### MEDICAL VACANCIES.

The following vacancies are announced:

- ADMINISTRATIVE COUNTY OF THE PARTS OF HOLLAND, Lincolnshire.**—Public Analyst and District Analyst. Remuneration as Public Analyst, annual fee £10 10s., together with fee of 10s. 6d. for each analysis; as District Analyst £1 for each analysis. Applications to H. Chaderton Johnson, Deputy Clerk of the County Council, Sessions House, Boston, by April 12th.
- BETHLEM HOSPITAL.**—Two Resident Clinical Assistants, doubly qualified. Appointments for six months. Apartments, complete board, and washing provided. Applications endorsed "Clinical Assistantship" to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by April 5th.
- 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.
- BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN.**—House-Surgeon, doubly qualified. Salary, £100 per annum, with rooms and attendance. Applications endorsed "House-Surgeon" to the Secretary by April 5th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Assistant Dental Surgeon. Must be Licentiate of Dental Surgery. Applications to J. Francis Pink, Secretary, by April 5th.
- 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. Ap-

- plications, marked "Application for the office of House-Surgeon," to William Bottomley, Hon. Sec., 120, Stamford Street, Ashton-under-Lyne, by March 31st.
- ENNISCORTHY DISTRICT ASYLUM.**—Assistant Medical Officer, qualified in medicine, surgery, and midwifery, not more than 30 years of age, and unmarried. Salary, £100 per annum, with allowance of furnished apartments, rations, etc., valued at £100 per annum. Applications to the Medical Superintendent. Personal attendance before the Board of Governors required on April 14th.
- GENERAL HOSPITAL, Nottingham.**—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided; no salary. Applications to the Secretary by March 31st.
- GUEST HOSPITAL, Dudley.**—Resident Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. No salary. Applications to the Secretary by April 1st.
- HASTINGS, ST. LEONARD'S, AND EAST SUSSEX HOSPITAL.**—Third Honorary Assistant Surgeon. Applications to William T. Gant, Secretary, by April 3rd.
- HOLBEACH UNION.**—District Medical Officer for the Luton and Gedney Union. Salary, £37 10s. per annum, and fees for surgical operations and midwifery. Will also be appointed Public Vaccinator for the District. Applications to Richard P. Mossop, Clerk to the Guardians, by April 7th.
- 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.
- LONDON COUNTY ASYLUM, Hanwell, W.**—Fifth Assistant Medical Officer, between 23 and 30 years of age, doubly qualified. Salary, £120 per annum, rising by £5 a year to £150, with board, furnished apartments, and washing. Applications to R. W. Partridge, Clerk of the Asylums Committee, Asylums Committee Office, 21, Whitehall Place, S.W., before April 3rd.
- 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.
- 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 FREE HOSPITAL, Gray's Inn Road, W.C.**—House-Physician, doubly qualified. Appointment for six months. No salary, but board, etc., provided. Assistant Physician to have care of out-patients, must be F. or M.R.C.P.Lond. Applications to the Secretary by April 17th.
- 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.
- ST. LUKE'S HOSPITAL, Old Street, London, E.C.**—Clinical Assistant; must be qualified. Appointment for six months, with board and residence. Applications to W. H. Baird, 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 29th.
- ST. MARY'S HOSPITAL MEDICAL SCHOOL.**—Curator of Museum and Demonstrator of Pathology. Applications to the School Secretary, Mr. Frederic H. Madden.
- SWANSEA GENERAL HOSPITAL.**—House-Physician. Appointment for one year; at end of first six months to act as House-Surgeon. Salary, £50 per annum, with board, apartments, laundress, and attendance. Applications to J. V. Morris, Secretary, 9, Castle Street, Swansea, by April 17th.
- UNIVERSITY COLLEGE, Bristol.**—Medical Tutor. Stipend, £125 per annum. Applications to E. Markham Skerritt, M.D., Dean, by March 31st.

UNIVERSITY COLLEGE, London.—Assistant Ophthalmic Surgeon. Applications to the Secretary by April 7th.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE, Cardiff.—Demonstrator in Physiology for the Summer Session. Applications by March 31st.

VICTORIA HOSPITAL, Folkestone.—House-Surgeon and Dispenser. Salary, £80 per annum, rising to £100. Applications by April 13th.

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.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon, unmarried, doubly qualified. Salary, £60 per annum, with board and residence in the hospital. Medical Officer to the Provident Dispensary attached to the hospital, doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary for the former by March 30th and for the latter by April 3rd.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Appointment for six months. Terms £70 per annum, with rooms, board, and washing. Applications to W. Blake Burke, Secretary, by April 24th.

WONFORD HOUSE HOSPITAL FOR THE INSANE, near Exeter.—Assistant Medical Officer, doubly qualified, and not more than 28 years of age. Salary, £150 per annum, with furnished apartments, board, and washing. Applications to Dr. Deas, Medical Superintendent by April 6th.

## MEDICAL APPOINTMENTS.

ADAMS, James, M.D.St.And., M.R.C.S.Eng., reappointed Medical Officer of Health to the Barnes District Council.

ADAMS, Joseph, M.B., C.M.Édin., reappointed Medical Officer for the Runcorn Rural District.

COLLINS, H. A., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Saxmundham District of the Plomegate Union, *vice* M. E. Ling, M.R.C.S.Eng., L.S.A., resigned.

CORBEN, C., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Caldecott District of the Chepstow Union.

COWEN, G., M.D.Dub., M.B., B.Sc., appointed Medical Officer for the Malden District of the Kingston Union, *vice* E. Child, M.R.C.S.Eng., L.S.A.

CROOKS, James, M.D. and C.M. Trin. Toronto, L.R.C.S.Édin., L.S.A.Lond., appointed Medical Officer and Public Vaccinator for the Eighth District of the Lexden and Winstree Union, and the Seventh District of the Sudbury Union, *vice* H. D. Palmer, M.R.C.S.Eng., L.S.A.Lond., resigned.

DAVEY, E. L., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Third District of the Dover Union, *vice* R. S. Davey, M.D.St. And., M.R.C.S.Eng., deceased.

DAY, T. M., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for the Harlow District of the Epping Union, *vice* R. N. Day, M.R.C.S.Eng., L.S.A., resigned.

EATON, John, M.D.Glasg., M.B., C.M., appointed Medical Officer and Public Vaccinator for the Cleator District of the Whitehaven Union, *vice* A. Matthews, M.R.C.S.Eng., deceased.

EDWARDS, Dr. A., appointed House-Surgeon to the Greenock Infirmary.

FELLOWS, F. M., M.B., C.M.Édin., appointed House-Surgeon to the General Hospital, Great Yarmouth, *vice* K. W. Montserrat, resigned.

FLOYD, Stephen, M.D., appointed Medical Officer of Health to the Llandrindod Wells Urban District Council, *vice* F. H. Roberts, M.R.C.S.Eng., L.R.C.P.Lond.

HARPER, J. R., M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer for the No. 2 District of the Barnstaple Union.

HARRIS, S. C., L.F.P.S.Glasg., L.S.A., reappointed Medical Officer of Health to the Ely Urban District Council.

HAWARTH, Frederick G., M.B., C.M.Glasg., D.P.H.Camb., reappointed Medical Officer of Health to the Darwen Town Council.

HUTCHISON, R., M.D., appointed Demonstrator of Physiology at the London Hospital Medical College.

IREDALE, J., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer of Health to the Mablethorpe Urban District Council.

JOHNSTONE, G. W., L.R.C.P.Édin., L.F.P.S.Glasg., reappointed Medical Officer of Health to the Upholland District Council.

JOHNSTONE, J. P., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the 1st A District of the Langport Union, *vice* T. G. Brooke, M.R.C.S.Eng., L.S.A.

MANBY, E. P., B.A., M.D., D.P.H., appointed Assistant Lecturer on Public Health at University College, Liverpool.

MARSHALL, Dr. H., appointed Medical Officer for the Third District of the Battle Union, *vice* F. M. Wallis, M.R.C.S.Eng., L.S.A., resigned.

METCALFE, R., M.D.St.And., reappointed Medical Officer of Health for the Leyburn Rural District.

MILLAR, W., M.B., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Wilton District of the Sculcoates Union, *vice* R. A. Mossman, L.R.C.P., L.R.C.S.Édin., resigned.

NEECH, Jas. T., L.R.C.P.Édin., D.Sc.Vict., reappointed Medical Officer of Health to the Atherton Urban District Council.

NORMAN, M. P., M.D.Dub., B.Sc., appointed Medical Officer of the Workhouse and the Coddendam District of the Bosmere and Claydon Union, *vice* F. Gull, M.R.C.S.Eng., L.S.A., resigned.

O'CONNOR, G. P., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Fourth District of the North Witchford Union, *vice* C. Farrar, L.F.P.S.Glasg., L.S.A., resigned.

PARKE, T. H., M.R.C.S.Eng., L.R.C.P.Édin., L.S.A., appointed Medical Officer for the Tideswell District of the Bakewell Union, *vice* J. L. Parke, M.R.C.S.Eng., L.S.A., resigned.

PHILIPS, F. G. M., M.R.C.S., L.R.C.P., appointed Clinical Assistant to outpatients at the Chelsea Hospital for Women.

PICKERING, Harold J., L.D.S.R.C.S.Eng., appointed Dental Surgeon to the Felstead School, Essex.

POLLARD, J. E., L.R.C.P., L.R.C.S.Édin., L.F.P.S.Glasg., appointed Medical Officer for the Third District of the Dover Union.

PRICE, G. Basil, M.B., B.S.Lond., L.R.C.P., M.R.C.S.Eng., appointed Resident Medical Officer to the London Temperance Hospital, Hampstead Road, N.W.

RICHARDS, John, M.B.Édin., appointed Assistant Medical Officer in the Derby Borough Asylum.

RIMELL, Mr., appointed Medical Officer for the Tydd, Sutton St. James, and Long Sutton Districts of the Spalding Union.

SIMON, Robert M., M.D.Cantab., F.R.C.P., appointed to the Professorship of Forensic Medicine at Mason College, Birmingham.

SKINNER, R. A., M.R.C.S.Eng., appointed Medical Officer for the Tenterden District and Workhouse of the Tenterden Union.

SPENCER, Dr., reappointed Medical Officer for the Seventh District of the Mansfield Union.

THEOBALD, A. J. A., M.B.Édin., appointed Medical Officer for the Reading and Wokingham School District, *vice* C. E. Watson.

TURNER, John A., M.B.Édin., appointed Medical Officer of Health for the Buntingford, Hadlam, Hertford, Standed, and Ware Rural Districts and the Bishop's Stortford, Hertford, Hoddesdon, and Ware Urban Districts.

WOOD, Wm. John H., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Skirbeck District of the Boston Union.

## DIARY FOR NEXT WEEK.

## TUESDAY.

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

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Puerperal, Lactational, and Climacteric Insanities. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: Erythema.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, Welbeck Street, W., 4 P.M.—Dr. Dundas Grant: Cases of Affections of the Throat and Ear associated with Diseases of the Nervous System.

## WEDNESDAY.

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

## THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. H. Charlton Bastian: On some Problems in connection with Aphasia and other Speech Defects. Lumenian Lecture I.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Mr. G. Buckston Browne: Is it ever impossible to Pass a Catheter through the Urethra into the Bladder?

## FRIDAY.

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

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

FAWCETT.—At Barton House, Thornaby-on-Tees, Yorks, on March 6th, the wife of Henry Fawcett, M.B., of a son.

ORCHARD.—On March 12th, the wife of Alfred Orchard, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

SMITH.—March 19th, at Forth Lodge, Willesden Green, the wife of E. Newlyn Smith, M.D., of a son, stillborn.

## MARRIAGES.

MOCATTA-GASTER.—On March 23rd, at the Spanish and Portuguese Synagogue, Lauderdale Road, Maida Vale, by the Rev. Haham Gaster, brother of the bridegroom, assisted by the Rev. S. Conquy, Leah, youngest daughter of Abraham Mocatta, of 30, Inverness Terrace, W., to Anghel Gaster, M.D., M.R.C.P., son of Chevalier A. E. Gaster, of Bucharest.

RAY-WYCKOFF.—On March 18th, at St. Stephen's, South Kensington, by the Rev. A. W. Milroy, of Carisbrooke, assisted by the Vicar and by the Rev. H. Vyvian Tyrrell, Walter John Orbell, M.R.C.S., L.R.C.P.Lond., elder son of the late Walter Ray, of Tostock, Suffolk and Ventnor, Isle of Wight, to Marie Estelle (Stella), elder daughter of W. S. Wyckoff, of New York.

## DEATH.

PARSONS.—On March 17th, at Paddock House, Willesden, Thomas Edward Parsons, M.R.C.S.Eng., L.S.A., aged 52. R.I.P.

## 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.  
**CHLORISIA HOSPITAL FOR WOMEN.** *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.  
**CITY ORTHOPEDIC.** *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.  
**EAST LONDON HOSPITAL FOR CHILDREN.** *Operations*.—F., 2.  
**GREAT NORTHERN CENTRAL.** *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*.—M. W. Th. F., 2.  
**GUY'S.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operations*.—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.  
**HOSPITAL FOR WOMEN, Soho.** *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.  
**KING'S COLLEGE.** *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*.—M. F. S., 2.  
**LONDON.** *Attendances*.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operations*.—M. Tu. W. Th. S., 2.  
**LONDON TEMPERANCE.** *Attendances*.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*.—M. Th., 4.30.  
**METROPOLITAN.** *Attendances*.—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*.—F., 9.  
**MIDDLESEX.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Th., 2.  
**NATIONAL ORTHOPEDIC.** *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.  
**NEW HOSPITAL FOR WOMEN.** *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.  
**NORTH-WEST LONDON.** *Attendances*.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.  
**ROYAL EYE, Southwark.** *Attendances*.—Daily, 2. *Operations*.—Daily.  
**ROYAL FREE.** *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Tu., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 9. *Operations*.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
**ROYAL LONDON OPHTHALMIC.** *Attendances*.—Daily, 9. *Operations*.—Daily, 10.  
**ROYAL ORTHOPEDIC.** *Attendances*.—Daily, 1. *Operations*.—M., 2.  
**ROYAL WESTMINSTER OPHTHALMIC.** *Attendances*.—Daily, 1. *Operations*.—Daily.  
**ST. BARTHOLOMEW'S.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., W. S., 9; Eye, W. Th., S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Operations*.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.  
**ST. GEORGE'S.** *Attendances*.—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopedic, W., 2; Dental, Tu. S., 9. *Operations*.—M. Tu. Th. F. 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., 9; Ear, M. Th., 3; Orthopedic, W., 10; Throat, Tu. F., 3.30; Skin, M. Th., 3.30; 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., 1.30; Mental Diseases, o.p., Tu., 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., 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.

E. B. B. writes: Are there any kinds of fruit a diabetic patient may eat?

MEMBER asks where he can procure the books necessary to teach a blind child to read. The blindness is not congenital.

T. W. wishes to know if the boots with asbestos soles designed for the use of soldiers are now manufactured, and where they can be obtained.

RUSTICUS asks for suggestions in the treatment of a child, aged 5 years, suffering from numerous warts on hands and face. Several have been destroyed by glacial acetic, but others crop up.

X. Y. asks for the names, prices, and publishers of any English or foreign journals devoted to the study of hydrotherapeutics. In the case of French or German publications he would be grateful for the name of an English agent.

W. D. D. asks: (1) Is Beehag's tonsil guillotine a more satisfactory instrument in practice than Mackenzie's? (2) Is the use of asbestos for pistons of exploring and hypodermic syringes an advance on the ordinary leather ones? Does it last as long, and is there any difficulty in making it fit the barrel accurately?

A. B. D. (Queensland) writes: Mrs. C. expects her sixth confinement in October. She has never been able to suckle her children beyond the first few days, the milk disappearing. She is a well developed woman, though small, but the breasts are small, and when full of milk are extremely painful. She is very anxious to be able to suckle her next child, and is willing to undergo any reasonable amount of discomfort to that end.

## CLIMATE OF NEW ZEALAND.

Lux would be glad of information respecting the climate of New Zealand, and which part is most suitable to a case of incipient phthisis. Is there any book on the subject? Would there be fair prospects of practising there, or is the colony overdone with doctors? Is the climate of any other of our Colonies more suitable to such a case?

## A CASE FOR DIAGNOSIS.

M.D. asks for suggestions as to nature and treatment of the following case. A gentleman, aged 31, temperate, and fond of athletics and games, complains of severe pain localised in the pulp of the terminal phalanges of the three smaller toes in both feet. This pain only comes on when the feet get warm, and to relieve it the patient has to take his boots off and put his feet on some cold surface; cold causes the pain to disappear at once. He has had the pain one year. There is no history of gout, and nothing to be seen or felt in any way abnormal about the toes.

## ALTERATION OF SANITARY ARRANGEMENTS.

ONE WHO WILL SUFFER asks if the sanitary officials, or any one of them, can compel him to alter his ash pit and his drain.

\* Unless the *lex loci* differs from the general law, it is the authority and not the officials who demand the alteration. The notice from the inspector is issued on instructions from the authority. It might be well if he would call on the medical officer of health and lay his difficulties before him.

## THE DIAGNOSIS OF INFLUENZA.

MURUS AHENEUS writes: I shall be glad to know what the characteristic symptoms of the present outbreak of influenza are. I have had several cases of illness attended with diarrhoea of the "pea soup" character, gastro-intestinal catarrh, and violent abdominal pain. The temperature usually rose above 100°, but was never high. Only in one case (unattended with gastro-intestinal catarrh) was there severe bronchitis, and in this patient the slate-coloured sputum was markedly apparent. Dr. Klein, in his work on the *Micro-organisms of Disease*, says this colour is characteristic. I have not made any cultivations of the sputum, but I am not inclined to diagnose as influenza these attacks of abdominal pain and diarrhoea, unless of course the type of disease has altered, and I would be glad to know if it has, and what the present symptoms are.

## EARLY CASES OF HYDROPHOBIA.

DR. ROBERT WILKINSON (Anerley Hill, S.E.) writes: I should esteem it a great favour if you could ascertain particulars for me of a case of hydrophobia (Mrs. Brent) which was reported (being one of the earliest known cases) in the medical journals sometime between the years 1812 and 1820.

\* We regret that we are unable to give Dr. Wilkinson the reference for which he asks. The difficulty is probably due to his only sending the name of the patient and not that of the author of the paper containing the case he is anxious to see. If Dr. Wilkinson has this latter information he will have little difficulty in tracing the case, as there were very few journals in existence at the period mentioned. These journals can all be seen in the library of the Royal College of Surgeons. It may interest Dr. Wilkinson to know that there are many cases reported of a much earlier date than the one to which he refers.

## ANSWERS.

BETA will find the amount of the stamps required under various circumstances on the bonds of assistants in the article in the BRITISH MEDICAL JOURNAL of August 11th, 1894, p. 345.

MICROBE.—Dr. Woodhead's first report on filters was published in the BRITISH MEDICAL JOURNALS of November 10th, November 17th,