

tissue; in still fewer cases there may occur some slight periphlebitis, especially in those cases where an injection has been made actually at the bend of the elbow. This swelling will subside in a few days, and in no case do I believe any phlebitis to have been present. After withdrawing the needle, I usually close the puncture with a wisp of wool and collodion. In future injections the site should be varied as much as possible by alternating the arm used, and by the selection of different veins.

Should any periphlebitis unfortunately occur, it is advisable to give that arm a rest till the swelling has subsided or make the injection above it. The amount of injection required by different patients varies to a great extent, but can be regulated very exactly by the state of the patient's gums; in most cases 20 minims to 40 minims every other day will be found to be sufficient. As to the solution used for the injection, in all ordinary cases, with no symptoms calling for the exhibition of iodides, I have tried both the liq. hydrarg. perchlor. *B. P.* and the 1 per cent. solution of the cyanide, and have not found the one in any way superior to the other. But in tertiary cases and in syphilitic ulceration of a tuberculous form, in cases of rupia and bad throat, etc., where iodides are indicated, I certainly consider patients have improved more rapidly on solutions of sodium iodide 3j in liq. hydrarg. perchlor. 3js, the dose for an injection being 20 to 40 minims.

In some rare cases, where even small injections of mercury such as 20 minims every other day, have tended to cause salivation and in which the disease was proceeding unchecked, I have found great advantage in following up the mercury injection by one of a dilute solution of sulphate of atropine, such as 20 minims of a solution containing 3j of the liq. atropinæ sulph. *B. P.* in 3vij of distilled water. Here the easiest way to proceed is, after giving the mercurial injection, to detach the syringe from the needle *in situ* in the vein, fill with the atropine solution, reaffix and inject, the patient meanwhile holding his arm with the needle in it above his head in order to prevent bleeding.

With regard to the advantages of intravenous injection over other forms of treatment for bad cases of syphilis, and also cases where mercury cannot be taken by the mouth, it is only necessary to show that it is as good in its results as inunction, and that that is the case Mr. Ernest Lane laid particular stress on in his paper of December 12th, 1896. For it is acknowledged that a month or six weeks' course of inunction forms the best foundation for the patient's two years' course of mercurial treatment, enabling him afterwards to go on with the drug in the usual way per the stomach without disturbance to that organ and the rest of the alimentary tract, even though before his treatment by pills or mixture had had to be discontinued. The technical advantages of intravenous injection over inunction are very great and practically incomparable. The patient can be got under the influence of the drug very rapidly and with certainty; once under he can be kept so with the greatest nicety, as it is possible to regulate the dose to a few minims. In inunction it sometimes occurs that the amount absorbed is at one time exceedingly small, and at another so large that the patient is almost salivated.

Some cases where inunction is especially called for are covered to such an extent by cutaneous ulceration that it is impossible to carry out, whereas no such objection may apply to the intravenous injection. In the one case, also, the surgeon knows the treatment is being carried out regularly and correctly, whilst no such guarantee exists in the other. From the patient's point of view also the advantage of the injection every other day, occupying only a few minutes, is very great when compared with the treatment by inunction, with all its attendant discomforts of publicity, due to the necessity for a hot bath every night, time occupied, and a collection of underclothing soiled with blue ointment. All these disadvantages practically prevent a patient from carrying out his treatment by inunction, and it is for these reasons that I consider intravenous injection to be particularly suitable for those cases of syphilis in private who require something more than the ordinary treatment by the mouth.

PROFESSOR VON KÖLLIKER, the venerable histologist of Würzburg, has had the title of "Excellency" conferred upon him.

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

HERPES OF MUCOUS MEMBRANE AND SKIN.

THROUGH the kindness of Dr. Washington Isaac, with whom I saw the patient in consultation, I am enabled to send the following notes of this very interesting case:

I. L., aged 41, first seen on December 27th, 1896. He complained of sore throat, particularly on the right side, and dysphagia. On inspection the right tonsil and pillars of the fauces appeared red and swollen.

On December 29th I saw the patient with Dr. Isaac. He then complained of pain in the throat, extending up to the right ear. The right side of the throat was found to be red and swollen, and two or three yellow spots were seen on the tonsil and posterior pillar of the fauces. Temperature 100.4°.

On December 31st I again saw the patient with Dr. Isaac. He was hoarse and complained of acute pain in the throat extending up to the ear, and entirely preventing sleep. There was now a typical herpetic eruption on the soft and hard palate on the right side, extending forwards to within an inch of the teeth, and sharply limited on the inner side by the median raphe of the palate. Nothing abnormal to be seen in the larynx. Temperature 100.4.

The next day the earache was worse. A band of herpetic vesicles appeared on the right edge of the tongue, extending from the pillars of the fauces to within an inch and a-half of the tip of the tongue.

On January 2nd the patient was still in much pain. Three or four vesicles appeared in the concha and below helix of right ear.

On January 3rd the throat slightly easier, the ear about the same. A few vesicles appeared on the right temporal and parietal regions.

On January 4th there was general improvement, which was maintained on January 6th, but the patient was still unable to take solid food.

On January 8th he had an attack of hiccough and vomiting, and suffered from complete anorexia.

On January 9th the hiccough was very troublesome, and there were only short intervals of relief. On January 10th the hiccough was very severe, and threatened to suffocate the patient; the spasms came on very rapidly, only about four or five seconds between them. One attack lasted three and a-half hours. On January 11th hiccough ceased, and frequent retching supervened.

By January 14th the retching and vomiting had gradually subsided, and on January 15th solid food was taken. On January 26th he was extremely prostrate. The throat remained painful, and there were occasional stabs of pain through the right ear.

As regards treatment morphine subcutaneously was the only remedy that relieved the pain. This case is interesting on account of the implication of the mucous membrane as well as the skin; the great severity of the pain, and especially the pain in the ear; the presence of hiccough and vomiting, and the great prostration which followed the attack. I would suggest that the hiccough and vomiting were due to an irritative lesion of the phrenic and vagus nerves similar to the lesion met with in the spinal ganglia and nerves in cases of herpes zoster.

F. DE HAVILLAND HALL, M.D., F.R.C.P.

Wimpole Street, W.

TREATMENT OF BRONCHITIS AND BRONCHOPNEUMONIA IN CHILDREN.

FOR the last few years I have disregarded all entreaties and have absolutely refused to allow poultices to be used in any cases of bronchitis and broncho-pneumonia in children that I have been called upon to attend. I hold that poulticing the chest in these diseases is unscientific and prejudicial to the welfare of the patient. The difference in the temperature of the poultice when applied and when removed is such that one might as well be continually moving the child from a warm room out into the cold every few hours. The weight of the poultice must also be taken into consideration. A large

number of medical men order the nurse to apply them back and front. The weight of the poultice at the back is a matter of indifference; the average weight of a well-made linseed-meal poultice for the front of the chest is, I am informed by the district nurse, 6 ounces. Even allowing for the fact that the respiration in these cases is to a large extent diaphragmatic, I find from observations that the chest wall rises on an average to the extent of one-sixth of an inch at each respiration. Supposing the child breathes 40 times a minute = 2,400 an hour = 57,600 in twenty-four hours—this will work out that the poultices are a handicap to the muscles of the chest wall of the child, to the extent that in twenty-four hours 21,600 lbs. have to be lifted to the height of one-sixth of an inch, or 300 lbs. one foot. I submit that the disadvantages of poultices are enormous, and more than counteract any beneficial influences they may have. Better results, in my experience, are obtained if the patient's thorax is covered with a loosely-fitting jacket made of Gamgee tissue, and the chest rubbed night and morning with a liniment composed of equal parts of olive oil and turpentine, and medicines prescribed suitable to each case and to the stage of the disease. I think if this treatment were adopted there would be fewer cases of heart failure, and consequently less need for the employment of inhalations of oxygen or the use of digitalis, strychnine, or alcohol.

Manchester.

A. W. SENIOR, M.R.C.S., L.R.C.P.

THE RELIEF OF THIRST IN MALIGNANT VOMITING.
By "malignant" vomiting I mean vomiting in which everything solid and liquid is vomited, and in which, whatever be the nature of the causative disease, death is due to the starvation and thirst caused by the vomiting.

Now, such patients complain more bitterly of the thirst than of the want of food, which last can be in an imperfect way and to an uncertain extent mitigated by the use of nutritive enemata. But the thirst cannot be relieved in this way, as any attempt to utilise the lower bowel at all extensively for the administration of fluids is followed by purgation, so that the last condition of that man is worse than the first.

The only way in which thirst can be relieved is by the injection of water into a vein or the cellular tissue. I venture to suggest that this method is not utilised as systematically or to the extent that it might be, and as a small contribution to the subject send you particulars of the exact amount injected in a recent case in a given time.

A man, aged 53, had been vomiting for six weeks, and had had total vomiting for three weeks. Nutritive enemata had been given for over two weeks. He complained bitterly of thirst, which he said was much worse than the want of food. The dryness of the mouth and tongue also caused him great distress.

On January 27th I injected 45 ounces of boiled water, with a little salt, half into the cellular tissue of the left upper part of the abdomen and the rest into the cellular tissue over Scarpa's triangle on the left side.

On January 28th I injected 46 ounces into the left lower abdomen.

On January 29th I injected 50 ounces into the left flank, a short distance behind the place where the first injection was made. In all, a gallon all but 19 ounces was injected in three days.

The man experienced great relief and temporary benefit; his pulse became stronger, and he made very much more urine. He rallied sufficiently to undergo very well an exploratory abdominal section, which, unfortunately, disclosed a state to which there could only be one ending.

A little soreness followed each injection, but in twenty-four hours the fluid was almost entirely absorbed, and I imagine that if the abdomen were divided into four equal areas at least 2 pints of water might be injected daily, taking each area consecutively, and when you had dealt with the fourth area the first would be ready for another injection.

If a serum could be discovered sufficiently inactive, eventually it might be possible also to administer food in this way, which would be a great improvement on the enemata method, of the efficacy of which I have some doubts.

Blackpool

WM. HARDMAN, M.B.

CONCURRENT SCARLATINA AND ENTERIC FEVER.

TAKEN in connection with Dr. Cosgrave's paper on this subject in the BRITISH MEDICAL JOURNAL of January 16th, 1897, and the case reported by Dr. McNaughton in the JOURNAL of February 27th, the following case of concurrent scarlatina and enteric fever may prove of interest.

I was called to see E. J., aged 19, on February 4th. She presented symptoms of influenza, which was epidemic in the district. In a few days the catarrhal symptoms cleared away but the temperature remained up. On February 8th enteric fever was diagnosed; the temperature 102° F.; the tongue foul and coated; the abdomen tender, and there was diarrhoea with "pea soup" motions. As tending to confirm the diagnosis it may be mentioned, though the source of infection was not definitely traced, that a case of undoubted typhoid fever, since fatal, occurred about this time in a neighbouring house. During the first week of illness retention of urine gave some trouble. On February 11th characteristic rose spots appeared on the abdomen. On February 14th the diarrhoea had stopped, and the bowels being constipated were relieved by an enema, which was repeated every four or five days. On February 15th a scarlet rash was observed on the arms, legs, chest, and abdomen; the throat was slightly congested. The rash remained out three or four days, and on its disappearance desquamation commenced on the arms and fingers, and gradually became general. The typhoid spots, which had disappeared or had been obscured by scarlatinal rash, again became visible on February 19th. From February 20th the temperature fell in a manner characteristic of typhoid, and reached normal on February 26th. There was no further rise of temperature, and the patient made a good recovery. This case supports the conclusion Dr. Cosgrave has drawn from his cases, that "the coexistence of the two diseases does not seem to add to the danger of either," and that, seemingly, the one has a mitigating effect on the other.

J. BERNARD GABE, L.F.P.S.G., L.S.A.Lond.

Morrison, R.S.O.

ACUTE SPREADING GANGRENE, ASSOCIATED WITH GLYCOSURIA: OPERATION: RECOVERY.

W. McN., aged 59, had been under treatment for over three years suffering from transient attacks of glycosuria. The case presented the characteristic features of transient diabetes associated with obesity (lipogenic type).

On November 12th, 1896, he called me in to see him on account of intense pain about the perineum, headache, and general *malaise*. His temperature was 102.4°, pulse 110, and respiration 18. Physical examination of the chest disclosed nothing abnormal; examination of the perineum revealed a tender, semi-fluctuating swelling, occupying the right side of the perineum, extending from anus to scrotum, and outwards to the gluteal fold. There was a red diffuse blush over its surface. The scrotum was swollen and cedematous. The urine contained sugar; a copious precipitate being given on boiling with Fehling's solution.

This local perineal swelling quickly extended; the skin over it became red and brawny, and on November 14th the patient's condition was extremely serious, neither local or constitutional treatment having had any influence. His temperature was 102.8° in the morning; pulse 120; slight delirium. Sugar was still present in the urine.

The perineal swelling had assumed an ugly appearance; there were dark circumscribed areas of gangrene over the surface of the swelling and scrotum, surrounded by a red areola. The scrotum, penis, and prepuce were swollen and cedematous. Palpation gave a distinct emphysematous and boggy sensation to pressure. A consultation was held, and it was decided to operate. Chloroform having been administered the patient was placed in the lithotomy position, and several longitudinal incisions were made into the swelling; the posterior extending deeply into the ischio-rectal fossa and buttock and the anterior into the scrotum. Through the gaping incision the deep tissues were seen to be of a dark green colour and gangrenous. Large sphacelated masses of this gangrenous tissue were removed piecemeal with scissors and the skin trimmed. The odour emanating from the wound was foul in the extreme. A large cavity 5 inches deep remained about the region of the right ischio-rectal fossa, communicating in front with incisions over the scrotum.

The wounds were washed with 1 to 500 perchloride of mercury solution, dusted freely with iodoform, and packed with iodoform gauze.

On the day following the operation (November 15th) the patient felt much better; the temperature had subsided, and his general condition improved. The appearance of the wound, however, was not promising, the skin between the incisions had sloughed; this was cut away, and further sloughs removed. A larger cavity now remained some 10 inches long antero-posteriorly, the right testicle being exposed in front. Sugar continued to be present in the urine. Subsequently the wound was dressed frequently; the patient's constitutional condition, in spite of the severe traumatism and presence of sugar, daily improved.

On November 20th the wound was clear of all sloughs, leaving a raw surface having a reddish-yellow unhealthy appearance burrowed with honeycombed cavities, the edges deeply undermined. A dressing of eucalyptus oil was now applied. So far sugar had been present daily in the urine, but for the first time on November 24th no reaction was given on boiling with Fehling's solution. From this day the patient's general and local condition improved rapidly. Progress continued with absence of sugar until November 29th, when it again appeared, and the patient's condition retarded. The presence of sugar persisted until December 13th, when it again disappeared, only to reappear on December 30th, on which day there was some swelling and redness about the edges of the wound, with a pustular rash. Sugar was present until January 4th, 1897, when it again disappeared, and has been absent since. It is sufficient to state that from this time the patient made a gradual uninterrupted recovery. The wound is now healed, and the patient is able to enjoy a short walk out of doors.

Nottingham.

A. WARING, M.B.

REPORTS

ON

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

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

TWO CASES OF HIGH ARTERIAL TENSION TREATED WITH ERYTHROL TETRANITRATE.

(By ARTHUR BURTON, M.A., M.B.)

SINCE few cases have been recorded in which erythrol tetranitrate has been used, the following reports illustrating the effects of this new vaso-dilator may be of sufficient interest to justify their publication. In one case the drug was administered for the relief of the asthmatic attacks of chronic nephritis, in the other case for the relief of cardiac pain. In the latter case the effect of the drug in reducing arterial tension is shown by sphygmograms.

CHRONIC NEPHRITIS: ASTHMATIC ATTACKS.

CASE I.—W. C., aged 47, was admitted under Dr. Mac Alister on July 21st, 1896. His father, who had been a heavy drinker, was subject to gout, and died of hemiplegia. The patient, who had previously been a plasterer, had kept a publichouse for the last five years, and had been accustomed to drink about six pints of beer daily. He never had gout or symptoms of lead poisoning. Until a month before admission he had had no cough or shortness of breath, and had never noticed any oedema, or alteration in the condition of his urine. A month before admission he was seized suddenly with shortness of breath while walking. During the day he began to cough, and breathing became difficult and attended with a wheezing noise. On the following day his legs began to swell, and the quantity of urine was diminished. The bowels acted daily, and there was no headache or vomiting. The patient was very stout, and had considerable oedema, most marked in the eyelids, feet, and legs. The complexion was sallow and the conjunctivæ watery. The pulse was regular (120) with increased tension; no atheroma was detected. The heart's impulse could not be felt. The area of

deep precordial dulness was normal but there was no absolute dulness. The second sound was accentuated at the apex and at the aortic area, otherwise the heart's sounds were normal.

The chest was in the position of deep inspiration, and moved but little with respiration, which was chiefly abdominal. Over the whole chest expiration was prolonged and accompanied by wheezing rhonchi. A few râles were heard at both bases on deep inspiration. The liver dulness was normal, and there was no ascites. There were no signs of retinitis. The urine was acid, pale in colour, and clear. After boiling, the coagulated albumen amounted to one-half. There was a deposit of granular casts and desquamated renal cells. The urine passed during the first twenty-four hours amounted to 26 ounces, and the percentage of urea was 1.5. He was given a milk and farinaceous diet and saline aperients. During the first ten days asthmatic attacks of considerable severity occurred each night. During the daytime his breathing was fairly easy, although always attended with a wheezing sound. The asthmatic attacks were promptly relieved by the inhalation of 3 minims of amyl nitrite, until the evening of July 31st, when he had an asthmatic attack of unusual severity. This attack was quite unaffected by amyl nitrite, but was relieved by the inhalation of chloroform, which was not given to the extent of producing anæsthesia.

On the following day the patient commenced taking 1 grain of erythrol tetranitrate with extract of gentian in a pill twice a day. From this time there were no asthmatic attacks, and the breathing gradually lost the wheezing sound. For the week preceding the commencement of this drug, the daily excretion of urine averaged 59 ounces, and the coagulated albumen occupied one-half of the volume of urine. During the following week, while taking 2 grains of erythrol tetranitrate daily, the average daily excretion of urine was 78 ounces, and the amount of albumen varied between one-fifth and one-third. About half an hour after taking the pill the patient complained of a throbbing sensation in the frontal region, which spread to the occiput and lasted for about three hours. This sensation was only felt during the first three days of the administration of the drug, and after that time no inconvenience was experienced.

On August 10th the oedema had quite disappeared, and on August 15th the patient was discharged, having been free from asthmatic attack for the fortnight, during which he had been taking 2 grains of erythrol tetranitrate daily.

CARDIALGIA.

CASE II.—C. P., aged 66, a farm labourer, was admitted under Professor Bradbury on October 28th, 1896. He had never had gout, rheumatic fever, or syphilis, and until a year before admission into the hospital he had always had very good health, being able to do hard work as a wood sawer without pain or difficulty. A year previously he became an out-patient of the hospital, complaining of pain in the region of the left nipple. There was no pain elsewhere, and no cough or shortness of breath. The pain had no reference to food, but was brought on by exertion, and passed off after resting for about an hour. During the last seven months before admission the pain steadily increased in severity and in frequency of occurrence, so that a small amount of exertion was sufficient to induce an attack of pain. There had never been any violent paroxysm of pain, nor radiation of pain down the arm. During the year he had lost a stone in weight, but his appetite and digestion remained good.

On admission he had the appearance of a rather thin but healthy man. The pulse was regular, with occasional intermission, and a rate of 56 beats per minute. The tension was increased, and the radial artery was thickened and tortuous. At each pulsation the brachial artery was seen to be thrown into curves. The chest was somewhat emphysematous, the cardiac dulness being diminished. The heart's impulse could not be seen or felt, but the sounds were normal. No abnormal pulsation was detected in the neck or epigastrium.

For the first week the patient was kept in bed, with ordinary diet, no medicine being given except occasional aperients. During this time he had frequent attacks of precordial pain, lasting one or two hours, and occurring at all times of the day, irrespective of meals, though this pain was much less severe than it had been before his admission to the hospital, while he had not been confined to bed. At the end of the

into the circumstances attending the death of Jane Beggs deals with the matter at considerable length, and has been communicated to the Board of Governors of the asylum. The superficial physical examination of this woman was made by the assistant medical officer of the asylum on the day after her admission—namely, on January 6th. She was also examined on the same date by the resident medical superintendent. On January 8th a further examination was made by the visiting physician. The result of that examination by the assistant medical officer on the 6th instant was as follows: "State of bodily health, healthy; heart sound; lungs sound; bruises on legs, arms, and sides; small scars in same positions; oedema of hands and ankles." The strait waistcoat was put on on January 6th, and was taken off on January 8th. The inspectors have not been able to ascertain definitely whether deceased's ribs and breast bone were broken before or after that time, though in their opinion the weight of evidence favours the presumption that they were broken before that time.

HEALTH OF THE TROOPS IN INDIA.

Sir JAMES FERGUSSON asked the Secretary for India if he would ascertain the views of the Government of India with reference to the protection of the health of the British troops in India before stating to the House the action which Her Majesty's Government proposed to take.—Lord G. HAMILTON: I have for some time past been in communication with the Viceroy, and I propose to lay on the table of the House a despatch addressed to the Government of India in which the views of Her Majesty's Government are stated at length.—General LAWRIE: Can the noble lord say when it is probable that the answer from the Government of India will be obtained?—Lord G. HAMILTON: I think it better for my hon. and gallant friend to read the despatch.—Major RASCH: In order to dispel misconception on this question, will the noble lord use his influence with the Government to give the House facilities for its discussion?—Mr. BALFOUR: I hope and believe the despatch is of such a character as not to call for any debate in this House. Perhaps the despatch had therefore be better read first by hon. gentlemen.

THE MIDWIVES REGISTRATION BILL.

The second reading of this Bill has been further deferred to Thursday, April 8th.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

FIRST PROFESSIONAL EXAMINATION.—The following candidates have passed in the subjoined subjects:

Botany.—Mary Anderson, H. Bishop, G. B. Butt, V. A. P. Coghill, Catharine Fraser, H. J. George, E. M. Glanville, C. W. Howe, L. T. McClinton, A. C. M. M'Hattie, J. H. M'Kee, M. M. Meikle, G. I. Ovens, D. E. Pratt, L. S. Sandeman, B. A. Spence, and R. Thompson.

Zoology.—F. H. Bridgman, A. Cartner, H. L. Clift, J. Cook, H. J. Hoile, W. Hutchison, C. E. Hutson, A. R. Johnson, J. Lindsay, Elizabeth M'Elney, J. M'Turk, J. Y. Peebles, W. H. Prentice, G. A. P. Ross, G. H. Steven, G. L. Thompson, H. P. Thompson, T. L. Thomson, P. S. Tiliard, E. A. Walker, A. R. Wallis, C. E. Watts, A. G. Waugh, T. S. B. Williams, F. E. Wilson, H. T. Wolfenden, J. Woods, R. T. Young, A. P. Coskey, W. H. Dickinson, T. G. H. Dodds, C. Douglas, W. A. Duncan, J. M. Dupont, J. R. Edward, A. P. R. Fennell, N. C. Fischer, J. M. Glasse, R. A. Glegg, M. H. Graham, A. L. Gurney, J. Haegert, J. Halliday, W. Hamilton, N. C. R. Hansen, A. W. Hauman, T. J. H. Hofmeyer, J. P. P. Inglis, F. F. C. Jagger, E. Johnston, W. Lee, Isabella Logie, R. J. M'Clelland, G. M'Neill, H. C. Martin, A. F. G. Masson, W. H. Meyer, G. R. Mill, Sophie Palmer, C. T. Moller, P. Murray, W. Murray, D. A. Ogilvie, J. F. Orr, D. E. S. Park, T. B. Paterson, W. S. Patton, S. G. Peill, G. Pereira, H. G. Pesel, A. C. etersen, A. H. Reid, J. S. E. Robertson, M. W. Robertson, F. E. oss, L. Rundall, Henrietta W. Rusack, C. W. V. Rutherford, T. B. Shaw, M. W. Smart, Margaret M. Smith, T. A. Smyth, C. W. Somerville, G. B. A. Speirs, W. C. Speirs, J. P. Steven, I. S. Stewart, G. C. Strathairn, W. L. L. Alston, R. V. C. Ash, R. T. Baillie, G. S. Blandy, V. C. de Bonville, J. C. Boyd, E. S. Brett, A. Brock, A. Brown, K. A. Kappie, C. W. C. Crooke, E. M. Glanville, Mabel D. Gulland, H. W. Gush, C. W. Howe, E. Jones, E. Macmillan, R. Murray, A. O'Flaherty, Dorothy E. Pratt, M. S. Scott, P. Shaw, H. L. Spark, J. Brownlee, D. I. Brownlie, G. C. Burgess, D. G. Carmichael, A. W. S. Christie, Paula T. Copeland, and R. M. Liddell.

UNIVERSITY OF GLASGOW.

THE following have passed the First Professional Examination for the degrees of M.B. and Ch.B. in the subject or subjects indicated (B., botany; Z., zoology; P., physics; C., chemistry):

M. Aikman, M.A. (C.); A. Anderson (Z., C.); J. Anderson (C.), T. Anderson (Z., P.), W. Archibald (Z., P.), J. O. Barclay (B., C.), J. S. Barr (Z., C.), T. T. Bathgate (B., C.), G. T. Bogle (Z.), H. E. Brown (Z., C.), W. M. Brown (Z., P.), J. D. Brownlie (C.), J. J. Burke (Z., P., C.), E. C. Burnett (Z., P.), J. M. H. Caldwell (Z., C.), S. J. Cameron (B., C.), J. J. Y. Campbell (Z.), R. D. Campbell (Z., P.), R. P. Cartwright (Z., P.), G. H. Clark (Z.), J. T. Clark (Z., P.), J. B. W. Cook (Z.), J. Craig (P., C.), E. H. Cramb (B., P.), A. Currie (Z., P.), D. B. Davidson (Z.), A. Doig (B., C.), D. Douglas, M.A. (B., Z., C.), J. Downie (B., C.), R. N. Dunlop (Z., P.), G. B. Eadie (Z., C.), W. Elder (Z., P.), W. W. Farrar (B., Z., P., C.), D. J. Fletcher (B., C.), A. Fraser, M.A. (C.); G. Garrey (B., P.), D. G. S. Gartshore (B., Z.), J. Gemmell (P.), W. Gemmill (P.), E. Gillespie (C.), G. Gordon (Z.), A. Gow (Z., P.), A. P. Granger (Z., P.), J. Gregor (B., C.), C. H. Gunson (C.), G. P. Harlan (Z., C.), F. J. Henry (Z., P.), M. Hunter (Z., C.), W. J. Isbister (Z., P.), J. D. Keir (Z.), R. D. Kennedy (C.), W. B. Kerr (C.), N. M. Leys (C.), D. M'F. Livingston (B., C.), F. Lochrane (Z., C.), D. D. Logan (B., Z., C.), E. Magoveny (Z., P.), J. Mains (B., C.), R. M'N. Marshall (C.), J. Millar, M.A. (Z.); R. J. Mills (Z., P.), W. A. Milne (Z., P.), H. S. Minto (Z., P.), A. D. Mitchell (Z.), A. H. Muir (Z., P.), A. MacCulloch

(P.), C. Macdonald (Z.), W. J. M'Feat (B., Z.), G. S. M'Kinnon (C.), H. A. M'Lean (Z., P.), D. H. Macphail (P.), B. M'Phee (P.), J. M'Pherson (C.), D. M. MacRae, M.A. (B., Z.); J. D. Nisbet (Z., P.), D. S. Paterson (Z., C.), J. Paton (Z., P.), J. Patrick (C.), R. Ramsey (B., Z., P., C.), T. H. Rankin (C.), P. M. Reid (B.), J. W. Renton (B., Z.), W. Robertson (Z., P.), W. G. Rodger (Z., P.), A. T. Ross (Z., P.), D. Russell (B., C.), J. Samson (B., P.), M. A. Sinclair (Z., C.), M. B. G. Sennette (Z.), A. Smellie (Z., P.), D. Spence (C.), D. Steel (Z., P.), A. Stewart (B., C.), J. Stewart, M.A. (B., C.); J. A. Sutherland (Z.), R. R. Swan (Z., P.), J. N. Todd (Z., P.), J. G. Tomkinson (Z., P.), J. W. Turner (Z., P.), J. Unsworth (P., C.), R. W. Valentine (Z., P.), J. Walker (Z., P.), W. D. Walker (Z., C.), G. S. Wallace (Z., P.), R. Watson (Z., P.), A. S. Wilson (Z., P.), D. A. Wilson (P.), J. Wilson (Z., P.), J. Wilson (Z., P.), H. P. Wright (B., C.), J. Young (Z.). Women—Martha Adams (B., C.), Margaret Edith Bryson (P., C.), Gertrude Jane Campbell (B., Z.), Janet Bisland Higgins (P., C.), Jessie Seath M'Ewen (P., C.), Mary Janet Pirret (P., C.), Mary Emma Potter (P., C.), Margaret Mitchell Ritchie (B., Z.), Mary Ann Thompson Ritchings (C.), Agnes Brymner Sinclair (C.), Agnes Bankier Sloan (P., C.), Elizabeth Macfarlane Sloan (P., C.), Mabel Talbot (P., C.), Edythe Marjorie Stewart Walker (B., Z.), Henrietta Fraser Young (C.).

The following have passed the Second Professional Examination (Old Regulations) for the degrees of M.B. and C.M.:

W. H. Jamison, D. G. Lindsay.

The following have passed the Second Professional Examination for the degrees of M.B. and Ch.B. in the subject or subjects indicated (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

R. F. Ballantyne (M.), J. N. Baxter (M.), J. F. Bennett (A., P.), A. Brownlie (A., P.), J. J. Buchan (M.), W. A. Burns (A., M.), T. B. Calland (P.), R. D. Campbell (A., P., M.), J. Carruthers, M.A. (A., P., M.), J. R. Chalmers (A., P.), W. Crerar (A.), J. Cullen (M.), C. C. Cumming (A., P.), J. R. Currie, M.A. (M.), A. W. W. Davidson (A., P.), D. C. Douglas (A.), J. Drummond (A., P.), B. Dunlop (P., M.), H. C. Ferguson (A., P.), W. Gibson (A., P.), J. G. Green (P.), D. S. Harvey (M.), T. Inglis (P.), N. Jamieson (A., P.), A. Kerr (A., P.), A. S. Lang (M.), R. Lunan (A.), R. Millar (A.), H. Miller (A., P.), N. M. Miller (A., P.), E. W. Milne (M.), J. H. MacDonald (A., P.), P. M. M'Fadyen (A., P.), J. M'Gilchrist (A., P.), C. F. Maclean (A.), N. F. MacLeod (A., P.), A. R. MacLurkin (A., P.), J. M'Millan (A., P.), W. G. Neill (M.), A. D. Nicolson (M.), J. Patton (A., P.), W. A. Riddell (A., P.), A. Robin (A., P.), J. Scott, M.A. (A., P.), J. Shearer (A., P.), D. A. Simon (P., M.), A. J. Smith (M.), D. J. Smith (A., P.), J. Smith (M.), J. J. Smith (P., M.), P. A. Steven (A., P.), A. G. Stewart (A., P.), A. Taylor (M.), C. P. Thomson (A., P.), W. B. Thomson (A.), H. N. Turner (M.), W. Webster (M.), A. S. Wells, M.A. (A., P.), W. Wright (A.), J. D. Young (A., P.). Women: Sarah Davidson (A., P.), Marjorie King Henderson Fleming (A.), Jessie Downie Grainger (A., P., M.), Jane Grant (M.), Mabel Hardie (A., P.), Jessie Sophia Beatrix Hunter (P., M.), Ina Lochhead M'Neill (A., P.), Jean Effie Prowse (M.), Sara Maude Robertson (A.), Maud Spencer (A., P.), Gertrude Florence Fleetwood Taylor (A., M.), Grace Lorrain Young (A., P., M.).

The following have passed the Third Professional Examination for the degrees of M.B. and C.M.:

(a) Including Pathology.—J. Donald, G. Murray, A. Stevenson, A. J. T. Swann.

(b) Not including Pathology.—J. J. Edgar, W. H. Jamison, G. Moreland, J. M'Caig, D. W. Smith, A. Waugh.

The following have passed the Third Professional Examination for the degrees of M.B. and Ch.B. in the subject or subjects indicated (P., Pathology; M., Medical Jurisprudence and Public Health):

J. Aitken (P., M.); G. Alexander (P., M.); A. S. Allan (P.); A. J. Ballantyne (P., M.); A. A. Barclay (P., M.); W. Bennett (P.); J. S. Beveridge (P., M.); G. MacL. Blair (P., M.); J. G. W. Boleyn (P.); A. Clark (P., M.); R. Crawford (P., M.); R. Douglas, M.A. (P., M.); K. M'K. Duncan (P., M.); J. F. Fleming (P.); K. Fullarton, M.A. (P.); A. Garrow (P.); H. S. Heap (P.); J. Henderson (P., M.); W. W. Keir (P., M.); A. Lawrie (P., M.); A. Matheson (P., M.); J. B. Miller (P., M.); J. A. Mitchell (P., M.); M. Macdonald (P., M.); L. A. Mackenzie (M.); R. R. Macnicol (M.A. (P., M.); J. M'Whir (P., M.); R. Niven (P., M.); P. L. Pearce (P.); J. W. Scott (P., M.); J. Shaw, M.A. (P., M.); J. L. Simpson (P., M.); J. M. Sloan (P., M.); P. D. Strachan, M.A. (P., M.); J. D. C. Swan (P., M.); D. R. Thomas (P., M.); W. L. Thomson (P., M.); W. J. A. Walker (M.); R. A. H. Watson (P.); E. R. Weir (P.); J. P. Wilson (P., M.); W. Wyper (P., M.). Women: Daisy Annabelle Bennett (P., M.); Agnes Forbes Blackadder (P., M.); Jane Lorimer (M.); Eva M'Call (P., M.); Minna Amelia Macfarlane (P., M.); Annie Louise M'Iroy (P., M.); Margaret Wallace Howie M'Neil (P.); Mabel Catherine Poulter (P., M.); Agnes Renton Robson (P., M.); Marion Jamieson Ross (P., M.); Sara Whiteford (P.).

UNIVERSITY OF ST. ANDREWS.

THE following registered medical practitioners, having passed the required examinations, had the degree of Doctor of Medicine conferred upon them on March 26th:

C. G. Bunn, M.R.C.S.Eng., L.R.C.P.Edin., L.S.A.Lond.; E. Buxton, M.R.C.S.Eng., F.R.C.S.Eng., M.R.C.P.Edin., D.P.H.; T. A. Dixon, M.R.C.S.Eng., L.R.C.P.Edin., Surgeon-Major A.M.S.; E. M. Garstang, M.R.C.S.Eng., L.R.C.P.Edin.; W. R. Hadwen, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.Lond.; A. H. Hoffman, L.R.C.P.Edin., L.R.C.S.Eng., L.F.P.S.G.; T. W. Jackson, M.R.C.S.Eng., L.R.C.P.Edin., L.S.A.Lond.; A. Mallagh, L.R.C.P.Edin., L.R.C.S.Eng.; H. Williams, M.R.C.S.Eng., L.R.C.P.Edin.; R. P. Williams, L.R.C.P.Edin., L.R.C.S.Eng., D.P.H.

THE VICTORIA UNIVERSITY.

FACULTY OF MEDICINE, FINAL EXAMINATION.—The following candidates have satisfied the Examiners:

Part I.—E. L. Anderson, University College; W. J. S. Bythell, Owens

College; H. M. Cockcroft, Owens College; H. Davies, Owens College; J. E. Healey, Owens College; W. A. Helm, Owens College; R. B. Jones, University College; R. Kelsall, Owens College; J. Kemp, Owens College; F. T. A. Lovegrove, University College; H. A. Mawdsley, University College; J. Milne, Owens College; T. O'Neill, Owens College; W. Sankey, Owens College; J. H. Sheldon, Owens College; A. T. Sissons, Owens College; H. Stansfield, Yorkshire College; J. Williamson, Yorkshire College; D. S. Wylie, Owens College.

Part II.—H. S. H. Callum, Yorkshire College; H. Coates, Owens College; J. S. Dockray, Owens College; O. B. Goldschmidt, Owens College; H. Hamer, Owens College; W. F. Jackson, Owens College; K. H. Jones, Owens College; G. G. Lawson, University College; H. Mackennal, Owens College; F. E. Marshall, University College; A. B. Smallman, Owens College; J. E. Smith, University College; F. E. Taylor, Yorkshire College; H. C. Woodhouse, Owens College; W. Wright, Owens College.

Honours: Class I.—J. S. Dockray, Owens College.

Honours: Class II.—H. Coates, Owens College; H. Hamer, Owens College; K. H. Jones, Owens College; A. B. Smallman, Owens College; J. E. Smith, University College; F. E. Taylor, Yorkshire College.

SECOND EXAMINATION.—The following candidates have satisfied the examiners:

A. Anatomy and Physiology.—G. P. Alderson, University College; T. P. Allen, Owens College; W. J. W. Anderson, Yorkshire College; J. D. Andrews, Yorkshire College; W. E. Bamber, Owens College; H. N. Bridge, Owens College; W. H. Broad, University College; P. A. Browne, University College; A. H. Capamagian, Owens College; G. Carter, Yorkshire College; *W. Crabtree, Owens College; C. H. Dawson, Owens College; S. S. Depree, University College; R. J. Ewart, University College; T. L. Fennell, Owens College; C. H. Ferguson, University College; A. E. Finney, Owens College; C. Garner, Owens College; A. Greenwood, Owens College; C. H. Greenwood, Yorkshire College; I. W. Hall, Owens College; E. F. Hill, Owens College; H. C. R. Hime, Yorkshire College; A. E. Horsfall, Yorkshire College; C. E. Horsfall, Yorkshire College; S. K. Hutton, Owens College; W. A. Illingworth, Yorkshire College; F. W. Johnson, Yorkshire College; L. R. Lempiere, Owens College; H. Lett, Yorkshire College; S. F. Linton, University College; C. J. N. Longridge, Owens College; J. W. Miller, University College; W. H. Morrison, Yorkshire College; A. Morton, Yorkshire College; R. A. Needham, Owens College; A. S. Parkinson, Yorkshire College; A. E. Rayner, Owens College; C. E. Silvester, Owens College; H. Slater, Owens College; H. Terry, Owens College; T. J. Thomas, University College; A. R. Thompson, Yorkshire College; H. West, University College; J. D. Windle, Owens College; P. R. Wrigley, Owens College.

B. Materia Medica and Pharmacy.—J. W. Aldred, Owens College; H. M. Birkett, Yorkshire College; *W. Crabtree, Owens College; S. S. Depree, University College; T. L. Fennell, Owens College; R. F. Ferris, Owens College; F. H. Flack, Owens College; J. P. Good, Owens College; E. F. Hill, Owens College; H. S. McLellan, Owens College; B. C. Middleton, Owens College; R. F. Moore, Owens College; W. H. Morrison, Yorkshire College; W. Parker, Owens College; J. H. Stephens, Owens College; J. W. Watson, Owens College; H. West, University College; S. C. Wilkinson, Yorkshire College; E. Young, Owens College.

* Awarded the University Scholarship in Medicine.

CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the Second Examination in the subjects indicated:—

Monday, March 29th:

Anatomy and Physiology.—R. C. Turnbull, Student of London Hospital; G. R. Potter and B. Gowing, of Yorkshire College, Leeds; T. Adam and H. A. Mason, of Firth College, Sheffield; C. F. Walters, C. A. H. Gee, F. W. Cotton, and A. Coleridge, of University College, Bristol; R. S. Burd and A. J. Awdry of Mason College, Birmingham; W. Nicholson, J. Hoyle, and G. E. Seville, of Owens College, Manchester; W. J. Young, W. A. Bailey, and R. Jaques, of University College, Liverpool; C. R. Moss, of Oxford University and University College, Liverpool; W. W. James, of Middlesex Hospital.

Anatomy only.—W. M. James, of Cambridge University; and T. A. King, of Cambridge University and St. Thomas's Hospital.

Twenty gentlemen were referred in both subjects, 1 in Anatomy only, and 3 in Physiology only.

Tuesday, March 30th:

Anatomy and Physiology.—E. Russell-Risien and E. Wethered, of St. Bartholomew's Hospital; A. E. Soden, of McGill University, Montreal, and St. Bartholomew's Hospital; A. Pearson, A. C. Ransford, F. Curtis, and W. H. Edwards, of Guy's Hospital; E. W. Goble, of Guy's Hospital and Mr. Cooke's School of Anatomy and Physiology; Z. Mennell and J. W. Little, of St. Thomas's Hospital; S. J. Kerfoot and L. E. Hertslet, of London Hospital; A. G. Pitts and B. A. Nicol, of Charing Cross Hospital; J. H. Addinsell, of University College, Liverpool, and King's College, London; W. Wijeyesaker, of Ceylon Medical College and University College, London; H. H. B. Cunningham, of St. Mary's Hospital; E. M. Saunders of King's College, London.

Anatomy only.—H. J. Butler of Carmichael College, Dublin, and St. George's Hospital.

Physiology only.—W. G. D. Miller of Cambridge University and University College, London; L. F. Enthoven of Cambridge University and Mr. Cooke's School of Anatomy and Physiology; T. L. Butler of St. Mary's Hospital, and O. S. Kellett of Cambridge University, London Hospital, and Mr. Cooke's School of Anatomy and Physiology.

Thirteen gentlemen were referred in both subjects, 4 in Anatomy only, and 1 in Physiology only.

Wednesday, March 31st, 1897.

Anatomy and Physiology.—R. Gauld of London Hospital; H. S. Stannus, R. J. Harris, and S. W. Hanbury of St. Thomas's Hospital; S. N. Chowdry of Calcutta University and St. Thomas's Hospital; J. W.

Nunn and H. E. Ashley of St. Bartholomew's Hospital; W. Bastian and G. W. M. Pritchett of University College, London; W. A. Durance, H. Halliday of Westminster Hospital; W. V. Chalmers-Francis of Westminster Hospital and Mr. Cooke's School of Anatomy and Physiology; J. F. Robinson and F. C. Cross of Guy's Hospital; J. M. Jefferiss and D. B. Truman of King's College, London; and E. J. Manning of St. Mary's Hospital.

Nineteen gentlemen were referred in both subjects.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,697 births and 3,939 deaths were registered during the week ending Saturday last, March 27th. The annual rate of mortality in these towns, which had increased from 18.1 to 18.7 per 1,000 in the three preceding weeks, was again 18.7 last week. The rates in the several towns ranged from 12.9 in Croydon, 13.2 in Bristol, 13.6 in Derby, and 13.7 in Brighton to 22.3 in Bolton, 23.2 in Norwich, 24.0 in Nottingham and in Manchester, and 24.2 in Salford. In the thirty-two provincial towns the mean death-rate was 19.2 per 1,000, and exceeded by 1.3 the rate recorded in London, which was 17.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.4 in Birmingham and in Blackburn, 3.9 in Burnley, 6.8 in Salford, and 7.7 in Bolton. Measles caused a death-rate of 1.2 in Cardiff, 1.5 in Burnley, 5.6 in Salford, and 6.4 in Bolton; and whooping-cough of 1.0 in Swansea and in Burnley and 1.6 in Blackburn. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 64 deaths from diphtheria in the thirty-three towns included 43 in London and 3 in Birmingham. No fatal case of small-pox was registered during the week either in London or in any of the thirty-two large provincial towns. There were 21 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, March 27th, against 43, 30, and 29 at the end of the three preceding weeks; 2 new cases were admitted during the week, against 6, 0, and 2 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,745, 2,685, and 2,622 at the end of the three preceding weeks, had further declined to 2,585 on Saturday last; 224 new cases were admitted during the week, against 217, 218, and 206 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 27th, 976 births and 673 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.1 and 23.3 per 1,000 in the two preceding weeks, declined again to 22.6 last week, but was 3.9 per 1,000 above the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 16.1 in Greenock to 30.7 in Perth. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 318 deaths registered last week in Glasgow included 10 from measles, 3 from scarlet fever, 22 from whooping-cough, 2 from "fever," and 4 from diarrhoea. Sixteen fatal cases of measles and 9 of whooping-cough were recorded in Edinburgh.

TENURE OF OFFICE IN THE POOR-LAW MEDICAL SERVICE.

THE Maldon (Essex) Board of Guardians appear to be specially desirous of acquiring greater power over their medical officers, and are anxious for such a change in the regulations of the Local Government Board as will enable them and other guardians to appoint to office for three years only. The following letter of theirs, sent as a circular to other Boards, together with a copy of their own resolution, will show that this change, if introduced, will at once place all medical officers entirely at the mercy of their respective Boards, which, when dealing with them, do not appear fully to understand what mercy really is:

"Maldon, Essex, March 15th, 1897.
"DEAR SIR,—By direction of the Board of Guardians of the Maldon Union, I send you a copy of a resolution as to the appointment of district medical officers, which was unanimously passed at the last meeting of the Board on the 3rd instant, and I am to ask you to bring this resolution before your Board of Guardians at their next meeting, and if they should approve of the resolution, our Board will be obliged by their sending a similar memorial to the Local Government Board.—Yours truly,
"ALFRED C. FREEMAN, Clerk."

"To the Clerk of the Guardians."

The resolution was as follows: "That it is desirable that Boards of Guardians should have greater control over district medical officers, and therefore that it is desirable that appointments of these officers should in future not be made for a longer term than three years, and that a memorial be sent from this Board to the Local Government Board, asking that their rules and orders as to these appointments may be modified accordingly, and that a copy of such memorial be sent to every Board of Guardians in England and Wales, asking them to take this matter into consideration, and, if they should approve of the resolution, to send a similar memorial to the Local Government Board."

Before any such proposal can be seriously entertained the guardians of the poor must show the public that they are fit to be entrusted with additional powers over any of their officers, either medical or others. Their acts and deeds and the general treatment which the officers of the service now so frequently receive at the hands of these public bodies must be sufficient to indicate that such a change as that proposed at Maldon

(even if under any circumstances desirable, which we much doubt) is not one which at the present time they could be safely entrusted with. Some reform in the medical treatment of the sick poor is no doubt much required, but this reform is not that which will of necessity be associated with a decrease of expense, nor will it be on the lines indicated by the action of these Essex guardians. We believe that the communication of the Maldon Board sent to others, when read at their meetings, was ordered to lie on the table.

FAILURE TO NOTIFY.

It will be remembered that about three weeks ago an inquest was held at Dover on the body of Ellen Clarke, a Mildmay nurse, who had died of typhoid fever at the "Home of Rest," and had not received any medical care or attention, the proprietors of the home being what is known as "Peculiar People." We commented on the danger run by the public if so-called religious beliefs were permitted to override public health regulations, and observed that the failure to notify might be made the subject of legal proceedings. We note that the matron of the home, Anne Nation, has since been summoned on the information of the medical officer of health for breach of the Infectious Diseases Notification Act, and after a patient hearing a fine of 10s. and £1 11s. 6d. costs was imposed.

INCREASE OF SALARIES.

We are glad to see that, when the Appleton local authority lately reappointed Mr. Edward Gayler as their Medical Officer of Health, they also added £10 to his salary as such. An increase of £100 was also made to the salary of Mr. F. M. Williams, the Health Officer to the Borough and Port Authorities of Plymouth, in consideration of the increased area of the borough, of some further duties laid upon him in connection with the fever hospital, and of losses in consequence of the discontinuance of quarantine. Mr. Williams, it will be remembered, showed promptness and ability on a recent occasion when a troopship brought cholera to our coast. The majority in favour of the increase was a very large one.

DISEASES OF OCCUPATION.

A TABLE has been published showing the number of cases of lead poisoning, reported as having occurred in factories and workshops during February, classified by industries, which gives the following figures: In china, earthenware, and glass works 28, in whitelead and colour works 35, smelting 4, tinning and enamelling 3, file making 5, other industries 13, making a total number of 88 cases from lead poisoning. The same table includes 1 death from anthrax.

NOTIFICATION TO MEDICAL OFFICER OF HEALTH BY HIMSELF.

OUR answer to question of "Mable" on March 20th has brought letters from two correspondents, who take exception to the remark that the practice (that is, of course, the practice of charging for the information) is not exactly one we would commend. Both lay stress on the miserable remuneration many medical officers receive. One (notwithstanding the advice that such cases should go through the ordinary infectious disease books) seems to think we wanted to make the knowledge of the medical officer of health's own cases less public. We can assure our correspondents that all the arguments they have used had been carefully considered before the answer was penned. The demanding of payment for the information is a mere question of expediency. There is no suggestion that it is wrong to do so. Nay, we expressly pointed out the section which made it legal. Our correspondents are fortunate, however, if neither of them has on his Council the sort of man who remarks: "Our medical officer of health did his best to get us to adopt compulsory notification for the benefit of the town, but he gets a good thing out of the half-crowns himself"; or, "We pay our medical officer of health to prevent cases of infectious disease, and he charges us half-a-crown for every case in his own practice where he doesn't do so." The sting in such remarks is due to the small portion of truth that underlies the fiction. But the matter is worse if, in some such case as the one referred to on the same page of the BRITISH MEDICAL JOURNAL (p. 762) in which "Mable's" question appeared, the medical officer of health should feel a difficulty in advising the full payment of fee to his brother practitioner, lest he should appear to be establishing a rule which might at no distant date profit himself considerably.

BACTERIOLOGY AS AN AID TO ECONOMY.

DR. NIVEN, in his quarterly report for the last quarter of 1896, states that full advantage was taken by medical men in Manchester of the arrangement made for the bacteriological examination by Professor Delépine of specimens taken from the throats of persons suspected to be suffering from diphtheria. Of 75 specimens examined, the majority contained no discoverable diphtheria bacilli, and in nearly all these negative instances inquiry elicited the fact that the medical attendant no longer deemed the case one of infectious disease. In this way, a marked diminution in the number of cases of unequivocal diphtheria has been brought about. Not only so, but much saving has been effected by the corporation and occupiers of houses because of the lessened need for stripping, fumigating, etc., in addition to the saving of cost of hospital treatment and maintenance of cases which would have been removable on the score of primary diagnosis alone as diphtheria patients. The risk run by patients thus wrongly removed is also obviated, and life possibly saved thereby. But we assume there is no slackness of precaution at home in cases thus pronounced on bacteriological evidence, or lack of evidence, as non-diphtherial.

DISTRICT MEDICAL OFFICERS AND THE SUPERANNUATION ACT. G. C. H., who has already accepted the provisions of the Act, and has paid a contribution out of his salary towards the common fund of the Union, writes to ask whether he can now decide to resign the benefit of the Act.

. We do not see how our correspondent can now contract himself out of the provisions of the Act. We apprehend that it is too late to do so.

MEDICAL NEWS.

THE ninth meeting of the International Congress of Hygiene and Demography, which was to have been held at Madrid in October of the present year, has been postponed till April, 1898.

A NEW CONVALESCENT HOME.—The Bishop of Chichester opened the Rustington Convalescent Home for Working Men erected at Littlehampton by Mr. Henry Harben, J.P., of Hampstead, at a cost of £50,000, while other members of his family will contribute an additional £20,000 as an endowment. The building has been constructed on the latest and most scientific principles.

ROENTGEN RAYS.—On the evening of April 12th Mr. Campbell Swinton will give a paper on recent investigations in x-ray work at the Camera Club. The paper will be illustrated by some original experiments, and Mr. Swinton will exhibit a novel form of Crookes's tube which he has designed for practical x-ray work, by means of which, by a simple adjustment, x-rays of different penetrative qualities can be obtained at will.

THE TREATMENT OF INEBRIETY IN RUSSIA.—The excellent results obtained in Russia during the last few years by the treatment of inebriates in special homes have been so striking that it is now generally admitted to be the only means in dealing efficaciously with patients of this kind. The number of special hospitals for inebriates is, therefore, rapidly increasing in that country. Hospitals are being erected in Moscow and in Kieff, and the Government has recently made a grant of nearly £7,000 towards the erection of one in Kasan.

PRESENTATION.—Dr. L. L. B. Williams, on the occasion of his leaving Sidmouth, was entertained by his friends at a dinner, when he was presented with a silver punch bowl bearing the following inscription: "Presented to Dr. L. L. B. Williams in recognition of public and professional services during his residence at Sidmouth, March, 1897."

OR 50 new knights of the Legion of Honour recently nominated by the French Minister of the Interior, no fewer than 13 are doctors. Besides these, Dr. Empis has been promoted to the rank of Commander and Dr. Guyot to that of Officer. Dr. Yersin, whose name is associated with the serum treatment of the plague, has been promoted to the rank of Officer by the Minister for the Colonies. Dr. Yersin holds an appointment in the French Colonial Medical Service.

ANTICIGARETTE LEGISLATION.—The New York Assembly Committee on Public Health has reported favourably on a Bill prohibiting the sale of cigarettes to minors, and providing that dealers in cigarettes shall pay a licence fee of 50 dollars (£10). An amendment to the Bill forbids the sale of cigarettes within 250 feet of a school or church. An ordinance to the same effect has been passed by the City Council of Chicago. Any violation of the provisions of this ordinance is punishable by a fine of from 50 to 200 dollars (£10 to £40) for each offence, and 25 dollars (£5) for each day the violation of the law is continued.

WASHINGTON'S MEDICAL NEPHEW.—It is not generally known that a nephew of the first President of the United States was a member of the medical profession. Dr. Bailey Washington entered the United States navy as a surgeon in 1810. He died August 5th, 1854. He was the surgeon of the *Enterprise* when she captured the *Boxer* during the war of 1812. He afterwards acted with great efficiency on Lake Ontario under Commodore Chauncey, and was selected by him as fleet surgeon, although a junior officer in the service. He was afterwards fleet surgeon under Commodores Rogers, Elliot, and Patterson in the Mediterranean, and closed his active sea service during the Mexican war. At the time of his death he was consulting and visiting surgeon of the navy-yard and marine barracks in Washington.

At a recent meeting of the British residents held at the British Agency, Cairo, it was unanimously decided that the Diamond Jubilee memorial in Cairo should take the form of an additional storey to the contagious ward of the Deaconess's

Hospital, the ground floor of which was erected in honour of the jubilee in 1887. The Princess of Wales has had brought to her notice the proposal to erect at Acton a cottage hospital as a Diamond Jubilee memorial, and has expressed her warm approval of the undertaking, and intimated that it is entirely in accordance with the Queen's wishes. Acting on the suggestion of Mr. Montagu Sharp, the deputy chairman of the Middlesex Sessions, it has been decided that at Hanwell the memorial of the Queen's long reign shall take the form of erecting and maintaining a cottage hospital.

EDINBURGH ROYAL INFIRMARY.—At their meeting on Monday, March 29th, the Managers approved of the appointment of the following gentlemen to positions on the resident staff: Edwin Bramwell, M.B., C.M., to Professor Sir Thomas Grainger Stewart's wards; J. Brunton Blaikie, M.B., C.M., to Professor T. R. Fraser's wards; George S. Small, M.B., C.M., to Professor Greenfield's wards; Cecil Burleigh Crampton, M.B., C.M., to Dr. Affleck's wards; E. E. Porritt, M.B., C.M., to Dr. James's wards; William Riach, M.B., C.M., to Dr. Smart's wards; Robert B. Purves, M.B., C.M., to Professor Annandale's wards; John Stevenson, M.B., C.M., to Professor Chiene's wards; Walter J. H. Hislop, M.B., C.M., to Dr. A. G. Miller's wards; James D. McCrindle, M.B., C.M., to Dr. P. McLaren's wards; John W. Simpson, M.B., C.M., to Dr. MacGillivray's wards.

COMPLIMENTARY DINNER TO PROFESSOR COATS, OF GLASGOW.—When it became known to some of Professor Coats's old pupils that he would be in Manchester in March, acting as Examiner in Pathology in Victoria University, it was deemed a fitting opportunity for entertaining him at dinner. Dr. James Gardner communicated with a number of old Glasgow students practising in the neighbourhood of Manchester, and the suggestion was cordially taken up. Accordingly a dinner was held on March 23rd, at the Moseley Hotel. The chair was occupied by Mr. Wm. Berry, F.R.C.S.I., J.P., M.O.H. for Wigan, and there were between thirty and forty others present. The usual postprandial toasts were honoured, and the toast of the evening, "The Health of Professor Coats," was proposed from the Chair and duly honoured. Professor Coats suitably replied. The evening was pleasantly spent, the toast list being interspersed with songs by Drs. Williams, Lawton, Marshall, Hunt, Ballantyne, and others.

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.
- BETHLEHEM 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.
- BRISLINGTON HOUSE, near Bristol.**—Second Assistant Medical Officer; between 23 and 28 years of age. Doubly qualified. Salary, £100 per annum, with board, lodging, etc. Appointment for six months. Applications to Dr. Bonville Fox.
- 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.
- 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 INFIRMARY, Leeds.**—Resident Surgical Officer. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary of the Faculty by April 17th.
- GERMAN HOSPITAL, Dalston, N.E.**—Honorary Ophthalmic Surgeon. Must be a native of Germany or fully conversant with the German language. Doubly qualified. Applications to H. Gülich, Superintendent, by April 21st.
- GOVERNMENT OF NEW SOUTH WALES.**—Bacteriologist and Assistant to the President of the Board of Health of the Colony; not more than 40 years of age and doubly qualified. Salary, £600 per annum. Applications to Saul Samuel, Agent-General for New South Wales, 9, Victoria Street, S.W., by April 20th.

GUEST HOSPITAL, Dudley.—Resident Assistant House-Surgeon. Must be qualified or four years' students. Appointment for six months. Board, lodging, and washing in hospital. No salary. Applications to the Secretary, Guest Hospital, Dudley, by April 8th.

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 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.

HOSPITAL FOR WOMEN AND CHILDREN, Leeds.—Non-Resident House-Surgeon. Appointment for twelve months. Salary, £90 per annum. Applications to the Secretary of the Faculty by April 14th.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT, 26, Margaret Street, Cavendish Square, W.—Physician in Ordinary; also Visiting Physicians.—Full particulars to be obtained at the Infirmary.

LIVERPOOL HOSPITAL FOR CANCER AND SKIN DISEASES.—Honorary Assistant Surgeon. Applications to Mr. A. N. Talbot, 3, Rumford Street, Liverpool, by April 20th.

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.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Dental Surgeon; must be L.D.S.R.C.S.Eng. Applications to Charles H. Byers, Secretary, by April 10th.

MIDDLESEX HOSPITAL.—Assistant Surgeon and Aural Surgeon; must be F.R.C.S.Eng. Applications to F. Clare Melhado, Secretary, Superintendent, by April 26th.

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.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to the House-Surgeon by April 14th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Pathological Curator of the Museum; must be Fellows or Members of the College. Applications to the Secretary by April 15th.

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.

ST. SAVIOUR'S UNION, Surrey.—Medical Superintendent at the Infirmary, East Dulwich Grove. Salary, £400 per annum, with unfurnished house, coals, gas, and water. Applications, marked outside "Application for Medical Superintendent," to Howard C. Jones, Clerk, Union Offices, John Street West, Blackfriars Road, S.E., by April 12th.

SHEFFIELD UNION WORKHOUSE INFIRMARY.—Junior Assistant Medical Officer at the Infirmary, Fir Vale, Sheffield. Doubly qualified. Appointment for six months. Honorarium of £12. Furnished apartments, board, and washing provided. Applications to Joseph Spencer, Clerk to the Guardians, Union Offices, West Bar, Sheffield, by April 10th.

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

VICTORIA HOSPITAL, Folkestone.—House-Surgeon; will be also required to dispense. Salary, £80 per annum, rising to £100, with board, residence, and washing. Applications to the Secretary 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 AND DISPENSARY.—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 by April 8th.

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 21st.

MEDICAL APPOINTMENTS.

ARNOLD, E. G. Emerson, M.B., B.S., appointed Clinical Assistant to the Chelsea Hospital for Women.

ATTKEN, J., M.B., C.M. Edin., appointed Medical Officer of the Workhouse of the Lancaster Union.

BAILEY, T. R., M.D. Edin., appointed Medical Officer for the Fourth District of the Wolverhampton Union.

BOND, William James, M.B. Glasg., L.R.C.S. Edin., reappointed Medical Officer for the Seventh District of the Aylesbury Union.

BRAMWELL, Byrom, M.D., F.R.C.P. Edin., appointed Physician to the Edinburgh Royal Infirmary, *vice* John Wyllie, M.D. Edin., retired.

CARTER, F. R., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Sixth District of the Leeds Union, *vice* J. B. Carter, L.R.C.P. Edin., M.R.C.S. Eng.

COLLINGRIDGE, William, M.D., D.P.H., M.R.C.S. Eng., reappointed Medical Officer of Health for the Port of London.

CORBEN, C., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Caldecott District of the Chepstow Union, *vice* H. H. Hefferan, M.R.C.S., L.R.C.P. Lond., resigned.

CORSER, F. R. S., M.B.C.M. Edin., reappointed Medical Officer for the Bourton Subdistrict of the Stow-on-the-Wold Union.

COWPER, John, M.B.C.M. Edin., reappointed Medical Officer of Health to the Shanklin District Council.

COX, Roland, L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer of Health to the Teme Rural Council.

CROOKS, Dr. J., appointed Medical Officer for the Seventh District of the Sudbury Union, *vice* H. D. Palmer, M.R.C.S. Eng., L.S.A., resigned.

DENING, Edwin, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer for the Stow Subdistrict of the Stow-on-the-Wold Union.

DIXON, A. Francis, B.A., M.B., appointed Professor of Anatomy at the University College of South Wales and Monmouthshire, *vice* A. W. Hughes, M.B. Edin., F.R.C.S. Eng., resigned.

EDWARD, David, M.B., C.M. Edin., reappointed Medical Officer for the Llanbrynmair and Cemmaes Districts of the Machynlleth Union.

FISHER, John Bell, M.B.C.M. Edin., reappointed Medical Officer of Health for the Whitehaven Rural District.

GOODFELLOW, James Anderson, M.B.C.M. Glasg., reappointed Medical Officer of Health to the Brampton and Walton Urban District Council.

GRANT, A. J., M.R.C.S., L.R.C.P., appointed Clinical Assistant to the Chelsea Hospital for Women.

HERBERT, J. W. C., L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer for the Pendlebury District of the Salford Union.

HONNYWILL, Alfred Oram, L.R.C.S., L.R.C.P., L.M. Edin., appointed Surgeon to the Sutton District of the London, Brighton, and South Coast Railway Provident Society; also Medical Referee to the Prudential Assurance Company.

HUGHES, A. W., M.B.C.M. Edin., F.R.C.S. Eng., appointed Professor of Anatomy at King's College, London.

JEFFREY, Dr., appointed Medical Officer for the Altofts District of the Wakefield Union.

KRUGER, C. H., M.B.C.M. Edin., appointed Clinical Assistant to the Chelsea Hospital for Women.

LARKING, Arthur Ernest, M.D. Durh., M.R.C.S. Eng., reappointed Medical Officer for the Eighth District of the Aylesbury Union.

LEE, H. G., M.D., reappointed District Medical Officer to the Aylesbury Union.

LININGTON, William West, F.R.C.S. Eng., appointed Resident Casualty Officer at the General Infirmary, Leeds.

LOWNDS, James Richard, B.A. Camb., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Medical Officer of Health to the Brixworth Rural District Council.

LYSTER, A. E., M.R.C.S. Eng., L.S.A. Lond., appointed Medical Officer and Public Vaccinator for the Fourth District of the Chelmsford Union, *vice* W. Hart, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

MATHEWS, James S., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer for the Machynlleth District of the Machynlleth Union.

NASH, E. H. T., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Ipswich and East Suffolk Hospital.

NUNN, P. W. G., L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Bournemouth Town Council.

PADBURY, G. J., M.B., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Hawkechurch District of the Axminster Union, *vice* C. A. Morgan, M.R.C.S. Eng., L.S.A., resigned.

PLUMMER, Selby W., M.D. Durh., appointed Certifying Surgeon under the Factory Act for the Durham District, *vice* Mr. Boyd.

PROSSER, Frank, M.B., C.M. Glasg., reappointed Medical Officer of Health to the Rainsford District Council.

RIMELL, A. T., M.R.C.S. Eng., L.R.C.P. Edin., appointed Medical Officer and Public Vaccinator for the Tydd, Sutton St. James, and Long Sutton Districts of the Holbeach Union.

RONALDSON, James Bruce, M.D. St. And., F.R.C.S. Edin., appointed Medical Officer of Health to the Dunbar Town Council.

ROXBURGH, William, M.B., C.M. Glasg., appointed Parochial Medical Officer for the Troon District, *vice* J. Highet, M.D., C.M. Glasg.

SMITH, J. W., M.B. Edin., F.R.C.S. Eng., appointed Honorary Anaesthetist to the Victoria Dental Hospital, Manchester.

TILLEY, Herbert, M.D., B.S. Lond., appointed Surgeon to the London Throat Hospital, Great Portland Street.

TOTHILL, F.C., M.B., C.M. Edin., appointed Medical Officer for the Ashford District of the Staines Union, *vice* H. Roe, resigned.

WESTMACOTT, F. H., F.R.C.S. Eng., L.R.C.P. Lond., appointed Honorary Anaesthetist to the Victoria Dental Hospital, Manchester.

WILLIAMS, William Robert, L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer for the Penygroes District of the Machynlleth Union.

YOUNG, Meredith, M.B., C.M. Edin., D.P.H. Vict., appointed Medical Officer of Health for the Borough of Crewe.

DIARY FOR NEXT WEEK.

MONDAY.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Communication and Demonstration by Mr. A. Hopewell Smith.

TUESDAY.

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

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. S. West: Actinomycosis of the Pleura and Chest Wall. Mr. W. Harrison Cripps: (1) Cyst of Omentum; (2) Concretion of Rectum. Dr. J. Fawcett: Traumatic Hydrocephalus. Dr. J. W. Washbourn and Dr. G. B. Smith: Infective Venereal Tumours in Dogs. Mr. Cecil F. Beadles: Tuberculous Peritonitis associated with an Inguinal Pouch of the Peritoneum. Mr. J. Berry: Cyst of the Omentum. Dr. S. West and Dr. F. W. Andrewes: Healthy Esophagus Ruptured by Vomiting. Dr. Parkes Weber: Case of Osteomalacia or Generalised Myelomatous Growth in the Bones of an Old Man. Dr. W. M. Ord: Intestinal Concretions of Carbonate of Lime. Card Specimens by Mr. A. H. Tubby, Mr. Cecil F. Beadles, and Dr. Parkes Weber.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Moral and Impulsive Insanities and Lunacy Law. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Lupus Erythematosus.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 4.30 P.M.—Professor Wynter Blyth: Hygiene Disinfection and Disinfectants.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Mr. Targett, Dr. Drummond Robinson, and others. Papers:—Dr. G. F. Blacker: The Treatment of Placenta Prævia by Champetier de Ribes's Bag. Dr. Thomas Wilson: Chronic Axial Rotation of an Ovarian Cyst giving rise to Extreme Twisting of the Elongated Uterus.

THE SANITARY INSTITUTE, Parkes Museum, Margaret Street, W., 8 P.M.—Discussion on Notification of Measles to be opened by Dr. Henry R. Kenwood. Drs. W. H. Corfield, H. E. Armstrong, L. W. Darra Mair, A. Bostock Hill, A. Newsholme, L. C. Parkes, and F. Vacher will take part in the discussion.

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. Lumleian Lecture III.

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

FRIDAY.

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

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. Howard Marsh: A Case of Sarcoma of the Prostate Gland. Mr. Raymond Johnson: Multilocular Ovarian Cyst in a Child aged 5 years; Axial Rotation; Ovariectomy. Mr. W. G. Spencer: Hydatid Cysts removed from the Left Pleura, from behind the Mesentery, and from the Right Lobe of the Liver. Mr. C. B. Lockwood: A Case of Wound of the Mesentery, with subsequent Gangrene of the Intestine.

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.

CARLIER.—On March 26th, at 39, Morningside Drive, Edinburgh, the wife of E. Wace Carlier, M.D., B.Sc., etc., Lecturer on Experimental Physiology in the University of Edinburgh, of a daughter.

EADES.—On March 31st, at Manor House, St. Peter's, Ipswich, the wife of S. O. Eades, L.R.C.P., L.R.C.S. Edin., of a daughter.

ECCLES.—On March 25th, at Harley Street, W., the wife of W. McAdam Eccles, M.S., F.R.C.S., of a son.

GLENDINNING.—On March 20th, at Larchfield, Abergavenny, the wife of James Glendinning, M.D., Medical Superintendent, Monmouthshire Asylum, Abergavenny, of a son.

THOMSON.—On March 29th, at Mealsgate, near Carlisle, the wife of T. P. Thomson, M.B., C.M., of a son.

MARRIAGE.

STOKES—HILLIS.—On March 27th, at St. Cyprian's, Natal, Whitley Stokes, M.B. Univ. Lond., Blyde House, Pilgrim's Rest, South Africa, eldest son of Sir Henry E. Stokes, K.C.S.I., 37, Onslow Square, London, W., to Lilian, eldest daughter of John D. Hillis, F.R.C.S., 135, Leinster Road, Dublin.

DEATH.

TAYLOR.—On March 21st, at his residence, Fair Lawn, Haulgh, Bolton, Alfred Taylor, F.R.C.S., L.R.C.P., etc., aged 36. No cards.

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., 8.
CHelsea HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2.
CITY ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. Operations.—F., 2.
GREAT NORTHERN CENTRAL. Attendances.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. Operations.—M. W. Th. F.
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. 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, Th., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 9. Operations.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 10.
ROYAL ORTHOPEDIC. Attendances.—Daily, 1. Operations.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.
ST. BARTHOLOMEW'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., W. S., 9; Eye, W. Th., 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; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. Attendances.—M. 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.
ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—W., 2.30.
THROAT, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Th., 2.
UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. Operations.—Tu. W. Th., 2.
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 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.

H. W. W. asks for information as to the diagnosis of feigned insanity.

H. P. J. desires to know what London hospitals take female probationers at the age of 21, and what hospitals or infirmaries take male nurses.

A CONSTANT READER asks what books in English would afford information on heredity in relation to disease.

M. B. would be glad to hear of a home or institute in or near London where an old person would be received on payment of a small weekly sum.

M. M. would be obliged if any member could recommend a respectable home for a young girl, aged 16, whose intellect is weak. The parent, a widow, could pay a small sum per week.

M. N. T. wishes to know if marriage is permissible to a man aged 36, in easy circumstances, the subject of mitral incompetence resulting from rheumatism two years ago. There is good compensation, and little if any discomfort. He would also be obliged for the names of any books which treat of this point.

DR. E. C. CRIPPS (Cirencester) writes: I am very anxious to get particulars or details of any scheme for establishing a "district nurse" in a town of about 7,000 inhabitants, and should be grateful for information from any medical man who has been instrumental in starting, or is acquainted with the best method of establishing, such an institution. There is a cottage hospital of nine beds in the town to which I allude, to which all the medical men are attached. Is it best to work it in conjunction with that, or separately, and what are her exact duties, and how is she ordered and controlled?

NORTH BRITON writes that he has been told, on what he regards as good authority, that it is the custom of some medical practitioners to compound with inspectors of poor for lunacy certificates by taking half the legal fee, the other half going to the official putting the "job" their way.

* * The practice described by "North Briton" is a reprehensible one, but perhaps it may not be easily put down. Publicity would seem to be the means indicated, but our correspondent would be wise to take care not to involve himself in an action for damages for libel.

H. D. writes that he is asked to stand as a candidate at a vestry election. If he accepts, his name and address, with those of other candidates, will be posted in the parish. Would it, he inquires, be contrary to professional etiquette, and ought he to refuse to become a candidate?

* * It is certainly desirable that members of the medical profession should take their part in public work. In the promotion of his candidature our correspondent will no doubt know how to take a course worthy of the dignity and of the characteristic reticence of the profession.

L. R. C. P. asks for advice. Had an attack of pleurisy with effusion two years ago. Tubercle bacilli have recently been discovered in sputum. There are no physical signs. Would the Riviera or South Africa be the most suitable place to go, and could an English medical man practise in Monte Carlo or Italy without additional qualification? The law of France will not allow him to practise in France without a French degree, but does this law apply to Monte Carlo and San Remo? Of Africa, which is the most suitable locality?

* * With regard to the question of practice, our correspondent will find the information which he requires in the Student's Number of the BRITISH MEDICAL JOURNAL of September 5th, 1896, p. 594. In Italy medical practice among foreigners is open. In the Principality of Monaco certain British qualifications are accepted as equivalent to the French diploma of Doctor of Medicine.

KNEE-JOINT EFFUSION AND CYCLING.

SURGEON asks if any cycling reader has ever experienced the effusion of fluid into the knee-joints after cycling, and if so, what remedies have been resorted to, and with what result. After riding for a few (10 or 15) minutes, he gets fluid effusion in both his knee-joints, which takes (even after this short time) two or three days to subside with rest.

POST-GRADUATE STUDY IN VIENNA.

DR. J. B. HAY (Crieff, N.B.) would be glad of information regarding eye, nose, and throat work in Vienna, as to how the clinics are arranged, what facilities for study of these special branches are offered, and if a knowledge of German is absolutely essential. He is anxious to go there in July and August, or August and September, and would be glad of hints as to how this can best be done.

THE PARIS HOSPITALS.

COLONIAL MEMBER B. M. A. writes: I shall shortly be in Paris, and want to see some surgery there. Can you tell me (1) the hospital at which the most (general) surgery is done; (2) the usual hour for operations in Paris; (3) where I can get information about the staffs of the Paris hospitals as one would get the names of the staffs of the London hospitals, for example, out of the *Medical Directory*. Also can you tell me (4) if the season at Vichy is perennial; (5) (if you will) the name of the leading English physician there.

* * A Parisian hospital physician informs our Paris Correspondent that at all the hospitals except special hospitals, such as those for children, women's hospitals, etc., generally surgery is done. Operations are done before 12 o'clock, when the rounds are finished. The staffs of