

house in which the cases occurred. Two little girls and the husband of the second patient escaped the disease.

The first patient attacked was an old lady, aged 72, who had been feeble for some years, but had otherwise enjoyed good health up to the time of this illness. She had been confined to her room for some months previously owing to her inability to get about with comfort, and spent the greater part of her time in bed. Her illness was at first obscure; the breathing became a little quicker than normal, and occasionally she had a little cough, but she was not otherwise affected, and her illness was throughout distinguished by an absence of pyrexia and of abnormal physical signs. The pulse beats were regular in force and rhythm, but small and weak, though not unduly so for a person of such advanced years. The frequency varied between 70 and 80. The first sign noticed of any diagnostic value was the brown colour of the sputum, it was also scanty and rather viscid. The patient had at first a little muttering delirium, but for the last three or four days of her life she was completely comatose. Her illness lasted in all ten days, and the end was foreshadowed by gradually-increasing coldness of the extremities and mucous *râles* in the chest.

The second patient was her daughter, aged 41. In consequence of privation from pecuniary loss and domestic troubles she was exceedingly emaciated and weak, and was seemingly as bad a subject for any illness as one could possibly imagine. She had been nursing her mother for four days, when she was suddenly taken ill herself, and evidently had a slight rigor. When I examined her a couple of days later she had marked signs of consolidation at the base of the left lower lobe of the lung. The respirations numbered 40 per minute, and the pulse beats varied between 115 and 120 per minute. The temperature taken in the mouth was 103.8° F. There was a little feeble cough at times, and the expectoration was quite typical of pneumonia. No pain was complained of, and I could not detect any signs of pleurisy. The tongue was furred and dry, and the teeth and gums were becoming coated with sordes. There had been up to this time no delirium. The patient remained in this condition, the temperature varying between 103° F. and 104° F., until on what appeared to be the seventh day of her illness a further rise of temperature to 105° F. (mouth temperature) took place. The respirations and pulse beats became even more rapid, and delirium also supervened. An increase in consolidation upwards could also be detected in the left lung behind.

During the next twenty-four hours the temperature taken in the mouth varied between 105° F. and 105.5° F., and cold sponging only reduced it very temporarily. At the end of this time, on what would therefore seem to be the end of the eighth day of the illness, the axillary temperature suddenly rose to 108.6° F., the patient became deeply comatose, and was apparently moribund, with the heart beating so rapidly that the pulse beats were almost uncountable, and the respirations coming in deep gasps at long intervals. Coarse *râles* could be heard over the whole of the front of the chest. The very high axillary temperatures above noted were taken by two different thermometers, two or three times, and I took care to have them tested afterwards, so that I have no doubt that the readings they gave were correct.

I had the patient at once rubbed with lumps of ice over the body and limbs, whilst ice was packed round the back and a large lump placed over the præcordial area. Strychnine and brandy were also injected hypodermically, and brandy injected into the rectum. The temperature fell rapidly to 103.5° F., but soon rose again to 105° F.; the same measures were again adopted, and it fell to 101.6°. With this further fall the breathing and pulse improved rapidly, and the patient began to move her eyes about, and shortly afterwards to recognise those about her. As soon as she was able to swallow milk and brandy were given her, she was rubbed thoroughly dry, and hot bottles put round her. She made an uninterrupted recovery.

The third patient was a female servant in the same house, aged 20, a well-nourished and strong-looking girl. She had been helping to nurse the first and second patients, and was taken ill two days after the latter. In her case she presented the typical appearance of a young and robust subject with pneumonia, having flushed cheeks, a hot dry skin, furred tongue, and rapid breathing. Marked signs of con-

solidation could be detected in the lower lobe of the right lung. The temperature rose suddenly, with a rigor, to 103.2° F., and remained between 103° F. and 104° F. for six days, when it fell by crisis. The sputum was of a rusty-brown colour, and, as in the other cases, scanty and viscid. This patient also made a very good recovery. I made examinations of the sputum in each of these three cases, and found large numbers of diplococci in each specimen, as well as micrococci and large putrefactive bacilli.

REMARKS.

These three cases of pneumonia all occurring in one house where there had been no previous illness can, I think, be best accounted for by the theory of infection from one to the other, although of course it is possible that they were all due to a common source of infection carried by means of the air. Against this latter theory are the facts that pneumonia was not prevalent in the district at the time, the persons in the house attacked by the disease were those in closest contact with the one first taken ill, and curiously enough the old lady who was first affected had not been out of doors for some weeks. The pneumonia in two of the cases certainly ran a course similar to that of lobar pneumonia, and the difference in the severity of the disease in all three cases can be most probably best explained by the ages of the patients and their different powers of resistance.

I could not detect any pleurisy in either of the cases, either early or late. The finding of diplococci in the sputum of each patient seemed to point to their being the specific cause. The brown colour of the sputum and its thick jelly-like consistency were the first signs of any diagnostic value in the first patient attacked; and the case is another example of how difficult it is to detect pneumonia in the aged when physical signs give no clue and the temperature is not raised.

The second case is interesting as furnishing yet another successful instance of the use of ice in rapidly reducing temperature in hyperpyrexia, whilst also perhaps tending to reduce the area of consolidation in pneumonia when applied over the affected lung. The case also shows how guarded the prognosis in pneumonia should be, and that even under the most adverse conditions patients apparently moribund may suddenly take a turn for the better. In connection with the use of ice in rapidly reducing temperature in hyperpyrexia when heart failure is imminent, I may say that I prefer constant friction with pieces of ice, and this not only applied to the body but also to the limbs, which can easily be done if there are several assistants. I think by this method the shock caused by the application of cold is lessened, and the contraction of the peripheral vessels which results is not so prolonged, periods of contraction of the arterioles alternating with periods of relaxation, and in this way the tendency of the blood to collect in the deep venous sinuses and on the right side of the heart is to some extent prevented, and the systemic circulation thereby rendered more efficient.

MEMORANDA:

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

ACUTE TONSILLO-GLOSSITIS FOLLOWED BY TUBERCULOUS MENINGITIS SIMULATING HYSTERIA.

E. C., aged 40, a child's nurse, seen on January 17th, 1897, gave a history of tubercle in the family, but had herself been healthy. She had been taken ill suddenly with great difficulty in swallowing and breathing. The tonsils were acutely inflamed, and studded with spots of follicular secretion, but there was no membrane. The tongue was thickly coated, but not swollen; the glands below and behind the jaw were enlarged and tender. The mental condition was normal. On attempting to swallow liquid great difficulty and pain was experienced. There was pain in the back and limbs, but no pain in the head or chest. There was no cough, no vomiting, and the sight was normal. The pulse was 120, and the temperature 100°.

On January 18th the tongue suddenly became acutely inflamed and cedematous, the breathing being entirely nasal.

On January 19th the swelling of the tongue was subsiding, at first slowly, afterwards more rapidly, under an application of glycerine of tannic acid. She had taken beef tea, eggs, and milk that day, as swallowing was more easily performed, the tonsillar inflammation having subsided somewhat. The pulse was 100, and the temperature 99°.

On January 21st she refused all food, and expressed a wish to die. She was profoundly apathetic but not comatose, lying low down in the bed, and staring vacantly with the eyes fixed in one position. The pulse was 150, and the temperature 105°; breathing 40, but not laboured. Perspiration was profuse, and there were sudamina over chest and abdomen, and a crop of herpes round the lips and nostrils. The bowels were regular and the urine passed normally; she was in a very exhausted condition and had lost flesh rapidly. She seemed to have lapsed into a serious hysterical state; the limbs were weak, but power was not entirely lost.

On January 22nd and 23rd, her condition, both mental and bodily, remained unchanged. The pulse was 120, and the temperature 100°.

On January 25th, she was much weaker; the pulse was 130, the temperature 101°. The breathing was very rapid and shallow; there was no vomiting or head pain; no moaning and no delirium. The breath sounds at the apices were very harsh, almost tubular, but there were no adventitious sounds and no dullness on percussion. The pupils were dilated, equal, and reacted to light. She was conscious, but still refused nourishment, and would not speak a word.

It was now decided to administer nourishment through a nasal tube, and to remove her to the Coventry and North Warwickshire Hospital. She did not object to removal, and when alone in the room with her she spoke, telling me where to find her keys, so that a change of linen might be taken with her. There had been incontinence of urine during the last twenty-four hours.

I am indebted to Dr. E. Phillips and Dr. Bankes-Price, the house-surgeon, for the following notes of the patient's condition when admitted, and of the necropsy.

She was in an extremely emaciated and weak state, had a curious apathetic expression, and did not speak when questioned. Had to be fed by nasal tube entirely. No coma, no convulsions. Temperature during life in hospital varied between 98° and 103°. She got gradually weaker day by day, during the last two days moaning continually, and, sinking into a profound asthenic condition, died on January 29th.

NECROPSY.

Lungs.—Right: At apex tough adhesion of old date and large cretaceous nodule with some scar tissue. Left: Deeply congested, particularly lower lobe, which was coated on its diaphragmatic surface with soft recent lymph. On section, surface of this lung showed numerous military tubercles scattered throughout its substance.

Brain.—Numerous white patches and nodules on the membranes, most abundant on either side of longitudinal fissure, where dura mater was also adherent.

The case was regarded by all who saw her as functional, following on the acute inflammatory trouble, there being no definite symptoms of meningitis. The tubercle bacilli had possibly gained entrance through the inflamed surface of tonsils.¹ Fagge mentions a similar case as having occurred at Guy's.² There is also a case, categorically related to the above, of tuberculous meningitis following head injury, reported in the *Lancet* of March 6th last.

J. O. HOLLICK, M.B. Durh., M.R.C.S., L.R.C.P.

Knowle, Warwickshire.

ERGOT IN ANTICIPATION OF POST-PARTUM AND OTHER HÆMORRHAGES.

THE article by Dr. Lombe Atthill in the *BRITISH MEDICAL JOURNAL* of March 6th on the action of ergot in pregnant women given in anticipation of *post-partum* hæmorrhage is the more interesting to me, inasmuch as I have used it for a long time, not, indeed, as he has done, for weeks previous to the confinement, but on the earliest symptoms of commencing labour in cases that I have feared might give trouble from this cause.

For years also in cases of threatened abortion and in menorrhagia I have employed it nearly always in combination with strychnine, and am satisfied that the result has been that many a threatened abortion has been averted. Sometimes I combine with these drugs iron, sometimes

quinine, and sometimes both, but it is upon the ergot and strychnine that I rely to produce a tonic effect upon the uterus. I am alluding to cases of menorrhagia in which there is no apparent disease of the uterus or appendages to cause the excess, though in many such, in large doses, ergot is of great value.

Iron alone, in my experience, is next to useless in these cases of excessive menstrual flow. It is useful in its place, but not as a uterine tonic. My experience of this drug is not quite in accord with that of Dr. Lombe Atthill when he says that "I had not been long in practice before I became convinced that the theory then universally believed that women should not take any drug, especially tonics, such as quinine, iron, and the mineral acids during the menstrual period was erroneous," for I have found that in some cases, and especially in some forms, it considerably increases the flow. The others mentioned by him do not.

In cases of threatened abortion I have usually begun with 5 minims of the liquid extract of ergot and 3 minims of liq. strychnine, and increased them to 10 and 5 respectively. In the other class of cases (menorrhagia) I begin with the same dose, increasing the ergot to 15 minims and the strychnine to 5.

In an extensive general practice carried on for many years in a busy provincial town from which I have recently removed, and where I made obstetric work and gynaecology a speciality, I had ample opportunities of putting this treatment into practice and of testing the results, and they have been most satisfactory.

There is a notion prevalent among medical men that it is unsafe to give either of these drugs to pregnant women, and lately I was subpoenaed to give evidence to controvert the opinion of two medical witnesses that 5 minims of the liq. strychn. given three times a day for two days was an improper and dangerous dose to administer to a pregnant woman. The cases referred to by Dr. Lombe Atthill effectually controvert this, and I can corroborate it from my own experience.

Quinine, too, which is credited with producing uterine contractions in pregnant women, I am in the habit of giving for maladies in which I consider it suitable, without ever having seen it produce any effect on that condition.

Lowndes Street, S.W.

D. THOMSON.

OZÆNA: NECROSIS OF NASAL SEPTUM: ETHMOIDITIS, Etc.: BRAIN COMPLICATION: DEATH.

ON September 8th, 1896, I saw with Dr. Hulton in the Stockton Union Hospital a youth (H. G.), aged 18, with the following history: On August 31st, 1896, he was grinding a tea mill when he suddenly became unconscious, and was convulsed for about an hour. On September 2nd he felt quite well again. On September 3rd he had another fit. He experienced a cloud over both eyes, and went totally blind within forty-eight hours.

He was removed to the union hospital. The temperature was 99.2°. There was no albumen and no sugar in the urine. The temperature never rose above 100°. He was conscious, comfortable, and had no pain whatever. The pupils widely dilated, reacted very slightly to light, and there was no perception of light. The left disc was pale, ill defined, and the veins overdistended. The right was slightly pale. Up to this illness he had enjoyed very good health, and there was no history of syphilis or tubercle. The opinion now formed was that of some disease about the body of the sphenoid, namely, sarcoma or perhaps gumma. A bad odour from the patient led me to examine his nose, which was found full of greyish-green ozæna crusts.

He now stated that he had seen pieces like bone and skin come away from his nose. As douches were useless the nose was cleared with probe and forceps on September 25th, and the following observed: The nose is very roomy; turbinates much atrophied, nearly the whole of bony septum is away, horribly fetid pus is coming from the open ethmoidal cells, and the perpendicular plate of ethmoid is necrosed and loose. We now diagnosed sphenoidal sinus disease with secondary brain mischief in the region of the optic commissure. After free douching cocaine was applied, the cells scraped out, and part of the necrosed plate removed.

On October 2nd, as the patient was no better, the sphen-

¹ See Dr. De Havilland Hall's recent Lettsomian Lectures.

² *Principles and Practice of Medicine*, vol. i, p. 646, 3rd edition.

oidal sinuses were explored, after the plan of Grünwald and Schäffer, by passing a fairly large trocar along the lower border of the middle turbinate until the point came against the basi-sphenoid, then the point was tilted upwards and backwards, so that the trocar lay across the mid-turbinate and was pushed firmly and very steadily on, and the trocar entered the sinus (a solid perforator with a shoulder a quarter of an inch from the point answers best). After the operation the discharge was increased in amount, and the patient felt better.

On October 7th he had another fit, became unconscious, developed facial paralysis and divergent strabismus. He sank and died three days after. I greatly regret to say a *post-mortem* examination could not be made.

Pyogenic disease of the brain in connection with accessory cavity disease is not extremely rare. Professor Macewen in his book records a case that was under the care of Mr. Miller in the Edinburgh Royal Infirmary; and I have notes of a case of antral, ethmoidal, and frontal sinus disease which died of pyogenic disease of the brain a considerable period after I had opened the left frontal sinns. I have to thank Dr. Hunton for permitting me to observe this case.

Stockton-on-Tees.

G. VICTOR MILLER, M.B.

REPORTS

ON

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

ST. THOMAS'S HOSPITAL.

TWO CASES OF OPERATION FOR PERFORATION OF GASTRIC ULCER FOLLOWED BY RECOVERY.

(Under the care of HERBERT P. HAWKINS, M.D., F.R.C.P., and
C. S. WALLACE, B.S., F.R.C.S.)

I. Perforation of a Gastric Ulcer: Operation: Parotid Swellings, Pelvic Abscess, Thrombosis of Veins of Leg: Recovery.—J. K., a barmaid, aged 21, was admitted into hospital on August 3rd, 1896. For many months previously she had suffered from some degree of pain after meals, with occasional vomiting. She had never vomited blood. About a fortnight before admission the pain in the upper part of the abdomen became aggravated; it became more constant, and had less relation to the taking of food. But she continued her work, which was laborious and entailed long hours of standing. Two days before admission (August 1st) the pain suddenly became much more severe, and it spread for the first time downwards over the greater part of the abdomen, especially on the left side. She was repeatedly sick throughout the day, but endeavoured to continue her work, supporting herself with spirits, but taking no food. During the next day she remained in bed, still apparently taking nothing but spirits, and she was admitted into hospital on August 3rd, sixty hours after onset of the acute symptoms.

On admission she was pale, with pinched features and eyes rather sunken, breathing in a rapid shallow manner at the rate of 44 per minute. Temperature was 103°, pulse 132, feeble. The abdomen was generally distended and completely motionless. There seemed to be a little more prominence in the epigastric region than elsewhere, and the tenderness was greater in this position. There was tympanitic resonance over the whole abdomen except over a band about 3 inches wide, which ran from the ensiform cartilage into the left flank parallel with the left costal margin. Over this area resonance was much impaired. The lower inch of hepatic dulness was replaced by resonance.

It seemed to be clear, from a consideration of the history and from the physical signs, that a general peritonitis had been set up during the last two days by the perforation of a gastric ulcer; and it appeared probable that the leakage had in the first instance been gradual, due perhaps to the disturbance of adhesions, so that the inflammation had been at first localised around the cardiac end of the stomach.

Mr. Wallace operated within a few hours of admission. The abdomen was opened in the middle line by a 4-inch in-

cision, of which the upper end was 1½ inch below the ensiform cartilage. Some slight adhesions were found on opening the peritoneal cavity. The pyloric end of the stomach crossed the middle of the incision, and above it the lesser omentum was seen. The adhesions were gently broken down, and the stomach pulled towards the right. Masses of lymph and some small collections of turbid fluid, stretching away towards the left, indicated the fundus as being the probable site of the lesion, and a circular clean-cut hole two-fifths of an inch in diameter was found in the anterior wall of the stomach near the entrance of the oesophagus. Around it for a considerable distance the stomach wall appeared to be thickened and indurated. Owing to the situation of the ulcer it was found impossible to draw it to the middle line, much less out of the wound. For this reason, and on account of the induration of the stomach wall, it was thought to be inadvisable to attempt excision of the ulcer; its edges were therefore inverted by Lembert sutures of silk, and even this procedure was a matter of extreme difficulty from the fact that the ulcer lay under the costal margin. The viscus was then replaced, its neighbourhood thoroughly flushed and cleansed, and the wound closed after the introduction of an india-rubber tube. Another incision was made below the umbilicus, and several ounces of turbid fluid were removed from the pelvis. This cavity was washed out with sterilised water, a glass tube introduced, and the wound closed.

The patient ultimately recovered, but she passed through an illness of great severity. For the first two days the temperature, which rose to 105° F. immediately after the operation, varied between 99° and 101°, the pulse was very rapid and weak, and the tongue was dry and brown; much purulent fluid was removed by pipette from the glass tube in the pelvis. On the third day after the operation a double parotid bubo appeared, with a rise of temperature to 102°. She was fed entirely by the rectum; there was no sickness, and the abdomen was slowly losing its tenderness and distension. On the fourth day the upper tube was removed, but two days later this wound broke down and discharged some sour-smelling pus. It finally healed by granulation. The parotid swellings slowly subsided without suppuration in the course of the next seven days.

On the twelfth day after the operation the condition seemed to be satisfactory. Mouth-feeding was begun. The glass drain in the pelvis had been replaced by an india-rubber tube, and this was now withdrawn. The temperature varied between 98° and 100°; the pulse was slow and strong, the tongue moist and nearly clean, and the abdomen was natural. Convalescence seemed to have begun. But on the sixteenth day after the operation the temperature began to rise, and two days later she passed 2 ounces of pus by the rectum. Presumably a pelvic abscess had opened into the rectum, and the probable site of the opening could be felt with the finger on the anterior rectal wall. The discharge ceased gradually in four or five days without operative treatment. On the twentieth day after the operation the temperature rose to 104.4°, and thrombosis of the deep veins of the left leg set in. This slowly subsided in the course of the next fortnight, during which time the temperature varied between 99° and 102°. A normal temperature was reached for the first time on the thirty-sixth day after the operation. She left the hospital on October 3rd, and has remained in good health since, with no symptoms of any gastric disease.

(Under the care of G. H. MAKINS, F.R.C.S., and S. G. TOLLER, M.D., M.R.C.P.)

II. Perforation of Gastric Ulcer: Operation: Recovery.—F. C., a domestic servant, aged 17, was admitted into hospital on October 14th, 1896. For two years she had suffered considerably from gastric pain after food, but she had seldom been sick and had never had any hæmatemesis. Twenty-four hours before admission she was suddenly seized with severe pain in the upper part of the abdomen. She walked to the house of a medical man, who gave her some medicine, and then returned home. She remained in bed during the next day suffering much pain, but she took no food and she was not sick.

On admission she was pale and collapsed, with anxious expression and sunken eyes. There was occasional hiccough

afterwards at Uppingham. He was the youngest son of Mr. W. E. Crowfoot, F.R.C.S., of Beccles, and received his medical education at St. Bartholomew's Hospital, of which he was House-Surgeon in 1869. Mr. Crowfoot took the diplomas of M.R.C.S. and L.S.A. in 1867, and the degree of M.B. at the London University in 1868. He joined his father and brother in practice at Beccles in 1870, and was at once appointed Medical Officer to the Beccles District of the Wangford Union, a post he held until his death on February 13th. He was also Medical Officer of Health to the Borough of Beccles, and Surgeon to the Beccles Hospital. The funeral was attended by a large number of friends.

THE death of Mr. JOHN BIDDULPH MARTIN, which occurred at Las Palmas from pneumonia, came as a painful surprise to his friends at Charing Cross Hospital, of which institution he had been a member of Council since 1881, and Treasurer since 1884, when he was appointed to succeed the late Mr. Robert Few. Mr. Martin had the rare faculty of quickly grasping the essential facts of the business in hand, and he devoted no inconsiderable portion of his time to the interests of the hospital. Possessing much tact, and always courteous, he was deservedly popular with his colleagues at the Council table, and will be much missed.

WE regret to record the death of Dr. L. A. DE SAINT-GERMAIN, the well-known Surgeon of the Hôpital des Enfants Malades, Paris, which took place on March 25th. M. de Saint-Germain, who was 61 years of age, took his Doctor's degree at the Paris Faculty in 1861, the subject of his thesis being urethral fever. He was appointed Surgeon to the Paris hospitals in 1867, and 1873 became attached to the Enfants Malades. During the remainder of his career he devoted himself exclusively to the surgical diseases of children. He contributed largely to professional literature, and was held in high esteem as a teacher. His clinical lectures have been published in two volumes, one bearing the title *Chirurgie Orthopédique* (1883), the other *Chirurgie des Enfants* (1884). He also collaborated with his pupil, Dr. Valude, in a work on disease of the eyes in children (1887), and was the founder, in conjunction with Dr. Cadet de Gassicourt, of the *Revue Mensuelle des Maladies de l'Enfance*. Dr. de Saint-Germain was very popular among his professional brethren, and his good nature and cheerfulness were proverbial. He never recovered his spirits, however, since the death of his second son, Dr. Pierre de Saint-Germain, of the French Navy, in the Madagascar expedition last year. This blow is believed to have been the cause of the breakdown in health which has now removed from the medical stage of Paris one of its most familiar figures.

ON March 21st Dr. ALFRED TAYLOR, of Bolton, died after a short illness, which, beginning with influenza, culminated in diaphragmatic pleurisy and pulmonary congestion. He obtained the diploma of L.R.C.P.I. in 1881, and that of F.R.C.S. Edin. in 1891. He was Medical Officer for the Little Lever Local Board, and his death at the early age of 36 is regretted by a large circle of patients and friends. He was twice married, and leaves a widow but no family.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have lately died are Dr. Morvan, formerly Deputy for the Finistère and scientific sponsor of the disease which bears his name, aged 78; Dr. E. Afanasjeff, formerly Professor of Special Pathology and Therapeutics in the University of Kiev, aged 57; Dr. P. H. Millard, Dean of the Faculty of the College of Medicine and Surgery of the University of Minnesota, and inspirer of the Minnesota Medical Practice Act which has served as the type of legislation on the subject for more than half the States of the Union; Dr. de Marbaix, founder and some time Director of the Bacteriological Institute of Boma; Dr. G. A. Kenngott, Emeritus Professor of Neurology in the University of Zurich, aged 79; Dr. Adolf Mezei, Physician to the Rochusspital, Buda-Pesth; Dr. Semen Vasiljevic, a distinguished Russian ophthalmologist, aged 46; Professor L. Holländer, Head of the Dental Policlinic of the University of Halle, aged 63; Dr. Robert Todd Reynolds of Chicago, the

oldest living graduate of the McGill University, Montreal, aged 85; and Dr. J. Stukowenkoff, Professor of Dermatology in the University of Kiev; Dr. Peter Dirck Keyser, formerly Professor of Ophthalmology and Dean of the Faculty of the Medico-Chirurgical College of Philadelphia, aged 62; Dr. S. Gratz Moses, Professor of Gynaecology in Missouri Medical College and twice President of the St. Louis Obstetrical and Gynaecological Society, aged 83; Dr. Charles Loiseau, a distinguished French alienist and some time President of the Société Médico-Psychologique and for many years a member of the Paris Municipal Council and of the Conseil Général de la Seine, aged 72; and Dr. Siuku Sakaki, Professor of Psychology in the University of Tokio.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

THE following appointments have been made at the Admiralty: RICHARD S. P. GRIFFITHS, Fleet Surgeon, to Haulbowline Hospital, March 21st; BENJAMIN G. HEATHER, Surgeon, to the *Vivid*, April 3rd; THEODORE J. PRESTON, Fleet-Surgeon, to the Royal Victoria Yard, Deptford, April 3rd.

ARMY MEDICAL STAFF.

BRIGADE-SURGEON-LIEUTENANT-COLONELS T. O'REILLY, E. J. FAIRLAND, and T. J. P. HOLMES, M.B., retire on retired pay, April 7th. Brigade-Surgeon-Lieutenant-Colonel O'Reilly was appointed Assistant-Surgeon, April 1st, 1867; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1879; granted the rank of Lieutenant-Colonel, April 1st, 1887; and made Brigade-Surgeon-Lieutenant-Colonel, February 6th, 1893. The commission of Brigade-Surgeon-Lieutenant-Colonel Fairland and Holmes are contemporaneous with those of Brigade-Surgeon-Lieutenant-Colonel O'Reilly, except that of Brigade-Surgeon-Lieutenant-Colonel, which in the case of the former is February 16th, 1893; in that of the latter, May 3rd, 1893. As to their war services, Brigade-Surgeon-Lieutenant-Colonel O'Reilly was with the Hazara Expedition in 1888, receiving the Frontier medal with clasp; and Brigade-Surgeon-Lieutenant-Colonel Fairland was in the Abyssinian war from November, 1867, till July, 1868 (medal). The last-named officer has been Assistant-Professor of Clinical and Military Medicine at Netley since the latter part of 1892.

Surgeon-Lieutenant-Colonel R. H. ROBINSON, F.R.C.S.I., is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* W. H. Steele, retired, March 3rd. Brigade-Surgeon-Lieutenant-Colonel Robinson entered the service as Assistant-Surgeon, April 1st, 1871; became Surgeon, March 1st, 1873; Surgeon-Major, July 2nd, 1883; and Surgeon-Lieutenant-Colonel, July 2nd, 1891.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAINS J. DUNCAN, M.B., and J. J. A. V. C. RAYE are promoted to be Surgeon-Majors, April 7th.

Surgeon-Lieutenant HUGH DICKIE, M.B., 1st Volunteer Battalion the Northumberland Fusiliers, is appointed Surgeon-Captain, April 7th.

Surgeon-Lieutenant W. P. PEAKE, 1st Volunteer Battalion the Leicestershire Regiment, to be Surgeon-Lieutenant, April 7th.

INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT-COLONEL A. H. WILLIAMS, M.B., in medical charge of the 6th Bengal Infantry, is permitted to retire from the service, from July 4th. He was appointed Assistant-Surgeon, March 30th, 1872, and Surgeon-Lieutenant-Colonel, March 30th, 1892. He was in the Afghan war in 1880, and has the medal for that campaign.

THE VOLUNTEERS.

THE undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated April 3rd: ROBERT CRERAR, M.B., the Highland Artillery; JOHN ROWAN, M.B., the Clyde Division, Royal Engineers Submarine Miners; THOMAS H. FISHER, 3rd Volunteer Battalion the King's Liverpool Regiment; EDWARD J. SIDOTHAM, M.B., 3rd Volunteer Battalion the Cheshire Regiment; HERMAN STEDMAN, M.D., 1st Volunteer Battalion the Northamptonshire Regiment; CHARLES E. GODDARD, 6th Middlesex Rifles; ALFRED B. WHITTON, M.B., 6th Volunteer Battalion the Gordon Highlanders.

Surgeon-Lieutenant J. M. WHITEFORD, 1st Lancashire Artillery, and Surgeon-Captain W. J. WILLIAMS, M.D., the Tees Division, Royal Engineers, Submarine Miners, have resigned their commissions, April 3rd.

Surgeon-Lieutenant S. LODGE, M.D., 2nd Volunteer Battalion the Prince of Wales's Own West Yorkshire Regiment, is promoted to be Surgeon-Major, April 3rd.

Lieutenant CHARLES A. K. RENSHAW, 3rd Volunteer Battalion the Cheshire Regiment, has resigned his commission, and is appointed Surgeon-Lieutenant in the same corps, April 3rd.

Surgeon-Captain J. DUNCAN, M.B., 3rd Volunteer Battalion the Manchester Regiment, is promoted to be Surgeon-Major, April 3rd.

Surgeon-Lieutenant J. B. SIMPSON, 1st Sutherland (the Sutherland Highland) Rifles, is promoted to be Surgeon-Captain, April 3rd.

The Queen having approved the disbandment of the 5th Volunteer Battalion the Cameronians (Scottish Rifles), Surgeon-Captain D. MACPHAIL, M.D., and Surgeon-Lieutenant J. KIRKLAND have, with other officers, been permitted to resign their commissions, April 1st.

SPECIAL PLAGUE DUTY.

THE services of the undermentioned officers are placed temporarily at the disposal of the Government of Bombay for employment on plague duty: Surgeon-Captain C. T. HUDSON, Bombay; Surgeon-Captain C. H.

there?—Mr. G. BALFOUR: It is not intended to appoint a committee to make inquiry into the working of the Poor-law system in connection with the Poor Relief Bill shortly to be introduced. It is hoped that the effect of the Bill will be to remove some of the difficulties standing in the way of classification and of other reforms.

LIFE ASSURANCE COMPANIES.

A paper has been presented relating to life assurance companies, and ordered to be printed.

POOR-LAW OFFICERS SUPERANNUATION ACT (1896) AMENDMENT BILL.

The second reading of this Bill has been deferred until Wednesday, April 28th.

THE POST OFFICE AND THE PRINCE OF WALES'S HOSPITAL FUND.

Mr. HANBURY, in response to Mr. HENNIKER HEATON, said the Postmaster-General had with great regret declined to undertake the sale of stamps for the benefit of the Hospital Fund, on the ground that if the Department once embarked on such an undertaking, it could hardly refuse to extend it hereafter to other subscriptions of imperial or national importance, and the Post Office would consequently commit itself to a new kind of business of almost indefinite amount. It would impose a heavy strain on a heavily-burdened staff.

NOTICES.

Mr. JEFFREYS proposes to ask the Under-Secretary of State for War whether he is aware that married soldiers who are not on the married establishment of their respective regiments have great difficulty in providing medical attendance for their wives and children, and thereby suffer in health; and whether he will arrange that in future these married soldiers shall have free medical attendance for their families?

Sir WILLIAM PRIESTLEY will ask the President of the Local Government Board whether, in view of the report published last year concerning oyster culture in relation to disease, and the diminished consumption of oysters which has resulted therefrom, he proposes to have oyster beds regularly inspected, or to adopt such other measures as will give the public a reasonable assurance that oysters in the market are derived from healthy sources, and not likely to be the cause of disease.

Captain NORTON proposes to ask the Under-Secretary of State for War whether the Army Medical Service is at the present time sufficient not only for mobilisation, but for medical military needs at home and abroad; and, if not, whether any steps are being taken to increase the staff.

General LAURIE has intimated that he will ask the President of the Local Government Board whether there is any reason for the delay in publishing the Appendices to the Final Report of the Royal Commission on Vaccination, the Report having been issued in August last. And, if a probable date can be given for the publication of the Appendices and of the concluding volume or volumes of Minutes of Evidence.

Captain PIRIE intends to inquire of the Secretary of State for India what steps, if any, have been taken to carry out the urgent recommendation of the Sanitary Commissioner with the Government in India, in his Report for 1894, which is also quoted with approval in the Report on Sanitary Measures in India in 1894-95, that much might be done to diminish the extent and severity of contagious diseases among the British troops in India by providing increased facilities for bathing with comfort and convenience in private and public baths, and by inculcating habits of personal cleanliness among the troops.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE Scottish Universities Commissioners have issued a draft ordinance regarding the foundation of the Bruce and John Usher Chair of Public Health in the University of Edinburgh. The occupant of the chair is to be a professor in the Faculties of Medicine and Science, is to receive the annual free income of the endowment together with such sum from the General University Fund as may be necessary to bring up his salary to £600. It is to be in the power of the University Court (the patrons of the new chair) to increase the salary out of the University Fund.

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

Chemistry.—R. A. Bellios, H. M. Bell, M. G. I. Cadell, M. S. Dickson, J. D. Anderson, J. M. L. Brown, R. V. Clark, W. P. Cormack, H. Dodgson, A. R. Douglas, J. W. Duffus, W. I. Dunn, V. G. Fergusson, D. Fitzwilliams, A. T. Gavin, G. G. Hey, W. Landsborough, A. Leach, W. Macdougall, D. M. MacLeod, E. Macrory, R. C. Monnington, C. E. Pepper, P. O. Rayner, A. P. Coskey, C. P. Strong, J. H. Wrightson, M. F. Anderson, G. S. Blandy, V. C. de Boinville, E. S. Brett, A. Brown, J. Brownlee, D. I. Brownlie, R. V. C. Ash, R. T. Baillie, G. C. Burgess, G. S. Carey, D. G. Carmichael, A. W. S. Christie, P. T. Copeland, W. H. Dickinson, T. G. B. Dodds, C. Douglas, W. A. Duncan, J. M. Dupont, J. R. Edward, G. Forrest, E. C. Gimson, J. M. Glasse, R. A. Glegg, A. L. Gurney, J. Haegert, J. Halliday, W. Hamilton, N. C. R. Hansen, A. W. Hauman, J. P. P. Inglis, F. F. C. Jagger, E. A. King, W. Lee, I. Logie, R. J. M'Lelland, E. G. H. Mackenzie, H. C. Martin, A. F. G. Masson, W. H. Meyer, G. R. Mill, C. T. Moller, P. Murray, W. Murray, D. A. Ogilvie, J. F. Orr, D. E. S. Park, S. Palmer, T. B. Paterson, W. S. Patton, S. G. Peill, G. Pereira, H. G. Pessel, A. C. Peterson, A. H. Reid, R. A. C. Rigby, P. C. Ritchie, J. S. E. Robertson, M. W. Robertson, H. W. Rusack, T. B. Shaw, M. W. Smart, M. M. Smith, T. A. Smyth, C. W. Somerville, G. B. A. Speirs, W. C. Speirs, I. S. Stewart, P. S. Tillard, J. P. du Toit, E. J. Tyrell, E. A. Walker, A. R. Wallis, C. E. Watts, A. G. Waugh, T. S. B. Williams, F. E. Wilson, J. Woods, J. F. Allan, C. H. Allen, A. W. Atkinson, A. C. Begg, H. J. Bradley, J. Brocket, E. E. Brown, T. E. Byrne, E. P. Calder, T. F. Cavanagh, W. J. Crow, B. M. Cunningham, J. Dalgliesh, J. L. Duncan, W. Eggeing, O. J. Evans, V. Fergusson, E. G. Fraenki, S. Garvin, M. J. Gordon, A. R. Hallam, A. M. Hamilton, R. Harper, E. R. Henderson, D. C. Henry, L. A. Holcroft, A. E.

Hunter, G. A. Jolly, A. C. Keay, C. H. Lindsay, J. H. Lindsay, S. Lyle, J. G. M'Brice, J. G. M'Caughy, S. W. M'Clean, A. W. M'Ewan, P. F. M'Farlan, A. M'Gregor, N. F. MacHardy, J. M'Kenzie, M. E. M'Kenzie, V. C. M'Laren, L. A. MacMunn, K. D. C. McRae, E. H. Martin, W. Miller, G. S. Murray, E. P. B. Phillips, L. W. Pole, E. T. Potts, H. S. Randell, F. L. Rigby, R. Rorie, C. W. Saleeby, G. W. R. Skeen, I. Y. Small, D. W. Standley, M. M. Stevenson, D. Sutherland, G. C. Trotter, A. L. Venters, J. Wallace, C. C. Wilson, D. Young, J. Ferrier, M. M. Meikle, M. Anderson, G. M. Brown, W. L. L. Alston, H. W. Gush, F. D. Hull, F. D. S. MacKenzie, M. S. Scott, P. Shaw, H. L. Spark, H. J. George, E. C. C. Maunsell, B. A. Spence, E. M. Glanville, and W. H. Elder.

UNIVERSITY OF ABERDEEN.

At the graduation ceremony on April and the honorary degree of LL.D. was conferred upon Professor Sir Thomas Grainger Stewart, Professor E. A. Schäfer, F.R.S., and Professor Alexander Skene, M.D., Long Island College Hospital, U.S.A.

The following received the degree of M.D.: E. N. Carles, M.B., C.M.; F. A. Gill, M.B., C.M.; J. H. Goodlife, M.B., C.M.; M. Gillivray, M.B., C.M.; W. Mackie, M.A., M.B., C.M.; L. J. Milne, M.A., M.B., C.M.; B. Saunders, M.B., C.M.

The thesis of J. H. Goodlife was considered worthy of "commendation."

The following received the degree of M.B., C.M. (Old Regulations): M. Robertson, M.A. (with honourable distinction); F. H. Cantlie, W. Lumsden, J. W. S. Attygalle, F. J. Alexander, W. A. Salmond, R. C. Macfie, M.A., James Mansie, M.A., G. F. Thomson, J. G. Stuart, R. Valentine.

The following received the degree of M.B., Ch.B. (New Regulations): Robert Bruce, M.A.; J. S. Milne, M.A.; A. Ledingham, M.A.; T. S. Snowball, M.A.; T. W. Lumsden (with honourable distinction); J. Pozzi, M.A.

UNIVERSITY COLLEGE, DUNDEE.

A DRAFT ordinance has just been issued by the Universities Commissioners proposing the establishment of a lectureship in Forensic Medicine in Dundee College. Other draft ordinances go in the direction of making the Dundee institution more and more of a science college, and St. Andrews University more and more literary, linguistic, philosophical, and theological.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the Second Examination of the Board in the subjects indicated:

Thursday, April 1st:

Anatomy and Physiology.—R. Dunstan, A. L. Matthews, and M. F. Reaney, students of London Hospital; A. R. Hobbs, E. W. Holyoak, C. H. Brodribb and G. Barnes, of St. Mary's Hospital; H. R. Bateman, J. Coates, and T. H. Edwards, of St. Thomas's Hospital; H. A. B. Bransbury and W. F. Pedden, of St. George's Hospital; W. H. Loosely, C. E. Hicks, of Guy's Hospital; M. G. Hannay, of Charing Cross Hospital; R. L. Thornley, A. R. Tweedie, of St. Bartholomew's Hospital; F. A. Boissiere and W. H. Lowman, of King's College, London; and C. Visger, of University College, London.

Sixteen gentlemen were referred in both subjects,

Friday, April 2nd:

Anatomy and Physiology.—R. H. R. Whitaker, M. G. Winder, F. M. Howell, E. G. Smith, A. T. Pridham, and C. A. S. Ridout, of St. Bartholomew's Hospital; P. H. Ross, of Ottago University, New Zealand and St. Bartholomew's Hospital; E. Cohen, R. W. B. Hall, and D. Forsyth, of Guy's Hospital; J. F. Northcott, of Cambridge University and Guy's Hospital; H. L. Driver, J. A. Churchill, and T. C. English, of St. George's Hospital; F. C. Carlé and A. C. Williams, of King's College, London; G. B. Dixon, of Charing Cross Hospital; S. Pern, A. D. Jameson and S. Hunt, of St. Thomas's Hospital; H. V. Wells, of St. Mary's Hospital; N. Navarra, of Middlesex Hospital; A. R. Spencer and D. L. Davies, of University College, London; and H. Balean, of London Hospital.

Twelve gentlemen were referred in both subjects.

Saturday, April 3rd:

Anatomy and Physiology.—R. H. Paramore, of St. Bartholomew's Hospital; E. H. Bonney and S. G. Harrison, of Charing Cross Hospital; E. N. T. Rogers and C. E. Rickard, of Middlesex Hospital; P. H. Ward, of Guy's Hospital; J. Tattersall, of St. Mary's Hospital; F. M. Bingham, of St. Thomas's Hospital; W. B. B. Taylor, of London Hospital; L. Jones, of St. George's Hospital; and W. MacLellan, of Edinburgh University.

Four 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, 6,475 births and 3,866 deaths were registered during the week ending Saturday last, April 3rd. The annual rate of mortality in these towns, which had been 18.7 per 1,000 in each of the two preceding weeks, declined again to 18.3 last week. The rates in the several towns ranged from 12.6 in West Ham, 12.9 in Croydon, 13.1 in Derby, and 13.4 in Gateshead to 24.0 in Nottingham, 26.4 in Salford, 27.0 in Burnley, and 34.8 in Bolton. In the thirty-two provincial towns the mean death-rate was 18.9 per 1,000, and exceeded by 1.3 the rate recorded in London, which was 17.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.6 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged 1.7 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.8 in Leicester, 3.3 in Manchester,

6.4 in Salford, and 6.9 in Bolton. Measles caused a death-rate of 1.5 in Burnley, 1.6 in Plymouth, 4.6 in Salford, and 6.0 in Bolton; whooping-cough of 1.0 in Leicester, 1.1 in Bristol, and 1.2 in Manchester; and "fever" of 1.0 in Derby. The mortality from scarlet fever showed no marked excess in any of the large towns. The 66 deaths from diphtheria in the thirty-three towns included 41 in London and 3 in Salford. 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 17 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, April 3rd, against 30, 29, and 21 at the end of the three preceding weeks; no new cases were admitted during the week. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,685, 2,622, and 2,585 at the end of the three preceding weeks, had further declined to 2,512 on Saturday last; 219 new cases were admitted during the week, against 218, 206, and 224 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 3rd, 964 births and 659 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.3 and 22.6 per 1,000 in the two preceding weeks, further declined to 22.1 last week, but exceeded by 3.8 per 1,000 the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 15.4 in Paisley to 24.1 in Glasgow. The zymotic death-rate in these towns averaged 3.5 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 331 deaths registered last week in Glasgow included 15 from measles, 6 from diphtheria, 28 from whooping-cough, 5 from "fever," and 4 from diarrhoea. Three fatal cases of diphtheria, 12 of measles, and 9 of whooping-cough were recorded in Edinburgh.

EVESHAM UNION WORKHOUSE.

WE are glad to learn that, in consequence of a report made a few weeks ago by Mr. A. H. Martin, the medical officer, drawing attention to the overcrowding of the Evesham Union Workhouse, which have been increasing for some considerable time past, the guardians had resolved to erect a new workhouse and infirmary. The present workhouse, which was, we believe, built about sixty years ago, has become inadequate to the requirements of the district. The guardians have had the advantage of the advice of Mr. E. B. Wethered, Local Government Board Inspector, who inspected the existing buildings in conjunction with the medical officer and the Repairs and Building Committee. The report of the inspection was to the effect that a new workhouse and infirmary were needed; and at a full meeting of the guardians, Mr. G. H. Hunt, architect, of London and Evesham, was by a unanimous vote instructed to prepare plans for a new workhouse and infirmary for not less than 200 inmates.

INDIA AND THE COLONIES.

INDIA.

SANITATION IN THE NORTH-WESTERN PROVINCES AND OUDH.—Surgeon-Major S. J. Thomson's report for 1895, and the sympathetic and suggestive review of it by the Local Government indicate that the sanitary administration of these provinces is sound and progressive. The year was a healthy one. Its meteorological features were "a cool spring, a short hot weather, a light monsoon setting in early and terminating in September, and exceptional heat and dryness in the last quarter of the year." The registered birth-rate was 34.9 and death-rate 29.1. The birth-rate was low, in consequence, it is surmised, of a very unhealthy preceding year, and the death-rate has only twice been lower since the year 1881. Great variations are manifest, as usual, in the rates of different places. As regards the value of registration, it is stated that "the collection of statistics for this vast area—100,000 square miles, containing 47 millions of inhabitants—is carried on by the village watchmen, the only method possible with regard to reasonable economy, and upon the whole is wonderfully well performed." Probably it is one of the most efficient reporting agencies at the price in the world. The deaths from small-pox only amounted to 0.04 per mille—the lowest figure on record. The disease appears to be yielding to vaccination. The death-rate from cholera was 1.1, from fevers 23.3, and from bowel complaints 0.91 per 1,000—all considered moderate figures. It is interesting to note that, while the mortality from small-pox and fevers is nearly the same in urban and rural circles, the death-rate from cholera is higher, and from bowel complaints much higher, than in the former. There was an increase in suicides which are also more frequent in rural circles. "About three females committed suicide to one male." This fact casts a lurid light on the social condition of women in these provinces. Sanitary works great and small are being diligently executed, and with increasing experience to better purpose. One hundred and three municipalities expended 21 lakhs of rupees out of an income of 55 on "water supply, drainage, conservancy, markets, and slaughterhouses." An attempt has been made to estimate statistically the saving of life caused by the completion of works for water supply and drainage, but for various reasons the attempt is a failure. The Local Government, however, is satisfied that drainage works in irrigated districts have been productive of marked benefit. The Sanitary Board in these provinces has been recast and entrusted with greater executive power in order to "discharge competently the duty of a central supervising and regulating authority in all sanitary matters." As regards sanitary effort in rural villages, the Lieutenant-Governor considers that it should proceed on these lines: (1) accurate vital statistics as a basis of sanitary surveys; (2) the appointment of qualified sanitary inspectors; (3) the allotment of funds for sanitary purposes from local rates; and (4) sustained impulse in the right direction through the control of the Sanitary Board. These are sound principles of progress, and sanitation in these provinces may be considered to have attained the position of an organised institution.

MEDICAL NEWS.

A CLINICAL meeting of the Neurological Society of London will be held on Thursday, April 22nd, at 8.30 P.M., in the Rooms of the Medical Society.

THE Treasurer of Guy's Hospital has received a sum of £1,000 from Miss L. A. Williams, to endow a bed in perpetuity in memory of the late Henry Pratt, M.D., formerly a student at Guy's Hospital.

DR. JAMES ELLISON, of High Street, Windsor, for forty-five years surgeon to Her Majesty's household at Windsor Castle, who died in January last, has left personal estate valued at £13,486 10s. 11d.

EDINBURGH ROYAL INFIRMARY.—John Macmillan, M.D., Joseph H. Reynolds, M.B., C.M., and D. G. M. Munro, M.B., C.M., have been appointed special non-resident clinical clerks for the ensuing six months.

DR. ROBERT A. FORSYTH, of New Hall, Birstall, near Leeds, has, on the recommendation of the Lord Lieutenant, been placed by the Lord Chancellor on the Commission of the Peace for the West Riding of the County of York.

MR. WILLIAM ROYDEN, M.A., M.R.C.S., L.R.C.P., has been presented with a silver revolving breakfast dish by the members of the ambulance classes which he conducted during the winter at Burgh St. Margaret's, near Great Yarmouth.

THE Paris Municipal Council has, in consequence of a report presented by M. Dubois, voted a sum of 5,000 francs (£200) towards the cost of installation and maintenance of a skiagraphic laboratory at the Trousseau Hospital.

MADAME CHARCOT, widow of the great neurologist, has relinquished the pension of £80 to which she is entitled in favour of the widows and children of professors and *agrégés* of the Paris Faculty deceased without leaving an adequate provision for their families.

THE Berlin Academy of Sciences has made an appropriation of M.2,400 (£120) to Professor Harnack, for the expenses of the preparation of a history of the Academy, to be published on the occasion of the two hundredth anniversary of its foundation.

At Llanfairfechan, North Wales, recently, the Heath Memorial Convalescent Home, erected at a cost of £20,000 by Messrs. R. J. and A. Heath, as a memorial to the late Mr. Robert Heath, their father, the well-known ironmaster, was opened in the presence of a large company.

FRENCH OBSTETRICAL SOCIETY.—The Obstetrical Society of France will hold its annual meeting in Paris on April 22nd and two following days. The questions on the programme are: (1) Habitual Abortion; (2) Fibroids during Pregnancy and Labour.

THE personal estate of Sir Thomas Spencer Wells, Surgeon to Her Majesty's Household, who died on January 31st, has been valued at £52,779 19s. He bequeathed to the Royal College of Surgeons his portrait by Lehman in his robes as President of the College. The rest of his property is left to members of his family.

CONGRESS OF THE GERMAN GYNÆCOLOGICAL SOCIETY.—The seventh Congress of the German Gynæcological Society will be held this year at Leipzig on June 9th and two following days, under the presidency of Professor Zweifel. Among the subjects proposed for discussion are Retroflexion of the Uterus and Placenta Previa.

At the annual meeting of the Sanitary Institute held on March 24th, H.R.H. the Duke of Cambridge, K.G., was re-elected President, and Professor W. H. Corfield, M.A., M.D., F.R.C.P., and Mr. Thomas Salt were elected Vice-Presidents to fill the vacancies caused by the deaths of Sir George M. Humphry of Cambridge and Sir J. Russell Reynolds. The report of the Council on the year's work was read.

FARNHAM WATER.—A sample of water from the new Farnham reservoir has been examined by Dr. Thomas Stevenson, of Guy's Hospital, who reports that the water was free from

odour, and, when viewed in bulk, colourless and clear. He gives it as his opinion that it is "an excellent water for drinking and all domestic purposes. It is soft, contains little saline matter, is of a high degree of purity, and yields no evidence of any sewage or other impurity."

A HOSPITAL AND CHAPEL CAR.—It is reported that a novelty in railway carriages will shortly be placed on the Belgian lines. This is a *wagon-hôpital*, fitted up, as its name implies, for invalids, and containing twenty-four beds upon wire springs, and various surgical and medical appliances. The new carriage will be utilised for the first time by the pilgrims to Lourdes next month. An unusual feature is a little chapel attached to the carriage, where special permission has been obtained from the Pope to celebrate mass.

THE "X" RAY SOCIETY.—At a meeting of medical men interested in the *x* rays, held last week at 20, King William Street, Strand, rules were drawn up, subject to final approval at a large general meeting, on the lines common to most scientific societies. It was resolved that membership should not be restricted to medical men, but should include all who are interested in the scientific study of the Roentgen rays. The difficulty of discussing medical matters before a mixed audience will probably be got over by forming a medical subsection. Any inquiries may be made of the Honorary Secretary, Dr. Walsh, 5, Pump Court, Temple, E.C.

BEQUESTS TO SEAMEN'S HOSPITALS.—Litigation arising out of the will of the late Mr. William Waller, of Gravesend, having been settled, the Lord Mayor, having due regard to the testator's wishes, has made the following among other awards: Greenwich Hospital, £2,000; Seamen's Hospital Society (late *Dreadnought*), £3,000; Guy's Hospital (to endow two beds for seamen), £2,000; Poplar Hospital for Accidents, £1,000; Ramsgate Seamen's Infirmary, £105; and the Passmore Edwards District Cottage Hospital, Tilbury, £105. The main reason assigned for the solicitude of the testator in the welfare of seamen was the fact that when very young he was wrecked in the West Indies, and was saved by the sailors of H.M.S. *Pincher*, and he always afterwards expressed his intention, if blessed with wealth, to leave some mark of his gratitude. In addition to the sum bequeathed to the Lord Mayor for distribution, the testator also left £3,000 to the hospital at Gravesend where he resided.

ROYAL COMMISSION ON TUBERCULOSIS.—Sittings were held at 7, Whitehall Place on April 1st and 2nd, Sir Herbert Maxwell, Bart., M.P., being in the chair. The other Commissioners present were Dr. R. Thorne Thorne, C.B., F.R.S., Professor G. T. Brown, C.B., Mr. Shirley F. Murphy, Mr. T. Cooke-Trench, and Mr. J. Speirs. The evidence was heard of three of the gentlemen nominated by the Cattle Diseases Committee of the Central and Associated Chambers of Agriculture, namely, Mr. B. St. John Ackers (Chairman), of Gloucestershire, Mr. T. Carrington Smith, of Staffordshire, and Mr. J. Kay, of Lancashire. The evidence of the witnesses had reference, amongst other points, to the nature of the disease, its extent in various herds of cattle, and to the loss inflicted upon dairy farmers and agriculturists generally by its prevalence. The view was expressed that a stamping-out process, such as has been practised in the case of cattle plague, foot-and-mouth disease, and pleuro-pneumonia, was not applicable to tuberculosis, but that compensation should be given to owners of animals, which when living were apparently healthy, but which after slaughter were condemned and confiscated in the interests of the public health by reason of the presence of the disease.

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.

BRENTFORD UNION.—Dispenser for the Infirmary, Workhouse, and Schools at Isleworth. Salary, £100 per annum, with dinner and tea daily. Applications to William Stevens, Clerk, Union Offices, Isleworth, before April 14th.

BURY DISPENSARY HOSPITAL.—Senior House-Surgeon; doubly qualified. Salary, £100 per annum, with board, residence, and attend-

ance. Applications to the Honorary Secretary, Dispensary, Bury, Lancashire.

CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—House-Surgeon; doubly qualified, registered, and unmarried. Salary, £90 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Clayton Hospital, Wakefield, by April 22nd.

DUNDEE ROYAL ASYLUM.—Resident Clinical Assistant. No salary. Board, etc., provided. Applications to Dr. Rorie, Dundee.

DUNDEE ROYAL INFIRMARY.—Second Honorary Assistant Physician. Applications to D. Gordon Stewart, Secretary, 10, Meadowside, Dundee, by April 14th.

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, Birmingham.—Assistant House-Surgeon; must possess surgical qualification. Appointment for six months. No salary. Residence, board, and washing provided. Applications to H. J. Collins, House-Governor, by May 8th.

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.

HANTS COUNTY ASYLUM.—Third Assistant Medical Officer; doubly qualified, not more than 30 years of age, and unmarried. Salary, £100 per annum (increasing to £125 after twelve months' service), with furnished apartments, board, washing, and attendance. Applications endorsed "Applications for Appointment of Medical Officer" to the Committee of Visitors, Knowle, Fareham, by April 20th.

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.

LIVERPOOL DISPENSARIES.—Assistant Surgeon; unmarried. Salary, £80 per annum, to be increased to £90 after first year's service, with apartments, board, and attendance. Applications to R. R. Greene, Secretary, 34, Moorfields, Liverpool, by April 26th.

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

LIVERPOOL NORTHERN HOSPITAL.—Honorary Physician. Applications to Chairman of the Committee by April 19th.

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.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointment for six months. Salary at the rate of £50 attaches to the senior post. The junior is eligible for election to the senior post. Applications to A. Craske, Secretary, by May 1st.

NOTTINGHAM GENERAL DISPENSARY.—Junior Assistant Resident Surgeon. Appointment for six months from May 1st. Salary at the rate of £120 per annum, with rooms and attendance. Applications to the Secretary.

PARISH OF RONSAY AND EGILSHAY, Orkney.—Resident Medical Officer. Salary, £51 per annum. Applications to "The Clerk of Parish Council" by April 28th.

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.—Four Examiners in Anatomy and four Examiners in Physiology for the Fellowship. Candidates for the former must be F.R.C.S. Eng. Applications to the Secretary by May 3rd.

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 13th.

SEAMEN'S HOSPITAL SOCIETY, "Dreadnought," Greenwich, S.E.—House-Physician; doubly qualified. Salary, £75 per annum, with board and residence. Applications to P. Michelli, Secretary, by April 19th.

SHEFFIELD GENERAL INFIRMARY.—Junior Assistant House-Surgeon; doubly qualified. Salary, £50 per annum, with board, lodging, and washing. Appointment for three years, but eligible for re-election. Applications to the "Medical Staff of the Sheffield General Infirmary" to the care of the Secretary by April 21st.

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.

TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. No salary. Board, washing, and lodging provided in the institution. Applications, endorsed "Assistant House-Surgeon," to J. H. Biddulph Finchard, Secretary, 13, Hammet Street, Taunton, by April 24th.

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.

WESTMINSTER GENERAL DISPENSARY, 9, Gerrard Street, Soho, W.—Resident Medical Officer. Appointment an annual one. Applications to Joseph H. Madge, Secretary, by April 21st.

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.

ARNISON, W. C., D.C.L., M.D.Durh., M.R.C.S.Eng., appointed Honorary Consulting Surgeon to the Newcastle Royal Infirmary.

BARTLETT, B. P., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Bourton District of the Shaftesbury Union.

BURNIE, W. Gilchrist, M.R.C.S.Eng., L.S.A.Lond., appointed Honorary Consulting Medical Officer to the Bradford Children's Hospital.

BUTLER, George H., L.R.C.P.I., L.R.C.S.Eng., reappointed Medical Officer of Health to the Wealdstone Urban District Council.

CALEY, H. A., M.D.Lond., M.R.C.P., appointed Lecturer in Materia Medica and Therapeutics in St. Mary's Hospital Medical School, *vice* Sidney Phillips, M.D., resigned.

COLEMAN, Maurice W., M.B.Lond., M.R.C.S., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

COX, Dr., appointed Medical Officer for the Knighton District of the Knighton Union, *vice* F. H. Hardman, M.B., C.M.Eng., resigned.

CRERRAR, Charles, M.B.Eng., appointed Medical Officer for the Holme Abbey District of the Wigton Union, *vice* J. Leitch, M.B., C.M.Eng., deceased.

CROOKS, James, M.D., C.M.Toronto, L.R.C.S.Eng., L.S.A., appointed Medical Officer for the No. 8 District of the Lexden and Winstree Union, *vice* H. D. Palmer, M.R.C.S.Eng., L.S.A., resigned.

DANIEL, Mr. R. A. D., appointed Medical Officer of Health to the Chatteris Urban District, *vice* C. Farrar, M.D.Heldel., L.F.P.S.Glasg., deceased.

DARROLL, W. B., M.R.C.S.Eng., L.R.C.P.Lond., reappointed Medical Officer for the Brampton Bryan District of the Knighton Union.

DUCAT, Arthur D., M.B.Lond., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Chiswick District of the Brentford Union.

EDWARDS, H., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Markyate District of the Luton Union, *vice* F. W. D. McGachen, L.F.P.S.Glasg., D.P.H.Eng.

EVERS, Chas. John, M.D.Durh., M.R.C.S.Eng., reappointed Medical Officer of Health to the Faversham Town Council.

FENTON, Philip Sheldon, M.D.Eng., M.R.C.S.Eng., reappointed Medical Officer of Health to the Baslow and Burnell Urban District Council.

GIBSON, Chas. Gordon, M.B., C.M.Eng., appointed Medical Officer for the No. 8 (Northhill) District of the Launceston Union.

GRAVES, T. W., M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Beguildy District of the Knighton Union.

HAMMOND, William, L.R.C.P.Eng., M.R.C.S.Eng., reappointed Medical Officer for the No. 6 District of the Liskeard Union.

HOFFMEISTER, H. Edgar, B.A.Cantab, M.B., B.C., M.R.C.S.Eng., appointed Medical Officer of Health to the East Cowes District Council.

LIMRICK, W. S., L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health to the Waterloo District Council.

MORGAN, Owen, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the Central District of the Newport Union.

MORISON, J. Rutherford, M.B., F.R.C.S.Eng., F.R.C.S.Eng., appointed Honorary Surgeon to the Newcastle Royal Infirmary, *vice* W. C. Arnison, M.D.Durh., retired.

PAGET, Peter, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer for the High Halden District of the Tenterden Union.

PARKER, J. E., M.R.C.S.Eng., L.R.C.P.I., appointed Medical Officer for the Ince-in-Makerfield District of the Wigan Union.

PEARCE, Arthur, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Kingsbridge and Salcombe Port Sanitary Authority.

PEARSE, F. E., L.R.C.P.Eng., M.R.C.S.Eng., reappointed Medical Officer for the Horsley District of the Guildford Union.

SIMPSON, W. Petrie, M.P., C.M.Eng., appointed Medical Officer and Public Vaccinator for the Tattershall District of the Horncastle Union.

SMITH, Kenneth R., M.D.Lond., B.S., M.R.C.S., appointed Medical Officer of Health for the Borough of Totnes, *vice* D. A. Fraser, M.D.Brux., M.R.C.S.Eng., deceased.

SMYTH, T. E., M.D.Dub., M.B., B.Ch., appointed Medical Officer for the Milton Abbott District of the Tavistock Union, *vice* J. B. O. Richards, L.R.C.P., L.R.C.S.Eng., resigned.

TAYLOR, E. Claude, M.D., B.S.Lond., F.R.C.S.Eng., appointed Deputy Assistant Surgeon to the London Temperance Hospital.

TEMPLE, G. H., M.B., C.M.Eng., appointed Medical Officer for the Weston-super-Mare District of the Axbridge Union, *vice* C. V. Hitchins, M.R.C.S.Eng., L.S.A., resigned.

THOMPSON, W. H., L.R.C.P.Lond., M.R.C.S.Eng., appointed Honorary Medical Officer to the Bradford Children's Hospital.

THOMPSON, W. F., M.B., C.M.Eng., reappointed Medical Officer for the No. 2 (South Petherwin and St. Thomas Apostle) District of the Launceston Union.

VERNON, Claude Martin, M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer for the Kennington District of the East Ashford Union.

VERNON, Dr., appointed Medical Officer for the Bilton District of the Warmley Union.

WARD, Howard P., M.B.Lond., M.R.C.S.Eng., L.S.A., appointed Assistant Physician to the Royal South Hants Infirmary, Southampton.

WILLIAMSON, Oliver K., M.B., appointed Junior Resident Medical Officer and Registrar to the Evelina Hospital for Sick Children, Southwark Bridge Road.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Clinical evening. Mr. Reginald Harrison (President): Case of Extrophy of the Bladder with Epispadias, treated by Left Nephrectomy and Right Ureteral Transplantation. Mr. Turner (for Dr. Rolleston): (1) Case of Spastic Hemiplegia after Whooping-cough; (2) Case of Acromegaly. Mr. Battle: (1) Result of Operation for Excessive Deformity of Lower Extremities; (2) Amputation of Thumb for Large Sarcomatous Growth in a man the subject of Multiple Bony Growths; (3) Dislocation of Head of Radius from Ulna, due to Rupture of Orbicular Ligament; (4) Early Condition of Baker's Cyst of Knee. Dr. L. Guthrie: Case of Multiple Spontaneous Fractures in an Infant. Mr. Turner: Case of Lymphangioma.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Mr. R. Lawford Knaggs: Compound Depressed Fracture of the Skull; Cerebral Abscess; Hernia Cerebri; Recovery; with a consideration of the subject of Hernia Cerebri, based upon 100 collected cases. Dr. J. Walter Carr: Non-tuberculous Posterior Basic Meningitis in Infants.

WEDNESDAY.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Cases and Specimens will be shown by Dr. Pegler, Dr. H. L. Lack, Mr. De Santi, Dr. Adolph Bronner, Dr. De Havilland Hall, Dr. Furniss Potter, Dr. Scanes Spicer, and Dr. William Hill.

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

HUNTERIAN SOCIETY, London Institution, Finsbury Circus, 8.30 P.M.—Clinical evening. Cases will be shown by Messrs. Hope-Grant, J. H. Sequeira, T. H. Openshaw, H. V. Hickman, and Drs. Woods and F. J. Smith.

SOUTH-WEST LONDON MEDICAL SOCIETY, 235, Lavender Hill, 8.30 P.M.—Dr. Caldwell Smith: On the Etiology of Diphtheria, with special reference to two localised outbreaks in Wandsworth. Dr. Sims Woodhead will subsequently give a Limelight and Microscopic Demonstration of the Diphtheria Bacilli.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTHS.

BENJAMIN.—On March 27th, at The Old Hall, Dorrington, Shrewsbury, the wife of J. K. Kinsman Benjamin, M.R.C.S., L.R.C.P., of a son.

WELSH.—On March 31st, at Peth Foot, Felton, Northumberland, the wife of Robert A. Welsh, M.B., B.S., of a son.

MARRIAGE.

EYRE-LEWIS.—On the 31st ult., at the Parish Church, Folkestone, by the Rev. J. W. Lewis, Vicar of Stanstead Abbots, Herts, uncle of the bride, assisted by the Rev. Canon Woodward, Vicar of Folkestone, Surgeon-Lt.-Colonel Montague Stokes Eyre, I.M.S., second son of the late Surgeon-General Eyre, to Emily Frances, elder daughter of Henry Lewis, M.D., Folkestone.

DEATH.

LENEY.—On the 6th inst. at 11, Clifton Gardens, W., Rose Florence, the dearly loved daughter of Edward and Lydia Ann Loney. At peace.

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.
CHLSEA 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. Tu., 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. F., 9; Ear, Tu. F., 9; Throat, Tu. F., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*.—W., 1.30; S., 2; (Obstetric), Tu., 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. Tu. 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. Tu., 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., 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, M. Th., 1.30; 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; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*.—Daily, 1.30. *Operations*.—W., 2.30.
THROAT, Golden Square. *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Th., 2.
UNIVERSITY COLLEGE. *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 1.30; Ear, Tu. S., 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.

M. W. desires to learn the results obtained from massage in habitua constipation.

PALATE requires the address of a firm in London who make a speciality of vulcanite or other plates for cleft palate.

COUNTRY MEMBER asks for information regarding the comparative value of treatment at Aix-le-Bains and Aix-la-Chapelle in the treatment of rheumatic arthritis.

MEMBER wishes to know what institution would receive a paralytic, aged 16 years, where he would receive medical attention, etc., preferably in the country. The patient can contribute 10s. weekly.

J. G. B. would be obliged for information as to a home where an epileptic girl of 14 (not an idiot) could be taught a trade, frequent fits having prevented her attendance at school.

DR. G. ARTHUR CARDEW (Fauconberg Villas, Bayshill, Cheltenham) desires to hear of an institution or lady who would take charge of a young lady of 22 who is suffering from weakness of the legs and general mal-development. She can manage to stand by the help of a table or chair, but cannot walk. She is an excellent needlewoman. A very small sum could be paid weekly for her support.

R. C. W. asks for information about practice in New Zealand. Is the climate healthy and suited for rheumatism, are the fees good, and where could one obtain information as to sale of partnerships and practices? In which towns do English and Scotch residents preponderate? Is living expensive or cheap?

M. D. wishes to know the most suitable climate for a rheumatic patient. Australian climates appear to be unsuitable, owing either to dampness, high rainfall, or prevalence of cold winds. Are the Canary Islands or South Africa specially suitable? The patient, a man aged 25, has had three attacks of the subacute tedious type, and is usually worse in the early summer.

VERAX asks for suggestions in the treatment of a lady, aged 76, who has suffered, on and off, for some years from severe abdominal pain—apparently from flatulent distension. There is a tendency to diarrhoea, but all the organs are free from any organic trouble. She eats little, and dieting has made no improvement in her condition. Sedatives, as morphine, chlorodyne, belladonna, etc., and tonics (as nuxvomica, Fellows' syrup, etc.), bismuth salicylate, enemata, massage, and galvanism have all been tried with but little good.

HOME FOR EPILEPTIC IDIOT.

M. D. would like to hear of an institute or home where a girl, aged 8, could be received. She is now in a Poor-law infirmary, but the Board of Guardians would pay from 7s. to 10s. a week for her maintenance. She suffers from a mild form of idiocy, and has a slight epileptic fit about once a month. Occasionally she has a more severe fit. Frequently has incontinence of urine at night. General health good.

OBSTINATE MASTURBATION.

J. F. B. asks for advice in the case of a boy, 6½ years of age, who commenced masturbation about ten months ago; it was nocturnal then, but now it is at any time when left alone. Every means have been tried, such as moral persuasion, threats, tying of hands, etc., even cauterisation round the penis with nitrate of silver, three times, which caused severe pain for a few days; all these were of no avail—in fact, he is worse in his habit. Though at one time pretty robust, he is looking very ill now, not so bright, and seems to me half demented. I have only seen the child for six weeks; he is taking syrup of the lactophosphates of lime and iron. Unless stopped now he is sure to be an addition to our asylums.

UNCERTIFIED DEATHS OF INFANTS.

M. G. S. writes: A subregistrar is in the habit of registering the deaths of infants without medical certificate. Has he a right to do so in the absence of medical certificate?

* * In the present state of the registration law a registrar of births and deaths cannot refuse to register the death of an infant during whose last illness no registered medical practitioner was in attendance, because no medical certificate of the cause of the death is produced to him. Registrars are, however, instructed to report to the coroner of the district all cases of death occurring under suspicious circumstances or concerning which there appears to have been any neglect on the part of the parents or other persons having charge of the infant. Few coroners, however, now consider that the non-production of a medical certificate concerning the death of an infant affords of itself sufficient ground for holding an inquest.

CHEMICAL APPOINTMENTS.

HYGIENE writes: I am at present studying for a D.P.H. examination, but would like at the same time to obtain if possible the post of demonstrator or assistant in chemistry in any of the London chemical laboratories. I have obtained the B.Sc. Lond. There are no vacancies at my own hospital, and I do not know if lists of such vacancies are published or where I can obtain any information about them.

* * Vacancies of the kind referred to by our correspondent are not frequently advertised. When advertised the advertisements are generally inserted in *Nature* or in the *Chemical News*. Such appointments are not infrequently made by private arrangement. In professional, technical, and official laboratories vacancies are filled up in much the