

On February 13th she complained much of her head. The tongue was dry and slightly brown in the centre; the abdomen was tender, and there had been one relaxed and offensive motion.

On February 15th she looked dull and listless, and complained of headache and feeling very tired; wandered a little in the night. The tongue was dry and brown, the abdomen tumid and tender. The urine gave a very well-marked Ehrlich reaction. A sterilised pipette was filled, with all proper precautions, with blood from the finger, and sent to the British Institute of Preventive Medicine to be examined for Widal's serum diagnosis. That evening 10 c.cm. of antityphoid serum, which was obtained from Messrs. Burroughs and Wellcome, were injected into the subcutaneous tissues of the abdomen.

On February 16th her general appearance was markedly better, and she said that she felt better—her headache and tired feelings were nearly gone, the tongue was not so dry, and the abdomen less tumid. A few rose spots had appeared.

On February 17th her general condition was the same, but she had had one relaxed motion. The report from the British Institute of Preventive Medicine stated that the result of their examination was typical of typhoid fever; 10 c.cm. antityphoid serum was injected as before.

On February 18th the general improvement was maintained, and she had one yellow motion slightly formed; 10 c.cm. of serum were again injected. On February 19th she had one relaxed motion, the tongue was moist, and the patient stated that she felt well. On the evening of February 20th she was not so well; she complained again of feeling tired, and of a bad headache. The tongue was dry and the pulse 108; 10 c.cm. serum were injected; and on February 21st there was a great improvement. The headache was gone and the tongue moist; the abdomen also was much less tender. The evening temperature was 100.8°. She had had one relaxed motion during the day.

On February 22nd she looked and felt well, but had slight headache; 10 c.cm. serum were injected.

On February 23rd she felt much better, the tongue was clean, and the abdomen not tender or tumid. She had passed two relaxed motions, but was beginning to get dissatisfied with her diet and wished for something more substantial.

On February 25th the temperature was normal morning and evening; the motions were still yellow and relaxed. She was allowed a little Allen and Hanburys' food and oxtail soup.

On February 27th, as the bowels had not been open, a simple enema was ordered, and acted once.

On March 1st the patient looked and felt well, and was growing more hungry every day.

On March 2nd the urine was examined for Ehrlich's reaction, with a negative result.

The further progress of the case has been towards uninterrupted recovery, and she is now well.

REMARKS.

Although it is impossible to say what would have been the result of this case if the antityphoid serum had not been used, I feel sure that its action controlled the severity of the disease and shortened its duration.

One feature was especially noted, not only by myself, but by all who saw her—that is, the change in her general appearance on the morning after her first injection. On the evening of February 15th the patient had all the appearance of one going in for a severe attack of typhoid, but by the following morning she had quite altered for the better. After each injection there was immediate relief to the distressing headache and aching of the limbs, and the patient stated that she experienced a feeling of comfort.

It is of interest to notice that on February 20th, and to a lesser degree on February 22nd—that is, when she had been forty-eight hours without an injection—the temperature began to rise, and the headache, etc., to return, and on both occasions the serum brought about an improvement by the following morning.

Five injections of 10 c.cm. each were given; beyond a slight urticarial eruption on the abdomen there were no ill-effects from the serum, or from the punctures, which were all made in the skin of the anterior abdominal wall.

I have to thank Miss Geddes, the Resident Medical Officer

of the Plaistow Maternity Charity and District Nurses' Home, of which institution the patient was a nurse, for the care and attention she bestowed upon the case, and for keeping the notes.

A METHOD OF STAINING FLAGELLA.

By DAVID McCORIE, L.R.C.P. AND S. EDIN., F.E.I.S., Bacteriologist, Glasgow Royal Infirmary.

Of the different methods of staining flagella which have at different times been described, Van Ermengen's, in my experience, gives excellent results, but takes too long to accomplish; while Loeffler's, as well as Nicolle and Morax's modification of the same, is very uncertain. Pitfield's method gives good results, and is quickly accomplished, but the flagella are, as a rule, very faintly stained. The method which is now commonly adopted in this laboratory is somewhat similar to Pitfield's, but we use a different stain, and invariably we get both bacilli and flagella more distinctly stained than by Pitfield's method. The dye we use is an aniline blue which is known commercially as "Night Blue," from the fact that it shows as well in artificial as it does in sunlight. The formula which we find to give the best results is:

10 c.cm. of a concentrated alcoholic solution of "night blue."

+ 10 c.cm. of a 10 per cent. solution of alum.

+ 10 c.cm. of a 10 per cent. solution of tannic acid.

The addition of 0.1 to 0.2 g. of gallic acid would seem to add to the value of the mordant stain, but excellent results can be obtained without this addition.

The method we adopt is this: A drop of sterilised water is placed on an absolutely clean coverglass, held in a Cornet's clip, and carefully inoculated with the smallest particle of a twenty-four hours' agar culture. The coverglass is moved in such a way that the drop of water is distributed over nearly its whole surface, or a suspension may be made in a watch-glass and a thin film spread upon a coverglass. It is then placed in the incubator until thoroughly dried (two minutes). A small quantity of the mordant stain is then poured on, and the coverglass again placed in the incubator for two minutes, or held for that time 2 feet above the flame of a Bunsen burner. The excess of stain is now washed off by running water, the coverglass dried in the incubator, and then mounted in Canada balsam. The mordant stain can be used either filtered or unfiltered; it does not necessarily require to be made fresh each time, as we find that the stain is quite as efficient after a fortnight or so as on the first day of use. The whole process can be accomplished in a few minutes.

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

IDIOPATHIC BLEEDING FROM UMBILICUS IN AN INFANT: RECOVERY.

A WELL developed boy was born on January 10th, 1897, to a primipara after an unusually easy labour. On January 16th the cord separated naturally, but on January 19th a spot of fresh blood was seen on the navel. On January 20th, at 8 A.M., I found the child lying in clothes saturated with blood, the mother's bed being much soiled by the haemorrhage. Over the navel was a very soft clot; oozing had ceased, and a graduated compress of lint was applied tightly. At 8 P.M. I found the clothing once more soaked with blood, and the child apparently dying. A few ounces of hot water were put into the bowel and a compress reapplied over the navel, hamamelis being used as styptic.

On January 21st, at 3 P.M., bleeding recurred, and I transfixed the umbilicus with two harelip pins at right angles. Round these a figure of 8 ligature was applied, and a ligature encircling the navel *en masse*. At 9 P.M., bleeding having recurred, I cut the ligatures and relied upon one of thick silk, encircling the umbilicus, which I tied as tightly as possible. There was no recurrence.

On January 26th the tissues ligatured sloughed ; the slough was removed along with the needles, leaving a pit the size of a sixpence. This was packed daily with gauze, and rapidly healed.

REMARKS.—This case appears worth recording for the following reasons : The mortality in such cases is excessively high, especially among males. The haemorrhagic diathesis would appear not to obtain in this case. I could find no history of it in the families, and the needle punctures, which in some recorded cases have started fatal bleeding, here gave no trouble. The frequently-concomitant symptoms of icterus and purpura in such cases were also absent in this case. Almost invariably they carry off the patient, even if bleeding be arrested. Such children are mostly healthy at birth, but become icteric in two or three days.

Treatment.—(1) Compression with styptics has almost invariably been tried, and has occasionally been successful. In one such case "compression with strips of sole leather" is recorded as the means of cure. (2) A thimble bandaged over the navel is also mentioned as successful. It filled with blood, which clotted, and the arrest of bleeding was permanent. (3) Plaster-of-paris, poured into the umbilicus, and allowed to harden there, was successful in one case. (4) The cautery, often tried, has always failed. (5) Ligature with needles at right angles generally stopped the bleeding, but in one case the bleeding from the punctures could not be arrested ; in another "enteritis" was set up ; in a third haemorrhage recurred when the slough came away, and proved fatal, while in some others death followed from purpura.

This case would appear to show that the very intractable bleeding may in such cases be the whole of the danger we have to deal with, and that it is not necessarily associated with the very fatal conditions of haemophilia, or jaundice and purpura.¹

Penge.

H. H. PHILLIPS, M.R.C.S., L.R.C.P.

A CASE OF INTESTINAL OBSTRUCTION RELIEVED BY MASSAGE OF THE ABDOMEN.

A GIRL, aged 10, had been in good health, the bowels acting regularly. Whilst straining at stool, she was suddenly seized with an acute pain in the right side of the abdomen, followed by vomiting, which persisted with short intervals for some hours, the vomit finally being described as brown and offensive. When I saw her about eighteen hours afterwards, the vomiting had ceased ; there was pain and great tenderness over the ascending colon, principally in the right lumbar region, with marked dulness and rigidity of the abdominal wall ; the left side was normal and tympanic. An attempt to ascertain the condition of the bowel by palpation caused so much pain that it was not persisted in. The breath was offensive ; temperature 100° ; pulse 106. She was placed under opium and belladonna, with small quantities of liquid nourishment and hot stapes and poultices applied to the abdomen.

The following day, the pain and tenderness were less ; the bowel could be felt on the right side apparently blocked for about 4 inches of its length ; there had been some straining whilst passing water, but no faeces had passed ; there was no sickness ; the pulse and temperature were about the same, the breath offensive, the tongue becoming brown. The next day her condition was about the same ; the right side of the abdomen was still very tender, but there had been no vomiting ; a copious enema was administered without effect.

On the fourth day she was not so well ; there had been a tendency to vomit, and the tongue was becoming foul. Very gentle massage was attempted over the right side with the flat of the hand ; after about 10 minutes there was suddenly a considerable gurgle in the bowel, and as the patient appeared faint the massage was stopped. During the afternoon pain was complained of, which was relieved by the application of hot flannels. Ten hours afterwards a copious, offensive motion was passed, not containing any hard masses.

On examining the patient the following morning, I found the dulness and tenderness over the right side had disappeared, the mass of bowel felt on the previous day was absent,

¹ Observations on the subject are to be found in Ashurst's *International Encyclopedia of Surgery* ; *Edinburgh Medical Journal*, September, 1863, p. 272 ; *London Medical Gazette*, 1849 ; *New York Journal of Medicine* (New Series), vol. xv, p. 73.

the tongue was cleaner, and the patient in every way better. She made a rapid recovery without a bad symptom, the bowels acting once or twice a day, and in a few days she was in her ordinary health. The opium was discontinued on the second day ; no blood was passed by the bowel.

Croydon.

ST. GEORGE REID, M.R.C.S.Eng.

THE TREATMENT OF SCALP RINGWORM BY FORMIC ALDEHYDE.

In the BRITISH MEDICAL JOURNAL of September 12th, 1896, some clinical and experimental observations bearing on the action of formic aldehyde on scalp ringworm were published by Dr. Alfred Salter. Dr. Salter asserts that the beneficial action of formalin is due to its extraordinary powers of penetration. Unfortunately, however, Dr. Salter has not taken the necessary steps to prove his assertion, and the experiments recorded by him, interesting as they may be in themselves, are quite irrelevant to the hypothesis in question. If formic aldehyde kills the ringworm fungi by actual penetration into the follicle, then the intrafollicular portions of the affected hairs, after sufficiently prolonged treatment with formalin, should remain sterile when sown on nutrient media. By the result of this mode of experimentation Dr. Salter's hypothesis stands or falls. I have tried the 40 per cent. solution of formalin in a moderate number of cases of ringworm of the scalp. In one case the solution was well rubbed in every morning for five consecutive days, and after an interval of a few days reapplied in the same way till the necrotic cuticular epidermis began to separate *en masse*. To test whether the formalin had really penetrated to the bottom of the follicle I removed an intrafollicular stump from beneath the epidermal scab and planted it in standard soil of Sabouraud's formula. In the usual time the thin superficial vegetation characteristic of microsporon made its appearance, thus proving that, in this case at least, the formalin, after repeated application, had not penetrated into the depths of the follicle.

There can be no question as to the lethal action of formic aldehyde on the trichophyta as on other forms of mould growth, but I see no reason to change the opinion which I expressed at the annual meeting of the British Medical Association at London (Dermatological Section), 1895, namely, that the so-called germicides exert their beneficial action on ringworm of the scalp not in virtue of their germicidal properties, but by their stimulating effects upon the hair papillæ. This statement, of course, does not apply to the surface of the scalp, or to the upper parts of the follicles which are directly accessible to the drug.

The action of formic aldehyde closely resembles, it seems to me, that of phenol, but it is less reliable than phenol on account of the very possible accident of suppuration which occasionally accompanies what we may call the normal phenoloid action of the aldehyde. I have seen a 40 per cent. solution of formalin set up suppuration which has persisted for weeks. On the other hand, I have never seen, in the course of ten years' experience, the 95 per cent. liquid carbolic acid produce the slightest trace of suppuration when applied to the scalp.

There can be no question of the powerful stimulating effect of formic aldehyde on the growth of hair ; and this, combined with its germicidal action on the surface fungus, renders it a useful, but by no means specific, remedy in cases of scalp ringworm.

LESLIE ROBERTS, M.D. Edin.,
Dermatologist to the Royal Infirmary, Liverpool.

IDIOSYNCRASY TO SALICYLATE OF SODA.

On March 24th I saw Mrs. P., a lady aged 75, suffering from slight rheumatic joint and lumbar pains. I prescribed a mixture containing 10 grains of salicylate of soda and the same quantity of bromide of ammonium, together with a few drops of aromatic spirits of ammonia and spirits of chloroform in each dose.

I saw her the next morning, and found both her lips thickly swollen and edematous, while the roof of the mouth was red and slightly swollen ; she also had an erythematous blush on the skin round the mouth for the distance of half an inch. Her gums also were swollen, and she complained of a tingling, burning sensation in the mouth and lips.

At the same time she told me she was sure there was salicylate of soda in her medicine, as twice before the same symptoms had occurred after taking that drug. She said she had only taken one dose of the mixture (that is, 10 grains of the salicylate) because an hour or two after she had taken it she perceived a burning, pricking sensation in her mouth which she was familiar with as the effects of the drug in question. She blamed herself for not having warned me of her intolerance of that remedy, and gave the following history of her experience of its effects.

Six years ago she had an attack of lumbago, for which her medical friend prescribed a mixture containing salicylate of soda. An hour or two after taking the first dose her lips became painful and swollen. As, however, a dentist was at the time attending to her mouth, she attributed the symptoms to some local application he had used to her gums, and in due course took two other doses of her mixture, after each of which the oedematous swelling of the lips increased, while the roof of the mouth became acutely painful and swollen, and small blisters developed on it. On this occasion she was confined to bed for a week, and obliged to take liquid food through a feeder during the whole of that time, while, as the swelling extended to the fauces, some fear was expressed of oedema of the glottis supervening.

Three years ago a precisely similar mixture was given her for the same complaint, and, after taking one dose, like symptoms, though of a milder character, necessitated her immediate discontinuance of the remedy.

In the present instance the symptoms were much relieved by the next day, and had entirely disappeared by the day following, the treatment pursued being the use of a chlorate of potash and boric acid mouth wash and the exhibition of the former drug internally.

Mrs. P. is healthy though not robust, is rather anaemic and a sufferer from rheumato-gouty pains—that is, pains attributed to rheumatism produced by a probably gouty inheritance. The only facts in her medical history which threw any light on her peculiar idiosyncrasy were: (1) she always suffered from violent haemorrhage after her confinements, and (2) when stung by a wasp or a bee the effects are very acute and widespread, a sting on the shoulder puffing up and inflaming the whole arm down to the finger tips and making her feel acutely ill, while a gnat bite produces violent inflammation and local swelling.

The accompanying idiosyncrasies fit in well with Dr. Malcolm Morris's theory of the causation of drug eruptions—namely, that they are of angio-neurotic character.¹ He says of salicylate of soda: "The internal use both of this drug and of salicylic acid sometimes gives rise to erythematous, urticarial, vesicular, pemphigoid, and petechial lesions on the skin;" but he does not mention any case of inflammation of the mucous membrane of an oedematous character caused by the drug, although, in speaking of the scarlatiniform rash it sometimes induces, he notes that it is "occasionally accompanied by sore throat and systemic disturbance."²

Gosport, Hants.

WILLIAM SYKES, M.D.

REPORTS

ON

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

POPLAR AND STEPNEY SICK ASYLUM.

A CASE OF PNEUMONIA TREATED WITH ANTIPNEUMOCOCCIC SERUM.

(By C. SPURRELL, F.R.C.S., Medical Superintendent.)

W. H., a hawker, aged 29, was admitted on January 12th, 1897. He was said to have lived a very temperate life. He had never before had a severe illness. He was perfectly well on January 9th. On January 10th he was suddenly taken

¹ Diseases of the Skin, Cassell and Co., 1894, cap. ix, pp. 183-84.

² Loc. cit., p. 199.

with severe chills and a feeling of *malaïse*. Since then he had developed a cough.

On admission, the temperature was 104.6° F., the respirations 36, and the pulse 82. There was dulness at the left axilla, but no tubular breathing. Small *râles* and rhonchi were heard all over the chest. The heart sounds were normal.

On January 13th the dulness extended to the apex, and was accompanied by tubular breathing and crackling *râles*.

On January 14th he was delirious. Pulse 148 and dicrotic. The urine contained a trace of albumen. Antitoxin (660 units) was injected. The condition of the chest was unaltered. At 7 P.M. he was wildly maniacal. Antitoxin, 660 units, was injected, and inj. morph. hyp. 1/4 iv. He had for the first time thrown out sputum, which is rusty. He was very restless during the night, and slept only about an hour.

On January 15th the physical signs were not so marked. Antitoxin, 660 units, was injected at 11.30 P.M., and inj. morph. hyp. 1/4 iv. He was delirious, but not maniacal. He had had incontinence of urine for 36 hours. He took food pretty well. The apex was not so dull as the axilla, otherwise the signs were unaltered. Antitoxin, 660 units, was injected.

On January 16th, the pulse was 120, small, regular. He appeared weaker, and was fairly quiet. Antitoxin, 660 units, was injected. At 10.30 P.M. the pulse was 136, slightly irregular. Antitoxin, 660 units, was injected.

On January 17th he appeared slightly better, and said he was hungry. The tongue was thickly coated, the pulse 120 regular, slightly fuller. He had slept fairly well. Antitoxin, 660 units, was injected, and the same quantity at 11 P.M.

On January 18th the left chest was dull from the apex anteriorly to the cardiac dulness, and posteriorly to the angle of the scapula. The dulness was least marked at extreme apex. Tubular breathing and consonating *râles* were heard over same area. The tubular breathing most marked in axilla. At 10 P.M. antitoxin, 660 units, was injected.

On January 19th the apex was more resonant, but the patient still quietly delirious. At 6 P.M. antitoxin, 660 units, was injected.

On January 20th the patient was weaker. At 11.50 P.M. antitoxin, 660 units, was injected.

On January 21st the front of the left chest and axilla were resonant with some *râles* and bronchophony, but no tubular breathing. The right chest was almost clear. He sank and died at 7 P.M.

Leave for a *post-mortem* examination could not be obtained.

REMARKS.—The patient was extremely ill on admission, and continued so up to his death. Although the temperature during the last twenty-four hours was only a little raised, and the signs of consolidation were rapidly clearing up, there was nothing observed in the nature of a crisis. The injection of the serum gave rise to no marked effect except that in the majority of instances a slight fall of temperature followed its administration; on other occasions a slight rise of temperature occurred. The slight variations in his general condition did not appear to coincide in time with the injections. The injections were made into the flank; they did not cause much pain at the time; the serum was rapidly absorbed, and gave rise to no local trouble. The serum was kindly supplied to me by Dr. J. W. Washbourn.

STATION HOSPITAL, MANDALAY.

DYSENTERY COMPLICATED WITH INTUSSUSCEPTION.

(By Surgeon-Captain W. G. PRIDMORE.)

M., a Hindu dhooly bearer, aged 40, was admitted on August 20th, 1896, complaining of weakness and fever. The temperature was 103°, but with the exception of headache and extreme general weakness no other symptoms were presented, and the case was treated as one of malarial fever with antipyretics and quinine.

On August 22nd the temperature was normal, and abdominal pains with diarrhoea were complained of. The stools were watery and bloodstained. Milk diet was adopted, and astringents were administered.

On August 23rd a swelling about the size of a kidney, movable and tender, just below the liver on the right side, was discovered. The stools were dysenteric in character.

good, and there is something about the tissues of vegetables and fruits which appears to be risky.—I am, etc.,

ANGEL MONEY, M.D., F.R.C.P.Lond.

Sydney, N.S.W., March 5th.

PHYSIOLOGICAL FACTS AT EXAMINATIONS.

SIR.—Mr. Holmes has opportunely called attention in unequivocal language in a recent number of the BRITISH MEDICAL JOURNAL to the above question, and all who have any experience of the matter must cordially agree with him. Many of the questions put at our Examining Boards are no test whatever of the knowledge of the candidate in the general principles of the science of medicine. Especially is this the case in the departments of physiology and pathology. At one of the Scotch Boards the other day one of my own students was asked “the difference between the connective tissue of the cortical portion of the kidney and that of the medullary.” How many medical men in Great Britain, including teachers, could say whether there is any difference? What test would their ignorance on this point be of their general culture; and what earthly bearing has such a question on the scientific practice of medicine or surgery?—I am, etc.,

Glasgow, April 9th.

D. CAMPBELL BLACK.

OBITUARY.

By the death of Professor STUKOWENKOFF, who passed away recently while attending a meeting of the Physico-Medical Society of Kief, the Russian medical profession has suffered a heavy loss. He had just completed his 57th year of age. After a careful preliminary education, he entered, in 1861, the Military Medical Academy of St. Petersburg, and received the licence to practise from that college in 1866. After a further period of study he became Assistant to Dr. Polotebnow, then Professor of Skin Diseases in the Academy. In the Russo-Turkish war of 1872 he rendered valuable services, and on his return to St. Petersburg he was appointed Professor of Dermatology and Venereal Diseases in the St. Petersburg Medical School for Women. He held this office till 1883, when he was appointed to the corresponding chair in the University of Kief. This post he continued to hold till his death. Professor Stukowenkoff was one of the first in Russia who took up the study of skin diseases as a speciality. His contributions to medical literature, almost all in the Russian language, are very numerous and of permanent value. He will be much missed by a large circle of friends, and especially by the Committee of the Section of Dermatology of the forthcoming Medical Congress, of which he was a very active member.

DEATHS IN THE PROFESSION ABROAD.—The members of the medical profession in foreign countries who have recently passed away are Dr. Johannes von Säxinger, Professor of Midwifery and Director of the Obstetrical Clinic in the University of Tübingen, aged 63; Dr. Bossu, formerly editor of the *Abeille Médicale*, aged 89; Dr. Victor Lemoine, formerly Professor in the Rheims School of Medicine, and a distinguished biologist; Dr. Mariano Pantaleo, formerly Professor of Obstetrics in the University of Naples, aged 85; and Dr. Leopold Hopfgartner, a prominent practitioner of Vienna, and for many years President of the Widows and Orphans Society of the Vienna Doctoren-Collegium, aged 72.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

THE following appointments have been made at the Admiralty:—ANTHONY GORHAM, M.D., Fleet-Surgeon to the *President*, March 27th; MICHAEL FITZGERALD, Fleet-Surgeon to the *Majestic*, March 27th; ALEXANDER G. P. GIPPS, Staff-Surgeon for duty at the Medical Department of the Admiralty, undated; HENRY E. SOUTH, Staff-Surgeon to the *Intrepid*, April 12th; JOHN LOWNEY, Surgeon to the *Metampus*, April 12th; HERBERT P. SHUTTLEWORTH, Surgeon to Chatham Hospital, April 19th.

ARMY MEDICAL STAFF.

SURGEON-CAPTAINS C. S. SPONG and H. E. H. SMITH have received the Queen's permission to accept the Imperial Order of the Medjidieh of the

4th Class, conferred upon them by the Khedive of Egypt in recognition of active and distinguished service before the enemy during the recent Donga's expedition.

CHANGES OF STATION.

THE following changes of Station amongst the officers of the Army Medical Staff have been officially notified to have taken place during the past month:

	From.	To.
Surgeon-Col. W. Graves	Bengal	Belfast
„ N. B. Major	Straits S'mnts	Madras
E. Townsend, M.D.	Cork	India
Brig.-Sg.-Lt.-Col. A. H. Anthonisz, M.D.	Bengal	Gosport
„ W. E. Webb, M.D.	Gibraltar	Netley
„ R. W. Mapleton, M.B.	Bengal	York
Surg.-Major C. Seymour, M.B.	—	Chatham
„ W. D. A. Cowen	Cork	Gosport
„ E. North	Punjab	Woolwich
„ J. M. Jones	Bengal	Devonport
„ R. L. Love, M.D.	Belfast	Dublin
„ J. Battersby, M.B.	York	Mullingar
„ T. A. Nixon	Bengal	Strensall
„ S. J. Rennie	—	Chester
„ J. Carmichael	—	Cork
„ H. O. Trevor	Madras	Dover
„ S. Westcott	—	Dublin
„ W. G. Macpherson, M.B.	Gibraltar	Head Quarters
„ R. P. Bond	Chester	Lichfield
„ V. E. Hunter	Malta	Madras
„ J. R. Forrest	Waterford	Bengal
Surg.-Capt. S. Powell, M.B.	Grenadier Gds.	Aldershot
„ H. E. Cree	—	Shoeburyness
„ W. H. Starr	—	Gravesend
„ H. Cocks, M.B.	Colchester	Weedon
„ H. W. Austin	—	Fort Tregantle
„ C. H. Hale	C. of Good Hope	Aldershot
„ W. B. Leishman, M.B.	Punjab	Netley
„ E. C. Freeman	Bengal	Portsmouth
„ T. Birt	Punjab	Chester
„ C. A. Stone, M.D.	—	Aldershot
„ F. W. Hardy	—	Fort Popton
Surg.-Lieut. W. S. Harrison, M.B.	Madras	Bury
A. J. MacDougall, M.B.	Glasgow	Maryhill
Quartermaster J. Hirst	Gibraltar	Chatham

DIVIDE ET IMPERA.

A NON-COMBATANT writes: Can it be, as affirmed by a correspondent of yours, that the real ground for the ignominious treatment of medical officers lies in the calculations of the War Office that they can at the worst employ civil practitioners in army work on “scandalously low terms?”

A MEMBER B.M.A. writes: The question has long haunted me. Are Volunteer medical officers true to themselves, or loyal to their profession, in doing an immense amount of military work practically for nothing? They devote a large amount of valuable time in lecturing, drilling, and forming bearer companies, and now in examining volunteer recruits, and what is their reward? They have the tempting bait of the Army Medical Reserve! The medical man is the only Volunteer who gives his special professional service for nothing. Of course he is only a non-combatant, but then all Volunteers are as yet happily in that position.

ARMY MEDICAL REFORM.

PERSEVERE writes: It seems remarkable that the War Office continues to refuse to listen to a plain exposition of the unsatisfactory state of the medical branch of the army. It will not be seen that the title “Doctor” has nothing to do with army rank, and indeed is inapplicable to anyone not a graduate. There will be no candidates under present conditions. A writer in the *Times of India* says: “It is simply ridiculous for the authorities to put the matter on one side, or for the War Office to think that they will win with such odds against them. Doctors must be forthcoming, and, what is more, first-rate medical men must be procured.”

REVISED SCALE OF PAY IN INDIA.

A CORRESPONDENT writes: The test to be applied to the revised scale of medical pay in India is comparison with that of other ranks, combatant and departmental. For example, a Brigade-Surgeon with an increase of Rs.53 draws Rs.1,150 a month—considerably less than that of a Lieutenant-Colonel commanding a regiment. The concession has been wrung from the Indian Government, and comes too late; as an Indian paper puts it: “These tardy surrenders have lost all their grace by losing all their spontaneity.”

ANOTHER CORRESPONDENT writes that while grateful for the reduction of Indian tours, he considers the concessions as to pay to be entirely inadequate.

GERMAN PUBLIC HEALTH ASSOCIATION.—The twenty-second annual meeting of the German Public Health Association will be held this year at Carlsruhe on September 14th and three following days. Among the subjects on the programme are a discussion on the abuse of alcoholic drinks, to be opened by Professor F. Tuczek, of Marburg; on the adulteration of foodstuffs by Herr Rumelin, burgomaster of Stuttgart, and Professor H. Beckarts, of Brunswick; on the disinfection of dwellings, by Professor E. von Esmarch, of Königsberg; and on the hygiene of baths and health resorts, by Dr. F. Battlehner, of Carlsruhe.

recorded during the quarter under notice were equal to an annual rate of 0.19 per 1,000; this disease was proportionally most fatal in Manchester, Salford, Blackburn, and Preston. The 469 fatal cases of scarlet fever registered during the three months ending March last were equal to an annual rate of 0.17 per 1,000 against 0.19, 0.21, and 0.25 in the three preceding quarters; in London the scarlet fever death-rate was equal to 0.15 per 1,000, while it averaged 0.19 in the thirty-two provincial towns, among which this disease was proportionally most fatal in Leicester, Liverpool, Salford, Leeds, and Sheffield. The 466 deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of fever) were equal to an annual rate of 0.15 per 1,000, against 0.14, 0.21, and 0.23 in the three preceding quarters; in London the "fever" death-rate was equal to 0.11 per 1,000, while it averaged 0.17 in the thirty-two provincial towns, and was highest in Nottingham, Salford, Blackburn, and Preston. Twelve deaths from small-pox were registered in London during the three months under notice, but no fatal case of this disease was recorded in any of the thirty-two large provincial towns.

Infant mortality in the thirty-three towns, measured by the proportion of deaths under 1 year of age to registered births, was equal to 1.39 per 1,000 last quarter, against 1.54, 1.61, and 1.50 in the corresponding periods of the three preceding years. In London the rate of infant mortality was equal to 1.29 per 1,000, while it averaged 1.47 in the thirty-two provincial towns, among which it ranged from 1.07 in Croydon, 1.09 in Birkenhead, 1.21 in Derby, 1.22 in Brighton, and 1.24 in Hull to 1.67 in Preston, 1.75 in Nottingham, 1.79 in Blackburn, 1.81 in Plymouth, and 2.10 in Burnley.

The causes of 760, or 1.5 per cent., of the deaths in the thirty-three towns during the three months ending March last were not certified, either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths in London did not exceed 0.6 per cent., while it averaged 2.0 per cent. in the thirty-two provincial towns. The causes of all the deaths in Croydon and in Derby during the quarter were duly certified, and only one death was uncertified in Portsmouth, in Plymouth, and in Bolton; in the other provincial towns the highest proportions of uncertified deaths were registered in Sheffield, Huddersfield, Liverpool, and Birmingham.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,550 births and 3,917 deaths were registered during the week ending Saturday last, April 10th. The annual rate of mortality in these towns, which had been 1.87 and 1.83 per 1,000 in the two preceding weeks, rose again to 1.86 last week. The rates in the several towns ranged from 1.12 in Brighton, 1.26 in West Ham, 1.35 in Swansea, and 1.42 in Halifax to 2.31 in Liverpool, 2.62 in Bolton and in Huddersfield, 2.67 in Manchester, and 2.71 in Salford. In the thirty-two provincial towns the mean death-rate was 1.93 per 1,000, and exceeded by 1.8 the rate recorded in London which was 1.75 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 1.5 per 1,000, while it averaged 1.7 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.9 in Oldham, 3.1 in Gateshead, 5.6 in Bolton, and 6.8 in Salford. Measles caused a death-rate of 1.4 in Manchester, 1.5 in Burnley, 4.6 in Salford, and 4.7 in Bolton; and whooping-cough of 1.0 in Salford and in Huddersfield, 1.3 in Bristol, and 1.5 in Gateshead. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 43 deaths from diphtheria in the thirty-three towns included 23 in London, 5 in Cardiff, 3 in West Ham, 2 in Liverpool, and 2 in Oldham. 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 16 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, April 10th, against 29, 21, and 17 at the end of the three preceding weeks; 1 new case was admitted during the week, against 2, 2, and 0 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 2,622, 2,585, and 2,512 at the end of the three preceding weeks, had further declined to 2,449 on Saturday last; 224 new cases were admitted during the week, against 206, 224, and 219 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 10th, 957 births and 733 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 22.3 to 22.1 per 1,000 in the three preceding weeks, rose again to 24.6 last week, and exceeded by 6.0 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 19.5 in Greenock to 26.7 in Edinburgh. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Leith and Edinburgh. The 347 deaths registered in Glasgow included 10 from measles, 1 from scarlet fever, 2 from diphtheria, 26 from whooping-cough, and 8 from diarrhoea. Twenty-one fatal cases of measles, 6 of whooping-cough, and 2 of diphtheria, were recorded in Edinburgh.

NOTES ON WORKHOUSES.

OUTDOOR RELIEF.

YEOVIL seems to enjoy the unenviable distinction of having an unusually high percentage of its population on the rates. Mr. Preston Thomas, the inspector, on his first visit, pointed out the false economy of encouraging the working population to rely on rate aid instead of on their own industry, and he showed that this easy and apparently cheap method of relieving the poor was a direct encouragement of pauperism, whilst it discouraged all habits of thrift or independence. These words of wisdom need to be addressed to a wider audience than a small country Board. One of the effects of the lowered qualification for a guardian has been to place on our Boards men only themselves one remove from the paupers for whom they legislate, whose training therefore in the administration of relief has not been such as to give them an extended view of the economic side of the question. Many of these guardians, moreover, have been elected on the pledge to give lavish outdoor relief.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

HONORARY DEGREES.

In presenting Emeritus Professor Sir Douglas MacLagan for the honorary degree of LL.D. the Dean of the Faculty of Law said: "The occasion which permits the *Senatus Academicus* to confer the degree of Doctor of Laws upon Sir Douglas MacLagan is tinged with the solemnity of a farewell. For, according to academic law and custom, we must have lost him as a colleague before we can gain him as an honorary graduate. In the present case, moreover, farewell is peculiarly impressive. Few of our number can boast a longer or more honourable connection with the University of Edinburgh than the Emeritus Professor of Medical Jurisprudence. It is upwards of sixty years ago that he first entered our walls, and he obtained the degree of Doctor of Medicine in 1833. After an interval of active practice he returned in 1852 to fill the *Regius Chair* of Medical Jurisprudence and Police, when it fell vacant owing to the death of Dr. T. S. Trail. For the long period of thirty-five years Sir Douglas MacLagan has discharged the duties of his office with the utmost efficiency and zeal, winning by his ability the esteem and by his kindness and genial humour the affection alike of his colleagues and of successive generations of students. But the University is not the horizon of his labours. It would be difficult to name a recent criminal investigation involving questions of forensic medicine in which his scientific knowledge has not been requisitioned. His contributions to the literature of his subject are numerous. He has filled many high offices in Edinburgh, and he received as the reward of his public activity the honour of knighthood in 1886. Sir Douglas MacLagan carries with him into his honourable retirement the warmest wishes of his colleagues, who now desire to signalise their appreciation of his merits by making him an honorary graduate of the University which he has so well and so faithfully served."

In presenting John Wyllie, M.D., F.R.C.P.E., the Dean said: "The University is ever ready to bestow recognition upon those who have risen to eminence in that noble profession into which the bulk of our students are destined to pass, and particularly does she rejoice when the recipient of honour is so closely connected with our medical school as is Dr. Wyllie. After a brilliant career as a student in this University, he graduated with honours as Doctor of Medicine in 1865, and subsequently acted for a time as Examiner in Clinical Medicine. He has for a number of years filled with great acceptance the offices first of Lecturer on Pathology, and later of Lecturer on the Practice of Medicine to the Edinburgh School of Medicine. For fifteen years he acted as Physician to the Royal Infirmary, demitting office this year, and the value of his work in that capacity has been recognised by his appointment this week as Consulting Physician to the Infirmary. But Dr. Wyllie's title to the honour which is to be conferred upon him to-day rests mainly upon the remarkable scientific work which he has achieved. From an early age his attention has been directed to the physiology and pathology of the vocal mechanism, his graduation thesis dealing with the physiology of the larynx, and he has recently published a book, *The Disorders of Speech*, which has made a profound impression on the medical world, and is deservedly accepted as authoritative in regard to the abstruse subject with which it deals. On these various grounds the *Senatus* have deemed Dr. Wyllie pre-eminently worthy of the title of Doctor of Laws, which I now ask you to bestow."

SECOND PROFESSIONAL EXAMINATION (NEW REGULATIONS).—The following candidates have passed in the subjects named:

Anatomy, Physiology, and Materia Medica.—J. Anderson (with distinction), R. A. J. Ashbury, H. Baird, W. J. Barclay (with distinction), L. D. H. Baugh, J. G. Bell, H. W. Boreham, A. C. Brown, E. A. Brown, A. E. Burroughs, T. C. Caldwell, H. G. Carlisle (with distinction), L. M. Chesney, R. M'L. Dalziel, W. D. Darling, M. A., Y. A. Djedjyan, H. M. Mackenzie (with distinction), R. M'Gregor, A. McKaig, J. F. G. Martin, T. R. Matthews, W. W. Maxwell, J. Miller, E. C. Peate, A. C. Renwick, T. A. Price, J. Shalaby, G. F. B. Simpson, R. B. Turnbull, W. R. E. Williams, C. H. Durant, T. Livingstone, J. L. Louis, J. M. Macdonald, M. A., W. M. Mackay, M. Mackelvie, T. C. Mackenzie, G. Mackay, R. C. M'Lachlan, L. M. Wedderburn, G. C. M'Leavy, M. M'Niven, D. A. Macvean, J. Masson, M. A., G. H. Menzies, M. A., J. Millar, B.Sc., J. G. Mitchell, J. R. Munro, J. Orr, A. S. M. Peebles, E. J. Peill, A. Preston (with distinction), A. G. P. Raeburn, F. E. Richards, R. Ritchie (with distinction), W. Rogers, T. Rogerson, R. M. Rowe, M.A. (with distinction), A. K. Smith-Shand, V. E. Sorapure, H. B. Sproat, W. J. Stuart, M. A., R. G. Thomson, N. D. Walker, C. H. J. Watson (with distinction), and A. S. Whytcock.

Anatomy, Physiology, Materia Medica, and Pathology, for the degrees of M.B., C.M. Old Regulations.—J. H. Bain, A. J. W. Buchanan, G. L. K. Finlay, W. F. Godfrey, F. J. H. Bateman, W. Bennett, A. L. J. Brandy, S. Champion, J. L. Davis, W. H. Dawson (with distinction), F. B. Feast, J. V. Fox, A. D. Grange, E. J. Hudson, N. T. Kerr, J. Mackenzie, C. C. Macmillan, D. J. C. Oliver, W. J. Pierce, G. H. W. Robertson, M. A., F. S. Rose, J. B. Venters, E. B. Anderton.

Anatomy and Physiology.—P. J. Bodington, M. Booth, D. A. Callender, J. C. Carr, C. S. Clark, J. D. Comrie, S. L. Dawkins, D. Ewart, W. Ewart, J. J. Galbraith, B. K. Goldsmith, G. Haddon, P. W. Hampton, G. G. Hay, A. M. Holmes, F. N. Menzies, W. A. Murray, B. A., D. D. Farquharson, R. Fasson, D. Ferrier, E. G. French, A. S. Frank, J. Fullarton, A. E. Goldie, J. H. Gordon, T. B. Gornall, A. H. Griffith, A. N. de Gruchy, W. D. S. Harrison, F. J. Hathaway, J. T. P. Heatley, J. Husband, W. E. Hutchinson, J. G. Jack (with distinction), J. Jeffrey, S. H. Johnson, G. D. Laing, B. G. Macdonald, P. H. Macdonald, H. Macfarlane, J. S. Lessing, J. Luckhoff, P. N. M. Macdonald, J. G. Munro, A. W. Nankervis, T. S. A. Orr, W. Park, M. A., C. E. Smith, S. Southall, W. G. Thomson, J. Thornhill, C. H. Watson.

Degrees of M.B. and C.M.—D. D. Farquharson, R. Fasson, D. Ferrier, E. G. French, A. S. Frank, J. Fullarton, A. E. Goldie, J. H. Gordon,

T. B. Gornall, A. H. Griffiths, A. N. de Gruchy, W. D. S. Harrison, F. J. Hathaway, J. T. P. Heatley, J. Husband, W. E. Hutchinson, J. G. Jack (with distinction), J. Jeffrey, S. H. Johnson, G. D. Laing, B. G. Macdonald, P. H. Macdonald, and H. Macfarlane.

At the graduation ceremony on Saturday, April 10th, A. M. Rattray and J. T. Williams were formally admitted to the Degrees of M.B., C.M.

THIRD PROFESSIONAL EXAMINATION.

Degrees of M.B., C.M.—D. V. M. Adams, J. Alcindor, J. Allison, J. R. Anderson, W. N. Barker (with distinction), W. Bell, Harriet A. S. Bird, J. M. Bowie, E. R. Branch, S. Branch, C. S. Brebner, R. N. Brebner, H. H. Broome, R. Bruce, E. H. Brunt, J. Burnet, M. A. J. Cameron, R. Cameron, Jane A. Craig, W. Craig, Faith P. Crowther, R. Cumming, J. N. Cuthbert, E. F. Cyriax, L. J. N. Deas, G. Dick, R. J. Dick, W. H. Dickinson, C. H. Elmes, J. F. Falconer, E. G. Ffrench, D. Forbes, A. D. Fordyce, C. Forsyth, A. F. Fraser, A. T. Gailleton, A. B. George, H. E. Gibbs, R. Gibson, J. D. Gilfillan, A. Gilmour, A. Goodall, A. M. Green, A. A. Gunn, A. G. Hamilton, J. Haworth, T. E. Hincks, C. A. B. Horsford, J. Hunter, W. E. Hutchinson, J. W. Ingles, W. J. Jones, G. E. King, G. de Labat, F. O. Lasbrey, E. W. Lewis, A. J. M'Clmont, J. C. M'Conaghey, E. M'Culloch, W. C. Macdonald, J. M'Gibbon, A. C. M'Gilchrist, M. A.; A. M. M'Intosh, D. V. M'Intyre, M. A.; A. M'Kaig, W. M'Kay, R. M. Mackenna, M. A.; J. W. Mackenzie, D. W. Maclagan, T. D. M'Lauren, E. C. G. Maddock, T. R. Matthews, C. A. Mayne, W. P. Meldrum, B.Sc.; P. E. Millard, J. Monroe, J. A. Murray, B.Sc.; F. M. Parry, L. D. Parsons, W. M. Paul, M.A.; E. C. Peake, C. M. Pearson, G. B. Pemberton, A. de St. L. F. Perigal, J. A. Raeburn, W. Raine, H. H. Roberts, F. E. Robinson, G. A. Rorie, A. C. Sandstein, R. F. M. Scott, A. Shearer, A. B. Shed, W. Smith, E. Somerville, W. E. Tellet, A. H. Thomas, A. H. Thompson, P. G. L. du Toit, H. Wade, W. E. J. Wallis, D. Wardrop, D. B. Waters, A. Whittemore, J. R. Williamson, W. C. Wilson, M.A.; A. E. B. Wood, and G. J. C. Young.

The following have passed in Pathology of the third professional examination:

R. Crawford and R. King.

P. H. Gillies, M.B., C.M.; R. Haygarth, M.B., C.M.; and H. Schmitz have graduated in the degree of B.Sc. in Public Health in the University, and were formally admitted to their degree on Saturday, April 10th.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (OLD REGULATIONS).—The following candidates have satisfied the Examiners:

Chemistry, with Chemical Physics.—R. T. Brown, M.R.C.S., L.R.C.P., Guy's Hospital; G. B. Brown, L.S.A., Guy's Hospital; G. Smith, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; J. H. Tripe, London Hospital; T. J. A. Tulk-Hart, M.R.C.S., L.R.C.P., Guy's Hospital; P. E. Turner, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (NEW REGULATIONS).—The following candidates have satisfied the Examiners:

Elementary Anatomy and Biology, Chemistry and Physics.—Honours, Second Class: J. W. Heslop, College of Medicine, Newcastle-upon-Tyne. Pass List: R. S. Brown, College of Medicine, Newcastle-upon-Tyne; G. B. Brown, College of Medicine, Newcastle-upon-Tyne; H. P. Fox, Cooke's School of Anatomy; C. W. Turner, College of Medicine, Newcastle-upon-Tyne; F. P. Wigfield, College of Medicine, Newcastle-upon-Tyne.

Chemistry and Physics.—Annie Tombleson Brunyate, London School of Medicine for Women; B. E. G. Bailey, St. Bartholomew's Hospital; F. Clarkson, College of Medicine, Newcastle-upon-Tyne; S. T. Cochrane, College of Medicine, Newcastle-upon-Tyne; W. C. Douglass, St. Bartholomew's Hospital; A. E. Hodge, College of Medicine, Newcastle-upon-Tyne; E. L. Jenkins, Cooke's School of Anatomy; W. Pattullo, Edinburgh School of Medicine; S. Raw, College of Medicine, Newcastle-upon-Tyne; L. S. Smith, Mason College, Birmingham; W. W. Stainthorpe, College of Medicine, Newcastle-upon-Tyne; R. T. Vaux, College of Medicine, Newcastle-upon-Tyne; F. G. Wilson, College of Medicine, Newcastle-upon-Tyne.

Anatomy and Biology.—Alice Maud Dodd, London School of Medicine for Women; J. Farrage, College of Medicine, Newcastle-upon-Tyne; Ida Emilee Fox, London School of Medicine for Women; Chella Mary Hankin, London School of Medicine for Women; F. P. Joscelyne, Yorkshire College, Leeds; G. H. Kirby, Mason College, Birmingham; Florence Dyer Durell Legard, London School of Medicine for Women; M. J. Quirke, Mason College, Birmingham; H. Widdas, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy, Chemistry, and Physics.—Mary Jane D'Vaz, London School of Medicine for Women; D. H. J. Kirton, Mason College, Birmingham.

Elementary Anatomy.—O. C. H. L. Moll, Guy's Hospital; T. W. Morcom, London Hospital.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION: PART II. The following candidates passed in:

Anatomy.—H. J. Aldous, King's College Hospital; T. P. Allen, St. Bartholomew's Hospital; W. Asten, Birmingham; E. O. Balleine, King's College Hospital; A. St. J. Bateman, King's College Hospital; A. F. Carlyon, Middlesex Hospital; E. L. D. Dewdney, King's College Hospital; M. E. Fendick, Royal Free Hospital; C. Fisher, St. Bartholomew's Hospital; J. S. Goodall, Middlesex Hospital; J. E. Griffith, St. Bartholomew's Hospital; H. M. Hardy, Guy's Hospital; R. J. Harris, St. Thomas's Hospital; W. G. Hopkins, St. Mary's Hospital; F. A. Hort, Cambridge; D. Jeaffreson, St. Bartholomew's Hospital; H. Jessop, Birmingham; J. McClintock, King's College Hospital; C. J. Marsh, University College Hospital; E. R. Millar, University College Hospital; H. E. Morris, Guy's Hospital; F. Robinson, Royal Free Hospital; H. Smith, Birming-

ham; A. C. S. Waters, Cambridge; J. Welsh, Dublin; B. B. Westlake, Guy's Hospital; H. E. Weston, St. George's Hospital; A. H. Wilson, Birmingham; J. P. Woodhouse, Liverpool and Durham; T. Young, St. Bartholomew's Hospital.

Physiology.—M. A. Alabone, Guy's Hospital; H. J. Aldous, King's College Hospital; T. P. Allen, St. Bartholomew's Hospital; A. St. J. Bateman, King's College; S. F. Cheesman, Charing Cross Hospital; C. E. Child, Charing Cross Hospital; H. H. Cotuan, Aberdeen; M. B. Dawson, Middlesex Hospital; M. E. Fendick, Royal Free Hospital; C. Fisher, St. Bartholomew's Hospital; J. S. Goodall, Middlesex Hospital; W. H. Goodchild, St. Bartholomew's Hospital; J. E. Griffith, St. Bartholomew's Hospital; H. M. Hardy, Guy's Hospital; R. J. Harris, St. Thomas's Hospital; W. G. Hopkins, St. Mary's Hospital; D. Jeaffreson, St. Bartholomew's Hospital; H. Jessop, Birmingham; J. McClintock, King's College Hospital; E. R. Millar, University College Hospital; H. E. Morris, Guy's Hospital; R. C. Morris, Birmingham; D. V. Muller, Charing Cross Hospital; W. A. Pitt, Edinburgh; C. V. Smith, University College Hospital; H. Smith, Birmingham; A. C. S. Waters, Cambridge; J. Welsh, Dublin; B. B. Westlake, Guy's Hospital; H. E. Weston, St. George's Hospital; A. H. Wilson, Birmingham; W. R. Wilson, Dublin and Belfast; T. Young, St. Bartholomew's Hospital.

PRIMARY EXAMINATION: PART I. The following candidates passed in: Biology.—C. F. Blaett, St. Bartholomew's Hospital; S. F. Hickman, Royal Free Hospital; C. Hind, Royal Free Hospital; F. H. Maberly, Birmingham; M. Malcolm, Royal Free Hospital; E. Osborne, Birmingham; H. Richardson, Leeds; C. M. Scott, Royal Free Hospital; M. E. Unwin, Royal Free Hospital.

Materia Medica and Pharmacy.—R. R. P. S. Bowker, Middlesex Hospital; M. E. Fendick, Royal Free Hospital; W. H. Gale, St. Thomas's Hospital; A. H. Gibson, St. Thomas's Hospital; B. Hogan, London; G. R. Lucas, Edinburgh and St. Bartholomew's Hospital; C. C. Morgan, St. Bartholomew's Hospital; H. Munro, Guy's Hospital; F. Robinson, Royal Free Hospital; J. Welsh, Dublin; H. F. Willington, Manchester; L. Wright, St. Thomas's Hospital.

INDIA AND THE COLONIES.

INDIA.

VACCINATION IN THE NORTH-WESTERN PROVINCES AND OUDH.—The report for the years 1893-4 to 1895-6 gives evidence of progress. The number of successful operations increases yearly, and has now attained the ratio of 27.7 per 1,000 of population. The successful operations of 1895-6 bore a ratio of 79.7 per cent. of the total births of the year, which is thought to be a good result. At the same time, the percentage of persons under 1 year of age successfully vaccinated constituted only 34.81 of total births. "The ultimate aim of the department," it is stated, "is to secure the vaccination of every child in the provinces within 12 months of its birth." This aim is very far from having been accomplished as yet. The arrangements for the supply of lymph were satisfactory, but efforts are to be made to prepare bovine lymph in a central dépôt in the hills in a form suitable for transport to the plains. This it is thought would be a more convenient and efficient system than the present system of collecting human lymph during the rains in the higher hills of Kumaon by a special staff of vaccinators, and despatching it to the plains in September and October.

THE MEDICAL COLLEGE, CALCUTTA.—By a recent ruling of the Government of India, passed students of the Medical College, Calcutta, are in future to be appointed to the posts of house-physician and house-surgeon of the Medical College Hospital, and demonstrator of anatomy, Medicar College, Calcutta.

NURSING INSTITUTE.—The Madras Government has approved, provisionally, the revised rules framed by the Surgeon-General for the working of the Lady Wenlock Nursing Institute attached to the General Hospital, which was originally organised by Mrs. Nisbet, the Lady Superintendent.

CHOLERA BELTS.—The Commander-in-Chief in India has issued an important order dealing with this subject. It would appear that, owing to one or both belts with which the soldier in India is provided being discarded during the Chitral campaign, much serious illness was in all probability caused. Commanding officers of corps are now directed to provide against any future irregularities.

HOSPITAL ACCOMMODATION IN BOMBAY.—In view of the attention called to the sanitary conditions of Bombay by the outbreak of the plague, the following information, gathered from the latest official report on the civil medical institutions of the city, is of interest. The three principal hospitals are the St. George's (for the treatment of Europeans), Jamshedji Jijibhai, and Gokaldass Tejpal, the latter two general hospitals. There are smaller institutions for women and children. The daily average number of indoor patients in the year 1895 was follows: St. George's, 105; Jamshedji Jijibhai, 321; Gokaldass Tejpal, 100; institutions for women and children, 120; total, 646. The total average daily attendance of outdoor patients for the same year was 540. There is also an ophthalmic hospital, named after the founder, Cawasji Jehangier. The number of patients relieved and the accommodation appears very inadequate to meet the wants of a city with a population of 800,000.

PROFESSOR HAFFKINE.—Reviewing Professor Haffkine's career, the *Bombay Gazette* writes: "Evidently foreign Governments hold that 'science hath its victories no less renowned than war,' and deserving of equal recognition. The Government of India might, perhaps, also contribute something more helpful than discouragement to the work of its scientists who give years of invaluable service to combating disease in its worst forms in India. The writer on Indian affairs in the *Times* of February 12th cites the splendid labours of Professor Haffkine during four years in this country, in introducing and applying the system of anticholera inoculation, as a striking proof of the anxiety of the Government of this country to secure for its people all that Western science can accomplish for their protection against the dire disease. Can the Government of India honestly accept that compliment, paid in all sincerity and

good faith by the writer?" Further than this the *Gazette* does not go, but it is widely known that though Professor Haffkine is devoting his entire time and untiring labours to his public work, he receives no remuneration from the Government or the municipality beyond a trifling allowance for expenses.

NEW SOUTH WALES.

NEW MEDICAL BILL.—On November 3rd, 1896, the New South Wales Government introduced to Parliament a short Bill containing five clauses, the object of which is to distinguish qualified from unqualified practitioners. The Bill provides that unregistered persons must state their names in full in all their advertisements or notifications and on their premises, and in each case the words "Not registered" must be affixed to the surname. The Bill is an admirable one in the public interest. The measure has been postponed owing to the prorogation of Parliament.

PUBLIC HEALTH ACT.—The new Public Health Act came into force in this Colony on January 1st. It includes important provisions for the prevention of disease, and in particular it makes notification of infectious diseases compulsory.

BACTERIOLOGY.—Among the many munificent gifts of the late Sir William Macleay for the advancement of biological science in New South Wales was a sum of £12,000, left by him for the purpose of establishing a lectureship in bacteriology in Sydney. The money in the first instance was left to the University under certain conditions. The bequest was accepted by the University, but the Senate eventually decided that they could not fulfil the conditions, when the money was in accordance with the terms of the will handed over to the Linnean Society of New South Wales to found a lectureship in bacteriology in connection with that body. The Council of the Linnean Society not being in a position to equip a bacteriological laboratory at the time, decided to allow the capital to accumulate for two years. Now the Council is in possession of a sufficient sum to provide a suitable equipment, together with a sinking fund, in addition to supplying the lecturer's salary. They will accordingly soon appoint a bacteriologist whose duty will primarily be to carry out original research in the Society's laboratory. At the discretion of the Council, he may also give instruction in bacteriology to a limited number of pupils. The subject of investigation will in all cases be assigned by the Council or selected by the bacteriologist and approved by the Council. The salary will be £350 a-year, with two-thirds of the fees received from pupils.

LEPROSY.—The annual report on leprosy in New South Wales for 1895 recently published states that on January 1st of that year 40 persons were under detention in the lazaret. During the year 10 persons were reported to the Board under the Act as being suspected of leprosy; of these 3 were eventually admitted to the lazaret. Five patients died during the year, and 1 was discharged apparently cured. On December 31st, 1895, there remained 37 patients, of whom 16 were white and 21 coloured. The total number of patients admitted to the lazaret since 1883 is 58. Distributed under nationalities the account stands as follows: Natives of New South Wales, 15, of whom 4 have died, and 1 has been released; of Queensland, 7; of Germany, 1; of England, 2; of Ireland, 2, of whom 1 has died; of New Zealand, 1, deceased; of Fiji, 1. All these patients were white, of European descent. There were 29 natives of China, of whom 11 have died; 2 of India, of whom 1 has died; 1 of the West Indies, discharged; 1 of Java; 1 of the New Hebrides (Tanna); 1 of New Caledonia, deceased. All these were coloured persons.

MEDICAL NEWS.

MEDICAL MAGISTRATE.—Dr. Reginald Alexander, M.A., F.L.S., of Halifax, has, upon the recommendation of the Lord Lieutenant, been placed on the Commission of the Peace for the West Riding of the county of Yorkshire.

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—George R. Livingston, M.B., C.M., and William T. Ritchie, M.B., C.M., have been appointed Resident Medical Officers for six months from May 1st next.

HOSPITAL REFORM ASSOCIATION.—A meeting to promote the objects of the Hospital Reform Association will be held in the Grand Hotel, Birmingham, on Wednesday, April 21st, at 4 P.M. Dr. Isambard Owen and Dr. J. Ward Cousins have promised to attend and speak.

HEALTH OF THE ARMY IN INDIA.—Mr. J. H. Lynn writes to the *St. James's Gazette*, giving figures by which he discredits the utility of the Contagious Diseases Acts both in India and in England. He writes: In India, "Lock hospitals" began to be opened in 1865. This proceeded until 1872. I have referred to the five years following 1860 as the years prior to the Acts, and they include the great increase of 1861. The diminution to 1865 ceased in 1867. Dividing the whole period of the table into quinquennia, it shows, in the first (1860-65), a good diminution; in the second, its discontinuance; in the third, increase; in the fourth, greater increase; in the fifth, still greater increase; in the sixth, the greatest increase; and in the last (1890-95), the rate of increase reduced to the same percentage as in the third (1870-75). The only statistics I have used are in the report of Lord Onslow's Committee. The home army figures show that the fall prior to the Contagious Diseases Acts was not maintained under them, that in the later years of their operation there was a rise, and that since repeal there has been a decrease of 35 per cent.

A DANCE in aid of the fund for furnishing the wards of the new wing of the West London Hospital will be held under the immediate patronage of H.R.H. Princess Mary Adelaide Duchess of Teck, at the Queen's Hall, Langham Place, W., on May 31st next. The Honorary Secretaries are Mr. Percy Dunn, 54, Wimpole Street, W., and Dr. Aldren Turner, 13, Queen Anne Street, W.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The first meeting of the South-Eastern Division will be held at the London County Asylum, Cane Hill, on Wednesday, April 21st. Dr. Ernest White, honorary secretary (*pro tem.*) will give a short address on The South-Eastern Division: its Origin, Aim, and Object. The following papers will be read: (a) Dr. F. W. Mott, F.R.S., Some cases of Syphilitic Brain Disease resembling General Paralysis; (b) Dr. Fletcher Beach, Insanity in Children; (c) Dr. T. Outterson Wood, The Asylum-trained Nurse. In the evening the members will dine together at the Café Monico.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The twenty-fifth annual meeting of the American Public Health Association will be held at Philadelphia on October 26th and three following days, under the presidency of Dr. Henry B. Horlbeck. The Executive Committee have selected the following subjects for consideration: 1. The Pollution of Water Supplies. 2. The Disposal of Garbage and Refuse. 3. Animal Diseases and Animal Food. 4. Car Sanitation. 5. Steamship and Steamboat Sanitation. 6. The Prevention of the Spread of Yellow Fever. 7. The Transportation and Disposal of the Dead. 8. The Relation of Forestry to Public Health. 9. Nomenclature of Diseases and Forms of Statistics. 10. Cause and Prevention of Infectious Diseases. 11. Public Health Legislation. 12. Cause and Prevention of Infant Mortality. 13. Transportation of Diseased Tissues by Mail. 14. River Conservancy Boards of Supervision. 15. The Period during which each Contagious Disease is Transmissible, and the Length of Time for which each Patient is Dangerous to the Community. 16. Sanitation, with special reference to Drainage, Plumbing, and Ventilation of Public and Private Buildings. 17. Some Method of International Arrangement for Protection against the Transmission of Infectious Diseases. 18. Disinfectants. 19. Existing Sanitary Municipal Organisations of the Countries belonging to the Association, with a view to a Report upon those Most Successful in Practical Results. On all these subjects special committees have been appointed.

MEDICAL VACANCIES.

The following vacancies are announced:

BRIGHTON, HOVE, AND PRESTON DISPENSARY.—House-Surgeon for the Northern Branch. Unmarried, and doubly qualified. Salary, £140 per annum, with furnished apartments, coal, gas, and attendance. Applications to C. Somers Clarke, Honorary Secretary, Board Room, Queen's Road, Brighton, before April 25th.

BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN.—House-Surgeon, unmarried, and under 30 years of age. Salary, £80 per annum, with furnished apartments, board, gas, coals, and attendance. Applications to A. F. Graves, Clerk, 76, West Street, by May 7th.

CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY, 41, Sloane Square, S.W.—Surgeon. Applications to Austin E. Cooper, M.D., Secretary, by May 1st.

CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—House-Surgeon; doubly qualified, registered, and unmarried. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Clayton Hospital, Wakefield, by April 22nd.

COMBINED DISTRICT OF BATTLE, CUCKFIELD, EASTBOURNE, EAST GRINSTEAD, HAILSHAM, NEWHAVEN, TICEHURST, AND UCKFIELD RURAL DISTRICT COUNCILS, AND CUCKFIELD, HAYWARD'S HEATH, AND UCKFIELD URBAN DISTRICT COUNCILS.—Medical Officer of Health. Appointment for three years. Salary, £600 per annum. Between 30 and 50 years of age. Must not engage in private practice. Applications endorsed "Medical Officer of Health" to Edward Waugh, Clerk, Hayward's Heath, by May 1st.

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.

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. Appointment for six months. Board, lodging, and washing in hospital. No salary. Applications to the Secretary by May 6th.

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.

HUDDERSFIELD INFIRMARY. Junior House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to Dr. Samuel Knaggs, Huddersfield.

ISLANDS OF SANDAY AND NORTE RONALDSHAY. Resident Medical Practitioner. Salary, £60 per annum, with a house, offices, and garden, rent free. Sealed applications marked "Medical" to William Muir, Temple Hall, Sanday, Orkney, by April 28th.

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.

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

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.

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 10th.

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.

STOCKTON AND THORNABY HOSPITAL, STOCKTON-ON-TEES. Non-Resident House-Surgeon. Doubly qualified, under 30 years of age. Salary, £200 per annum. Applications to H. G. Sanderson, Secretary, by April 29th.

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 Pinchard, Secretary, 13, Hammet Street, Taunton, by April 24th.

UNIVERSITY COLLEGE, BRISTOL. Medical Tutor, Stipend, £125 per annum. Applications to E. Markham Skerritt, M.D., Dean, by April 17th.

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.

ABBOTT, F. W., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Tooting Workhouse of the Wandsworth and Clapham Union.

BERRY, H. POOLE, M.B. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Grantham Town Council.

BOX, CHARLES RICHARD, B.Sc., M.D., B.S. Lond., M.R.C.P. Lond., F.R.C.S. Eng., appointed Resident Assistant Physician to St. Thomas's Hospital, vice Dr. Seymour G. Toller, whose term of office is about to terminate.

BURGESS, E. A., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Thorncombe District of the Beaminster Union.

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

CRADDOCK, SAMUEL, M.R.C.S. Eng., L.S.A., appointed Medical Officer of the Cottage Home Schools of the Bath Union.

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.

FRERE, HANBURY, M.B., C.M. Edin., appointed Medical Officer for the Stradbroke District of the Hoxne Union, vice A. B. How, B.A. Oxon., M.R.C.S., L.R.C.P.

GOSTLING, W. AYTON, M.D., M.R.C.S., appointed Medical Officer to the Worthing Infirmary, vice Golding Bird Collett, L.R.C.P. Lond., L.R.C.S., resigned.

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

HOME, GEORGE, M.D., appointed Clinical Assistant to Out-patients at the Chelsea Hospital for Women, Fulham Road.

LOCKWOOD, JOSEPH, M.R.C.S. Eng., appointed Medical Officer of Health to the Whitley Urban District Council.

LOW, CHARLES W., M.B., D.P.H., appointed Medical Officer of Health to the Stowmarket Urban District Council.

MCCUTCHEON, WILLIAM ARTHUR, L.R.C.P. and L.R.C.S. Edin., appointed Assistant Medical Officer to the County and City Asylum, Hereford, vice T. Kirkwood, M.B., resigned.

PARTRIDGE, THOMAS, M.R.C.P.I., M.R.C.S., etc., reappointed Medical Officer of Health to the Stroud Rural District Council.

PHILLIPS, S. C., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the North Peckham District of the Camberwell Parish.

REYNOLDS, J. H., M.B., C.M. Edin., appointed Special Non-resident Clinical Clerk to the Lock Wards, Royal Infirmary, Edinburgh.

RUNCIMAN, N. H., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Intern Physician to the South Infirmary, Cork.

SMALLEY, HERBERT, M.D. Durh., L.R.C.P. Lond., M.R.C.S., Medical Officer of Parkhurst Convict Prison, appointed Medical Officer of Local and Convict Prisons.

TAYLOR, C. H., M.B. Lond., M.R.C.S., etc., appointed Honorary Surgeon to the Derbyshire Royal Infirmary, vice Mr. J. A. Sharp, resigned.

TOOTHILL, F. C., M.B., C.M. Edin., appointed Medical Officer for the Ashford District of the Staines Union.

TOWNSEND, NORMAN, L.R.C.P., L.R.C.S.I., appointed Extern Physician to the South Infirmary, Cork.

WRANGHAM, WILLIAM, M.B. Lond., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon at Leicester Infirmary.

DIARY FOR NEXT WEEK.

WEDNESDAY.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.30 P.M.

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

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

THURSDAY.

NEUROLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8.30 P.M.—Cases will be shown by Drs. Ferrier, Donkin, Gossage, Lunn, Beevor, and Mr. Ballance, Drs. James Taylor and Harris.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Clinical Evening—Patients in attendance at 8 P.M. The following cases will be shown: Mr. C. J. Symonds: (1) A Case of Relapsing Myositis and Osteitis; (2) Subclavian Bruit in a Man aged 25 years; (3) A Boy from whose Jaw a Myeloid Sarcoma was removed Fifteen Months ago without sacrifice of Bone. Mr. Frederic Eve: (1) Congenital Dislocation of the Shoulder; (2) Arrest of Growth in Humeri. Mr. Howard Marsh: A Case of Hydronephrosis with Unusual Characters. Dr. Hugh R. Smith: A Case of Amyotrophy of the Peroneal Type illustrating Family Predisposition to the Affection. Dr. J. K. Fowler: A Case of Myositis.

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.

MARRIAGES.

HOME—RICHARDSON.—On the 8th inst., at Holy Trinity, Upper Chelsea, by the Rev. A. L. Lilley, William Edward Home, Surgeon Royal Navy, to Ida Mary Geraldine, second daughter of the late J. Smith Richardson, Burncrana, co. Donegal, and of Mrs. Richardson, 41, Holbein House, Chelsea.

PHILLIPS—JOHNSON.—On April 10th, at 6, St. Thomas Road, Edinburgh, by the Rev. Dr. Charles R. Teape, of St. Andrew's Episcopal Church, Cyril Hamilton Phillips, M.B., C.M. Edin., youngest son of the late J. R. Phillips, Barbadoes, W.I., to Annie Millicent, elder daughter of the late W. L. Johnson, Barbadoes, W.I.

DEATHS.

TOWNSEND.—On Sunday morning, April 10th, 1897, at 68, Queen's Gate, London, Mary Alice, only daughter of the late Thomas Ainsworth, of The Floss, Cumberland, and for nineteen years the beloved wife of Thomas Sutton Townsend, of Clifton Manor, Warwickshire.

WOODCOCK.—On the 9th inst., at Old Trafford, aged 24 years, Jessie, eldest beloved daughter of Sam Woodcock, M.D.

ZIMMERMANN.—On March 23rd, at Belgaum, India, Rosa, the beloved wife of Surgeon-Major B. F. Zimmermann, Army Medical Staff, aged 32.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*—Daily, 2. *Operations*—Tu. F. S., 2. CENTRAL LONDON OPHTHALMIC. *Attendances*—Daily, 1. *Operations*—Daily. CENTRAL LONDON THROAT, NOSE, AND EAR.—*Attendances*—M. W. Th. S., 2; Tu. F., 5. *Operations*—Daily.

CHARING CROSS. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operations*—W. Th. F., 3.

CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. Th. F., 2.

CITY ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—M. 4.

EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—F., 2.

GREATER NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 1.30; Throat and Ear, Tu. F. 2.30 Skin, W., 2.30; Dental, M. W. F., 2. *Operations*—M. W. Th. F., 2.

GUY'S. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Th., 1.30; Ear, Tu. W. F., 1.30; Skin, Tu. F., 1.30; 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, M. F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 3.30. *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., 2. *Operations*—W., 1.30; S., 2; (Obstetrical), 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, 9; Skin, F., 2; Dental, F., 9. *Operations*—Tu., 2.30.

ROYAL EYE, Southwark. *Attendances*—Daily, 2. *Operations*—Daily.

ROYAL FREE. *Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, S., 3; Dental, Th., 9. *Operations*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Attendances*—Daily, 9. *Operations*—Daily, 10.

ROYAL 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., 1; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopedic, M., 2.30; Dental, Tu. F., 9. *Operations*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. *Attendances*—Medical and Surgical, daily, 12; Obstetric, M. Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopedic, W., 2; Dental, Tu. S., 9. *Operations*—M. Tu. Th. F., 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., 1.30; Orthopedic, W., 10; Throat, Tu. F., 3.0; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.31; 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; (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., 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., 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.

F. C. W. asks: Will any member kindly inform me if there is a perfectly satisfactory fountain pen on the market? I have spent one or two half guineas on pens which have one or more defects, the principal being (1) difficulty of making the pen start, and (2) irregularity of the flow of ink to the nib.

M. B. asks for information as to the suitability or otherwise of the climate of Cuba and North Borneo for incipient phthisis. His patient is a strong young man, aged 23, in the early stage of the disease. If Cuba or North Borneo would be suitable for his case, he could in either case follow his present business.

NON-MENSTRUATION AND MARRIAGE.

NEMO writes: A lady, aged 25, has received an excellent offer of marriage but she has never once seen a trace of catamenia. Her mother tells me that her health is perfect, and but for this singular absence of what is usual with women she knows of nothing wrong, but she asks my advice as to her daughter getting married or declining the offer. What shall I tell her?

INFECTION DURING INCUBATION.

M. B. BRUX inquires: (1) If it is generally accepted that in cases of measles, whooping-cough, and mumps the infection can be carried to others by anyone who is incubating for one of the above diseases, and before any premonitory symptoms have appeared? (2) If the infection in the above diseases can be conveyed by a healthy non-incubating person to others?

LOCUM TENENS AND CLUBS.

A. T., writing from Ballarat, Victoria, desires to know what is the custom of the profession in this country under the following circumstances: While he was away from home on account of ill-health he left his practice in charge of a *locum tenens*, who was alleged to have neglected some of his club patients, who, in consequence, called in private doctors. When the latter sent in their bills the clubs required our correspondent to pay, and he wished to know whether his *locum tenens* is not liable to make good this loss out of his salary.

** In this country, in the absence of special agreement, no club can compel its medical officer to pay bills contracted by a member with a private practitioner. If club patients in Australia resemble those in this country, it is not surprising that they seize the opportunity of calling in other practitioners in the absence of their own medical officer. They generally have some acquaintance with a neighbouring practitioner, while the *locum tenens* is unknown to them, so that if our Australian brethren submit to such regulations they ought to blame themselves for the result, and to be very chary in believing that the conduct of the club patients is in consequence of neglect on the part of the *locum tenens*. Nothing short of the most wilful neglect on the part of the latter would warrant a deduction from his salary.

ANSWERS.

DR. SHUTTLEWORTH (Ancaster House, Richmond Hill) writes in reply to two queries in the BRITISH MEDICAL JOURNAL of April 10th, page 954, as follows: 1. Epileptic girl (not idiot) might be received, when accommodation is complete, at Colony for Epileptics, Chalfont St. Peters; information from Secretary (Mr. Penn Gaskell). 2. Buckingham Street, Strand, W.C. 2. Epileptic idiot if in metropolitan district would be admissible to Darenth Asylum, but at present there exists no special institution for pauper idiots in the provinces. Northampton County Asylum has a special department for idiots paid for by guardians.

HERNIA OF THE VERMIFORM APPENDIX.

DR. RICHARD NEALE (South Hampstead, N.W.) writes: A reference to Section 885:5 of the *Medical Digest*, 1890 edit., and the Appendix, 1895, will tell Mr. Newbolt of many cases similar to the one he reported last March, nine of which are collected by Mr. Davies-Colley.

PAINFUL FLATULENCE.

FAR AWAY writes to recommend carbolic acid in the case described by "Verax." The following I have found, he says, very useful for flatulent distension: I obtained it, I think, from Dr. Whitla's *Materia Medica*: B. Acid. carbolic gr.j.; quin. disulph. gr.j.; ext. nuc. vom. gr. ss; ext. gentian. q.s. Flat pil. One to be taken twice or three times a day.

OBSTINATE MASTURBATION.

DR. CHARLES W. HOWATSON (Dunblane, N.B.) recommends hypnotic suggestion, if possible. I have myself, he writes, cured two cases by this means after all other treatment had failed signally.

J. D. W. writes that the early age of "J. F. B.'s" patient renders it highly probable that reflex irritation of the genital organs is the exciting cause. He therefore suggests that the following points should be carefully examined: (1) The urine, especially for hyperacidity: (2) the bladder, for stone; next, turn his attention to the rectum, and examine for worms, polypus, prolapsus, etc.

M. D. writes: The child should wear at night a pair of wire gloves, by Hawksley, Oxford Street, costing £2 2s., if practicable. During the day he must be closely watched, without a moment's cessation, and never allowed to pass water or go alone to the watercloset. He should be made to understand that the habit is a disgusting one, and that it will ruin his mind and body. This may be impressed upon his childish nature by withholding sweets, puddings, jams, and all nice things whenever he misbehaves in this way. The countenance, if closely