

by Marchi, Biedl, and others; but there seems little doubt that it is derived from Deiters's nucleus, as was supposed by Ferrier and Turner. Some degenerated fibres reach both anterior columns of the spinal cord by way of the posterior longitudinal bundles, and terminate in the lower cervical region. Other fibres which enter the posterior longitudinal bundles have an opposite course, and were traced to the region of the quadrigeminal bodies, where they appeared to terminate. Some degenerated fibres passed from the seat of lesion across the raphé on the ventral side of the sixth nucleus, to terminate in the formatio-reticularis; others passed to the region of the opposite superior olive, some appearing to enter this structure, while others became associated with the opposite fillet, passing with its fibres to the region of the anterior corpora quadrigemina.

Section of the posterior columns and their nuclei in the medulla was performed in order to control certain of the other experiments, but no degeneration was met with other than that of the opposite fillet so clearly established by Mott, as following a lesion of the posterior column nuclei, and of fibres passing to the cerebellum in the restiform body.

In view of these results, the tract formerly known as the direct sensory cerebellar tract is regarded as an efferent tract from the cerebellum to Deiters's nucleus, through which nucleus the cerebellum is brought into connection with the anterior horn of the spinal cord on the same side, and to a lesser degree on the opposite side, throughout its whole length. Thus, although there is an absence of any evidence of a direct efferent tract from the cerebellum to the spinal centres, there is evidence of an indirect efferent path through Deiters's nucleus.

It appears probable that through the connections of Deiters's nucleus with the cervical cord, by way of the posterior longitudinal bundles, and with the corpora quadrigemina and superior olives, the cerebellum is brought into relationship with these centres, and that the connection thus brought about may have important bearings in regard to the movements of the head and eyes.

X RAYS: A SIMPLE METHOD OF INCREASING THE EFFICIENCY OF THE TUBES.

BY
T. W. IRELAND, and E. H. HOWLETT, F.R.C.S.,
M.B.Cantab. Surgeon, Hull Royal Infirmary.

It is a matter of common experience with x ray workers that their results are vitiated by the faulty working of the tubes. The more a tube is worked the greater is the difficulty in making it fluoresce actively. Working in a warm room, or better still the application of heat to the tube itself, in some measure mitigates the trouble, but does not cure it. It has been suggested that this difficulty is due to increased electrical resistance in the tube, this resistance constantly increasing, till at last the current absolutely refuses to pass through and light up the tube, preferring to spark round outside the bulb. The possible explanation of this phenomenon is as follows: Whilst the current is passing the outside of the bulb becomes positively charged and attracts the negative particles inside, producing a polarised condition of the glass. A suggestion made by Porter seems to have been partially successful in overcoming this trouble. He surrounded the cathodal extremity of the tube with a ring of copper wire, closely approximating but not touching the glass, and attaching it to a wire either connected with the earth or to the cathodal wire. This method is fairly effective, but cumbersome. Dr. Arnold Berliner has devised an arrangement of a wooden cylinder pushed over the tube containing the cathode, moistening the inner surface with glycerine. But we have lately employed a very simple method of working, which entirely obviates these troubles. It consists in wrapping the cathodal extremity of the bulb in damp cotton wool or lint, one end of which touches and surrounds the bulb at the cathodal end, whilst the other is attached to the cathodal wire. The effect is instantaneous. A bulb that prior to the attachment of the wool had refused to light up at once became flooded with a most beautiful

blue green effulgence, the most effective form both photographically and optically.

We claim that the power of the tube is absolutely increased; that the working of the tube is constant, a large portion of the flickering being done away with; that as long as the current is passing the tube will continue to act efficiently; that it does away with the trouble of heating; that it prolongs the life of the tube, it not being necessary to have such frequent recourse to the pump.

The wool or lint cover must be carefully applied so that no loose fibres are allowed to hang round the bulb; and the anodal connection must also be carefully adjusted, no loose fibres being left to act as a brush. Given these precautions the trouble with sparking will not appear, and the general annoyance caused by the constantly increasing electrical resistance would seem to be entirely counteracted.

A successful demonstration of this method of treating bulbs was given at the Hull Medical Society on April 8th, 1897.

MEMORANDA:

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

PELVIC CELLULITIS FOLLOWING GONORRHOEA.

[Communicated by the DIRECTOR-GENERAL R.N.]

R. W., aged 20, was admitted on August 11th with a large venereal sore inside the prepuce, phimosis, and urethritis; circumcision was performed, and the wound healed by granulation. A month later he had an attack of cystitis and right epididymitis, which was treated by rest, irrigation of the bladder with listerine, and fomentations. On October 11th the left epididymis was affected, the inflammation involving the left cord; there was slight pyrexia.

On October 24th he complained of pain in the left iliac region, which was dull on percussion and somewhat tender; the bowels were loose, and the stools contained mucus. On examination *per rectum*, the prostate was found to be enlarged and tender. On October 26th there was hectic pyrexia. The patient now complained of very acute pain in the left iliac region, which was dull to level of umbilicus, and the left lower abdomen was distinctly prominent. The bowels were very loose, and there was a constant discharge of clear mucus *per anum*. On examination, the bowel was found to be almost occluded $2\frac{1}{2}$ inches from the anus by a rounded hard swelling on the left side, the size of a foetal head at term. Fluctuation was detected in the left scrotum. Assisted by Surgeon May, who gave ether, I opened a small abscess on the outer side of the left testis, and as the cord was very tense and swollen I extended the incision to the left internal ring; several localised collections of pus were found in the substance of the cord. As I now thought I could detect fluctuation in the left iliac fossa, I extended the incision towards the left anterior superior iliac spine, and on reaching the transversalis fascia above the internal ring a tense swelling presented; this was opened, and half a pint of pus escaped. The finger could then be passed over the iliac fossa to the brim of the true pelvis. A double drainage tube was inserted, and iodoform dressings applied. The cavity was irrigated daily and quickly closed. Five days after the operation the bladder and rectal symptoms disappeared.

HOWARD TODD,
Staff-Surgeon R.N.

FOUR CASES OF LOBAR PNEUMONIA APPARENTLY DUE TO INFECTION.

With reference to the article in the BRITISH MEDICAL JOURNAL of April 10th by Dr. A. Douglas Heath on "Three Cases of Lobar Pneumonia apparently due to Infection," the following brief history of four consecutive cases of that disease in one household within a period of eight weeks, which occurred recently in our practice, may be of interest. As in Dr. Heath's cases the facts would seem to point to the presence of an infectious or contagious agent in their causation.

C. H., aged 17, took ill on October 1st, 1896, with lobar

pneumonia, which ran an uncomplicated course, terminating by crisis on the ninth day.

On October 26th her sister, E. H., aged 15, developed pneumonia in the left base, and made a good recovery, the crisis occurring on the seventh day.

On November 19th a brother, T. H., aged 5, fell ill with the same disease, and was followed four days later by a younger brother, H. H., aged 3. In these last two cases the pneumonia was complicated with pleurisy and considerable effusion, and recovery was somewhat protracted.

The pneumonia in all the cases was of the typhoid type, without, however, any grave depression, and, with the exceptions mentioned, was uncomplicated. The pulmonary symptoms were not prominent, the cough being slight and the expectoration scanty although blood-stained. The physical signs were unequivocal. The patients were anæmic and weakly, but had never suffered from pneumonia before. There had been no previous illness in the house, and there was no epidemic prevalent at the time. The house was modern and presented no obvious sanitary defect, but the sleeping rooms were certainly overcrowded. Cases I, II, and III occupied the same bedroom (14 feet by 12) along with an older sister (a robust young woman), who did not take the disease. Case IV slept in an adjoining room, but was frequently in the bedroom with the other patients.

Although the origin of Case I could not be explained we suspected at the time that a causal relationship, direct or indirect, existed between this case and those that so rapidly followed it.

JOHN CHARLES, M.D.Glasg.

Stanley, co. Durham.

DAVID A. DEWAR, M.B.Glasg.

FATAL CASE OF HYPEREXIA FOLLOWING RHEUMATISM.

[Communicated by the DIRECTOR-GENERAL, R.N.]

D. E. E., aged 40, chief engine room artificer, was placed on the sick list at Amoy, China, on July 10th, with subacute rheumatism. The temperature was 100.8°, and there was pain, swelling, and tenderness of both hands and feet and the right knee-joint. He had been subject to rheumatism of an acute and subacute character since 1893, and had been under treatment from time to time for this complaint.

He was placed in bed, on low diet, the affected parts wrapped in cotton wool and bandaged, and a mixture containing sodium salicylate gr.xv given every four hours. His temperature became normal, and the pain and swelling of the joint subsided, and on the evening of July 14th he stated that he felt quite well, and hoped soon to be allowed to do his duty. His temperature went up again on this evening to 101° F. At 5.45 A.M. on the morning of July 15th he was delirious, with stertorous breathing and dilated pupils; the skin was very hot and dry; the pulse 138, full and bounding. The temperature was found to be 106° F.; taken in the axilla every five minutes, it rapidly rose to 109.9° F. He was immediately packed in ice, and the surface of the body bathed with iced water. Under this treatment his temperature came down to 107° F., but went up again; and as his pulse was becoming weak, I injected ether hypodermically three times, 3jss being used in all. The temperature went up again, the breathing became more embarrassed, and the patient showed signs of venous engorgement, and he died at 8.15 A.M.

The only other cause of this high temperature that suggested itself was "heat apoplexy," and I think the following reasons are against it: 1. His previous history, and that he had already been under treatment for rheumatism for four days. 2. Amoy is outside the tropics, and the highest temperature registered in the day during the time was 86°, and there was a cool breeze blowing. 3. He had not been in the engine room for several days previously, and no other case occurred on board, neither had anyone complained of discomfort from the heat.

There were no premonitory symptoms, rigors, or nervous disorders of this fatal complication except the rapid subsidence of the pain and the swelling of the joint. There were no symptoms or physical signs of cardiac complications.

MONTAGUE L. B. RODD, M.R.C.S., L.R.C.P.Lond.,
H.M.S. Redpole, Hankow, China. Surgeon, R.N.

REPORTS

ON

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

CUMBERLAND INFIRMARY, CARLISLE.

NOTES OF A CASE OF BELLADONNA POISONING: RECOVERY.

(Under the care of Dr. BARNES.)

[Reported by JOHN D. DUNCAN, M.B., C.M.Edin., House-Surgeon.]

M. W., a male, aged 45 years, was admitted on November 10th, 1896, at 9 A.M., in a comatose and collapsed state. It was stated that he had three hours and a half previously taken a little over an ounce of glycerinum belladonnæ, in mistake for "black beer."

The patient is a hawker, and had risen at 5.30 A.M. to go to market. On the previous night he had taken a little black beer for a "cold," and had set down the bottle beside some others. Next morning he intended having a little more of the black beer, and took, as he supposed, the correct bottle. He measured out a little over an ounce of the material which was labelled glycerinum belladonnæ. He added a little warm water and some sugar to it and drank it off. This was about 5.30 A.M. He thought at the time that the taste was not the taste of black beer, and remarked so to his wife.

According to the account received he wheeled his barrow to the Citadel Station, which is about 200 yards from his house. He returned home, not feeling very well, and his wife suspected that he had taken the wrong medicine. She at once gave him some salt and water in order to induce vomiting, but this was unsuccessful. She afterwards gave him some tea. He gradually got worse. She noticed that he could not take hold of things properly, and that he reversed the order of things. For instance, instead of putting the stall on the barrow he tried to put the barrow on the stall.

Dr. Macdonald was sent for, and arrived about 7 o'clock. He was shown the bottle containing the belladonna, and was told that the patient had not vomited. Apomorphine $\frac{1}{2}$ grain was injected subcutaneously, and the patient vomited, in about three minutes, one or two mouthfuls of a brownish coloured fluid which had a faint odour of belladonna. The patient was delirious, the delirium being of a noisy and active character. The pulse was very feeble. One-twentieth grain of sulphate of strychnine was injected subcutaneously. He was then sent to the Cumberland Infirmary.

On admission he was found to be comatose. The jaws were firmly clenched, and there was a constant grinding of the teeth. There were jerking movements of the limbs, but chiefly of the tendons at the wrists. The body was warm, the temperature in the axilla being 98.6°; the pupils were widely dilated, and did not react to light; only a small rim of the iris was seen. The breathing was somewhat stertorous. There was marked dryness of the mouth and tongue, which was seen on forcibly opening the mouth; the skin was dry. The pulse was 112, and very weak. One-tenth of a grain of strychnine, along with a quarter of a grain of morphine, was at once injected subcutaneously.

The patient remained comatose until 11.30 A.M., when he began to be restless and tried to get out of bed. He spoke then for the first time, and when questioned he could tell part of his name but could not remember the other part of it. A busy and happy delirium had supervened, and he looked at times as if he were intoxicated with alcohol. He clutched at imaginary objects, and had evidently hallucinations of unseen agency; the movements of the arms were very incoördinate. He kept picking at the bed clothes, and made movements as if he was tying knots.

He was at this time seen by Dr. Barnes, and a second hypodermic of morphine was injected, two-fifths of a grain being administered. In about ten minutes the delirium ceased, he fell asleep and slept in one position, with hardly any movement except an occasional slight twitching of the arms, until 4.45 P.M.; the breathing meanwhile was more regular; the pulse at 4 o'clock, before he awoke was 84. Afterwards it was 126, and was very small in volume; the pupils were still

15.—FINCHLEY.

Date of Outbreak: November, 1894. *Reporter:* Dr. Kenwood, M.O.H.
Exciting Cause of Outbreak:—Three cows supplying the milk had diseased teats, and on had a chronic abscess of her udder.

Circumstances implicating Milk.—From November 8th to 18th there were 94 per cent. of the houses supplied by the dairy invaded by the throat malady. The disease attacked all classes, and especially adults over 20 years of age. Twenty-four hours after issue of a notice to boil all milk, the epidemic ceased as suddenly as it started.

Facts showing Special Incidence of Disease.—Better class houses, and generally those using most milk, suffered in greatest degree. After cessation of the throat epidemic, true diphtheria, but of a mild type, grew up in the district, 25 of the first 38 cases being in persons who had just before suffered from the throat malady. Only one diphtheria death resulted in whole quarter.

Reference.—BRITISH MEDICAL JOURNAL, 1895, vol. i, pp. 1167-68.

(To be continued.)

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

WOMEN'S DEGREES.—The vote on the proposal to admit women to the titles of the degrees of B.A. and M.A. will be taken on Friday, May 21st, at 1 P.M. The Syndicate having reconsidered their report have agreed to adhere to their original recommendations. The most active efforts are being made to inform the constituency, which numbers about 7,000, of the significance of the issue before the University.

MEDICAL DEGREES.—At the Congregation on April 29th the following degrees were conferred:

M.D.—R. S. Thomas, M.A., M.B., B.C., of Jesus College; C. S. Storrs, B.A., M.B., B.C., of Emmanuel College.

M.B. and B.C.—G. M. MacDonald, B.A., of Christ's College.

THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.—The following candidates have satisfied the examiners:

Part I. (Surgery and Midwifery).—Allfrey, B.A., Trin.; R. H. Bell, B.A., Trin.; Coleman, B.A., Joh.; A. W. Daniel, B.A., Emm.; Deller, B.A., Trin.; Forbes, B.A., Christ's; Greg, B.A., Trin.; H. L. Gregory, B.A., Joh.; Harrison, B.A., Magd.; Heilborn, B.A., Gonv. and Cai.; Irving, B.A., Gonv. and Cai.; Jephcott, B.A., Gonv. and Cai.; Lindsay, B.A., Sid. Suss.; W. F. Lloyd, B.A., Cla.; Lowe, B.A., Jes.; Mathias, M.A., Christ's; E. A. C. Matthews, B.A., Trin.; H. D. O'Sullivan, B.A., Emm.; Prest, B.A., Joh.; Roderick, B.A., Emm.; Rowland, B.A., Down; B. H. Slater, B.A., Trin.; C. White, B.A., Christ's; E. A. Wilson, B.A., Gonv. and Cai.; W. R. Wilson, B.A., Corp. Chri.; Yeld, B.A., Trin.

UNIVERSITY OF EDINBURGH.

In the April Examinations, 59 candidates passed the Medical Preliminary, and 36 failed. In the Arts and Science Preliminary, 55 passed and 15 failed.

UNIVERSITY OF DURHAM.

At the Convocation held on Saturday, April 24th, the following degrees were conferred:

Doctor in Medicine.—J. Arnott, M.B., B.S.Durh.; E. J. Brewis, M.B., B.S.Durh.; H. Fawcett, M.B., B.S.Durh.; C. G. B. Kempe, M.B., B.S.Durh.; M.R.C.S., L.R.C.P.; C. U. Laws, M.B.Durh., M.R.C.S.; W. Martin, M.A., M.B., M.S.Durh.; W. E. Peacock, M.B., B.S.Durh.; W. H. Peake, M.B., B.S.Durh., M.R.C.S., L.R.C.P.; J. A. H. White, M.B., B.S.Durh.; M.R.C.S., L.R.C.P., L.R.C.S.E., F.R.C.S.E.; F. J. Worth, M.B., B.S.Durh., M.R.C.S., L.R.C.P.

Doctor in Medicine (Practitioners of Fifteen Years' Standing).—J. H. Balfe, L.R.C.P. and S.E.; J. Cahill, F.R.C.S.; H. Clarke, M.R.C.S., L.R.C.P., L.S.A.; E. C. Davies, M.R.C.S., L.R.C.P.; R. H. Hodgson, M.R.C.S., L.R.C.P.; S. R. Lidiard, M.R.C.S., L.R.C.P.; F. W. Sutton, M.R.C.S., L.S.A.

Bachelor in Medicine (M.B.).—J. C. Anderson, London Hospital; M. A. Archdall, College of Medicine, Newcastle-upon-Tyne; J. J. Foster, M.R.C.S., L.R.C.P., Guy's Hospital; T. H. Gibbs, College of Medicine, Newcastle-upon-Tyne; A. P. Lloyd, College of Medicine, Newcastle-upon-Tyne; J. Lowry, College of Medicine, Newcastle-upon-Tyne; D. W. Patterson, College of Medicine, Newcastle-upon-Tyne; A. G. W. Pearson, College of Medicine, Newcastle-upon-Tyne; W. Simpson, College of Medicine, Newcastle-upon-Tyne; C. S. Smith, Mason College, Birmingham; R. A. Wilson, College of Medicine, Newcastle-upon-Tyne; J. H. Wood, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; T. Woodman, College of Medicine, Newcastle-upon-Tyne.

Bachelor in Surgery (B.S.).—M. A. Archdall, College of Medicine, Newcastle-upon-Tyne; R. H. Bellwood, M.B., College of Medicine, Newcastle-upon-Tyne; T. H. Gibbs, College of Medicine, Newcastle-upon-Tyne; W. R. Kingdon, M.B., College of Medicine, Newcastle-upon-Tyne; J. Lowry, College of Medicine, Newcastle-upon-Tyne; D. W. Patterson, College of Medicine, Newcastle-upon-Tyne; A. G. W. Pearson, College of Medicine, Newcastle-upon-Tyne; W. Simpson, College of Medicine, Newcastle-upon-Tyne; C. S. Smith, Mason College, Birmingham; R. A. Wilson, College of Medicine, Newcastle-upon-Tyne; J. H. Wood, St. Bartholomew's Hospital; T. Woodman, College of Medicine, Newcastle-upon-Tyne.

Bachelor of Hygiene (B.Hy.).—J. S. Hall, M.B., B.S.; J. H. Hunter, M.D., R.S., P. R. Ingram, M.B., C.M.

The Diploma in Public Health (D.P.H.) was conferred on Mr. F. Smith, L.K.Q.C.P.I., L.R.C.S.I.

UNIVERSITY OF DUBLIN.

The following degrees in Medicine were conferred on April 23rd: *Doctores in Medicina*: H. J. Brownrigg, W. M. O'Connor, J. D. Smilie. *In Absentia*: A. J. H. Thornton.

ROYAL UNIVERSITY OF IRELAND.

THIRD EXAMINATION IN MEDICINE.—The examiners have recommended that the following candidates be adjudged to have passed the above-mentioned examination:

Upper Pass.—R. A. L. Graham, B.A., Queen's College, Belfast, J. W. D. Megan, B.A., Queen's College, Belfast; K. H. White, B.A., Queen's College, Cork.

The above may present themselves for the further examination for Honours.

Pass.—W. R. Beatty, Queen's College, Belfast; P. J. Burke, Catholic University School of Medicine; P. J. England, Queen's College, Cork; T. J. P. Hartigan, Queen's College, Galway; E. Heskin, Queen's College, Cork; F. S. Irvine, Queen's College, Belfast; T. J. Little, Catholic University School of Medicine; E. McDonnell, Queen's College, Cork; K. McGahey, Queen's College, Belfast; P. J. Moran, Queen's College, Belfast; A. Murphy, Queen's College, Cork; W. O. Murphy, Queen's College, Cork, and Catholic University School of Medicine; R. A. Neilson, Queen's College, Galway; T. F. O'Keefe, Queen's College, Cork, and Catholic University School of Medicine; O. M. Praeger, Queen's College, Belfast; J. Ritchie, Queen's College, Belfast; F. S. Scott, Queen's College, Galway; R. Steen, Queen's College, Belfast; Isabel A. Tate, Queen's College, Belfast.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The following gentlemen having conformed to the by-laws and regulations, and passed the required examinations, have been admitted Licentiates of the College:

Ahlsweide, O. J. L.	Gardner, T. H.	†Parkinson, W.
Amenabar, J. D.	Gilbertson, W.	Pearse, W. H.
*Beables, H. S.	Goode, H. N.	Pelle, W. H.
Bean, L. C.	Granville, A.	Phipps, J. H.
Betts, E. H.	Grundlach, J.	†Ponsonby, J.
Blieden, M.	Hall, J. S.	Porter, A. E.
Brebner, A.	Hayward, W. C.	Prince, F. C.
*Brodrick, A. H.	Hindley, G. J. D.	Ralston, R. G.
Brushfield, A. N.	Hunt, G. H.	Read, E. H.
*Burn, A.	Hunt, S.	Rouillard, J. A. A.
Butler, S. G.	Hyde, R. H.	Rowland, S. D.
Callum, H. S. H.	Ireland, A. E.	Rygate, A. M.
Campbell, A.	Jonas, H. C.	Sanguinetti, H. H.
Carter, A. B.	Knowles, A.	†Scale, T. W.
Case, H. M.	Knox, R. G.	Seymour, L. W.
Chambers, J. M.	†Lange, M. H. J.	Smith, A. L. H.
Clowes, E. F.	Laurence, B. E.	*Smith, E. C. T.
Cock, H. E.	Lee, W. H.	Smith, J. H.
Coop, E. J. E.	Le Geyt, E.	Stamford, R. B.
Cooper, H. G.	Littlehales, A. G.	Thomas, W. J.
Cowie, R. M.	Lovitt, A. E.	Thorman, W. H.
Crisp, G. B.	Lower, N. Y.	Thornton, G. L.
Croker, E. U.	McClellan, J. F.	*Thursfield, J. H.
*Dickson, A. W.	McKie, G. McK.	Tressider, M. E.
Dove, W. B.	McSorley, A. S.	Turner, H. F.
Dykes, P. A.	*Manasseh, A. J.	Walker, J. N.
*Dyson, M. G.	Manning, H. C.	Walker, S. R.
Ellwood, T. A.	Martin, J. S.	†Wallis, M. E. A.
Evans, C. R.	Mellish, J. S.	*Weekes, C. F.
Evans, J. J.	Michael, C. E.	*Westcott, W. G.
Facey, S. H.	Mills-Roberts, R. A.	Williams, J. C.
Fegan, R. A.	Moore, J.	Wilson, A. G.
Fenn, J. H.	Muir, J. C.	Windsor, C. W.
Foot, V. P.	Mundy, H.	Wood, P.
French, L. A. W.	Myers, W.	Woolcombe, A.
Gairdner, J. F. R.	Nowell, W. S.	Woollicroft, W. W.

* Under New Regulations, dated January 1st, 1892.

† Under Old Regulations, before October 1st, 1884.

CONJOINT BOARD IN SCOTLAND.

The following candidates have passed the subjoined examinations, those marked with an asterisk (*) passing "with distinction."

First Examination, Five Years' Course.—J. Allan, G. R. Jarvie, A. B. Laidlaw, J. Kean, F. C. Willmott, J. W. Dougall, J. A. Doyle, W. A. Cole, J. Stewart, W. Turner, R. A. Hamilton, J. S. Colquhoun, J. N. Morris, D. Fyfe.

First Examination, Four Years' Course.—W. M. M. Jackson, J. Robertson, D. Mittra, T. F. Blake, T. M. Metcalfe.

Second Examination, Five Years' Course.—D. M. Macgregor, T. B. Adam, D. Caffey, J. Fulton, J. G. Grant, G. F. Stoney, T. R. W. Atkins, L. R. Popham, G. Evans, A. L. Johnston, D. S. Russell, G. B. McKendrick.

Second Examination, Four Years' Course.—Louise Fox, R. Brodie, R. J. Morgan, A. Dougall, Lillian Edith Sykes, D. R. Edwards, P. W. M'Hugh, A. B. S. Powell, C. Abbott, D. P. G. O'Sullivan, E. C. M. Hoare, F. H. B. Gaden.

Third Examination.—R. Staward, E. H. Harrison, W. Carey, A. J. B. Albertyn, H. A. Marquis, R. Mackie, W. Hutton.
Final Examination, and admitted Licentiates.—C. F. Spinks, G. H. Pearce, W. B. K. Richards, E. F. Hewitt, A. E. Blades, R. F. H. Whitmarsh, B. Wade, A. Kennedy, Jane Boyes, A. E. Hawkins, A. da F. Dias, J. W. Mackay, J. H. Stuart.

The *London Gazette* of April 27th published an order from the Local Government Board providing that on June 22nd, or some other day in lieu thereof, Poor-law Guardians and Boards of Management of district schools and asylums may make such reasonable modifications in the regulations in force with regard to the discipline and diet of the poor persons in the workhouses and other establishments as to them may seem suitable for the occasion.

MEDICAL NEWS.

THE Convalescent Home at Finchley of the National Hospital for the Paralysed and Epileptic (Albany Memorial), Queen Square, will be formally opened by H.R.H. the Duchess of Albany on June 16th.

Mr. WHEELHOUSE received the special congratulations of the Filey District Council at its meeting on May 4th, on the award to him of the gold medal of the British Medical Association. The resolution was moved by the chairman, and it was further unanimously resolved to address a letter to the Council of the Association conveying the great satisfaction felt by the Filey District Council that the medal should have been conferred upon a resident in that watering place.

MEDICAL VACANCIES.

The following vacancies are announced:

- BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.**—Resident Medical Officer, unmarried. Salary £100 per annum, with board and apartments in the Hospital. Applications to Fred. W. Dingle, Registrar and Secretary, before May 11th.
- BURY INFIRMARY.**—Junior House-Surgeon; doubly qualified. Salary, £60 per annum, with board, residence, and attendance. Applications to the Hon. Secretary, Infirmary, Bury, Lancashire.
- CARDIFF INFIRMARY.**—Assistant Resident Medical Officer, doubly qualified. Appointment for six months, without salary, but with board, washing, and apartments. Applications to Geo. T. Coleman, Secretary, by May 11th.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.**—Junior House-Surgeon. Salary, £50 per year, with board, apartments, and laundress. Applications to the Secretary, at the Hospital, by May 20th.
- CITY OF COVENTRY.**—Medical Officer of Health. Must devote his whole time to the office, and be qualified in Medicine, Surgery, and Midwifery. Appointment for five years. Applications to Lewis Beard, Town Clerk, 10, Hay Lane, Coventry, by May 15th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Dental Surgeon and Assistant Dental Surgeon. Must be Licentiates in Dental Surgery. Applications to the Secretary by May 10th.
- GENERAL INFIRMARY AND DISPENSARY, Doncaster.**—Indoor Dispenser and Assistant to House-Surgeon. No salary, but board, lodging, and washing provided. Applications to Joseph Clark, Honorary Secretary, by May 10th.
- GLASGOW ROYAL INFIRMARY, GLASGOW OPHTHALMIC INSTITUTION, ST. MUNGO'S COLLEGE.**—Surgeon to the Glasgow Ophthalmic Institution; Ophthalmic Surgeon to the Dispensary of the Glasgow Royal Infirmary; Consulting Ophthalmic Surgeon to the Wards of the Infirmary; and Professor of Ophthalmology in St. Mungo's College. By agreement the same person will be appointed to all these offices. Salary £100 per annum, with share of students' fees. Applications to Henry Lamond, Secretary, 93, West Regent Street, Glasgow, by May 25th.
- HARTISMERE UNION, Suffolk.**—Medical Officers and Public Vaccinators for Botesdale District, Mendlesham District, and Wortham Separate School. Salary, for the Botesdale District at the rate of £65 per annum, and for that of Mendlesham £70 per annum, exclusive of vaccination fees and such extra fees allowed by the Local Government Board. Salary, for the Separate School at Wortham, at the rate of £20 per annum, and fees similar to those paid in the district. Applications to Jno. Bond, Clerk, Guardians Office, Eye, Suffolk, by May 14th.
- HOSPITAL FOR WOMEN, Soho Square, W.**—House Physician, doubly qualified. Appointment for six months. Salary, £30 for that period. Applications to David Cannon, Secretary, by May 15th.
- HOSPITAL FOR WOMEN, Soho Square.**—Registrar. Appointment for twelve months. Honorarium, 25 guineas. Applications to David Cannon, Secretary, by May 22nd.
- LIVERPOOL EYE AND EAR INFIRMARY.**—House-Surgeon; doubly qualified. Salary, £80, with residence and maintenance. Applications to Reginald Haigh, Hon. Sec., 13, Berey's Buildings, George Street, Liverpool, by May 15th.
- LIVERPOOL INFIRMARY FOR CHILDREN, Myrtle Street.**—House-Surgeon. Salary, £58 per annum, with board and lodging. Applications to the Honorary Secretary by May 10th.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer to the Eastern Fever Hospital, The Grove, Homerton, N.E. Salary, £160 during the first year, £180 the second year, and £200 during the third and subsequent years, with board, lodging, attendance, and washing. Unmarried, and not more than 35 years of age. Doubly qualified. Applications, on forms provided at the Chief Office of the Board, Norfolk House, Norfolk Street, Strand, W.C., to be received by May 14th.
- NOTTINGHAM GENERAL DISPENSARY.**—Clinical Assistant for six months. Salary at the rate of £120 per annum, with rooms and attendance. Applications to the Secretary.
- PARISH OF CLYNE, Sutherlandshire.**—Medical Officer. Salary £100 per annum, with house and garden. Applications to Mr. M. F. Myrom, Inspector of the Poor for Clyne, Brora, by May 14th.
- ROYAL EYE HOSPITAL, Southwark, S.E.**—House-Surgeon. Remuneration, £50 per annum, with free board and lodging in the hospital. Applications to the Secretary by May 16th.

SOUTHAMPTON INCORPORATION.—Medical Officer for the No. 1 District. Salary, £150 per annum, inclusive of fees, except lunacy cases. Must reside within the district. Applications, marked "District Medical Officer," to be sent to the Clerk by May 11th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Park Street, Hull.—Lady House-Surgeon. Salary, £50 per annum, with board and laundry. Applications to J. Travis Cook, Wm. Burwell, C. H. Allison, the Hon. Secretaries, by May 10th.

WARNEFORD LUNATIC ASYLUM.—Medical Superintendent and Secretary. Salary, £500 a year, with furnished house, coals, gas, garden produce, milk, laundry, and keep for one horse. Applications to the secretary by June 10th.

MEDICAL APPOINTMENTS.

- BOND, Francis T., M.D. Lond., M.R.C.S. Eng.,** reappointed Medical Officer of Health to the Cirencester Rural District Council.
- BURTON, Robert G., M.D., L.R.C.S. Edin.,** reappointed Medical Officer of Health to the Greenford Urban District Council.
- COOMBS, M. L. B., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer of Health to the Newport Urban District, Isle of Wight, *vice* W. F. Foster, M.R.C.S. Eng., resigned.
- COUNCELL, Richard W., M.R.C.S. Eng., L.S.A.,** appointed Medical Officer for the Sixth District of the St. Saviour's Union.
- CRAWFORD, R. H. P., M.A. Oxon., M.D., B.Ch., M.R.C.P. Lond.,** appointed Pathologist to the Royal Free Hospital, Gray's Inn Road.
- DODD, E. J. A., M.R.C.S., L.R.C.P.,** appointed one of the House-Surgeons to the Leeds General Infirmary.
- FAGGE, C. H., M.R.C.S., L.R.C.P.,** appointed Surgical Registrar and Tutor to Guy's Hospital.
- FAWCETT, John, M.D. B.S. Lond., F.R.C.S. Eng.,** appointed Assistant Physician to the Royal Free Hospital, Gray's Inn Road, W.C.
- FERGUSON, J. M., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Third Burnley District of the Burnley Union.
- FRANEY, Arthur B., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg.,** appointed Medical Officer of Health to the Hadley Urban District Council, *vice* H. Newman, M.R.C.S. Eng., resigned.
- GANGE, F. A., M.D. St. And., M.R.C.S.,** reappointed Medical Officer of Health to the Faversham Rural District.
- HARRISON, James, M.R.C.S. Eng., L.R.C.P. Edin.,** appointed Medical Officer to the East Grinstead General Dispensary, *vice* John Magrath, M.D., deceased.
- HARTLEY, J. V., M.R.C.S., L.R.C.P.,** appointed Resident Medical Officer at the Ida Hospital of the Leeds General Infirmary.
- HODGES, A. E., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the First Burnley District of the Burnley Union.
- HOPE, John A., M.B., C.M. Glasg.,** appointed Assistant Medical Officer to the Barony Parish Hospital, *vice* Dr. E. Allan, resigned.
- LUMB, E. J., M.R.C.S., L.R.C.P.,** appointed one of the House-Physicians to the Leeds General Infirmary.
- MCGREGOR, Jessie M., M.B., C.M.,** appointed Clerk to the Extra-Physicians and Registrar of the Royal Edinburgh Hospital for Sick Children.
- MARTIN, A. A., M.B., B.S. Lond., M.R.C.S., L.R.C.P.,** appointed House-Physician to St. Mary's Hospital.
- MARTIN, Frederick William, M.R.C.S. Eng., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer of Health to the Brighouse Town Council.
- SEATON, Douglas, M.B., Ch.B.,** appointed Resident Surgical Officer to the Leeds General Infirmary.
- SILVER, Hugh, L.S.A.,** appointed Clinical Assistant to the Out-Patients at the Chelsea Hospital for Women, Fulham Road.
- SIMPSON, H., B.A. Cantab., M.B., B.C., M.R.C.S. Eng.,** appointed Medical Officer for the Market Weighton Second District of the Pocklington Union.
- SQUIRE, Maurice Frederick, M.B., B.S., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Assistant Medical Officer of the Workhouse of the Paddington Union, *vice* Dr. Fish, resigned.
- TAYLOR, F. E., M.A., B.Ch., M.B.,** appointed one of the House-Surgeons to the Leeds General Infirmary.
- WARD, Alban, M.B., C.M. Edin.,** appointed Medical Officer for the Codford St. Peter District of the Warminster Union.
- WEBSTER, J. Clarence, M.D. Edin., F.R.C.P. E., F.R.S.E.,** late Senior Assistant to the Professor of Midwifery and Diseases of Women in the University of Edinburgh, appointed Assistant Gynaecologist to the Royal Victoria Hospital, Montreal.
- WILLIAMS, R. P., M.B.,** appointed House-Physician to the Royal Free Hospital, Gray's Inn Road.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.—Dr. Edward Law: Examination of the Throat and Nose.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8 P.M.—General Meeting for election of officers and Council for session 1897-98. 8.30 P.M.—Ordinary meeting. Dr. A. E. Garrod will open the adjourned discussion on Mr. W. Armstrong's paper on the Value of an Exclusively Red-meat Diet in certain cases of Chronic Gout. Mr. Swinford Edwards: On the Removal of High-lying Cancer of the Rectum by Kraske's Method, with a series of Fourteen Cases.

TUESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Lupus and Scrofuloderma.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Beevor: Demonstration of Cases.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Dr. Francis Warner: On the Relations between Bodily Development, Nutrition, and Brain Condition in their Pathological Aspects. Mr. H. H. Clutton: (1) Case of Subclavian Aneurysm successfully treated by Ligature; (2) case of Pharyngeal Abscess, Hæmorrhage, Ligature of Carotid Arteries.

WEDNESDAY.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Discussion on Turbinotomy as applied to the Inferior Turbinal, to be opened by Dr. Dundas Grant.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 4.30 P.M.—Professor Wynter Blyth: Dwelling Houses, etc.

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

EST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Mr. Dunn: Ophthalmic Surgery during the Queen's Reign.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W., 4 P.M.—Dr. Arkle: On Pleural Effusion.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Specimens by Mr. Jessett and Dr. Macnaughton-Jones. Papers—Dr. Snow: On the Value in Abdominal Malignant Disease of Exploratory Laparotomy *per se*. Dr. R. T. Smith: Notes of a Case of Puerperal Septicæmia Treated by the Antistreptococcus Serum.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Dr. Cagney: Some Resources in the Diagnosis of Nervous Diseases.

LONDON POST GRADUATE COURSE, British Institute of Preventive Medicine, 101, Great Russell Street, W.C., 3.30 P.M.—Dr. Allan Macfadyen and Mr. A. G. Foulerton: On the Clinical Significance of Proteid Substances in the Urine of Disease, etc. Cleveland Street Sick Asylum, 5.30 P.M.—Dr. Mitchell Bruce: Clinical Lecture.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. Frederick Taylor: A case of Chronic Hydrocephalus, fatal at the age of 16. Mr. C. B. Lockwood: A case of Wound of the Mesentery, with subsequent Gangrene of the Intestine. Mr. Howard Marsh: A case of Free Incision and Evacuation of the Intestine in the course of an Operation for Strangulated Hernia. Mr. Leonard A. Bidwell: Two cases of Irreducible Femoral Hernia in which the Vermiform Appendix alone occupied the Sac.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, 3 P.M.—Dr. Arnold Chaplin: Clinical Lecture on Chronic Pulmonary Induration.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Professor Crookshank: Examination of Air, Soil, and Water (Plate Cultivations).

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Colman: General Symptomatology.

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 and stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

BIRTHS.

CARR.—On March 14th, at Julfa, Isfahan, Persia, the wife of Donald W. Carr, M.B., B.C. Cantab. (Church Missionary Society) of a daughter.

FOSTER.—On April 21st, at San Remo, Italy, the wife of Michael George Foster, M.D., of a son.

WAGGETT.—On May 4th, at 45, Upper Brook Street, the wife of Ernest Waggett, M.B., C.M. Camb., of a daughter.

MARRIAGES.

DAGGETT—DUNHILL.—On April 29th, at Arksey Parish Church, by the Rev. T. Todd, Vicar, Henry Ingledew Daggett, M.A., M.B., of Boroughbridge, York, to Mary Dunhill, of Arksey, Doncaster.

KNIGHT—JENNISON.—On the 26th April, at St. James's Parish Church, Gorton, by the Rev. J. E. Mercer, Ernest Knight, M.B. Lond., of Brentwood, St. Annes-on-the-Sea, fourth son of Jonas Knight, J.P., of Ashton-under-Lyne, to Rachel, only daughter of the late William Jennison, of Belle Vue, Manchester.

OSBORN—PARSONS.—At St. Bartholomew's Church, Dover, on the 28th April, by the Rev. E. G. L. Mowbray, Vicar, and the Rev. G. James, Vicar of St. Michael's, Gloucester, Francis Arthur Osborn, M.R.C.S. and L.R.C.P., son of Ashby G. Osborn, M.R.C.S., Dover, to Hilda Venetia, eldest daughter of Chas. Parsons, M.D., Treasurer to B.M.A., and Venetia Digby Parsons, of 7, Waterloo Crescent, Dover.

DEATH.

CARTER.—On May 4th, at 2, Belgrave Crescent, Scarborough, Deputy Surgeon-General H. Vandyke Carter, Q.H.S., Bombay Army, Retired, in his 66th year.

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.

FITZNEBLICK asks how appointments to "coolie ships" can be obtained?

TENDON asks for advice as to the best apparatus, and at the same time not too expensive, for a case of wry-neck after tenotomy.

ENQUIRER would be glad to learn the personal experience of any members as to the suitability or otherwise of Bexhill-on-Sea as a permanent residence for a plethoric gentleman of 60 who suffers from chronic gouty pharyngitis.

DR. M. R. LEADER (Worthing, Shrewsbury) would be glad to know if there is any institution where an epileptic girl, aged 17, whose mind is slightly affected, could be received, as she is not sufficiently insane to require confinement in an asylum. Very little, if anything, could be paid towards her maintenance.

N. H. R. asks: Would any of your readers inform me on the following: 1. The name and address of any trustworthy medical agent in Naples or Rome? 2. Any good work on "food" as suitable for a medical man to read? 3. Can a graduate or licentiate in medicine or surgery keep a shop for compounding, selling, and filling physicians' prescriptions?

AMBULANCE, who is an ambulance surgeon, wishes to know whether there is any objection, according to professional ethics, to his allowing the division of the St. John Ambulance Corps to which he is surgeon to use an unoccupied stable at the side of his house as a station for an ambulance litter that has just been purchased by subscription in the neighbourhood.

* * There does not appear to be any reason why our correspondent should not permit his stable to be used for this purpose if he chooses.

TREATMENT OF BALDNESS.

DR. B. WALKER (Kirkby Stephen) wishes to ascertain from members of the Association who have had experience of this affection if they have hit upon any method of treatment which has fully satisfied them.

CHANGE OF ADDRESS.

X.Y.Z. wishes to know whether it is contrary to medical ethics when changing residence to put up a board on the new house bearing these words: "To be occupied in May by Dr. —." Also what form a circular to one's own patients should take.

* * A medical practitioner, on changing his residence, might send visiting cards to his own patients intimating this change without violating any accepted custom. He may also, on removing from a house where he has been carrying on his practice, notify his proposed change of address to patients by means of a board placed outside a short time before his removal. But it is not in accordance with the best usages of the profession to put a notice outside an unoccupied house that a medical practitioner will shortly take up his residence there.

ANSWERS.

F. D. M.—We know of no written law prohibiting unqualified persons from practising as and styling themselves veterinary surgeons in Assam. There are now diploma-granting bodies in India, and it is probable that the title will soon be protected by law. At present the quack occupies a very low position.

MEDICAL RETICENCE.

UNDER the circumstances of the case referred to by our correspondent "A. D." we think that he adopted the proper course; and indeed, entertaining the views which he did, it would have been unwise to adopt any other.

PAINFUL FLATULENCE.

DR. PHILIP MIALL (Bradford) writes to suggest that the case of pain from flatulent distension described by "Verax" may find benefit from sulpho-carbolate of sodium in 15-gr. doses an hour before meals. If the motions are deficient in bile, sulphate or phosphate of soda in drachm doses can be recommended. In some cases of the kind he has found it advisable to forbid liquid at meals, allowing hot or cold water an hour or more before meals.

VACCINATION WITH GLYCERINED LYMPH.

DR. JOHN WOODMAN (M.O.H. Exeter) writes: In view of the present idea of the use of this form of lymph, I may, perhaps, be allowed to call attention to a letter of mine to a medical journal dated November 11th, 1876, in which I speak most highly of its value. I say: "The lymph keeps much better than the ordinary lymph." I also state I used successfully, to vaccinate a family of five, a dilution of 1 part of vaccine lymph (human) to 4 of glycerine. This may show how long ago this dilution was used.

LOCAL GOVERNMENT MEDICAL APPOINTMENTS.

QUÆRITOR.—So far as we can tell there are 16 medical appointments in the office of the Local Government Board for England, 5 in that for Ireland, and 3 in that for Scotland. Of this total of 24, many seem to be filled by men specially qualified in public health and State medicine, and diplomas in these subjects would undoubtedly stand any applicant for appointment under these Boards in good stead. We know of no way of securing "the higher appointments" under the Boards, as we believe that, in the case of the English Board at least, the entry to the office is in the capacity of medical inspectors, with whose duties the public have